www.thecommunityguide.org



WHAT WORKS

Violence Prevention

Evidence-Based Interventions for Your Community



iolence is pervasive in many young people's lives. It can take various forms, including violent acts committed among youth, child abuse, and intimate partner violence. Many youth are also witnesses to violence.

This brochure is designed to help public health program planners, community advocates, educators, and policymakers find proven interventions—including programs, services, and policies—for reducing the risk that a child or adolescent will be a victim, offender, or witness of violence. It can help decision makers in both public and private sectors make choices about what intervention strategies are best for their communities. This brochure summarizes information in The Guide to Community Preventive Services (The Community Guide), an essential resource for people who want to know what works in public health.

Use the information in this brochure to help select intervention strategies you can adapt for your community to:

- Prevent child maltreatment through early childhood home visitation programs.
- Reduce long-term psychological harm from traumatic events among youth.
- Reduce or prevent aggressive or violent behavior through the use of universal school-based programs.
- Reduce violence through therapeutic foster care of youth with a history of chronic delinquency.
- Reduce violence by ending the transfer of juvenile offenders to the adult criminal justice system.

The Community Guide provides evidence-based findings and recommendations from the Community Preventive Services Task Force (Task Force) about community preventive services, programs, and policies to improve health. Learn more about The Community Guide and what works to help protect children and youth by visiting www.thecommunityguide.org/violence.

The Centers for Disease Control and Prevention provides administrative, research, and technical support for the Community Preventive Services Task Force.

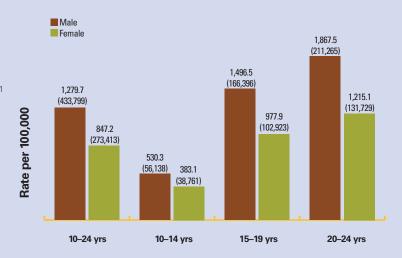
THE PUBLIC HEALTH CHALLENGE

U.S. youth are at risk for being victims or perpetrators of violence

- Homicide is the second leading cause of death in youth aged 10 to 24 years.¹
- More than 704,000 youth are treated in emergency departments for nonfatal injuries sustained from assaults.¹
- Youth homicides and assault-related injuries cost an estimated \$14.1 billion in combined medical and work loss.¹
- Approximately 695,000 children are maltreated and more than 1,500 children die from abuse and neglect.²
- An estimated 20% of high school students are bullied on school grounds.³
- More than 30% of high school students report getting into a physical fight.³

For more information on violence and youth, including state-by-state data, see www.cdc.gov/ViolencePrevention.

Nonfatal Assault-Related Injuries Among Youth in the U.S.



^{*}Age-adjusted rates and number of injuries (in parentheses) are provided above each other. Rates are for persons with nonfatal assault-related injuries who were treated in hospital emergency departments.

Source: Web-based Injury Statistics Query and Reporting System (WISQARS), 2011.

EVALUATING THE EVIDENCE

- The Task Force findings and recommendations for intervention strategies that prevent violence experienced by youth are based on systematic reviews of the available evidence.
- The systematic reviews look at the results of research and evaluation studies published in peer-reviewed journals and other sources.
- Each systematic review looks at each intervention strategy's
 effectiveness and how it works in different populations and
 settings. If found effective, cost and return on investment are also
 reviewed when available.
- For each intervention strategy, a summary of the systematic review, evidence gaps, and journal publications can be found on the Violence Prevention Focused on Children and Youth section of the website at www.thecommunityguide.org/violence.

Community Preventive Services Task Force

The Guide to Community Preventive Services (The Community Guide) is an essential resource for people who want to know what works in public health. It provides evidence-based recommendations and findings about public health interventions and policies to improve health and promote safety. The Community Preventive Services Task Force (Task Force)—an independent, nonfederal, unpaid panel of public health and prevention experts—bases its findings and recommendations on systematic reviews of the scientific literature. With oversight from the Task Force, scientists and subject matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners.

More information about how the Task Force conducts its reviews is available at www.thecommunityguide.org/about/methods.html.

SUMMARIZING THE FINDINGS ON PREVENTING VIOLENCE EXPERIENCED BY YOUTH

All Task Force findings and recommendations on preventing violence experienced by children and adolescents are available online at www.thecommunityguide.org/violence. Some of the Task Force recommendations related to violence experienced by youth are below.

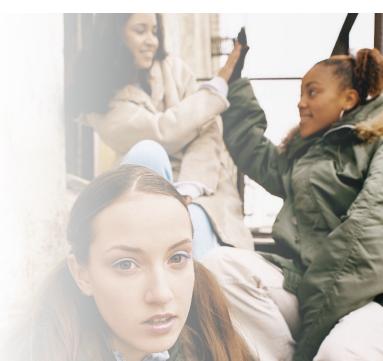
- ✓ Early childhood home visitation. Home visits conducted by trained professionals, such as nurses, during a child's first two years of life offer an opportunity to train parents in prenatal and infant care, problemsolving, and life skills. They can link parents to social services such as education, and employment opportunities, daycare, and transportation. Home visitation programs can reduce child maltreatment in high-risk families by a median of 38.9 percent. High-risk families include lowincome families, those with single or young mothers, and those with low birth weight babies.
- Reducing psychological harm from traumatic events. Traumatic events—in which someone sees or experiences the threat of death or serious injury to themselves or others—can include natural disasters, accidents, severe illness, physical or sexual abuse, and domestic violence. Strong evidence exists for cognitive-behavioral therapy (CBT), administered one-on-one or in group settings, to reduce symptoms like anxiety, depression, and post-traumatic stress disorder (PTSD) in youth who have experienced trauma.
- ✓ **School-based programs.** Universal school-based violence prevention programs can lower rates of violent behavior across all grade levels and environments, regardless of socioeconomic status, local crime rates, or student ethnicity. All students learn skills such as emotional self-awareness and control, self-esteem, conflict resolution, and team work. These programs can work particularly well among pre-kindergarten and kindergarten students as well as high school students.
- ✓ Therapeutic foster care. Youth (12–18 years old) who cannot live at home because of difficulties controlling their own behavior or other family difficulties can benefit from therapeutic foster care. Youth are placed with specially trained foster parents who supervise them closely and provide a structured environment for learning social skills and participating in positive activities. For adolescents with a history of chronic delinquency, this strategy can reduce violence by 72 percent, compared to juveniles in group homes. It's estimated that every dollar invested in this intervention saves approximately \$14 in justice system costs.

The Task Force **recommends against policies facilitating the transfer of juveniles to adult justice systems**. Youth under age 18 who are moved to the adult criminal system show a median increase of 34 percent in re-arrests for violent crime compared to those who stay in the juvenile justice system. Youth in adult prisons are also at higher risk for suicide or for being victims of prison violence.

PUTTING THE FINDINGS TO WORK

As a public health decision maker, practitioner, community leader, or someone who can influence the health of your community, you can use The Community Guide to create a blueprint for success.

- ✓ Identify your community's needs. Review the intervention strategies recommended by the Task Force and determine which ones best match your needs. Adopt, adapt, or develop evidencebased programs, services, and policies that can keep children from becoming the victims or perpetrators of violence.
- Check out CDC's Veto Violence program at www.vetoviolence.org to access training and tools for preventing violence in your community and to see what others have done in their communities.
- Consult the Striving To Reduce Youth Violence Everywhere (STRYVE) resources at www.vetoviolence.org/stryve. STRYVE Online offers the latest information you need to design, implement, and evaluate a youth violence prevention strategy.



FOR MORE INFORMATION

The Community Guide: Violence Prevention Focused on Children and Youth www.thecommunityguide.org/violence

National Center for Injury Prevention and Control, CDC

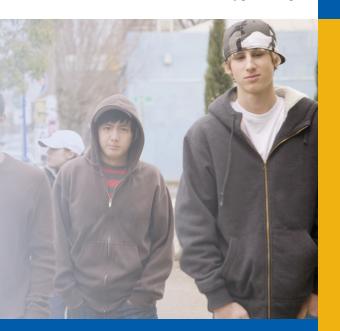
www.cdc.gov/ViolencePrevention

National Center for Chronic Disease Prevention and Health Promotion, CDC

www.cdc.gov/healthyyouth

Healthy People 2020 Interventions and Resources on Injury and Violence Prevention

www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=24



THE COMMUNITY GUIDE IN ACTION

Home-Based Parent Training Program Helps Keep Children Safe



Hundreds of thousands of U.S. children are maltreated each year, primarily by parents or other family members. With studies showing that home-based child care training for parents can substantially reduce maltreatment, The Community Guide recommends home visitation programs for at-risk families. One such program producing results is SafeCare®. The 15–20 week program is designed for parents at-risk or reported for child maltreatment who have children age 5 or younger. Parents receive skills training in home safety, health care, and interacting with their children. A 10-year study in Oklahoma found that SafeCare® reduced recurrences of child abuse and neglect by 26 percent.

SafeCare® has received CDC support and is being used in communities across the country. For more information, see the National SafeCare® Training and Research Center at publichealth.gsu.edu/968.html.⁴

REFERENCES

¹Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Available at www.cdc.gov/injury/wisqars/index.html.

²Children's Bureau. *Child Maltreatment 2010.* Washington, DC. U.S. Department of Health and Human Services, Administration for Children, Youth, and Families Web site. Available at www.acf.hhs.gov/programs/cb/pubs/cm10/index.htm.

³Centers for Disease Control and Prevention. Youth risk behavior surveillance—United States, 2011. *MMWR Surveillance Summaries* 2012;61(no. SS-4):1–162.

⁴Georgia State University Institute of Public Health. National SafeCare® Training and Research Center. Available at publichealth.gsu.edu/safecare/docs/SafeCare-news-release.pdf and publichealth.gsu.edu/pdf/safecare_OnePager.pdf.



WHAT WORKS

Violence Prevention

(See reverse for detailed descriptions.)

Evidence-Based Interventions for Your Community

Recommended Against

TASK FORCE FINDINGS ON VIOLENCE PREVENTION

The Community Preventive Services Task Force (Task Force) has released the following findings on what works in public health to keep children and youth from becoming the victims or perpetrators of violence. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify intervention strategies you could use for your community.

Legend for Task Force Findings: Recommended	Insufficient	Evidence		
INTERVENTION	TASK FORCE FINDING			
Early Childhood Home Visitation				
To prevent child maltreatment				
To prevent intimate partner violence	\Q			
To prevent violence by parents (other than child maltreatment or intimate partner violence)	\Q			
To prevent violence by children	\Q			
Firearms Laws				
Bans on specified firearms or ammunition	\Q			
Restrictions on firearm acquisition	\Q			
Waiting periods for firearm acquisition	\Q			
Firearm registration and licensing of firearm owners	\Q			
"Shall issue" concealed weapons carry laws	\rightarrow			
Child access prevention (CAP) laws	♦♦♦♦			
Zero tolerance of firearms in schools	\rightarrow			
Combinations of firearms laws	\rightarrow			
Reducing Psychological Harm From Traumatic	Events			
Cognitive-Behavioral Therapy (CBT)				
Individual CBT				
Group CBT				

INTERVENTION	TASK FORCE FINDING		
Other therapies			
Play therapy	\rightarrow		
Art therapy	\Q		
Psychodynamic therapy	\Q		
Pharmacological therapy	\Q		
Psychological debriefing	\Q		
School-Based Violence Prevention Programs			
School-based violence reduction programs for all students			
Therapeutic Foster Care			
For chronically delinquent juveniles			
For children with severe emotional disturbance	\Q		
Youth Transfer to Adult Criminal System			
Policies facilitating the transfer of juveniles to adult justice systems			

Visit the "Violence Prevention Focused on Children and Youth" page of The Community Guide website at www.thecommunityguide.
org/violence to find summaries of Task Force findings and recommendations on intervention strategies that reduce violence by and against children and youth. Click on each topic area to find results from the systematic reviews, included studies, evidence gaps, and journal publications.

The Centers for Disease Control and Prevention provides administrative, research, and technical support for the Community Preventive Services Task Force.

UNDERSTANDING THE FINDINGS

The Task Force bases its findings and recommendations on systematic reviews of the scientific literature. With oversight from the Task Force, scientists and subject matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners. Based on the strength of the evidence, the Task Force assigns each intervention strategy to one of the categories below.

CATEGORY	DESCRIPTION	ICON
Recommended	There is strong or sufficient evidence that the intervention strategy is effective . This finding is based on the number of studies, how well the studies were designed and carried out, and the consistency and strength of the results.	
Insufficient Evidence	There is not enough evidence to determine whether the intervention strategy is effective. This does not mean the intervention strategy does not work. There is not enough research available or the results are too inconsistent to make a firm conclusion about the intervention strategy's effectiveness. The Task Force encourages those who use interventions with insufficient evidence to evaluate their efforts.	♦
Recommended Against	There is strong or sufficient evidence that the intervention strategy is harmful or not effective.	

Visit the "Systematic Review Methods" page on The Community Guide website at www.thecommunityguide.org/about/methods.html for more information about the methods used to conduct the systematic reviews and the criteria the Task Force uses to make findings and recommendations.

RESOURCES

You can use the following resources to guide the implementation of evidence-based strategies and put the Task Force findings to work.

- Best Practices of Youth Violence Prevention: Sourcebook for Community Action
 Centers for Disease Control and Prevention

 www.cdc.gov/violenceprevention/pub/YV_bestpractices.html
- Registries of programs effective in reducing youth risk behaviors
 Centers for Disease Control and Prevention
 www.cdc.gov/healthyyouth/AdolescentHealth/registries.htm
- National SafeCare® Training and Research Center Georgia State University Institute of Public Health publichealth.gsu.edu/968.html
- Healthy People 2020 Interventions and Resources on Injury and Violence Prevention
 U.S. Department of Health and Human Services
 www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=24