

Training Health Care Professionals to Advance the Primary Prevention of Family Violence

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Family violence is a widespread problem. Domestic violence is the leading cause of injury to women between the ages of 15 and 44,ⁱ and it is estimated that between two and four million women a year are battered.ⁱⁱ Though this type of violence cuts across racial, ethnic, and socioeconomic lines, those with fewer resources and support mechanisms seem to be at higher riskⁱⁱⁱ and have fewer alternatives to escaping such violence. Child abuse levels are staggering. Child homicide is one of five leading causes of death for children ages 1-18.^{iv} Everyday 8,493 children are reported abused or neglected in the U.S. and 3 die from abuse.^v With regard to sexual assault, victims of rape are disproportionately children and adolescent girls; 60% of forcible rapes occur before the victim is 18 years old.^{vi}

Family violence, like other violence, is normal in the U.S., sometimes common, even inevitable. This normal violence exacts a terrible price on all of us. It affects not only those who experience it but their family, friends, and neighbors, and has a more-widespread environmental impact: in fear, the related deterioration of communities, and its heavy financial cost. Although violence has reached epidemic proportions in the United States, it can be prevented and health care professionals can play a leadership role in its prevention.

Prevention is a *systematic* process that promotes healthy behaviors and reduces the likelihood or frequency of an incident, condition or illness occurring. Ideally, prevention addresses problems *before* they occur, rather than waiting to intervene after threats or incidents occur. Many violence practitioners in the U.S. concur that emerging violence prevention efforts in this country are reducing deaths and injuries from violence. Over the past few years, national violence rates have begun to fall, particularly in areas where prevention has been practiced.

Violence, like many of the health and social problems in the United States, consists of a complex set of issues. Therefore, its effective prevention requires looking beyond the individual to impact the systems that support or predict violence. As leaders in the health field, health professionals have an important role to play in expanding the depth and breadth of violence prevention efforts across the United States. Such an approach requires three key considerations for effectiveness: 1) Violence is a complex problem and therefore its prevention requires a comprehensive solution, 2) Consider risk and resiliency factors, and 3) Action must be taken.

1) Violence is a complex problem and requires a comprehensive solution

Prevention efforts which have achieved significant outcomes all required going beyond education to a multi-faceted approach. While health care providers are widely respected as sources of health information, information alone is insufficient. One tool to assist practitioners in developing comprehensive, multi-faceted prevention initiatives is the *Spectrum of Prevention* developed by Larry Cohen.^{vii} *The Spectrum* outlines six levels of intervention.

Figure 1: *Spectrum of Prevention*

1. Strengthening Individual Knowledge and Skills	Enhancing an individual's capability of preventing injury or crime
2. Promoting Community Education	Reaching groups of people with information and resources to promote health and safety
3. Educating Providers	Informing providers who will transmit skills and knowledge to others
4. Fostering Coalitions and Networks	Bringing together groups and individuals for broader goals and greater impact
5. Changing Organizational Practices	Adopting regulations and norms to improve health and safety and creating new models
6. Influencing Policy and Legislation	Developing strategies to change laws and policies to influence outcomes in health, education and justice

By working at all six levels, prevention initiatives can achieve greater impact. The *Spectrum* has been applied in locales throughout the nation to issues ranging from traffic safety, nutrition, and physical activity promotion to violence prevention. A critical component of the *Spectrum* and of a comprehensive approach is the notion of

linkages. Implicit in this tool is the concept that all of the levels are linked together to result in an integrated approach. Each level is necessary, but not sufficient to address violence within communities. Within the model, the importance of linkages is emphasized in fostering coalitions and networks,^{viii} highlighting the importance of utilizing broad-based partnerships and participation.

Data and evaluation inform all levels of the Spectrum. Any proposed activity should be based on data showing 1) the issue is important, 2) the target population is appropriate, and 3) the intervention is promising. To develop a successful approach it is essential to first review the data and determine an appropriate set of objectives. During implementation, ongoing evaluation of the overall approach and the individual activities at each level of the Spectrum will provide information necessary for making ongoing adjustments to the activities that are best suited to meet overall objectives.

2) Consider Risk and Resiliency Factors

While data and statistics profile the trends of violence, they do not explain the factors that influence its occurrence. Risk factors are traits or characteristics that increase the relative risk of an individual or community being affected by or perpetrating violence. National public health practitioners and researchers have identified nine major risk factors for violence: economics, oppression, family dynamics, alcohol and other drugs, witnessing acts of violence, media, guns, incarceration, and community deterioration.^{ix}

Resiliency, or protective factors, are traits or characteristics that protect an individual or community from violence. They are indicative of the health of a community. Many experts believe that the presence or absence of resiliency factors in an environment is strongly correlated to outcomes.^x Resiliency factors encourage growth and can counter the negative effects of risk factors. Some theorists have particularly identified the following as important elements of resiliency: caring and supportive relationships; consistently high expectations; and opportunities for involvement, input, and impact.

The family is where such relationships and expectations first develop for many children. Even though poor family dynamics are implicated in placing people at risk for violence, many families are creating caring, supportive environments for children that make youth resilient and safe. Families, including parent groups, grandparents, older siblings, aunts and uncles, are key assets to recognize and include in any efforts to improve outcomes for children and youth.

3) Take action

It is necessary to move beyond theory and analysis and take action. An action plan delineates the activities that will take place and by whom. There is a range of activities in which the health care profession can engage in order to advance violence prevention. As thought leaders in health care and in communities and professional organizations, health care professionals have the opportunity to prevent violence by promoting systemic change.

The Spectrum of Prevention: Violence Prevention Activities for Health Care Professionals

Spectrum levels	Examples
1. Strengthening Individual Knowledge & Skills •Enhancing individual capacity.	<ul style="list-style-type: none"> • Offer advice about appropriate child rearing and discipline practices • Screen for risk factors: <ul style="list-style-type: none"> <input type="checkbox"/> Are children safe in the home? <input type="checkbox"/> Is there a firearm in the house? <input type="checkbox"/> Is alcohol commonly used?
2. Promoting Community Education Reaching groups with information and resources.	<ul style="list-style-type: none"> • Use credibility to be a spokesperson to speak about violence and its prevention • Promote the notion that "Family violence is a community concern."
3. Educating Providers •Informing providers who	<ul style="list-style-type: none"> • Offer violence prevention training in medical, nursing, dental

influence others.	schools <ul style="list-style-type: none"> • Provide ongoing professional development and continuing education in violence prevention
4. Fostering Coalitions & Networks •Convening groups and individuals for greater impact.	<ul style="list-style-type: none"> • Be active in professional organizations • Be active in local communities and community coalitions on behalf of selves of the institutions worked in
5. Changing Organizational Practices •Adopting regulations and shaping norms.	<ul style="list-style-type: none"> • Encourage major health care institutions and schools to recognize violence as a major health issue • Change the policies of institutions to ensure work across all levels of the <i>Spectrum of Prevention</i>
6. Influencing Policy & Legislation •Developing strategies to change laws and policies.	<ul style="list-style-type: none"> • Play a role in supporting laws and legislation to promote prevention including writing letters and testifying. • Get professional health associations to sponsor violence prevention legislation such as that related to: firearms, alcohol, media, and the protection of children and families.

Key recommendations

- 1) Adopt primary prevention as a key health strategy to preempt needless deaths, injury and suffering as a result of violence.
- 2) Utilize comprehensive primary prevention strategies and models in health care settings to advance violence prevention.
- 3) Prioritize training in comprehensive violence prevention approaches for health care providers so that these professionals can become leaders in prevention planning, implementation, and prioritization.

ⁱ Federal Bureau of Investigation, Uniform Crime Reports. Washington DC: Federal Bureau of Investigation, 1991.

ⁱⁱ First Comprehensive National Health Survey of American Women. New York: The Commonwealth Fund, July 1993.

ⁱⁱⁱ Trent R. Personal communication. August 1997.

^{iv} Division of Injury Control, Centers for Disease Control. Childhood Injuries in the United States. *American Journal of Disabled Children*, 1990;144:627-46.

^v Children's Defense Fund. *State of America's Children Yearbook*, 1996.

^{vi} Rape in America: A report to the nation. Arlington, VA: The National Victim Center, 1992, p.3.

^{vii} Cohen and Swift (1999). The spectrum of prevention: developing a comprehensive approach to injury prevention. *Injury Prevention*, 5: 203-207.

^{viii} Cohen L, Baer N & Satterwhite, P. Eight steps to effective coalitions. *Injury Awareness and Prevention Center News*, December 1991;4(10)

^{ix} Cohen L. and Swift, S., A Public Health Approach to Violence in the United States, Environment and Urbanization, 1993. 5(2): p. 50-66

^x Werner E & Smith R. 1992. Overcoming the odds: High-risk children from birth to adulthood. Ithaca, New York: Cornell University Press.