


Preventing Multiple Forms of Violence:

A Strategic Vision for Connecting the Dots


National Center for Injury Prevention and Control
Division of Violence Prevention

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Our Mission

DVP is committed to stopping violence before it begins. Our mission is to prevent violence and its consequences so that all people, families, and communities are safe, healthy and free of violence.

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Preventing Multiple Forms of Violence

The different forms of violence—child abuse and neglect, youth violence, intimate partner violence, sexual violence, elder abuse, and suicidal behavior—are strongly connected to each other in many important ways. Understanding and addressing the interconnections among these forms of violence is the central tenet of this 5-year vision to prevent violence developed by the Division of Violence Prevention (DVP). This document describes this vision—articulating why a cross-cutting approach is important to achieving measureable reductions in violence; the areas where we will strategically focus our attention; and priorities for advancing practice, effectively reaching intended audiences, generating new knowledge, and monitoring and evaluating our progress.

Rationale for promoting a cross-cutting approach

Violence prevention efforts have historically centered on particular forms of violence. The seminal work of Dr. C. Henry Kempe in the early 1960s exposed the realities of child abuse and neglect. His work helped to launch and shape decades of prevention, treatment, advocacy, and education geared toward protecting children.[1] Explicit recognition of other forms of violence, such as intimate partner and sexual violence against women, gained widespread attention in the late 1960s and 1970s as the Women's Movement drew attention to these problems and the need for services, care, and prevention.[2,3] As suicide and homicide rose in the ranks as leading causes of death in the 1980s (particularly among youth and young adults), concerns about these problems also led to numerous calls for effective solutions.[4] Several decades of research, prevention, and services have revealed a lot about the different forms of violence and how to prevent and respond to them. One fact clearly emerging from this body of work is that the different forms of violence are strongly interconnected.

Previous research indicates:

- **Those who are victims of one form of violence are likely to experience other forms of violence.**[5,6] There is evidence to suggest that experiencing one type of victimization can lead to a doubling or tripling of the risk for another type of victimization.[5]

- **Those who have been violent in one context are likely to be violent in another context.**[7-12] Youth who are violent toward peers, for example, are also more likely to be violent toward their dating partners.[7-9] Adults who are violent toward their partners are also more likely to abuse their children.[11]

- **The different forms of violence share common consequences.**[13-17] Beyond physical injuries and deaths these include a broad range of mental, emotional and physical health, and social problems that have effects across the lifespan. Exposure to violence increases the risk of depression, post-traumatic stress disorder (PTSD), anxiety, sleep and eating disorders, and suicide and suicide attempts. There is also a strong association between violence and infectious diseases, especially HIV and other sexually transmitted infections. Multiple studies also document a

number of reproductive consequences from exposure to violence, including unintended pregnancy and teen pregnancy, as well as associated risk behaviors, such as multiple partners and early initiation of sexual activity. Many of the leading causes of death—such as cancer, cardiovascular disease, lung disease, and diabetes—are linked to experiences of violence through the adoption of harmful alcohol use, tobacco use, and physical inactivity, and impacts on the brain, cardiovascular, immune and other biological systems. Beyond the chronic health effects, serious psychosocial effects of childhood violence are observed decades later, including severe problems with finances, family, jobs, anger, and stress.

- **The evidence also clearly shows that the different forms of violence share common risk and protective factors.**[6,9-13,18-22] These factors can start in early childhood and continue across the lifespan. Many of the behavioral factors associated with perpetrating violence are evident well before 10 years of age, with signs of early physical aggression being one of the strongest predictors for later involvement in violent behavior, including violence against intimate partners. Early onset of sexual aggression is also one of the strongest predictors of subsequent sexual violence perpetration. Those who have been exposed to violence in the home are at increased risk for several forms of violence. Growing up and living in impoverished environments with limited social, educational, and economic opportunities and confronting the daily stresses of violence, racism, and instability at home or in the community also increases the risk of multiple forms of violence (see Box). Societal influences such as norms about violence, gender, and race/ethnicity, which are often rooted in customs, institutional practices and policies, impact health and opportunities and are associated with risk for multiple forms of violence. Connectedness, on the other hand, is protective across multiple forms of violence. Those who have stable connections to caring adults, affiliations with pro-social peers, and a strong connection to school and community are at lower risk for violence. More information on risk and protective factors across multiple forms of violence is available on DVP's website (www.cdc.gov/violenceprevention/pub/connecting_dots.html).

We can maximize the impact of our violence prevention efforts by joining together and doing more to recognize and address the connections among the forms of violence. Doing so will allow us to use resources, knowledge, and expertise in ways that can protect people and communities from violence.

Exposure to chronic stress and violence[22-24]

Violence is seldom random. Rather it is the result of an interplay between individuals and their environment. A large and growing body of research links exposure to chronic stress prenatally, in early childhood and adolescence, to changes in the brain that control such things as attention, impulsive behavior, decision-making, learning, emotion, and response to stress. Chronic stress includes such things as living in impoverished neighborhoods, living in dilapidated housing, frequently moving, experiencing food insecurity, experiencing racism, and living in homes with violence, mental health, substance abuse problems, and other instability. These adverse experiences are strongly linked to a number of negative health, economic and social outcomes. In the absence of prevention or buffering through safe, stable, nurturing relationships and environments, changes in the brain architecture and function may result in the early appearance and persistence of aggressive and antisocial behavior.

These changes manifest in different ways at different ages such as noncompliance and defiant behavior as preschoolers; hitting others, bullying, or lying in middle childhood; stealing, truancy, alcohol consumption or drug use and involvement in crime and violence in adolescence; reckless driving, erratic work history, multiple and unstable relationships, partner violence, carrying a weapon, and continuation of patterns of crime and violence into adulthood. Exposure to chronic stress in childhood is also an important contributing factor to suicidal behavior in adolescence and adulthood.

Strategic focus

To impact multiple forms of violence, prevention efforts should start early and continue across the lifespan. They should be designed to use resources efficiently and effectively and in ways that result in substantial reductions in violence. Toward this end, we will strategically focus our attention on four areas: 1) the developmental periods of childhood and adolescence, where we are likely to achieve the greatest long-term impact, 2) the populations and communities that disproportionately bear the burden of violence, 3) the shared risk and protective factors that are most likely to influence multiple forms of violence, and 4) by giving priority to the programs, practices, and policies that are most likely to impact multiple forms of violence. Each area of focus is further described below.

Childhood and adolescence to achieve long-term impact. Childhood and adolescence are the developmental periods where we can have the greatest and longest lasting impact on violence and ensure lifelong health and well-being. Even though the process of development can extend into adulthood, the developmental periods from preconception to early childhood (0–5 years), middle childhood (6–11 years) and adolescence (12–20 years) are the "building block" years that help set the stage for adult relationships and behaviors. The preconception to early childhood years are when bonding and attachment take root and when the architecture of the brain starts to form. These are the developmental periods where physical, emotional, social, and other cognitive capabilities also begin to develop. Childhood and adolescence are also the developmental periods where moral reasoning and social problem-solving skills are learned; where attitudes and beliefs about violence are shaped; and where the development of non-violent and respectful relationships are cultivated. Even though the nature and content of the preventive approach may vary depending on age, multiple forms of violence can be prevented by beginning prevention efforts during these developmental periods and by assuring safe, stable, nurturing relationships and environments for all children. This includes promoting environments where children, youth and their families are socially connected to other caring adults, schools, faith-based and other community organizations, and have the economic and other supports necessary for healthy and pro-social development. Strong connections to community organizations, for example, can benefit children and families by helping them to better access helping resources. It also means making sure that environments (e.g., child care settings, schools, and juvenile justice settings) are responsive to the needs of children facing a number of adversities.

Populations and communities at highest risk for experiencing or perpetrating violence. Violence affects people at all ages and stages of life from infants to the elderly. Certain sub-populations and communities, however, are at much greater risk for experiencing or perpetrating violence across the lifespan. The risk of experiencing multiple forms of interpersonal violence is much greater prior to the age of 24 than in the later years of adulthood. Survivors of intimate partner violence, sexual violence, and stalking often experience these forms of violence for the first time in childhood and adolescence. Women and girls are particularly vulnerable to sexual violence and suicide attempts, while men and boys experience higher rates of suicide and firearm-related assault and homicide. LGBT and populations with disabilities are vulnerable to multiple forms of interpersonal

violence and suicide. Racial and ethnic minorities are disproportionately impacted by multiple forms of violence across the lifespan. More often it is the conditions in which people live and the inequities related to socioeconomic status, race, and gender that increase the risk for experiencing or perpetrating violence and leave certain populations more vulnerable to violence and its consequences. From a prevention perspective, it is useful to think about the needs, barriers, and supports that are necessary to achieve measureable reductions in violence and the gains that can be achieved by focusing on the populations and communities at heightened risk for violence. Rather than spreading prevention resources across populations, there is evidence to suggest that a more concentrated focus on the populations and communities at heightened risk for violence will result in greater impacts. Recognizing the connections between the multiple forms of violence experienced by these populations and working toward a more integrated and coordinated approach can help decision-makers prioritize, and practitioners deliver, prevention support in a way that better matches the needs and challenges experienced by the populations they serve. Expansion of program models such as early childhood home visitation to include a focus on intimate partner violence (which many states are doing), is one example where attending to populations at heightened risk for multiple forms of violence can serve to maximize the effectiveness of the program.

Shared risk and protective factors that are most important for reducing multiple forms of violence. Across the board, prevention programs, policies, and activities can be more efficient and have broader benefits by focusing on the shared risk and protective factors that are most likely to influence multiple forms of violence. For example, programs that enhance youths' problem solving and impulse control skills are likely to have benefits that extend across the different forms of violence. These programs should be developmentally appropriate and provide opportunities for youth to practice the skills in different violence-related contexts (e.g., dating violence, bullying, and sexual violence). Family factors, such as a high level of conflict or poor parent-child relationships, are also particularly important as a focus for prevention. These factors are strongly linked to child abuse and neglect, youth violence, intimate partner violence, sexual violence, elder abuse, and suicidal behavior. Strategies that work to support and strengthen families are increasingly demonstrating benefits for multiple forms of violence. Research on protective factors underscores the importance of enhancing social connections, including close supportive relationships with prosocial peers and one's family, school, and community, to reduce social isolation and risk for multiple forms of violence. It is particularly important to support those who have been exposed to violence. These individuals and their families are likely to require more intensive intervention to reduce their risk for subsequent victimization or perpetration.

It is critical to address the larger societal and community level factors that can have direct and indirect influences on individual and family risks for violence. For example, parents working to maintain a strong relationship with their children and reduce their risk for violence are likely to be more successful if their community is providing the services and supports they need (e.g., reliable child care; safe and affordable housing). The messages that these parents teach their children about violence are likely to be more successful if their children are attending high performing schools where the skills necessary to solve

The Division of Violence Prevention at CDC will strategically focus efforts on four key areas:

- **Childhood and adolescence to achieve long-term impact**
- **Populations and communities at highest risk for experiencing or perpetrating violence**
- **Shared risk and protective factors that are most important for reducing multiple forms of violence**
- **Identification, implementation, and scaling-up of approaches that have cross-cutting impact**

problems without violence are taught effectively. They are also likely to be more successful if their children are not exposed to peers who are involved in gangs or delinquent behavior, and if other adults in the neighborhood are clear about not supporting violence as a response to disputes. These peer, school, neighborhood, and community-level factors are particularly important contributors to multiple forms of violence. They can have pervasive effects across levels of influence to increase or protect against other risks. The diversity of risk and protective factors that are relevant to multiple forms of violence underscores the numerous opportunities that exist for policies and programs to make a meaningful difference. When making decisions about how prevention resources will be allocated, an emphasis on the risk and protective factors that are associated with multiple form of violence, particularly at the neighborhood and community levels, can maximize the benefits of the limited resources that are available and achieve greater impact.

Facilitate the identification, implementation, and scale-up of approaches that have cross-cutting impact. There are a number of approaches that have the potential to mitigate or buffer against the risks for multiple forms of violence. Parent and family-focused approaches are one example. Programs that improve parent-child relationships, teach participants how to effectively discipline, monitor, and supervise children as well as address internal dynamics (e.g., parental/family relationships, communication, and problem solving) and external demands (e.g., by providing skills and ways to gain access to social support and resources) have already demonstrated short- and long-term positive outcomes on child abuse and neglect, youth violence, and related risks (e.g., substance abuse, mental health). The evidence also indicates that the earlier these programs are delivered in the child's life, the greater the benefits, although significant benefits have also been demonstrated when delivered to adolescent populations. The evidence also points to early childhood education (which has demonstrated effects on child abuse and neglect and youth violence), universal school-based programs that emphasize social-emotional learning (which have demonstrated effects on youth violence, teen dating violence, and sexual violence), bystander approaches, and therapeutic interventions to lessen the harms of previous victimization and suicidal behavior. There are also a number of policy-oriented approaches that have the potential to impact multiple forms of violence by addressing gender, racial, and socioeconomic inequalities, social and cultural norms, and other community and societal risks (e.g., economic supports for children and families, economic empowerment and development schemes, urban upgrading, equal pay and other employment-based policies to improve opportunities and economic stability for women). Prioritizing the implementation and adoption of these approaches is critical to reducing the risks that are common across multiple forms of violence.

Foster collaboration and exchange to maximize impact

Collaboration is one of the cornerstones of public health. Identifying ways to efficiently and effectively exchange information and facilitate learning is essential to maximizing the impact of our efforts.

Promote a community of practice around cross-cutting prevention efforts. To prevent multiple forms of violence, we need to create opportunities for violence prevention practitioners to develop relationships and learn from one another in a more effective, systematic way. A community of practice is one approach to providing a context for relationship-building and to share critical information. With regular exchange of information among partners working on the different forms of violence, we gain: 1) a broader range of expertise and a more extensive network of professionals; 2) additional opportunities for sharing data and using data for action; 3) expanded knowledge of other resources and networks; and 4) increased options for the field to more quickly learn about innovations, which could increase uptake and maximize impact.

Collaboration is one of the cornerstones of public health.

Cross-cutting prevention efforts across multiple forms of violence means partners will be creating new relationships and working with new people. New relationships and participating in communities of practice may mean new ways of working. In order to create and maintain a useful community of practice, we need to identify and address barriers related to the subject matter—people need to learn about forms of violence that they may be less familiar with and learn who does work in these areas. We also need to identify implementation barriers, such as finding a way to create and coordinate a community of practice (for example, will it be in-person or virtual). Because these changes can be significant, we need organizational structures and incentives that support the communities of practice and their use.

Build and strengthen partnerships at all levels to support cross-cutting prevention efforts. To effectively address multiple forms of violence, we need the involvement and support of partners, both public and private, from all levels—local, state, and federal. This includes partners working across different areas of violence, as well as those working in different sectors, such as within and across health departments, health care, child welfare, criminal justice, education, housing, urban planning, business/labor, and faith-based and other community organizations. We know that experiencing violence is related to other physical and mental health behaviors and conditions, such as heart disease, sexually transmitted diseases, and depression; therefore connecting with and creating partnerships with health care, mental health, and social services is important. Finally, we also need to include those working in related areas, such as positive youth development and child development. Strong partnerships at multiple levels, across sectors, and with others working in related areas can lead to better understanding and a more comprehensive view of the work and systems involved, as well as increased coordination of efforts.

Facilitate opportunities to build cohesion among partners and identify common goals and shared messages. Building strategic cross-cutting partnerships will require concerted effort, time, and resources. In order to build trust and foster consensus, we must be transparent, travel to meet partners where they live and work, convene partners regularly, both virtually and in-person, and communicate clearly, effectively, and often. We must thoughtfully manage our relationships with our partners to maintain meaningful engagement and foster partnerships that are mutually beneficial.

Use effective communication and dissemination strategies

Communication strategies can inform and influence individual, community, and societal decisions that enhance health and well-being. Effective communication uses research-based strategies to identify appropriate audiences and shape the development of tailored messages and products. Determining and using the best channels to deliver these messages and products to their intended audiences will maximize impact and prevent multiple forms of violence.

Use innovative communication strategies to inform and influence the prevention of multiple forms of violence. The field of communication advances rapidly because of quickly changing digital and social media channels. In the last decade, the use of digital and social media tools to disseminate health messages has grown significantly. These channels are effective in reaching broad audiences and fostering engagement in violence prevention. Using innovative digital communication strategies has become an effective way to expand reach, generate dialogue among practitioners, and increase access to violence prevention messages. Examples of innovative strategies used by DVP include Facebook Ask-the-Expert sessions, Twitter chats, and user-generated photo projects. Integrating violence prevention into digital and social media allows us to leverage social dynamics and networks to encourage participation, conversation, and community—all of which can help spread key messages and influence behavior change. Digital and social media also reaches people when, where, and how they want to receive health messages. In addition, tapping into personal networks and presenting information in multiple formats, spaces, and sources helps to make messages more credible and effective.

Develop tools and resources for practitioners, state and local health departments, and other stakeholders to support a cross-cutting prevention approach. In addition to promoting collaboration and exchange of information around a cross-cutting prevention approach, it is also critical that we develop tools and resources to help practitioners do this work. Translating scientific knowledge into tools for application is essential in public health. Translation tools can help bridge the gap between science and practice by helping practitioners more quickly apply research findings to their work. Effective tools and resources can also help improve public health practice and move us closer to achieving impact. The translation tools and resources we develop need to be relevant, action-oriented, clear, and based on our best knowledge. There is much we can learn

from the field. Using processes that involve regular science-to-practice and practice-to-science communication helps to ensure that products are relevant. Tools and resources can be written or electronic; VetoViolence (www.vetoviolence.cdc.gov) is an example of an engaging and interactive online resource for practitioners, housing award-winning trainings and tools for practice.

Strengthen public health surveillance and research

Our ability to demonstrate impact and evaluate progress in preventing multiple forms of violence rests on having solid, high-quality data at the local, state and federal level. It also rests on being on the cutting edge with our science so that individuals, communities, and states have timely information, useful tools and resources, and effective solutions.

Data and the systems to collect them are crucial to the public health approach.

Strengthen data systems to monitor the burden, identify changing patterns of violence, and to evaluate cross-cutting impacts. Data and the systems to collect them are crucial to the public health approach, especially when considering the effectiveness of policies and programs designed to prevent multiple forms of violence. As a first step, it is important to take stock of existing data and associated systems at the local, state, and federal level, as well as identify and fill critical gaps in these systems. The goal is to effectively use these data to monitor, track, and evaluate the impact of cross-cutting prevention efforts. Similarly, data systems need to be timely and cross-cutting in the forms of violence they capture. Existing CDC systems, such as the National Violent Death Reporting System (NVDRS), the National Intimate Partner and Sexual Violence Survey (NISVS), and Youth Risk Behavior Surveillance System (YRBSS) are examples of cross-cutting systems. NVDRS captures state-level information on deaths and detailed circumstances related to multiple forms of violence that can be used to guide state prevention efforts as well as combined across states to guide broader prevention efforts. NISVS gathers national and state-level information on intimate partner violence, sexual violence, and stalking by a range of perpetrators, including information on health impacts and the first experiences of these forms of violence. These data can also be used to guide prevention efforts and monitor progress. YRBSS captures information on multiple forms of violence at the local, state, and national level, including information on teen dating violence, sexual violence, youth violence, and suicidal behavior. These data are used to monitor priority health-risk behaviors among our Nation's youth that contribute to the leading causes of death and disability in adulthood.

It is also important that data systems capture the risk and protective factors that are shared across the multiple forms of violence. Few data systems capture information on a range of risk factors for multiple forms of violence or gather important protective factor data. There is also a need to identify and fill critical gaps at the local and state level on non-fatal injury treated in emergency departments or other clinical settings. Strengthening data and data systems at all levels will allow public health officials and others to use these data to monitor and track progress over time, assess whether prevention goals are being met, and shift resources as needed to prevent multiple forms of violence.

Generate new knowledge. Although much has been learned about the interconnections among different forms of violence and shared risk and protective factors, our knowledge is far from complete. Research should continue to explore new connections and other shared risk and protective factors among the different forms of violence. This includes gaining a better understanding of the modifiable factors that buffer against the risk for early childhood adversities and aggressive behavior across the lifespan. Such research is necessary to guide the development of prevention strategies that can effectively protect those who are most at risk for experiencing multiple forms of violence. For greater population-level impacts, research should focus on evaluating the effectiveness and economic efficiency of policies or community-level change strategies designed to enhance the economic and social environment to reduce multiple forms of violence across the lifespan. This includes identifying and testing strategies emerging from practice. There is also a need to determine which traditional and social media strategies increase the accessibility of prevention approaches and modify community norms about the acceptability of violence.

Research is also needed to examine how well strategies known to reduce one form of violence reduce other forms of violence, or how they can be enhanced to have cross-cutting effects. For example, does high quality early education for children and support for parents in high risk environments reduce risk for suicidal behavior, intimate partner violence, or other negative health outcomes? Can strategies that enhance skills and relationships to prevent one specific form of violence among youth be adapted to reduce multiple forms of violence involving youth? Preliminary evidence suggests this is the case, but more research is necessary. Finally, research is also needed to learn the best ways to disseminate, translate, and apply what we know works. Knowledge is needed on how to increase the use and applicability of evidence-based approaches for specific forms of violence to other forms of violence. More research is also needed on how best to package prevention strategies, including which training, technical assistance and other supports are necessary to increase their uptake, and impact multiple forms of violence, particularly among diverse populations, communities, and settings.

Conclusion

We have made tremendous progress over the last several decades in our efforts to understand, respond and prevent violence. As a prevention community, it's important for all of us to take stock of our knowledge and expertise, learn from one another, and see what else we can do to make a difference.




Additional Resources

Adverse Childhood Experiences Study
http://www.cdc.gov/ace/index.htm_

Adverse Childhood Experiences Infographic
http://vetoviolence.cdc.gov/childmaltreatment/phl/resource_center_infographic.html_

CDC's Essentials for Childhood Framework
http://www.cdc.gov/violenceprevention/childmaltreatment/essentials.html

CDC Injury Center Research Priorities
http://www.cdc.gov/injury/researchpriorities/index.html

Connecting the Dots: An Overview of the Links among Multiple Forms of Violence
http://www.cdc.gov/violenceprevention/pub/connecting_dots.html_

Harvard University's Center on the Developing Child- Science of Early Childhood Series,
http://developingchild.harvard.edu/topics/science_of_early_childhood/_

National Survey of Children's Exposure to Violence (NatSCEV) Bulletins
http://www.ojjdp.gov/publications/PubResults.asp?sei=94&PreviousPage=PubResults&strSortby=date&p=

National Intimate Partner and Sexual Violence Survey (NISVS)
http://www.cdc.gov/violenceprevention/nisvs/index.html

National Violent Death Reporting System (NVDRS)
http://www.cdc.gov/violenceprevention/nvdrs/index.html

Youth Risk Behavior Surveillance System (YRBSS)
http://www.cdc.gov/healthyyouth/data/yrbs/index.htm

Violence Education Tools Online (VetoViolence)
http://vetoviolence.cdc.gov

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For more information

To learn more about youth violence prevention, call 1-800-CDC-INFO or visit CDC's violence prevention pages at www.cdc.gov/violenceprevention.

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