

Violence Prevention – Who’s Responsible?

Public Health, Criminal Justice, or Both

By Brigette Settles Scott, MA and Kerrita McClaughlyn

Closing the Gap, Violence Prevention - Who’s Responsible? • January/February 2002

Despite the extensive damage that violence and related injuries inflict on society—many Americans view violence as simply a criminal justice problem. Experts have struggled to make the case that the public health system has an equally important role in helping to reduce the impact that violence and intentional injury impose on the public.

“Violence, intentional injury, and related prevention efforts should be viewed from both dimensions. The world sees violence and injury as a criminal justice issue and therefore has been unable to work on the prevention aspect of it in a more thoughtful way than the building of new prisons,” said Dr. Beverly Coleman-Miller, editorial director, *Minority Health Today* magazine and violence prevention expert. “Violence and injury are public health problems and they are preventable.”

Violence disproportionately affects the minority community through high rates of homicide, suicide, sexual assault, intimate partner abuse, and related fatalities.

According to the *Violent Victimization and Race, 1993–1998* study released in 2001 by the U.S. Bureau of Justice Statistics, in 1998, 110 American Indians, 43 African Americans, 38 Whites, and 22 Asian Americans were victims of violence per 1,000 persons of each population, ages 12 or older.

Violence

“Violence is a learned behavior. It can be unlearned, as can many public health problems. For example, a healthy diet, exercise, and regular doctor visits can help prevent cardiovascular disease and diabetes. Violence is experienced in the United States as an epidemic. This disease of violence has symptoms and signs that lead to death. The key words—epidemic, signs, symptoms, morbidity, mortality—clearly, that’s a health-related conversation,” said Dr. Coleman-Miller.

On an average day in America, 53 people die from homicide, a minimum of 18,000 people survive interpersonal assaults, 84 people commit suicide, and as many as 3,000 people attempt suicide.

“Violence costs the health care system millions of dollars each year in rehabilitation, direct and long-term patient care, and costs our society thousands of years of potential life lost,” added Dr. Coleman-Miller.

Barriers to Putting Violence on the Public Health Agenda

“The barriers within the medical community are logistical—hospitals generally do not have the money and other resources to treat injuries from violence and to provide resources for prevention efforts.

Violence is costly and the victims of intentional injury are often uninsured—placing the burden of costs on the hospitals. Victims often need complicated, immedi-

ate care and long-term follow-up, which further drains resources. Hospitals are frustrated and confused about how to handle these medical emergencies while continuing to remain financially solvent.

Further compounding matters is the fact that many hospitals do not see themselves as mechanisms for prevention. To quote a hospital administrator, ‘If this was a preventable disease, the government would not have called it ‘intentional’ injury,’” said Dr. Coleman-Miller.

The good news however, is that some health practitioners have begun to understand the importance of violence prevention and are becoming advocates for programs within the public health system. For example, domestic violence has created a national movement among

health care providers, including the American College of Obstetricians and Gynecologists (ACOG), the American Medical Association (AMA), and other mainstream advocacy groups. Physicians for A Violence-free Society—which promotes violence prevention

by developing leadership and advocacy in the health care community—has been successful in developing programs on a variety of violence prevention topics. Its domestic violence, child abuse, youth/school violence, elderly violence, hate crimes, and gun violence programs are specifically geared toward health care providers.

Its most recent publication—*Physicians Guide to Domestic Violence: How to Ask the Right Questions and Recognize Abuse*—is a how-to guide that provides guidelines for working with victims of violence in the practice setting.

The Centers for Disease Control and Prevention (CDC) has focused on violence prevention since the early 1980s, beginning with efforts to prevent youth violence and suicide. Early in 1994, CDC was further funded to strengthen efforts to prevent family and intimate partner violence.

The Division of Violence Prevention, part of CDC’s National Center for Injury Prevention and Control, was created to focus on youth violence, family and intimate violence, suicide, and firearm injuries. Current activities target primary prevention of violence through a public health approach that complements the approaches used by criminal justice, education, and the many other disciplines that work in this area. Some of the projects supported by the Division include:

- **The National Youth Violence Prevention Resource Center** that provides parents, teenagers, health care providers, law enforcement officials, and other professionals and concerned citizens a single, user-friendly point of access to critical information regarding youth violence and about the effective strategies to control and prevent such violence.

The center includes a bilingual (Spanish/English) toll-free telephone information line (1-886-

continued on page 2>>>>



Violence Prevention – Who’s Responsible?

Public Health, Criminal Justice, or Both

By Brigette Settles Scott, MA and Kerrita McClaughly

Closing the Gap, Violence Prevention - Who’s Responsible? • January/February 2002

SAFEYOUTH or 1-886-968-8484), an Internet site (<http://www.safeyouth.org>), technical assistance, and a clearinghouse of information and resources.

- **Research projects** that evaluate community-based intimate partner violence prevention/intervention programs, research related to violence and reproductive health, and supporting the development of surveillance systems to monitor firearm injuries and related risk behaviors (e.g., safe storage, carrying weapons).

A coordinated effort between the public health and criminal justice system is essential to reducing violence in the U.S.

“The criminal justice system can not be our primary response to violence—nor should it be our only response,” states Dr. Coleman-Miller. Although the criminal courts are an important component of

any overall violence reduction strategy, the response has largely been reactive rather than preventive making the associated costs exorbitant.

“Aside from the criminal justice costs associated with violence—that is property damage, security, prosecution, and incarceration—the most significant cost is the cost of shattered lives. Loss of quality of life and loss of productivity not only have significant public health implications but impact every facet of our society,” said Dr. Coleman-Miller. Heavy emphasis on implementing public health programs geared toward violence prevention and early intervention is essential to reducing the toll that violence has on society.

For more information on violence prevention in minority communities, go to <http://www.omhrc.gov> or call 1-800-444-6472. ❖

For additional information on Physicians for a Violence-free Society, go to <http://www.pvs.org> or call 415-821-8209. ❖

