WHAT IS THE CARDIFF VIOLENCE PREVENTION MODEL?

More than half of violent crime in the United States is not reported to law enforcement, according to the U.S. Department of Justice. That means cities and communities lack a complete understanding of where violence occurs, which limits the ability to develop successful solutions.

The Cardiff Violence Prevention Model provides a way for communities to gain a clearer picture about where violence is occurring by combining and mapping both hospital and police data on violence. But more than just an approach to map and understand violence, the Cardiff Model provides a straightforward framework for hospitals, law enforcement agencies, public health agencies, community groups, and others interested in violence prevention to work together and develop collaborative violence prevention strategies.
WHO NEEDS TO PARTICIPATE IN THE CARDIFF MODEL TO CREATE A COMMUNITY SAFETY PARTNERSHIP (CSP)?*

Strong Cardiff Model Community Safety Partnerships will likely involve, at minimum, public health agencies, hospitals, and law enforcement organizations. Based on where maps are showing that violence is occurring, the CSP may bring in other government agencies and community organizations to partner on violence prevention programs and activities.

It is important to have designated hospital, public health, and law enforcement representatives, and multiple individuals if possible from each agency, participating in the CSP. Key hospital members may include emergency department physicians, charge nurses, or senior trauma staff. Key law enforcement individuals may include senior officers who report directly to command staff, those within leadership positions, and those who produce or assist in producing maps of where violence occurs, (referred to as "hotspot" maps in the law enforcement community).

WHY IS A MULTI-AGENCY CSP IMPORTANT FOR VIOLENCE PREVENTION?

Multi-agency CSPs provide an opportunity to (1) frame violence prevention as a law enforcement strategy to reduce crime and (2) address violence prevention using a public health approach. The public health approach† encourages violence prevention at a population level to provide data and interventions with the maximum benefit for the largest number of people.

For example, in Cardiff, Wales, United Kingdom, the Violence Prevention Board (local name of the CSP) identified many violent assaults occurring in particular streets in the city’s main entertainment district. After investigating, the Board realized these assaults were largely due to alcohol-intoxicated individuals bumping into each other on the sidewalks after a night of drinking, resulting in fights. This risk was made worse by people becoming frustrated while waiting to be served at fast food outlets and for taxis. The Board worked with the city to make streets more pedestrian friendly, move taxi stands, and appoint taxi marshals (capable guardians), which helped decrease violent assaults in the area.

* “Community Safety Partnership” is not intended to be prescriptive; local communities are encouraged to adopt a name, if they so choose, to represent their local collaboration.

† For more information about the public health approach please visit https://www.cdc.gov/violenceprevention/overview/publichealthapproach.html
1. RELATIONSHIP BUILDING
   a. Establish a CSP between law enforcement and local hospitals and a public health agency
   b. Determine the most useful injury information (time, date, and location are critical elements) for the CSP
   c. Establish regular intervals (e.g., monthly) for the CSP to meet and discuss violence information, maps identifying areas of violence, and other relevant issues.

2. HOSPITAL BUY-IN AND SUPPORT (SEE "HOSPITAL GUIDANCE" FACT SHEET)
   a. Obtain hospital (emergency department/trauma) leadership buy-in and support
   b. Obtain permissions for collecting and sharing injury information
   c. Navigate HIPAA and privacy rules (see "Legal, Technical, and Financial Considerations" fact sheet)

3. LAW ENFORCEMENT BUY-IN AND SUPPORT (SEE "LAW ENFORCEMENT GUIDANCE" FACT SHEET)
   a. Obtain law enforcement leadership buy-in and support
   b. Obtain permissions for sharing law enforcement data with mapping partner

4. TRAINING AND TECHNICAL PROCESSES
   a. Identify, establish procedures, and train hospital staff to collect violence information
   b. Identify partner performing the mapping of combined data (likely public health agency) and establish technical procedures

5. VIOLENCE INFORMATION AND MAP SHARING
   a. Identify hospital information technology/data quality team to set up data sharing
   b. Establish procedures for sharing violence information and maps
   c. If necessary, develop and sign a shared data use agreement

6. INJURY PREVENTION INTERVENTION IDENTIFICATION, PLANNING, AND EXECUTION
   a. Review hospital violence and law enforcement information combined maps identifying areas of violence
   b. Identify an area or areas that the CSP would like to examine more closely to plan violence prevention activities.
   c. Examine the types of violence occurring in the areas and consider all aspects of the area, such as: geographic area features (roads/intersections, lighting, transportation options, etc.), businesses (bars, clubs, restaurants, lounges, gas stations, etc.), and other factors that may contribute to violence and injury
   d. Recruit appropriate partners to the CSP based on the patterns of violence (e.g., other government agencies such as alcohol licensing or code enforcement; business associations; or community leaders)
   e. Identify and review any existing evidence-based strategies that could be appropriate for this area (e.g., address risk and/or protective factors that are particularly relevant to the community or make use of unique opportunities in the community)
   f. The partnership should determine next steps which may include: reviewing crime report narratives, visiting the area, examining the types of violence and injuries, talking with business/community leaders to see if they are willing to work with the CSP, and any other ideas that are driven by the maps.
   g. Cardiff Model interventions have included strategies at multiple levels:
      • Policy: Switching to toughened glass in bars and enforcing alcohol-related ordinances
      • Community: Repairing the appearance of buildings and vacant lots to improve lighting and visibility, increasing police patrols in high-violence areas, and creating more pedestrian-friendly streets
      • Individuals: Developing programs where “capable guardians,” such as clergy, assist at-risk individuals

Learn More about the Cardiff Model and how to start using it in your community's violence prevention efforts at [www.cdc.gov/violenceprevention/fundedprograms/cardiffmodel](http://www.cdc.gov/violenceprevention/fundedprograms/cardiffmodel)

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