The Epidemic of Violence and its Impact on the Health Care System

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Physicians and nurses, particularly those in emergency rooms, constantly treat an array of victims and perpetrators of violence. Often the most sophisticated and expensive medical care is delivered in a “stitch them up and send them out” style of practice. No prevention efforts are offered or even contemplated. No protocols to ascertain the risk of subsequent violence are used. The medical profession, like most of society, has accepted without challenge the inevitability of violence. While public health efforts which rely on patient education and behavior modification are used aggressively to prevent heart disease, stroke, cancer, and most other illnesses, they are not applied to the prevention of violence.

The traditional response to violence is based in the criminal justice system. Criminal justice efforts are triggered after a violent event and are appropriately focused on establishing blame and imposing just punishment. Public health strategies focus on prevention and risk factor reduction without the trigger of a specific event. The complete approach of prevention (public health) and response (criminal justice) is necessary if the tragedy of interpersonal violence is to stop.

Violence: A Public Health Problem

Violence in America is a public health problem for at least three reasons: the magnitude of violence, the characteristics of violence, and because of the strategies that public health can offer to help prevent violence. With approximately 10 homicides per 100,000 people and over 20,000 homicides annually, America’s homicide rate ranks as the fifth highest in the world. It is ten times that of Britain, 25 times that of Spain, and 50 times that of New Zealand. Relative to industrialized countries, our homicide rate is high.

The magnitude of the problem is represented only partially by the homicide rate. The number of nonfatal violent episodes reported to emergency rooms and to the police represents a greater percentage of the problem. The Northeastern Ohio trauma study (1) suggests that for every one homicide 100 assaults are reported to the emergency room. Interestingly, four times as many assaults are reported to the emergency room compared to the police. Clearly, the base broadens when we include episodes of violence that are not reported to the emergency room nor to the police, such as family violence episodes and other situations that yield less physical injury. The problem’s toll on life and limb in America suggests that violence is a public health problem.

The characteristics of violence also make it a public health problem. Of all homicides, approximately 50% of the victims knew their assailants; in 20% of the cases the assailant is a family member, and in 30% of the cases the assailant is a friend or acquaintance. Handguns are the weapon used in one-half of all homicides. Homicides are caused by arguments in 47% of the cases, whereas only 15% are caused during the commission of another crime such as burglary or robbery.

Studies of homicide victims revealed that alcohol was present in the blood of victims in approximately 50% of the cases (2). The usual homicide setting is one with which we are all familiar: two people who know each other, and are drinking, start arguing with each other. Add a handgun and the situation is one in which the police have little or no control. More street lights, more police, and stiffer prison sentences will have no effect on this particular situation. Strategies other than criminal justice strategies have to be implemented in an effort to prevent the kind of violence that is so common in America.

The third reason violence is a public health problem is the suitability of public health strategies to violence prevention. What public health strategies have done to reduce smoking is a good example. Twenty-five years ago smoking was glamorous. It was the beautiful thing to do. After the release of the first US Surgeon General’s report on smoking, and with very deliberate strategies over 25 to 30 years, we have succeeded in changing our attitudes and our behavior. Smoking is no longer glamorous;
it is offensive. The number of people who smoke has decreased by 30% in this country.

**Changing the View of Violence**

The public health strategies that were used for smoking are appropriate for the area of violence. We can implement health education in the classroom, use nurses, doctors, and other health care providers for both educational and screening purposes, and use the media to distribute violence prevention information and to eliminate the unrealistic glamorous portrayal of the never-injured violent hero.

As a society we have a problem with violence. We view violence as glamorous, as the beautiful thing to do. Every day we show our children that view of violence. For the television and movie heroes, violence is a first choice, always successful and always rewarded, and heroes rarely die. That is a glamorous, unrealistic view of violence.

Public health is not a substitute for criminal justice. Criminal justice is after the event: it looks for blame and tries to punish. Public health is before the event: it looks for risk factors and tries to reduce those risk factors. In combination there is some hope that we will have an impact on a problem that is overwhelming our society.

To a police officer who has had to use violence in the line of duty, even if justified, even if he or she felt that there were no alternatives, it is a tragedy. It is not the glamorous event that we portray repeatedly to our children.

Television and movies are not the only culprits. In a press conference several years ago, President Reagan used a movie hero’s phrase, “make my day,” as a warning to Libya’s president. This is an interesting phrase because it means that not only will violence be used but also that the violence will be a source of fun and enjoyment.

Approval of violence is widespread. We buy our children war toys which promotes such toys as fun and entertaining. At best, we parents are ambivalent on this issue. We don’t want our children to be wimps. At worst, we actively encourage our children to fight. How many times have parents told their children to fight back, to hit back harder.

We have a problem as a society and there are some children who are more susceptible and more at risk to violence than others. Those more at risk tend to be male, poor, live in urban areas, and have witnessed much violence or been victims of violence during early childhood development. Interestingly, a probation officer once suggested that young boys raised in the absence of nonviolent adult male role models seemed more susceptible to the television/movie hero as a role model.

What can we do? What can public health offer? We have to address the cultural factors and specifically the media. Older behavioral literature debated the effect of television violence on children. The debate often was whether television violence was cathartic for children or whether it promoted negative behaviors in children viewers. However, the more recent studies clearly show that television violence has a negative effect on behavior (3,4).

Advertisers know how to have an effect on children’s attitudes and behavior. They should be included in the violence prevention struggle because they can help us promote healthy, nonviolent behavior as the hero’s choice.

**Education for Violence Prevention**

We as a society also have a problem with parenting. Those whose parents set a good example have in turn learned how to parent. Those whose parents were not good examples do not know how to parent, and there is not a concerted effort to teach them. Parenting is the most difficult, the most challenging, the most rewarding, and probably the most important role an adult has in this society. Yet we have no mandatory educational requirement to teach students how to parent. Handling anger is one of the essential parts of parenting, and we must teach our children how to handle anger. Anger is normal. We don’t outgrow it; we learn to handle it and to use it. Anger can be a creative and energizing emotion. We must teach that to our children.

If children have a bad example in the adults around them regarding how to handle anger, the only other place for them to learn about coping with anger is from the television and the movies. Educating our children about the issues of handling anger and violence prevention is critical.

We also must educate and train physicians about violence. A recent survey by the Centers for Disease Control (5) found that 53% of the medical schools had no instruction on family violence, 42% offered some instruction as part of a required course, and 5% offered instruction via an elective course. That is actually progress, but clearly we have a long way to go on this issue because both primary care and specialized physicians are continually seeing the aftermath of family violence, peer violence, or community violence in the emergency room and in clinical practice.

We need a continuum of approaches to the prevention of violence, which includes primary, secondary, and tertiary levels. Take smoking as an example. The people in this society who don’t smoke need primary prevention and education to provide them with the necessary information that will keep them from smoking. The people who do smoke need education and information and behavior modification to stop smoking. Whether it’s group therapy or hypnosis or pharmacology, there are ways to help people change their behavior. People with lung cancer need surgery, chemotherapy, and terminal care, and while education and behavior modification might be of interest, they are not the priority.

Using a similar spectrum relative to violence, we have the children who don’t fight who need education and information to understand and learn how to handle their anger. They also need to understand that even though they don’t fight, they often help to set up those fights by contributing to the peer pressure. We also have the children who have developed fighting as a behav-
ior for solving problems, as a response to anger, as a response to difficult situations. They need education and behavior modification. Some programs, particularly within the criminal justice system, such as first offender programs, can have an impact on their behavior. Recidivism can be reduced, and these children can become a part of society. A relationship between criminal justice and public health, particularly concerning emergency room contact, is critical. We also have the children who need to go to jail. Although punishment is definitely in order, we can still teach these children behavior modification, educate them about violence, and give them the skills and the information they need while they are in jail.

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