Violence

A.   Knowledge

  Demographics of violence, injuries, homicide

  US: highest homicide rates in world

  Over 25,000 homicides/annum

  Assault and intentional injuries requiring medical treatment more than 4 times more frequent than reported to police

  Homicide second leading cause of death in adolescents ag 15-24

  Inner city Afro American males teens: 4-12 times

  National rates

  Inner city Afro American males teens: number one

  cause of mortality

  Risk Factors

  Societal factors

  Family history of violence

  Abused children often perpetrate violence as adolescents and adults

  Violence as a response to oppression

  SES/poverty

  Unemployment

  Most violence is among people who know each other: not random

  Poor role models in impoverished environments

  Personal factors

  Adolescent immaturity

  "Macho" image

  Gang membership: peer pressure

  Hostility/outward reflection of individual's rage

  Violence as a learned response

  Primary prevention

  Violence prevention courses in schools

  Role models for conflict resolution without violence

  Counseling/discussion during adolescent health supervision visits

  Need to decrease access to weapons through legislation

  Educate parents to decrease children's access to weapons

  Use community based agencies to actively target high risk individuals for intervention/education,

  e.g., boys' clubs

  Peer education

B. Skills

Interviewing technique: how to assess risk for begin the victim of or perpetrator of violence

Questions to ask: has patient been in a fight in the past month, any injuries or emergency room visits, school suspensions or expulsions

Patient education - teaching other methods of conflict resolution besides violence

Educating parents re: TV and movie viewing habits, toy selection, etc.

C. Attitudes

Sensitivity to the problem as a medical problem and using a medical or public health model to manage it

Willingness to intervene when at risk behaviors are observed

D. Barriers

Provider's refusal to knowledge violence as being within the medical realm

Racism impedes society's willingness to address the problem of violence

Societal acceptance of machismo

Societal acceptance of violence as acceptable method of conflict resolution

Poverty and its stresses perpetuates the cycle of violence

Television/movies portrayal of violent people as heroes

Selected social structures, e.g., gangs, perpetuate violence

E. Advocacy

Political

Gun control advocacy

Advocacy to decrease TV portrayal of violence

Education of society re: curbing violence

Train residents/other clinicians in importance of violence in health care: need to incorporate into health supervision

Out of hospital training of other professionals dealing with children to recognize the importance of violence

Advocacy for funding for violence prevention programs

References

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