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 widespread 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

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

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Congenital Anomalies 5,622</td>
<td>Unintentional Injury 1,641</td>
<td>Unintentional Injury 1,126</td>
<td>Unintentional Injury 1,540</td>
<td>Unintentional Injury 15,032</td>
<td>Unintentional Injury 16,471</td>
<td>Malignant Neoplasms 49,520</td>
<td>Malignant Neoplasms 96,956</td>
<td>Heart Disease 533,302</td>
<td>Heart Disease 652,486</td>
<td>Heart Disease</td>
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<tr>
<td>2</td>
<td>Short Gestation 4,642</td>
<td>Congenital Anomalies 569</td>
<td>Malignant Neoplasms 626</td>
<td>Malignant Neoplasms 493</td>
<td>Homicide 5,085</td>
<td>Suicide 5,074</td>
<td>Malignant Neoplasms 14,723</td>
<td>Heart Disease 37,556</td>
<td>Heart Disease 63,613</td>
<td>Malignant Neoplasms 385,847</td>
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<tr>
<td>3</td>
<td>SIDS 2,246</td>
<td>Malignant Neoplasms 399</td>
<td>Congenital Anomalies 205</td>
<td>Suicide 283</td>
<td>Suicide 4,316</td>
<td>Homicide 4,495</td>
<td>Heart Disease 12,925</td>
<td>Unintentional Injury 16,942</td>
<td>Chronic Low. Respiratory Disease 11,754</td>
<td>Cerebrovascular 130,538</td>
<td>Cerebrovascular 150,074</td>
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<tr>
<td>4</td>
<td>Maternal Pregnancy Comp. 1,715</td>
<td>Homicide 377</td>
<td>Homicide 122</td>
<td>Homicide 207</td>
<td>Malignant Neoplasms 1,709</td>
<td>Malignant Neoplasms 3,633</td>
<td>Suicide 6,638</td>
<td>Liver Disease 7,496</td>
<td>Diabetes Mellitus 10,790</td>
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<tr>
<td>5</td>
<td>Unintentional Injury 1,052</td>
<td>Heart Disease 187</td>
<td>Heart Disease 83</td>
<td>Congenital Anomalies 184</td>
<td>Heart Disease 1,038</td>
<td>Heart Disease 3,163</td>
<td>HIV 4,826</td>
<td>Suicide 6,906</td>
<td>Cerebrovascular 9,966</td>
<td>Alzheimer's Disease 65,313</td>
<td>Unintentional Injury 112,012</td>
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<tr>
<td>6</td>
<td>Placenta Cord Membranes 1,042</td>
<td>Influenza &amp; Pneumonia 119</td>
<td>Chronic Low. Respiratory Disease 46</td>
<td>Heart Disease 162</td>
<td>Congenital Anomalies 483</td>
<td>HIV 1,468</td>
<td>Homicide 2,944</td>
<td>Cerebrovascular 6,181</td>
<td>Diabetes Mellitus 53,956</td>
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<tr>
<td>7</td>
<td>Respiratory Distress 875</td>
<td>Sepsisemia 84</td>
<td>Benign Neoplasms 41</td>
<td>Chronic Low. Respiratory Disease 74</td>
<td>Cerebrovascular 211</td>
<td>Diabetes Mellitus 599</td>
<td>Liver Disease 2,799</td>
<td>Diabetes Mellitus 5,567</td>
<td>Liver Disease 6,569</td>
<td>Influenza &amp; Pneumonia 52,760</td>
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<td>8</td>
<td>Bacterial Sepsis 827</td>
<td>Perinatal Period 61</td>
<td>Septicemia 38</td>
<td>Influenza &amp; Pneumonia 46</td>
<td>HIV 191</td>
<td>Cerebrovascular 567</td>
<td>Cerebrovascular 2,361</td>
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<td>Nephritis 35,105</td>
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<td>Circulatory System Disease 593</td>
<td>Chronic Low. Respiratory Disease 48</td>
<td>Influenza &amp; Pneumonia 33</td>
<td>Cerebrovascular 43</td>
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<td>Septicemia 328</td>
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<td>Septicemia 2,251</td>
<td>Septicemia 3,745</td>
<td>Septicemia 25,644</td>
<td>Septicemia 33,573</td>
</tr>
</tbody>
</table>

**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

Race/Ethnicity

Data Source: NCHS' National Vital Statistics System
Homicides and Nonfatal Injuries Treated in U.S. Emergency Departments

Ages 15-19

1,932
Homicides

293,697
Injuries from Physical Assaults Treated in E.D.’s

2004 data from CDC’s Web-based Injury Statistics Query and Reporting System (WISQARS)
Effective Prevention Strategies: What Do We Know?
Best Practices

Strategies for Youth Violence Prevention

- Parenting Skills
- Home Visiting
- Mentoring
- Social Skills and Conflict Resolution
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

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

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
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

For more 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 control goal is the desire of community residents to live in a safe and orderly environment that are free of predatory crime, especially interpersonal violence.

In contrast to formally or externally imposed 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 menacing 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 (5). The capacity of residents to control groups 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 generates broader issues of trust within the well-being of neighborhoods. In particular, the differential ability of communities to extract resources and respect to costs in public services (such as police patrols, fire stations, garbage collection, and housing code enforcement) looms large when we consider...
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

Individual
Relationship
Community
Societal
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

- 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.