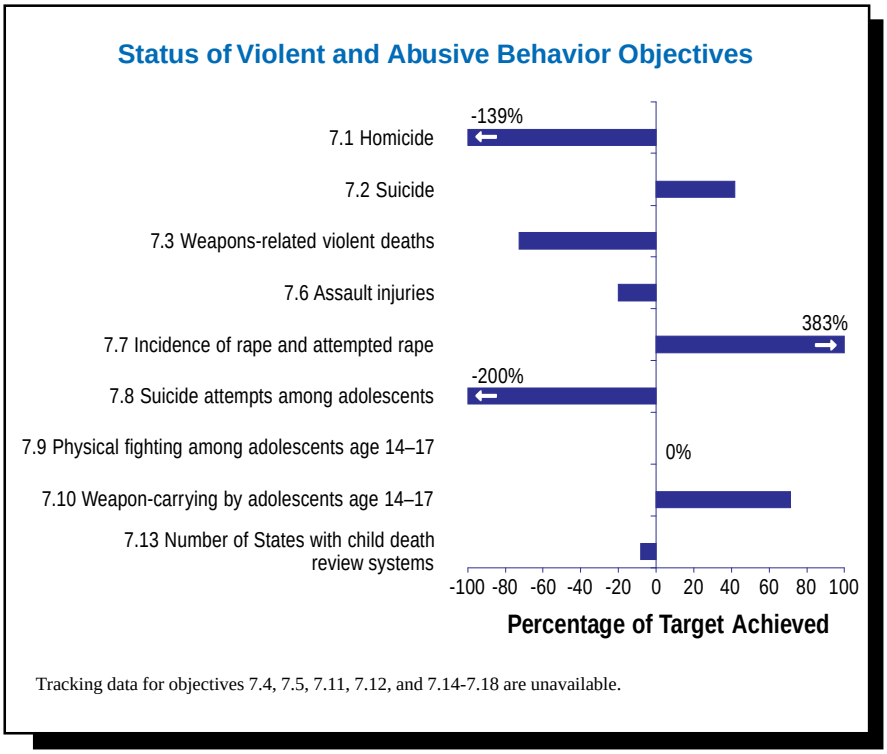
7 Violent and Abusive Behavior



Lead Agency: ***Centers for Disease Control and Prevention***

VIOLENT AND ABUSIVE BEHAVIOR

Few issues pose a greater challenge to public health and American society than violence. The United States ranks first among industrialized nations in violent death rates, with homicide and suicide claiming more than 50,000 lives each year. Annually there are an additional 2.2 million people injured by violent assaults. Several States and the District of Columbia report more deaths related to firearms than to motor vehicle crashes. The *Morbidity and Mortality Weekly Report* of January 28, 1994, compared trends and patterns of deaths resulting from firearm- and motor-related injuries in the United States from 1968–1991. If trends continue, the death rate from firearms will surpass that of motor vehicle crashes in the Nation by the year 2003.

Morbidity and mortality due to violence show some disturbing trends. Youth are increasingly involved as both perpetrators and victims of violence. Women are frequent targets of both physical and sexual assault often perpetrated by spouses, ex-spouses, intimate partners, or others known to them.

Alcohol and substance abuse, accessibility to firearms, and the violence associated with the drug trade are other major factors which appear to be contributing to the increase in violent and abusive behavior. Those individuals and families living in environments with the greatest erosion of social infrastructure are at high risk of being affected by violence. These factors provide potential keys to successful prevention strategies.

Based on its success with infectious diseases, reduction of smoking, and motor-vehicle injuries, the public health model holds promise in effectively addressing the complex problem of violence. This model uses the principles of epidemiology to focus on and examine the root causes and/or factors that contribute to violence. The public health model complements existing prevention efforts, provides a multi-disciplinary scientific approach specifically directed toward identifying effective approaches to violence prevention, and emphasizes outcome-based evaluation of interventions.

Strategies for addressing violence-related objectives require the combined effort of the Public Health Service and State and local governments as well as many private organizations throughout the Nation. Among the strategies for addressing violence in communities at high risk are: promoting awareness of violence as a public health problem, taking more aggressive steps to counter the high rates of physical abuse and violence against women, offering alternative school and community-based activities for youth, and increasing collaboration and partnerships between State and local public health agencies with mental health and substance abuse programs.

There is a serious gap in knowledge and understanding of the causes and prevention of violent behavior. In addition to individual factors, familial, social, and economic (systemic) influences must be studied to determine their impact on violent behavior.

School- and community-based interventions require support and rigorous evaluation. Updated training for health care and other professionals can improve the capability to identify potential perpetrators of violence and appropriately address the needs of victims of violence. To create positive environments within which individuals and families can live without fear, the entire Nation must accept the responsibility for preventing violence.

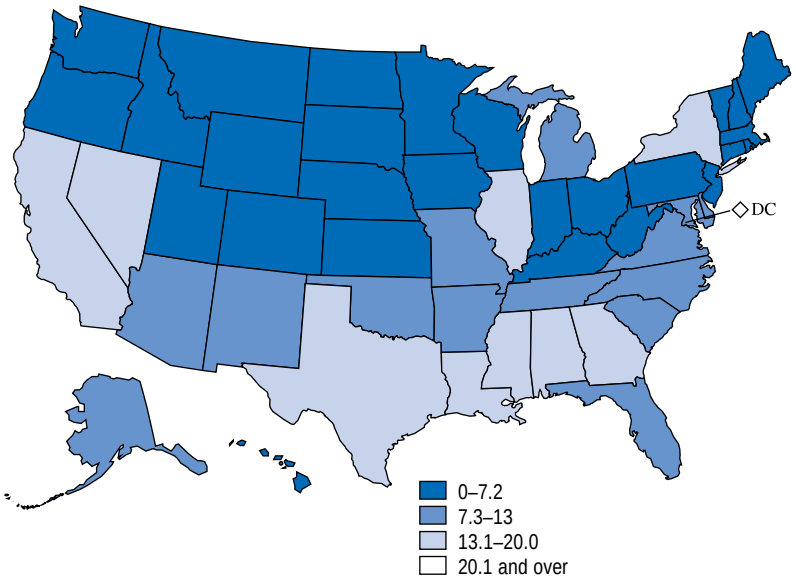
An important factor requiring more research is the accessibility to firearms, especially by youth. Which strategies are successful in the reduction of access to firearms? What is the impact on the homicide and suicide rates among young males? Many innovative strategies are being implemented for violence prevention, but few have been scientifically proven to reduce violence. Since the efficacy of most existing violence interventions has not been demonstrated, encouraging the development of a wide variety of interventions becomes even more important. Because of a growing understanding of the extremely complex nature of violent behavior, it is likely that the implementation of multiple interventions will be more effective for violence prevention efforts.

Review of Progress

Three of the 18 objectives are progressing toward the year 2000 targets. Suicides in the total population have remained stable for the past decade. However, the current concern is the increasing number of suicides among young males—both black and white. Rape and reported rape per 100,000 declined between 1986 and 1992. Weapon carrying by adolescents aged 14–17 decreased between 1991 and 1993. The Nation is moving away from the targets for homicides, firearm-related deaths, assault injuries, and suicide attempts by adolescents. The number of States with unexplained child death review systems has declined.

Homicides continue to be particularly widespread and an alarming problem (see State map). There has been a significant increase over baseline levels for homicides, with a 22 percent increase in the homicide rates among young men. The homicide rate for young black men exceeded that of young

Objective 7.1: *Reduce homicides to no more than 7.2 per 100,000 people*



Source: CDC/NCHS, Vital Health Statistics, 1991

white men in 1992 by as much as eight times. The target for black males aged 15–34 is 72.4 per 100,000. Unfortunately, there has been a dramatic increase from 90.5 per 100,000 in 1987 to 112.4 per 100,000 in 1989. The majority of this increase is attributable to firearm homicides which may be related to weapon carrying.

Baseline data for objectives 7.11 and 7.16 have been established. Three objectives, 7.12 (protocols for identifying, treating, and referring people to emergency departments), 7.14 (increase the number of States in which neglected or abused children receive evaluation and followup), and 7.17 (extend violence prevention programs to local communities) have no baseline data.

1995 Revisions

Added to this priority area is one new objective seeking the enactment of State laws that require the proper storage of firearms to minimize access and discharge by minors. This objective currently lacks a followup data source but is deemed extremely important to include because of the number of deaths and numerous injuries among unsupervised minors and youths with access to firearms.

Other changes in this priority area involve language revisions. In objective 7.3, the term "weapon" has been replaced by "firearm" because firearms are the major contributing factor to the recent increases in both interpersonal and self-directed violence, especially among young people. Handguns were used in 78 percent of all firearm crimes in 1992. In objective 7.16, the term "comprehensive school health education" replaced "quality school health."

Special population targets have been added for blacks in objectives 7.3, firearm-related deaths; 7.9, physical fighting by adolescents; and 7.10, weapon carrying by adolescents. Female adolescents were added to objective 7.8 in recognition of their high rates of injurious suicide attempts. The special population targets for American Indians/Alaska Natives have been expanded to include all people in this racial category, not just those in Reservation States. An adjustment to the baseline and target in objective 7.1 for Hispanic homicides reflects revised 1990 census data. Revisions to the methodology in calculating the incidence of the types of maltreatment of children in objective 7.4 have resulted in changes in the year 2000 targets.