CDC's Public Health Approach to Violence Prevention: Past, Present, and Future

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National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Overview

- Violence Prevention at CDC

- Strategies for Violence Prevention

- Current Approaches to Prevention

- Next Steps and CDC Resources

Violence Prevention at CDC

Division of Violence Prevention Mission

- **To maintain and improve people's quality of life by preventing injuries and deaths from violence**

Violence Prevention Focus Areas

- Child Maltreatment

- Youth Violence

- Intimate Partner Violence

- Sexual Violence

- Suicide

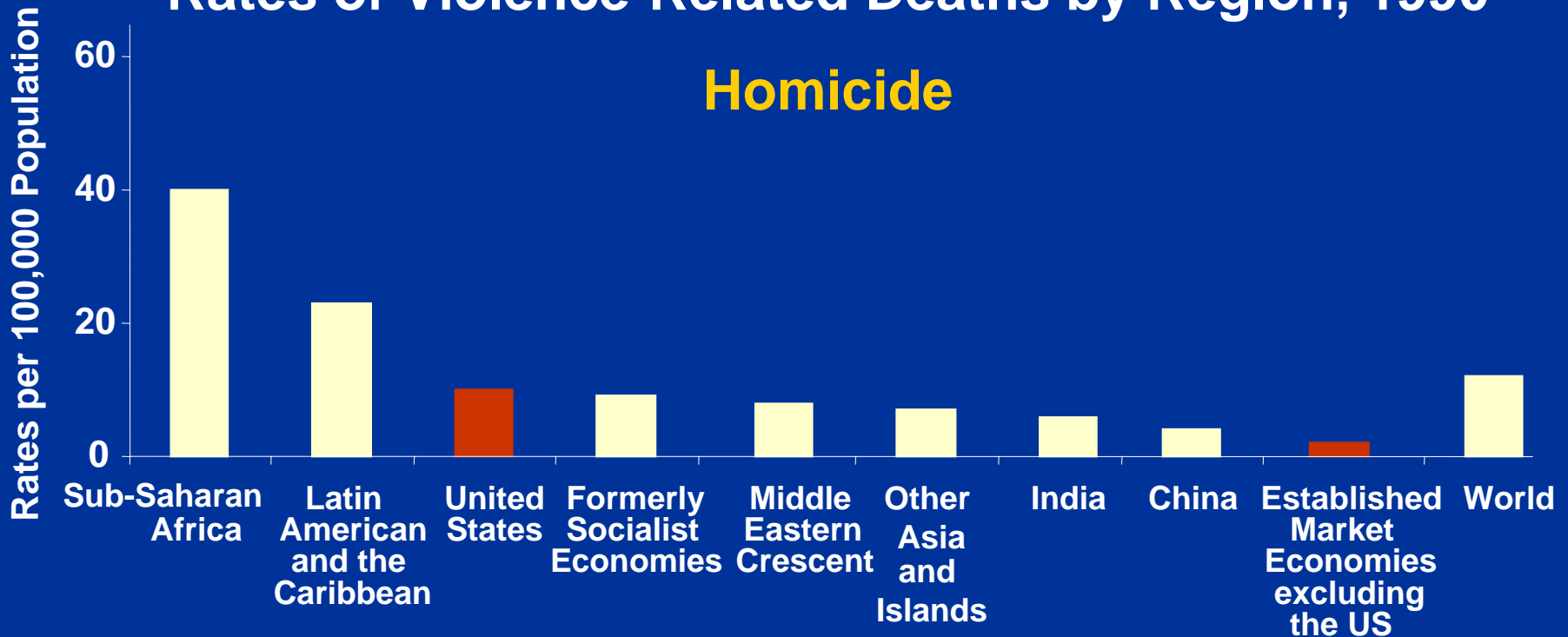# CDC's Role in Violence Prevention

- Presenting population data and identifying risks

- Evaluating prevention strategies

- Encouraging wide spread adoption of prevention strategies based upon the best available science

US Homicide Rates High Compared to Other Developed Countries

Rates of Violence-Related Deaths by Region, 1990

Homicide

Rates per 100,000 Population — chart with y-axis from 0 to 60, showing homicide rates by region:
- Sub-Saharan Africa: ~40
- Latin American and the Caribbean: ~23
- United States: ~10
- Formerly Socialist Economies: ~9
- Middle Eastern Crescent: ~8
- Other Asia and Islands: ~7
- India: ~6
- China: ~4
- Established Market Economies excluding the US: ~2
- World: ~12

Reza A, Mercy JA, Krug EG. Epidemiology of Violent Deaths in the World. *Injury Prevention* 2001;7(2):104-11.

10 Leading Causes of Death by Age Group, United States – 2004

Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Congenital Anomalies 5,622	Unintentional Injury 1,641	Unintentional Injury 1,126	Unintentional Injury 1,540	Unintentional Injury 15,449	Unintentional Injury 13,032	Unintentional Injury 16,471	Malignant Neoplasms 49,520	Malignant Neoplasms 96,956	Heart Disease 533,302	Heart Disease 652,486
2	Short Gestation 4,642	Congenital Anomalies 569	Malignant Neoplasms 526	Malignant Neoplasms 493	Homicide 5,085	Suicide 5,074	Malignant Neoplasms 14,723	Heart Disease 37,556	Heart Disease 63,613	Malignant Neoplasms 385,847	Malignant Neoplasms 553,888
3	SIDS 2,246	Malignant Neoplasms 399	Congenital Anomalies 205	Suicide 283	Suicide 4,316	Homicide 4,495	Heart Disease 12,925	Unintentional Injury 16,942	Chronic Low. Respiratory Disease 11,754	Cerebro-vascular 130,538	Cerebro-vascular 150,074
4	Maternal Pregnancy Comp. 1,715	Homicide 377	Homicide 122	Homicide 207	Malignant Neoplasms 1,709	Malignant Neoplasms 3,633	Suicide 6,638	Liver Disease 7,496	Diabetes Mellitus 10,780	Chronic Low. Respiratory Disease 105,197	Chronic Low. Respiratory Disease 121,987
5	Unintentional Injury 1,052	Heart Disease 187	Heart Disease 83	Congenital Anomalies 184	Heart Disease 1,038	Heart Disease 3,163	HIV 4,826	Suicide 6,906	Cerebro-vascular 9,966	Alzheimer's Disease 65,313	Unintentional Injury 112,012
6	Placenta Cord Membranes 1,042	Influenza & Pneumonia 119	Chronic Low. Respiratory Disease 46	Heart Disease 162	Congenital Anomalies 483	HIV 1,468	Homicide 2,984	Cerebro-vascular 6,181	Unintentional Injury 9,651	Diabetes Mellitus 53,956	Diabetes Mellitus 73,138
7	Respiratory Distress 875	Septicemia 84	Benign Neoplasms 41	Chronic Low. Respiratory Disease 74	Cerebro-vascular 211	Diabetes Mellitus 599	Liver Disease 2,799	Diabetes Mellitus 5,567	Liver Disease 6,569	Influenza & Pneumonia 52,760	Alzheimer's Disease 65,965
8	Bacterial Sepsis 827	Perinatal Period 61	Septicemia 38	Influenza & Pneumonia 49	HIV 191	Cerebro-vascular 567	Cerebro-vascular 2,361	HIV 4,422	Suicide 4,011	Nephritis 35,105	Influenza & Pneumonia 59,664
9	Neonatal Hemorrhage 616	Benign Neoplasms 53	Cerebro-vascular 34	Benign Neoplasms 43	Influenza & Pneumonia 185	Congenital Anomalies 420	Diabetes Mellitus 2,026	Chronic Low. Respiratory Disease 3,511	Nephritis 3,963	Unintentional Injury 35,020	Nephritis 42,480
10	Circulatory System Disease 593	Chronic Low. Respiratory Disease 48	Influenza & Pneumonia 33	Cerebro-vascular 43	Chronic Low. Respiratory Disease 179	Septicemia 328	Influenza & Pneumonia 891	Septicemia 2,251	Septicemia 3,745	Septicemia 25,644	Septicemia 33,373

Source: National Vital Statistics System, National Center for Health Statistics, CDC.

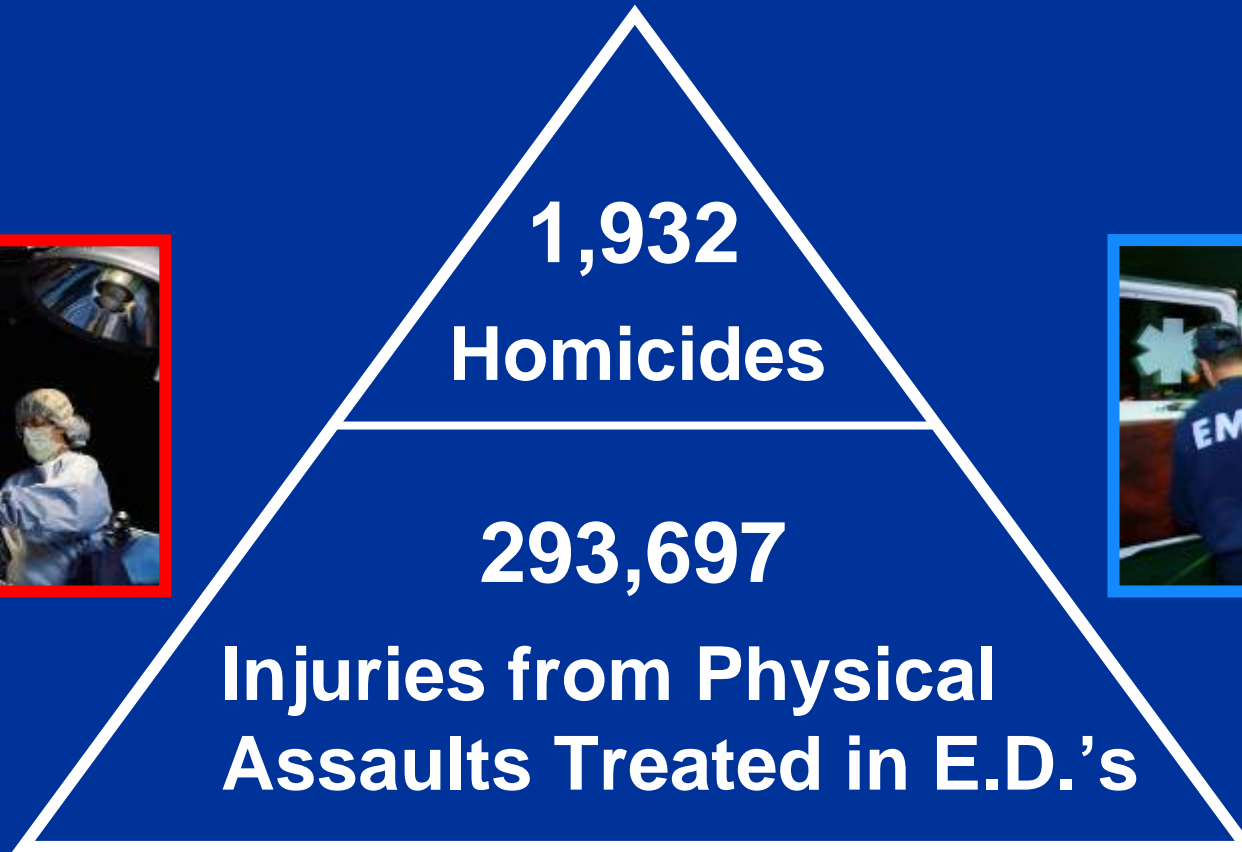**Produced by:** Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC.

Age-adjusted Homicide Rates
Ages 15-24 Years, by Race/Ethnicity and Sex, United States 2004
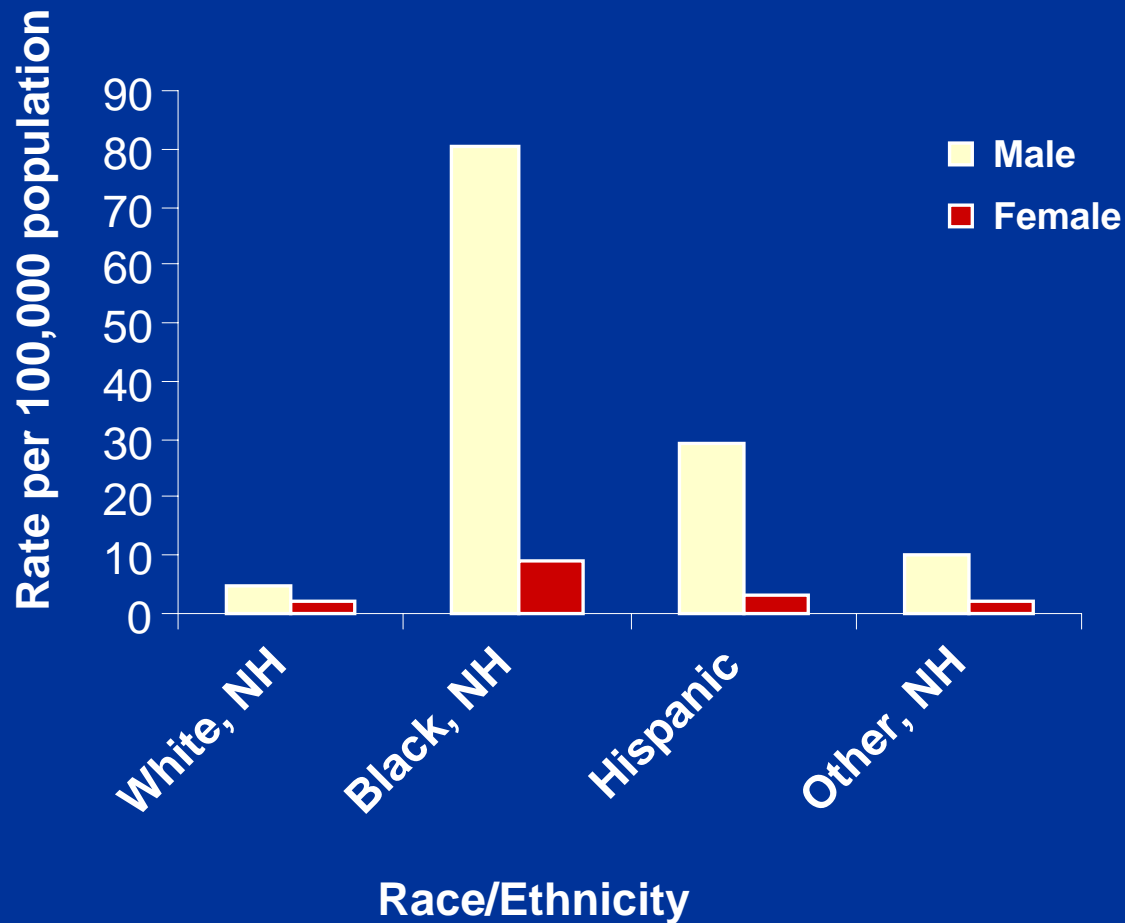
Data Source: NCHS' National Vital Statistics System

Effective Prevention Strategies: What Do We Know?

Best Practices
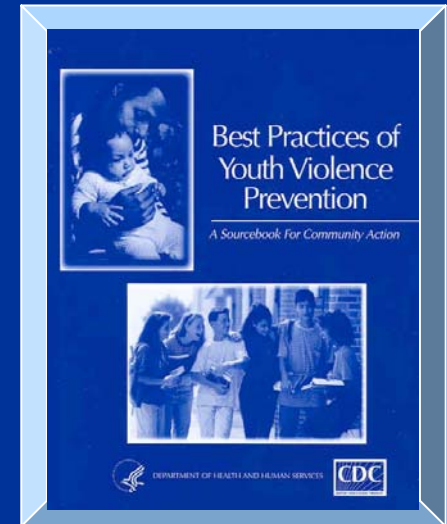## *Strategies for Youth Violence Prevention*

- Parenting Skills

- Home Visiting

- Mentoring

- Social Skills and Conflict Resolution

Best Practices of
Youth Violence
Prevention

A Sourcebook For Community Action

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CDC

Effective Strategies for Prevention

- **Primary Prevention**
  - ◆ Behavior monitoring and reinforcement
  - ◆ Building school capacity
  - ◆ Positive youth development programs
- **Secondary Prevention**
  - ◆ Parent training
  - ◆ Home visitation
  - ◆ Social problem solving
- **Tertiary Prevention:**
  - ◆ Social perspective taking, role taking
  - ◆ Skills training
  - ◆ Multimodal marital and family interventions
  - ◆ Wraparound services

Youth Violence: A Report of the Surgeon General

Department of Health and Human Services
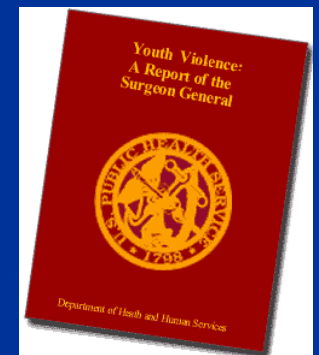
Surgeon General's Report on Youth Violence

Ineffective Strategies

- **Primary Prevention**
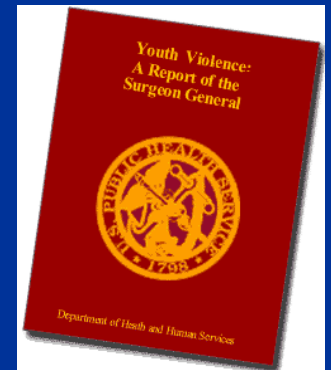 - Peer counseling, peer mediation, peer leaders
- **Secondary Prevention**
  - Firearm training
  - Grouping high-risk youth in recreational programs
- **Tertiary Prevention:**
  - Boot camps
  - Certain residential programs
  - Waivers to adult court
  - Social casework and individual counseling

Youth Violence:
A Report of the
Surgeon General

US PUBLIC HEALTH SERVICE 1798

Department of Health and Human Services

Surgeon General's Report on Youth Violence

Community Strategies for Prevention

- **Recommended Strategies**
  - ◆ Home visitation
  - ◆ Rental housing voucher programs to improve household safety and reduce exposure to crimes and social disorder
  - ◆ Therapeutic foster care
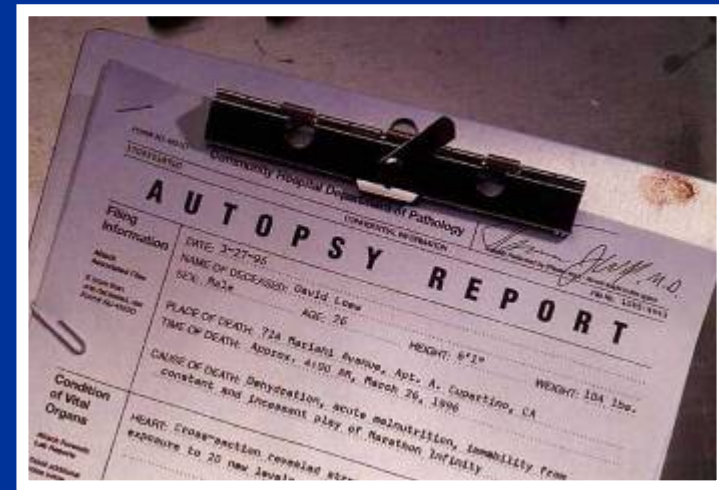 - ◆ School-based violence prevention programs

- **Not Recommended**
  - ◆ Transfer of juveniles to adult judicial systems

GUIDE TO
COMMUNITY
Preventive Services
SYSTEMATIC REVIEWS AND EVIDENCE BASED RECOMMENDATIONS

**Guide to Community Preventive Services**

Current Prevention Approaches

National Violent Death Reporting System (NVDRS)

- Currently funds 17 states

- Links data from death certificates, police reports, coroner and medical examiner records, and crime lab reports

- Provides a more timely and complete picture of the circumstances surrounding the violent death than previously available

Academic Centers of Excellence (ACEs) on Youth Violence Prevention
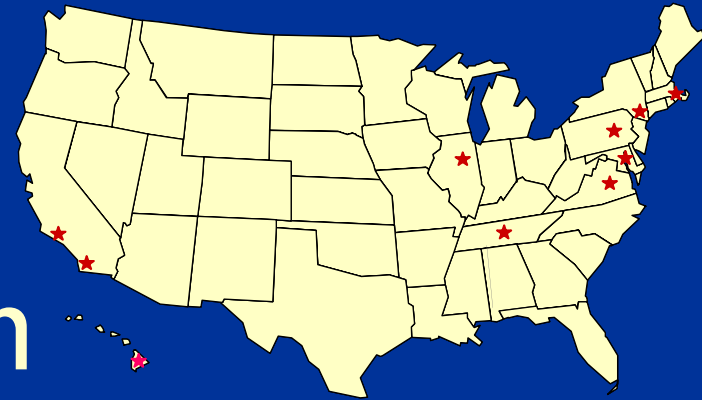
- 10 ACEs funded to integrate research and community mobilization

- Community mobilization focus is unique because:

  - Neighborhood residents, organizations, and businesses historically have not been used as partners in prevention or agents of change.

  - Communities are important to the success and sustainability of initiatives.

  - Community linkages can provide a better understanding and utilization of data to promote the safety of communities.

Adapting Prevention Strategies to Cultural Differences
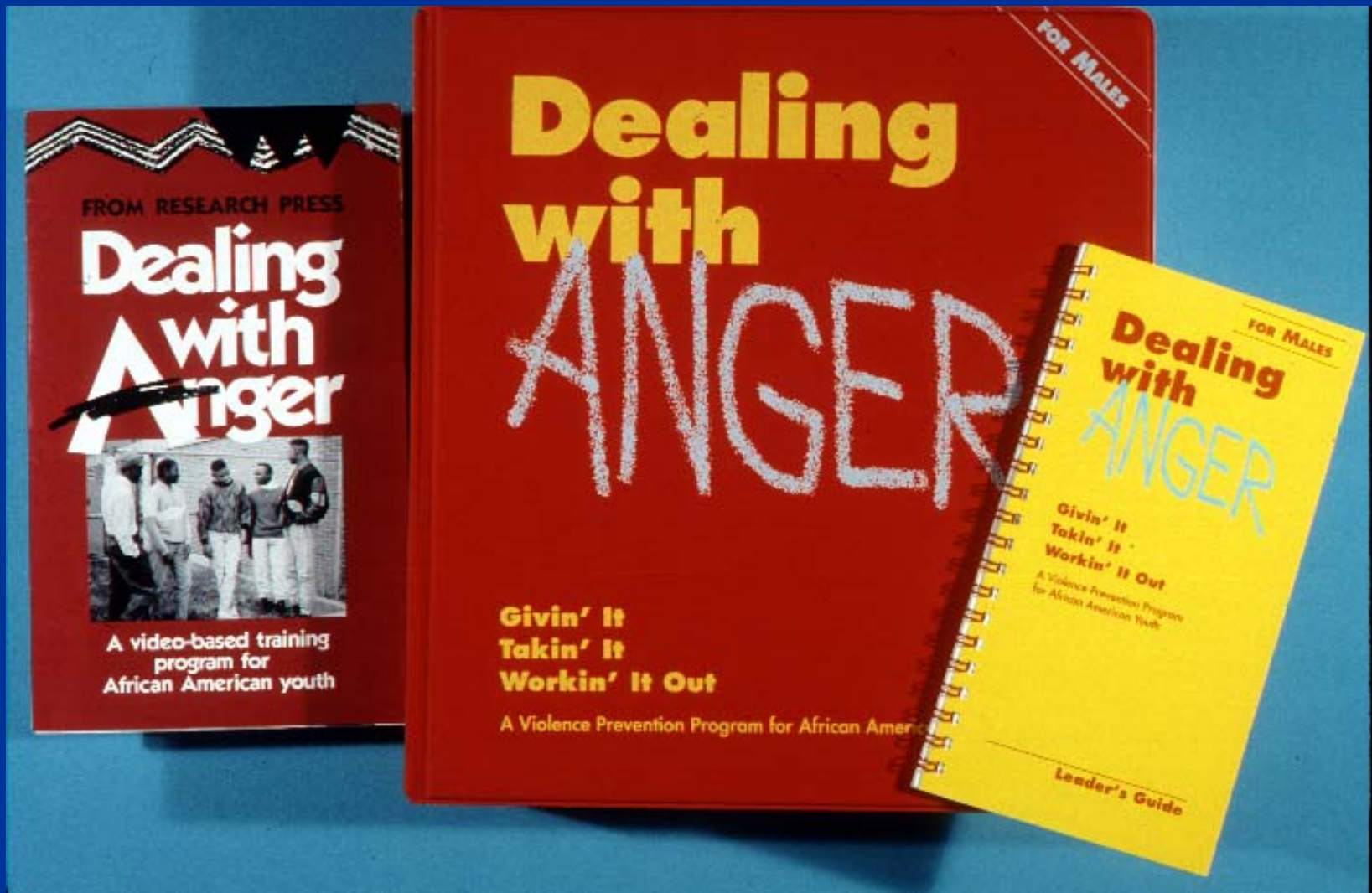
Communities Can Take Action

Urban Networks to Increase Thriving Youth (UNITY)

- Engages the 45 largest cities in a National Consortium to shape strategies for urban youth violence prevention.

- Provides tools, training, and technical assistance to cities on effective approaches to prevent youth violence.
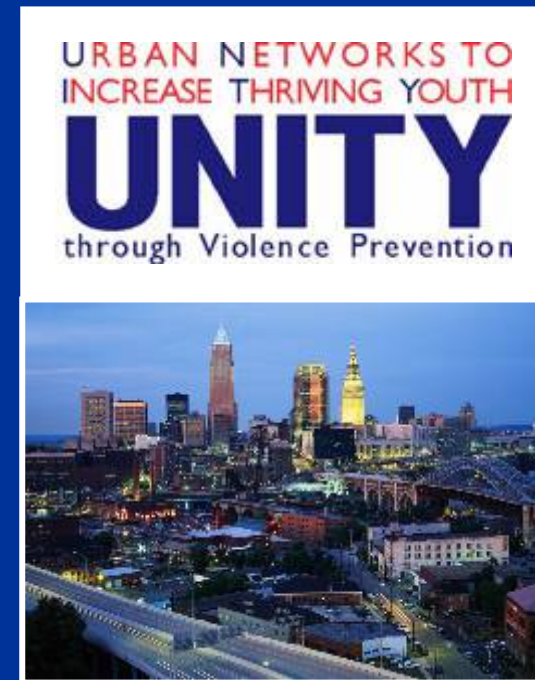
www.preventioninstitute.org/UNITY.html

What's Ahead?

Advancing Prevention Strategies: Protective Factors

- Translating research on protective factors to transform prevention

  - policies that support child and youth-oriented programs

  - presence of caring, supportive relationships and connectedness to family or other adults

  - opportunities for youth participation in activities with decision-making power and shared responsibility

Advancing Prevention Strategies: Increasing Collective Efficacy

- Collective efficacy:

  ◆ Combination of social cohesion among neighbors and a willingness to intervene for the common good

  ◆ Mediates concentrated disadvantage and residential instability with violence

  ◆ Linked to reduced violence

Neighborhoods and Violent Crime: A Multilevel Study of Collective Efficacy

Robert J. Sampson, Stephen W. Raudenbush, Felton Earls

It is hypothesized that collective efficacy, defined as social cohesion among neighbors combined with their willingness to intervene on behalf of the common good, is linked to reduced violence. This hypothesis was tested on a 1995 survey of 8782 residents of 343 neighborhoods in Chicago, Illinois. Multilevel analyses showed that a measure of collective efficacy yields a high between-neighborhood reliability and is negatively associated with variations in violence, when individual-level characteristics, measurement error, and prior violence are controlled. Associations of concentrated disadvantage and residential instability with violence are largely mediated by collective efficacy.

For most of this century, social scientists have observed marked variations in rates of criminal violence across neighborhoods of U.S. cities. Violence has been associated with the low socioeconomic status (SES) and residential instability of neighborhoods. Although the geographical concentration of violence and its connection with neighborhood composition are well established, the question remains: why? What is it, for example, about the concentration of poverty that accounts for its association with rates of violence? What are the social processes that might explain or mediate this relation (1–3)? In this article, we report results from a study designed to address these questions about crime and communities.

Our basic premise is that social and organizational characteristics of neighborhoods explain variations in crime rates that are not solely attributable to the aggregated demographic characteristics of individuals. We propose that the differential ability of neighborhoods to realize the common values of residents and maintain effective social controls is a major source of neighborhood variation in violence (4, 5). Although social control is often a response to deviant behavior, it should not be equated with formal regulation or forced conformity by institutions such as the police and courts. Rather, social control refers generally to the capacity of a group to regulate its members according to desired principles—to realize collective, as opposed to forced, goals (6). One central goal is the desire of community residents to live in safe and orderly environments that are free of predatory crime, especially interpersonal violence.

In contrast to formally or externally induced actions (for example, a police crackdown), we focus on the effectiveness of informal mechanisms by which residents themselves achieve public order. Examples of informal social control include the monitoring of spontaneous play groups among children, a willingness to intervene to prevent acts such as truancy and street-corner "hanging" by teenage peer groups, and the confrontation of persons who are exploiting or disturbing public space (5, 7). Even among adults, violence regularly arises in public disputes, in the context of illegal markets (for example, prostitution and drugs), and in the company of peers (8). The capacity of residents to control group-level processes and visible signs of social disorder is thus a key mechanism influencing opportunities for interpersonal crime in a neighborhood.

Informal social control also generalizes to broader issues of import to the well-being of neighborhoods. In particular, the differential ability of communities to extract resources and respond to cuts in public services (such as police patrols, fire stations, garbage collection, and housing code enforcement) looms large when we consider

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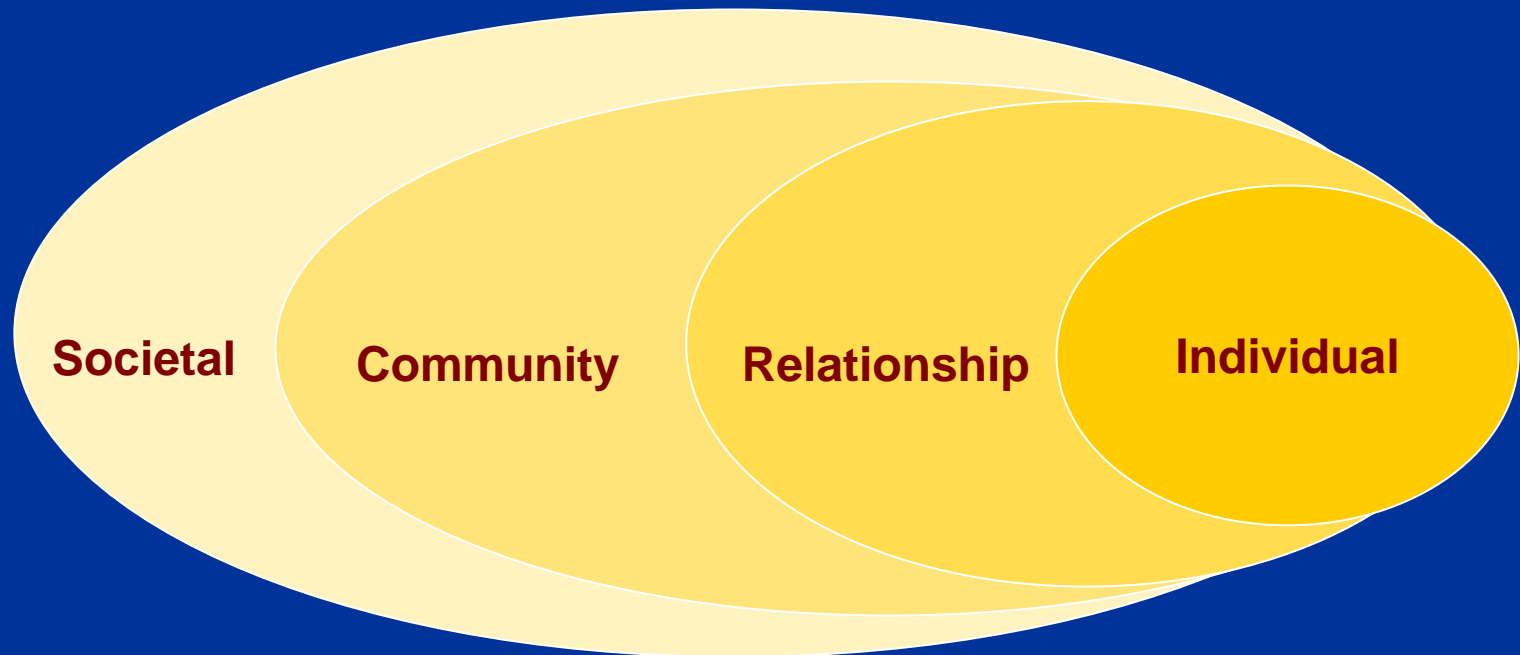
Advancing Prevention Strategies: Community Level Change
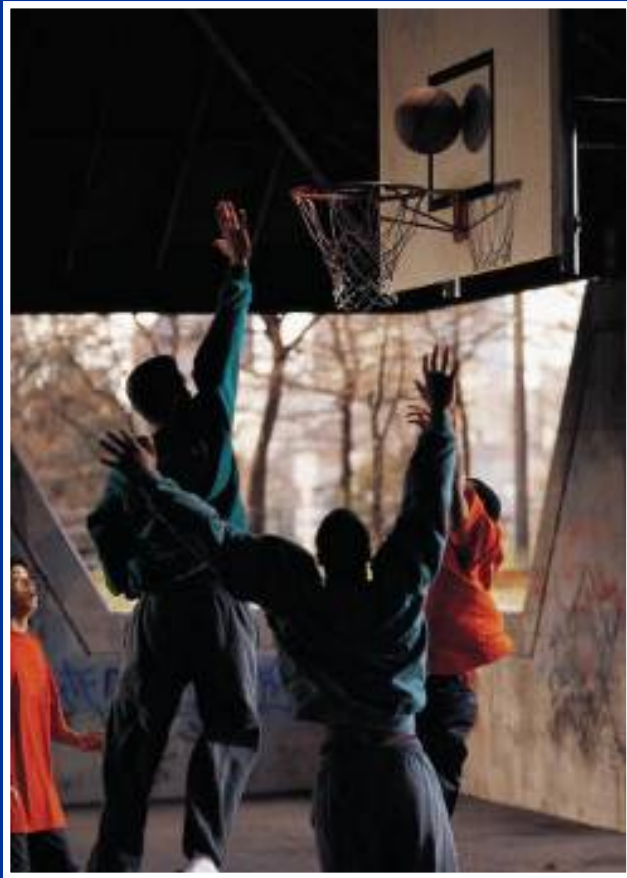
- Evaluating interventions to change community characteristics and social processes to reduce youth violence

  - ◆ Business Improvement Districts

  - ◆ Housing Relocation Programs

  - ◆ Community Development Programs

Addressing
Broader Risk and Protective Factors

Social Ecological Model

Resources

- National Youth Violence Prevention Resource Center
  - **www.safeyouth.org**

- Best Practices of Youth Violence Prevention: A Sourcebook for Community Action
  - **www.cdc.gov/injury**

- Youth Violence: A Report of the Surgeon General
  - **www.surgeongeneral.gov**

- World Report on Violence and Health
  - **www.who.int/violence_injury_prevention/violence/world_report/en/**

- Community Guide to Preventive Services
  - **www.thecommunityguide.org**
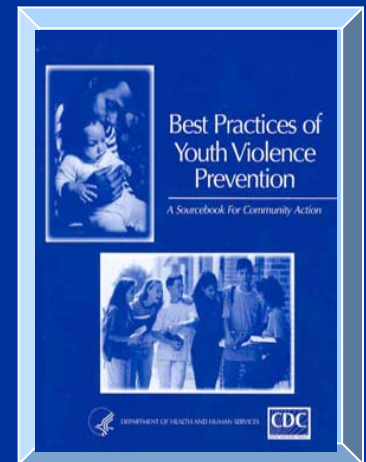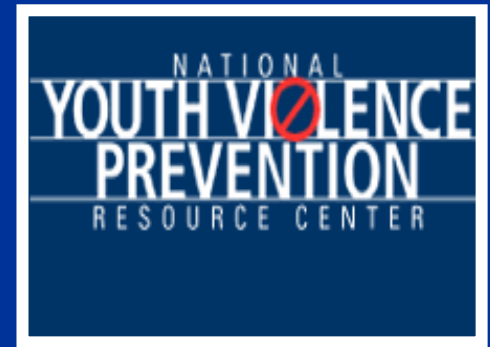
In Closing…

- Public health has a long history of a unique approach to dealing with problems like violence

- Communities need better data to understand the types of violence and risks they face, and to track the impact of prevention efforts

- We should continue to broaden prevention strategies and embrace where the evidence leads us