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# VIOLENCE PREVENTION: BASIC IDEAS FOR APPROACHES AND COORDINATION



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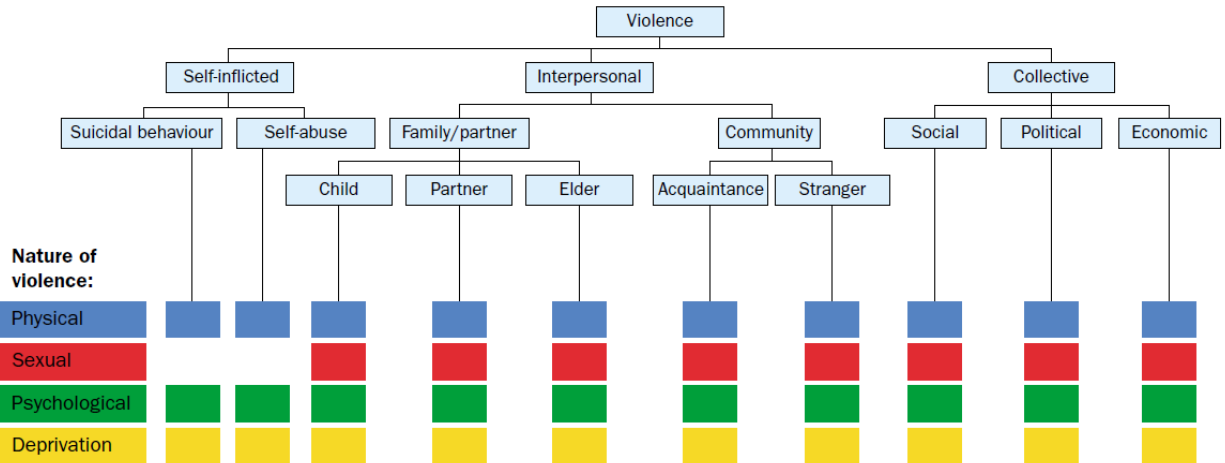
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*Abstract: Violence is a pervasive part of society with severe and long-lasting negative consequences for health and well-being. In Illinois, interpersonal violence takes many shapes and affects people across the state. Partnerships to reduce interpersonal violence can benefit from a mutual understanding of the variety of violence prevention approaches. To support understanding and collaboration, this article discusses fundamental ideas and important terms related to efforts focused on preventing violence.*

## Introduction

The term “violence” refers to threatened or actual physical actions that cause (or make more likely) psychological, emotional, and/or physical harm.<sup>i</sup> Violence occurs under many circumstances and in many forms (*Figure 1*), from self-harm<sup>ii</sup> to harm resulting from armed conflict between nations.<sup>iii</sup>

**Figure 1.**  
*Categories of Violence*



Source: Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *The Lancet*, 360(9339), 1083–1088.

In the context of urban communities, violent *crime* is often discussed as being interpersonal (between people) and categorized in ways that point to specific behaviors (e.g., sexual assault, robbery, or murder), severity (e.g., felony or misdemeanor), characteristics of victims and perpetrators (e.g., child abuse, elder abuse, youth violence, and violence against women), situational contexts (e.g., school, street, and prison), relationships (e.g., family/partner) or other qualities.<sup>iv</sup> Several labels may be used to refer to the same act of violence depending on the perspective, resulting in overlap when categorizing violence.<sup>v</sup> This discussion focuses on *interpersonal* violence and frameworks to prevent it, but other forms of violence (e.g., suicide) and their potential connections to interpersonal violence<sup>vi</sup> are important to consider in the broader context.

### Interpersonal Violence in Illinois

In 2017, homicides comprised 1.8 percent of reported violent crimes in Illinois.<sup>vii</sup> These incidents are, by definition, perpetrated by another person (i.e. assault-related). However, *non-fatal* assaults (i.e. assault-related *injuries*) make up a large proportion of the interpersonal violence experienced in Illinois communities. Violent crime reported to law enforcement in Illinois during 2017 included sexual assault (9.7%), robbery (31.7%), and aggravated

assault/aggravated battery (56.8%).<sup>viii</sup> Additionally, about 73% of the 114,852 domestic offenses reported in 2017 included homicide, battery, aggravated battery, aggravated assault, assault, and sexual assault/abuse.<sup>ix</sup> In state fiscal year 2017, Illinois Adult Protective Services received 16,507 reports of abuse/neglect of adults<sup>x</sup>; 82% of the reports regarded victimized persons 60 years of age or older.<sup>xi</sup> Reported abuses included confinement, physical, sexual, and emotional abuses, passive neglect, willful deprivation, and financial exploitation.<sup>xii</sup> In state fiscal year 2019, the Illinois Department of Children and Family Services reported 143,019 cases of suspected child abuse and neglect; 26% of these reports had credible evidence to support the claims.<sup>xiii</sup> The consequences of interpersonal violence are physical, psychological, emotional, and socioeconomic and span across time and relationships, chronically affecting victims, offenders, families, friends, entire neighborhoods and beyond.<sup>xiv</sup>

### **Reducing Violence**

Many social systems address interpersonal violence. Public health and public safety professionals have led the way in implementing formal solutions to reduce violence. Violence reduction efforts can be implemented both before and after violence occurs. Populations to be served with violence reduction activities vary from entire communities to *only* those who are at risk for or who are already engaging in violence (or being victimized).

The public health field generally categorizes violence reduction initiatives according to when they are implemented and the population to be served, classifying activities as “primary” if the focus is to stop violence before it happens, “secondary” if they seek to minimize harm after it occurs or intervene in high-risk situations where violence is about to occur, or “tertiary” if the focus is on long-term goals, such as treating or rehabilitating victims and perpetrators.<sup>xv</sup> Furthermore, “universal” interventions are geared toward a wide audience, “selective” interventions seek to engage people at an elevated risk, and “indicated” interventions target those already engaged in or affected by violence.<sup>xvi</sup>

Primary prevention activities focus on reducing the likelihood of violence before it occurs. They may be geared toward entire communities (i.e. universal) or toward those at heightened risk of violence (i.e. selective). A school-based positive youth development program would fit among primary prevention activities, while street outreach interventions for youth in high-risk situations where violence is occurring would, in most cases, be considered a secondary prevention strategy. Traditional criminal justice responses to suppress violence through specific deterrence and incapacitation, such as arrest and imprisonment, sometimes align with the definitions of secondary or tertiary strategies. However, they are mostly discussed as “suppression” because of their distinct use of criminal sanctions when responding to violence.<sup>xvii</sup>

Activities to reduce repeated engagement in violence or violent victimization among an involved (i.e. indicated) population after violence has occurred are sometimes interpreted as “preventive” in that they aim to prevent further violence, but they would not be considered primary. These are important distinctions to consider because “. . .without a system for classifying specific interventions, there is no way to obtain accurate information on the type or extent of current activities, . . . and no way to ensure that prevention researchers, practitioners, and policy makers are speaking the same language.”<sup>xviii</sup>

## **A Problem-Solving Approach**

Both public health and public safety professionals promote the prevention of violence via a problem-solving process that involves identifying/assessing the problem, developing solutions, implementing and evaluating those solutions, and incorporating the knowledge gained to improve the system’s response. In the public safety field, efforts have focused on reactive ways by dealing with violence when it occurs (e.g., responding to calls to police, making arrests, prosecuting offenders, and imprisonment). However, the problem-oriented policing model promotes a proactive, preventive approach that research suggests is related to modest reductions in crime and disorder.<sup>xix</sup> Preventing, intervening in, and suppressing gang or group-related violence incorporates problem-solving and proactive activities alongside traditional criminal justice responses.<sup>xx</sup>

The public health field typically follows a standard four-step, problem-solving approach for preventing disease and injury that involves:

1. Defining the problem.
2. Identifying risk and protective factors.
3. Developing and testing prevention strategies.
4. Assuring widespread adoption.<sup>xxi</sup>

This approach could be implemented at many points in time, but the public health version emphasizes targeting risk and protective factors for individuals *before* they engage in or become victims of violence. Because of the explicit, sustained emphasis on primary prevention activities and the model’s wide applicability, the public health perspective is a helpful starting point for developing prevention programs and services and could be adopted within many social systems. Primary prevention activities and public health professionals should not be the only drivers in problem-solving, though. A multi-sector approach that also incorporates public safety professionals, community stakeholders (e.g., school personnel, parents, and youth), and secondary, tertiary, and suppression activities is recommended.<sup>xxii</sup>

### ***Risk and Protective Factors***

Risk factors for violence are elements of a person’s life that make violent perpetration or victimization more likely, while protective factors reduce the impact of risk factors and make violence less likely. Many factors are associated with both perpetration *and* victimization.<sup>xxiii</sup> Some risk and protective factors can be addressed at the individual level. Other factors associated with violent offending or victimization span across different levels of a person’s social life; family, peer, school and community influences play a role in making violence more or less likely.<sup>xxiv</sup> It is important to identify where targeted risk and protective factors fit among all social spheres of an individual’s life when implementing comprehensive prevention efforts that lead to long-term outcomes.<sup>xxv</sup>

As an individual develops from a child into an adult, an increasing and cumulative array of factors may relate to the occurrence of violence in their lives.<sup>xxvi</sup> Some of these are more reliably associated with violence than others. Evidence suggests that younger individuals are especially likely to engage in violence and that they are also more likely to be victimized.<sup>xxvii</sup> Relatedly, studies have found that countless factors in childhood and adolescence are associated with violent perpetration and victimization.<sup>xxviii</sup> These factors, emerging throughout the phases of development, encompass biological, neurological, cognitive, and personality characteristics, parental supervision practices and quality of family life, peer and romantic partner relationships, academic achievement, individual attitudes, cultural and societal norms, and situational and environmental factors, among others.<sup>xxix</sup>

### ***Strategies and Activities***

One conclusion to be drawn from existing literature is that promoting healthy and safe lives for children, teens, and young adults through risk factor management and promotion of protective factors is a core component in the prevention of violence, and an especially important one in *primary* prevention. Another conclusion is that a single violence prevention initiative focused on one factor is, by itself, unlikely to result in large, sustained reductions in violence.<sup>xxx</sup> *Table 1* summarizes how violence reduction initiatives can be categorized. These categories can help distinguish between and inform discussions on violence reduction activities when collaborating and coordinating.

**Table 1**  
**Categories of Violence Reduction Approaches**

<b>Strategy target population</b>	<b>Description</b>	<b>Example</b>
Universal	Target everyone in the community/society	Public education campaign

<b>Strategy target population</b>	<b>Description</b>	<b>Example</b>
Selective	Target only those at highest risk	Dating education campaign for teens experiencing relationship churning
Indicated	Target only those who are already involved/exposed	Emergency shelter for victims of domestic abuse
<b>Strategy timing</b>	<b>Description</b>	<b>Example</b>
Primary/Prevention	Seek the reduction of violence by acting before conditions for it occur	Teen dating education campaign
Secondary/Intervention	Seek to intervene immediately after violence occurs or in contexts where it is likely	Street outreach to young people on streets with active conflicts
Tertiary	Address longer-term consequences of violence	Reentry services for high utilizers of prison; legal sanctions
Suppression	Address violence after it occurs through specific deterrence and incapacitation.	Criminal sanctions (arrest, supervision, jail, prison)
<b>Strategy environment</b>	<b>Description</b>	<b>Example</b>
Individual	Address biological or psychological factors, behavior or personal experience	In-home visits to teach parenting skills; social and emotional learning; cognitive behavioral therapy
Relationship (peer/family)	Target interactions between two or more closely-associated people	Peer program promoting positive dating norms among friends; adults mentoring youth
Community	Address issues with the health, safety and stability of whole communities	Physical improvements to neighborhoods; business improvement districts; reducing crime/fear of crime
Societal	Examine broad patterns in thinking and acting that produce a specific social dynamic	Awareness campaigns around intimate partner violence, bystander intervention education, legislation/public policies supporting family-leave
<b>Strategy activity/goal</b>	<b>Description</b>	<b>Example</b>
Change individual knowledge, skills, attitudes, or behaviors	Develop prosocial attitudes, beliefs, knowledge, social skills, marketable skills, and deter criminal actions.	Conflict resolution education; social skills training; job skills training; public information and education campaigns; parenting education;
Change social environment	Alter the way people interact by modifying social circumstances	Adult mentoring of youth; job creation programs; battered women's shelters; economic incentives for

Strategy activity/goal	Description	Example
Change physical environment	Modify the design, use, or availability of contributing commodities, structures or spaces	family stability; deconcentrated lower-income housing Restrictive handgun licensing; control of alcohol sales at events; increased visibility of high-risk areas; disruption of illegal gun markets

Adapted from: Mercy, J. A., Rosenberg, M. L., Powell, K. E., Broome, C. V., & Roper, W. L. (1993). *Public health policy for preventing violence*. *Health Affairs*, 12(4), 7–29; Rutherford, A., Zwi, A. B., Grove, N. J., & Butchart, A. (2007). Violence: A glossary. *Journal of Epidemiology and Community Health*, 61(8), 676–680; and Centers for Disease Control and Prevention. (2019, January). *The social-ecological model: A framework for prevention*.

### Promising and Effective Violence Prevention Programs and Services

The multitude of factors related to violent perpetration and victimization has spawned many programs and services intended to address risk and protective factors for violence. These efforts have spurred an interest in program and service evaluation. However, not all prevention activities have been scientifically evaluated yet to determine whether they prevent and/or reduce violence. Research indicates effective violence reduction efforts are aimed at reaching the most at-risk people, places, and behaviors; are proactive in nature; build legitimacy between formal (e.g., police, schools) and informal means of social control (e.g., families, community members); are fully and properly implemented; are informed by a clear theory of change; and include partnerships with other stakeholders.<sup>xxxix</sup> Similarly, a meta-review of prevention activities concluded the most promising and effective were “...comprehensive, included varied teaching methods, provided sufficient dosage, were theory driven, provided opportunities for positive relationships, were appropriately timed, were socioculturally relevant, included outcome evaluation, and involved well-trained staff.”<sup>xxxix</sup>

Helpful online resources to identify promising or effective violence reduction initiatives that address specific types of violence include The Community Guide ([www.thecommunityguide.org](http://www.thecommunityguide.org)), Blueprints for Healthy Youth Development ([www.blueprintsprogram.org](http://www.blueprintsprogram.org)), CrimeSolutions.gov ([www.crimesolutions.gov](http://www.crimesolutions.gov)), Centers for Disease Control and Prevention ([www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention)), The Campbell Collaboration ([www.campbellcollaboration.org](http://www.campbellcollaboration.org)), and the National Gang Center ([www.nationalgangcenter.gov](http://www.nationalgangcenter.gov)). Caveats to consider when attempting to implement a program found to be effective in the past include practicality, cost, necessity/appropriateness of adaptations and modifications, and known implementation challenges.

### Conclusion

Interpersonal violence is a pervasive part of society with severe and long-lasting negative consequences for health and well-being. At the same time, poor health and well-being, particularly during early stages of human development, may contribute to the prevalence of

interpersonal violence. Interrupting and preventing this cycle of harm is one of the most important challenges facing society today. Approaches to reducing interpersonal violence exist and can be categorized according to the type of violence to be addressed, the target population, the timing of implementation, social environment, and/or the focus of activities. Partnerships to reduce violence can benefit from a mutual understanding of the variety of violence prevention approaches. Policymakers and program/service administrators should support efforts to rigorously evaluate existing and new forms of prevention activities and consider scientific evidence on the effectiveness of violence prevention activities when making decisions on implementing policies, programs, or services.

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