

The Public Health Approach to Violence Prevention

The public health perspective asks the foundational questions: Where does the problem begin? How could we prevent it from occurring in the first place? To answer these questions, public health uses a systematic, scientific approach for understanding and preventing violence¹. While violence prevention practitioners may not be involved in all steps, understanding each step and why they are necessary to assure the desired impact on community health is helpful in selecting and/or developing prevention strategies.

The Public Health Approach

There are multiple steps in the public health approach, with each step informing the next. Many people, organizations, and systems are involved at each step along the way. Think of it as a relay team for prevention. The prevention practitioner usually takes up the baton in the fourth step, but overall success depends upon all of the other teammates and how they run their legs of the race

The Public Health Approach

In **step one**, the problem is defined. This involves systematically collecting data to determine the “who,” “what,” “where,” “when,” and “how.” Data are typically gathered from a variety of sources such as death certificates, medical or coroner reports, hospital records, child welfare records, law enforcement or other records. Data can also be collected using population-based surveys or other methods.

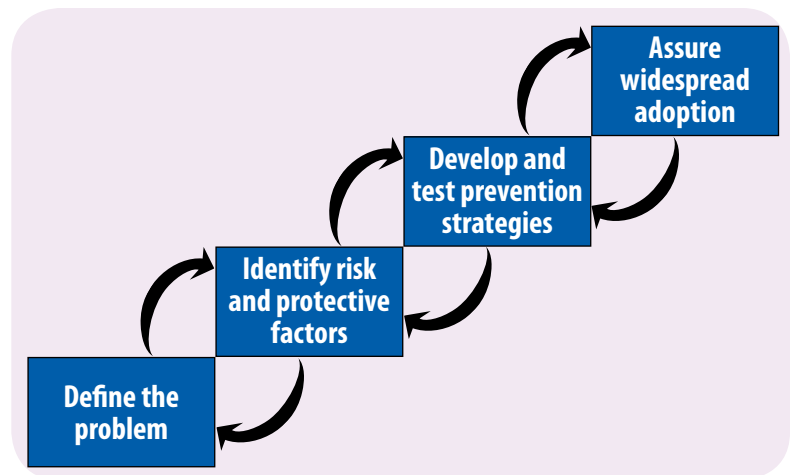
In **step two**, the reasons why one person or community experiences violence while another does not are explored. Scientific research methods are used to identify the factors that increase the risk for violence (**risk factors**). Factors that may buffer against these risk factors are also identified; these **protective factors** decrease the likelihood of violence in the face of risk. The goal of violence prevention is to decrease risk factors and increase protective factors.

In **step three**, prevention strategies are developed and rigorously tested to see if they prevent violence. This information is shared with others, usually through activities related to step four.

Step four is where the rubber meets the road. The strategies shown to be effective in step three are disseminated and implemented broadly. While many prevention practitioners may not have the skills or resources necessary to conduct steps one, two, and three, knowing where to look for the findings of others, such as registries for evidence based practice in the field, will satisfy similar goals for implementation. Training and/or technical assistance often is offered to practitioners when implementing effective strategies or programs to ensure that the strategies are implemented as they were intended. Though this is considered the final step of the public health model, it doesn't mean that the process is complete. Additional assessments and evaluation are done to assure that all components of the strategy fit within the particular community context and have the desired effect of preventing violence.

Putting it all together

So what does this mean for the decision making process on the ground? How does knowing about the four steps help in selecting prevention strategies? One way to look at it is that the Public Health Approach offers a framework for asking and answering the right questions. The tool on the next page will help you to do just that.



1. Mercy, J., et al. (1993). Public Health Policy for Preventing Violence. Health Affairs. 12(4), 7-29.

Use the tool below to think through a violence-related problem you would like to impact in your community or organization. The issue of Shaken Baby Syndrome, one form of abusive head trauma, is used as an example to demonstrate the tool. Fill in the shaded areas on the table with examples from your community or organization.

Using the Public Health Approach			
Steps	Guiding Questions	Potential Resources	Example/Exercise
<p>Step One</p> <p>Define the Problem</p>	<p>What (violence-related) problem do I want to prevent? What data are available to describe the scope and burden of the problem?</p> <ul style="list-style-type: none"> How many people are affected by the identified problem? Who is experiencing the problem? When and where is the problem occurring? 	<p>National Violent Death Reporting System - http://www.cdc.gov/ViolencePrevention/NVDRS/index.html</p> <p>Web-based Injury Statistics Query and Reporting System (WISQARS) - http://www.cdc.gov/injury/wisqars/index.html</p> <p>Kids Count Data Center - http://datacenter.kidscount.org/?gclid=CMHYql_7oqMCFcpd2godz3wZ4Q</p> <p>ALSO: State and local crime statistics, health statistics, child welfare data, etc.</p>	<p><i>Example: Abusive head trauma (AHT), including Shaken Baby Syndrome (SBS) is a leading cause of child abuse deaths in the United States. According to a study of North Carolina AHT cases, as many as three to four children a day experience severe or fatal head injury from child abuse in the United States.</i></p> <p>Your turn:</p>
<p>Step Two</p> <p>Identify Risk and Protective Factors</p>	<p>Where do I find research to answer:</p> <ul style="list-style-type: none"> What are the risk factors for the problem? What are the protective factors for the problem? 	<p>Division of Violence Prevention (NCIPC/CDC) - http://www.cdc.gov/ViolencePrevention/index.html</p>	<p><i>Example: Caregiver frustration or anger resulting from inconsolable crying and limited social supports are primary risk factors for shaking a baby.</i></p> <p>Your turn:</p>
<p>Step Three</p> <p>Develop and Test Prevention Strategies</p>	<p>Where do I find information to answer:</p> <ul style="list-style-type: none"> Are there existing, effective strategies based on best available evidence? If none exist, what resources do I need to develop a new strategy based on what was learned in steps one and two? Where can I find research partners to help evaluate the selected strategy? Is the strategy effective – did it do what was intended? 	<p>The Community Guide to Prevention Services - http://www.thecommunityguide.org/about/methods.html</p> <p>Blueprints for Violence Prevention - http://www.colorado.edu/cspv/blueprints/</p> <p>California Evidence-Based Clearinghouse http://www.cachildwelfareclearinghouse.org/scientific-rating/scale</p> <p>Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence - http://www.nrepp.samhsa.gov/about-evidence.asp</p>	<p><i>Example: A promising or model home visitation program. http://ibs.colorado.edu/cspv/blueprintsquery</i></p> <p>Your turn:</p>
<p>Step Four</p> <p>Assure Wide-spread Adoption (Dissemination and Implementation)</p>	<ul style="list-style-type: none"> Who would benefit from this strategy (parents, educators, policy makers, etc.)? How do I get this strategy to the people who need it? Where can I find assistance and support for implementing an effective strategy and on-going monitoring and evaluation of the strategy? 	<p>National Implementation Research Network - http://www.fpg.unc.edu/~nirn/</p> <p>FRIENDS National Resource Center - http://www.friendsnrc.org/</p> <p>University of Kansas Community Toolbox - http://ctb.ku.edu/en/default.aspx</p>	<p><i>Example: Implementation of a home visitation program that includes a focus on specific parental behaviors and modifiable environmental conditions associated with adverse outcomes for children.</i></p> <p>Your turn:</p>