Preventing Violence in California
Volume 1: The Role of Public Health

"Violence is a public health concern. Together with its state and local partners the California Department of Public Health can play a leadership role in bringing people together to have a meaningful dialogue about violence and how it can be prevented."

- Karen L. Smith, M.D., M.P.H.
Director and State Public Health Officer,
California Department of Public Health

California Department of
PublicHealth

California Department of Public Health
Violence Prevention Initiative

Preventing Violence in California
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In 2015, the California Department of Public Health (CDPH) launched the Violence Prevention Initiative by linking efforts of many programs to elevate violence prevention as a departmental priority. This initiative has been facilitated by the Fusion Center for Strategic Development and External Relations in its role to inform, explore, and advance the future of public health.

This report is the initial issue of a planned series on the public health role in violence prevention that is intended to serve as a resource for local health jurisdictions and other stakeholders. This issue has focused on a broad overview of the complex topic of violence prevention. Following issues will delve further into specific topics, including data on forms of violence and prevention strategies. Based on input from local health jurisdictions the following three topics have been prioritized:

- **Child Maltreatment**
- **Intimate Partner Violence**
- **Gun Violence**

Acknowledgements

Feedback

If you have feedback or questions, please contact:

violenceprevention@cdph.ca.gov

Suggested Citation

California Department of
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California Department of Public Health
Violence Prevention Initiative

Preventing Violence in California
Volume 1: The Role of Public health

Topics Covered

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The Impact of Violence on Californians

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California Department of PublicHealth

1 Problem:
The Impact of Violence on Californians

Violence is a leading cause of injury, disability, and death

Violence is a leading cause of injury, disability, and death. It impacts the health and well-being of all Californians – our families, neighbors, coworkers, schools, and communities. The consequences of violence are costly, and influence nearly all health and mental health outcomes throughout life. In 2014, there were over 6,000 violent deaths, over 27,000 hospitalizations, and 154,000 emergency department visits for violent injuries in California, with an estimated annual cost of over $11 billion in medical costs and lost productivity.[1,2] Although these data represent the best available estimates, violence is often underreported, which means that the full magnitude and consequences of violence are far more substantial than reflected in these figures.

There are many different forms of violence that negatively impact individuals, relationships, communities and society. There are unique characteristics and different approaches for addressing each category of violence. These forms are also interconnected and share many of the same root causes, such as harmful social norms, substance abuse, social isolation, and poverty and income inequality.[3,4,5]

Forms of violence

- Child maltreatment
- Intimate partner violence
- Teen dating violence
- Sexual violence
- Bullying/harassment
- Youth violence
- Elder maltreatment
- Suicide
- Workplace violence
- Community violence and trauma
- Gang violence
- Gun violence
- Police-involved violence
- Crime (assault, robbery)
- Hate crimes
- Terrorism

What is violence?

The World Health Organization defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."[6]
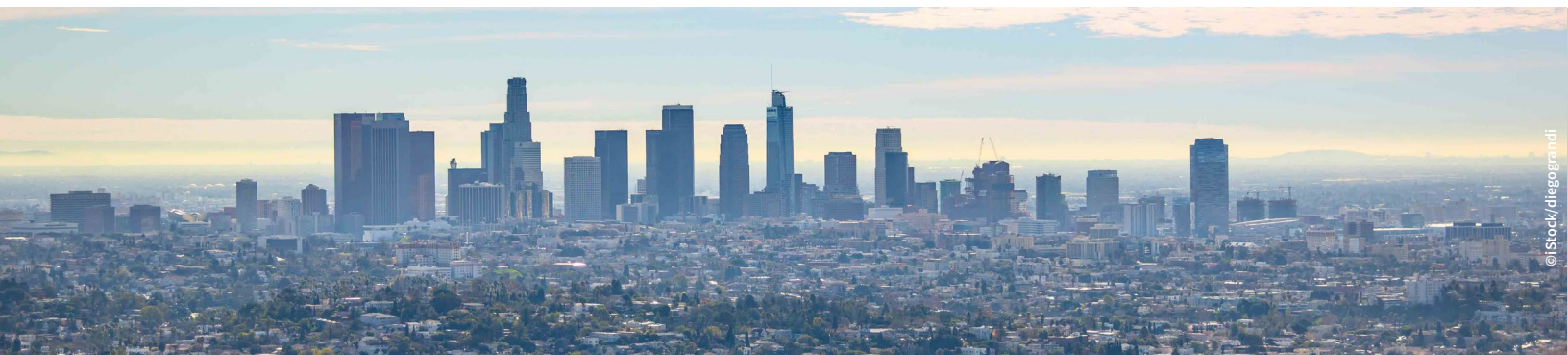
Problem:
The Impact of Violence on Californians

Violence across all ages

In both number and relative ranking, violent deaths significantly contribute to mortality across the life course. Violent deaths (homicide and suicide) are among the top six leading causes of death across all age groups in California, with the exception of infants and adults 55 and over.[7] The greatest number of homicides occur among adolescents and young adults ages 15-24.[7] The greatest number of suicides occur among adults ages 45-54.[7]

	Age <1	1–4	5–9	10–14	15–24	25–34	35–44	45–54	55–64	65+
#1	Congenital Anomalies 545	Unintentional Injury 92	Unintentional Injury 53	Unintentional Injury 73	Unintentional Injury 1,187	Unintentional Injury 1,603	Unintentional Injury 1,423	Cancer 4,279	Cancer 10,939	Heart Disease 50,185
#2	Short Gestation 337	Congenital Anomalies 57	Cancer 49	Cancer 55	Homicide 556	Suicide 625	Cancer 1,277	Heart Disease 2,988	Heart Disease 6,805	Cancer 42,268
#3	Maternal Complications 204	Cancer 40	Congenital Anomalies 16	Suicide 23	Suicide 483	Homicide 532	Heart Disease 870	Unintentional Injury 2,046	Unintentional Injury 2,167	Alzheimer's Disease 14,926
#4	SIDS 118	Homicide 20	Homicide 12	Homicide 17	Cancer 216	Cancer 499	Suicide 609	Liver Disease 1,228	Liver Disease 1,801	Cerebro-vascular 12,930
#5	Placenta Cord Membranes 90	Heart Disease 11	Heart Disease 11	Congenital Anomalies 14	Heart Disease 86	Heart Disease 298	Liver Disease 429	Suicide 768	Diabetes Mellitus 1,493	Chronic Lower Respiratory Disease 11,975
#6	Unintentional Injury 65	Influenza & Pneumonia ---	Chronic Lower Respiratory Disease ---	Heart Disease 11	Congenital Anomalies 49	Liver Disease 117	Homicide 325	Diabetes Mellitus 654	Cerebro-vascular 1,269	Diabetes Mellitus 6,399

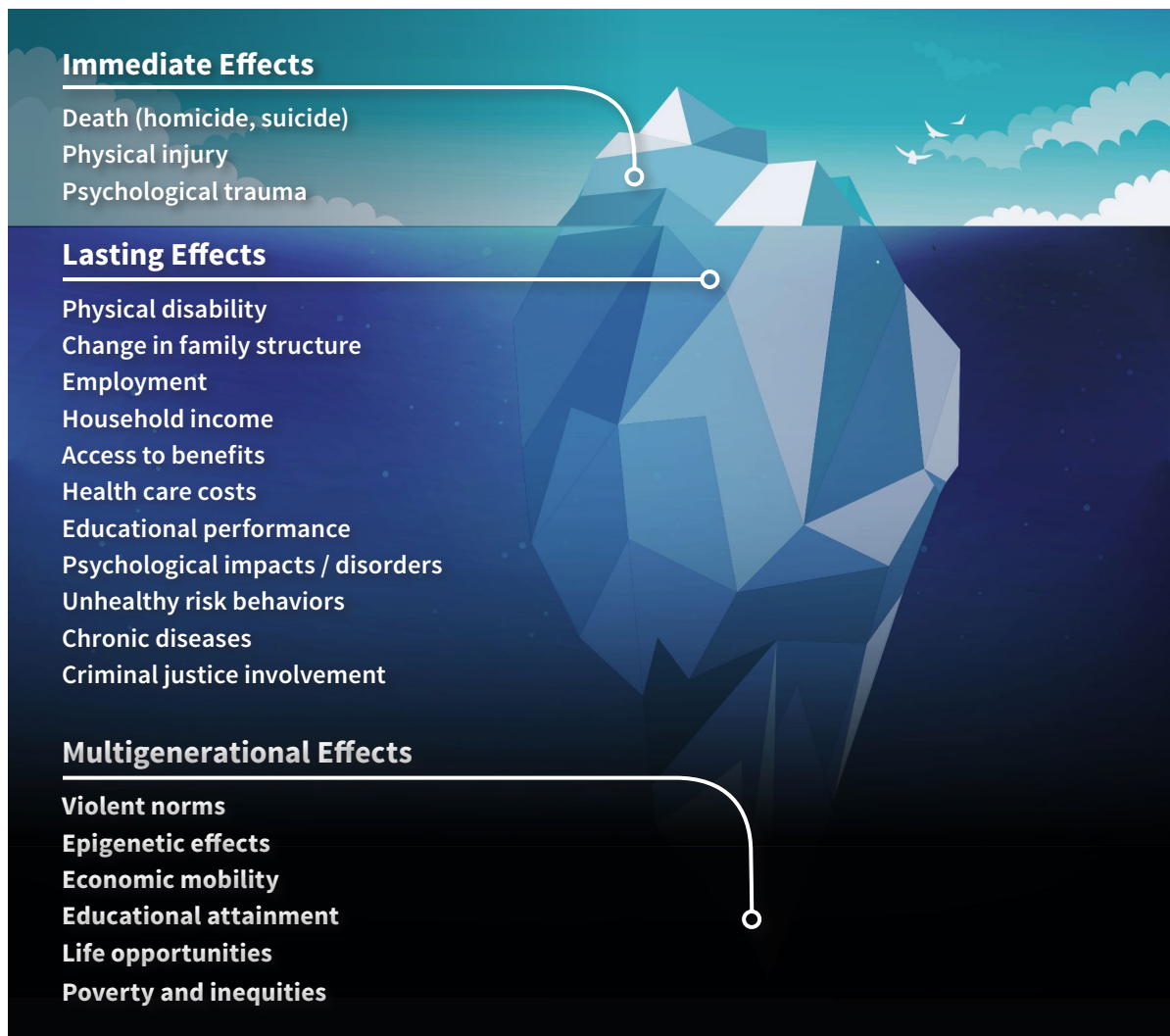**Leading Causes of Death, California 2015**

Note: Includes all races, both sexes. For leading cause categories in this state-level chart, counts of less than ten deaths have been suppressed. **Produced by:** California Department of Public Health
Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System (WISQARS™)

Deaths are only the "tip of the iceberg"

Deaths and injuries due to violence are only the "tip of the iceberg" of harm to individuals, families, and communities.

Immediate Effects

Death (homicide, suicide)
Physical injury
Psychological trauma

Lasting Effects

Physical disability
Change in family structure
Employment
Household income
Access to benefits
Health care costs
Educational performance
Psychological impacts / disorders
Unhealthy risk behaviors
Chronic diseases
Criminal justice involvement

Multigenerational Effects

Violent norms
Epigenetic effects
Economic mobility
Educational attainment
Life opportunities
Poverty and inequities

The immediate, lasting, and multigenerational effects of violence ultimately influence society as a whole. As a result of violence, medical and criminal justice costs increase, economic investments decrease, and employment and educational opportunities are lost.[8, 9] In addition, communities of color are disproportionately impacted; concentrated, segregated areas of poverty grow; and community resilience and trust is diminished resulting in persistent inequities.[8]

Violence contributes to negative health outcomes

Exposure to violence has a negative impact on many individual health outcomes. Witnessing or experiencing violence increases the risk of mental health issues (e.g., hopelessness, depression, post-traumatic stress disorder, attachment disorder, anxiety, sleep and eating disorders, and suicide attempts) and chronic diseases (e.g., cardiovascular disease, lung disease, and diabetes).[10] In addition to mental health issues and chronic diseases, violence is associated with infectious diseases (e.g., HIV, other sexually transmitted infections).[10] Violence contributes to these negative health outcomes through trauma and toxic stress. It is also associated with an increase in unhealthy risk behaviors, including alcohol and substance abuse, tobacco use, physical inactivity, early initiation of sexual activity and multiple partners, aggression, revenge seeking behavior, and gang involvement.[10]

Impact on communities

Trauma extends beyond the individuals who are exposed to violence.[8] In addition to individual impacts, there are serious social and economic consequences of violence for families and communities. Increased crime can lead to reduced business investment, lack of job opportunities, and other economic impacts.[9] When violence becomes a common occurrence, entire communities can also experience trauma on a collective level. Violence is experienced not only as injury but as psychic trauma to individuals and communities and can lead to a breakdown of social networks, social relationships, and positive social norms across the community.[8] Violence and the fear of violence hinder access to basic human needs such as food, shelter, education, and employment.[8]

Key concepts

Trauma results from an event, series of events, or set of circumstances that may have long lasting and harmful effects on a person's physical, social, and emotional well-being.[11, 12]

Toxic stress results from adverse experiences that are severely traumatic, sustained for a long period of time, or cumulative. Prolonged activation of the stress response system floods the brain and body with stress hormones, which can disrupt early brain development, compromise the functioning of important biological systems, and lead to long-term health problems.[13, 14]

Resilience is the ability to adapt well, recover, and thrive despite being confronted with adversity, trauma, tragedy, threats, or significant sources of stress. Resilience enables individuals, families and communities to overcome exposure to violence and trauma.[15, 16]

Disparities

Though violence affects all Californians, the occurrence and impact is not equally distributed. There are significant disparities and inequities in the burden of and exposure to violence across socioeconomic and population demographics and across communities.[16]
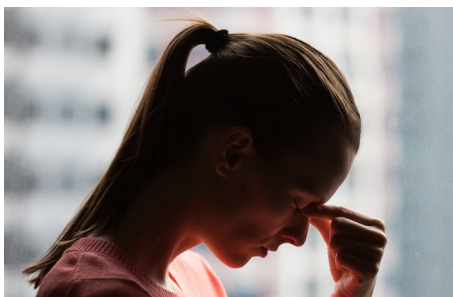
1 in 3 women (31.5 percent) have experienced violence in an intimate partner relationship in their lifetime.[17]
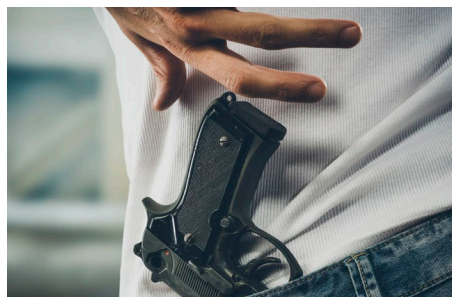
Young black men (ages 15-29), compared to other racial groups, are nearly six times more likely to die from gun violence.[18]
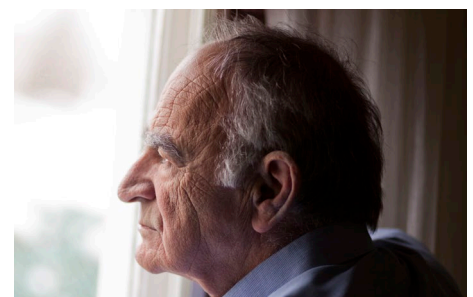
Homicide is the second leading cause of injury death for infants, behind unintentional suffocation.[18]

Youth ages 10-14 are more likely to die from suicide than motor vehicle crashes.[18]

Hate crime events increased 10 percent in 2015, with notable increases in crimes involving anti-Hispanic and anti-Islamic bias.[19]

Older white men living in rural counties have the highest rates of suicide (37/100,000).[18]

Lifelong consequences of early exposure

Early childhood exposure to violence (child abuse, intimate partner violence) and chronic stress (poverty, neglect, and emotional abuse) can result in injury, disease, and premature death.[20, 21] A growing body of research on adverse childhood experiences has demonstrated that toxic, chronic stress harms brain development and leads to lifelong effects on learning, behavior, and health.[22, 23, 24, 25]

Additionally, there is a strong likelihood that adverse childhood experiences can contribute to a continuing cycle of violence throughout the individual's lifespan, and even for the next generation.[26, 27] In other words, the impacts of violence can be intergenerational. For example, several studies reveal that children who witness violence are more likely to become either victims or perpetrators of violence as adults.[28]

LAWS, POLICIES AND SERVICES THAT PROTECT CHILDREN
HEALTHY GENDER AND SOCIAL NORMS • COMMUNITY PROGRAMS
POSITIVE PARENTING SUPPORT • CHILD PARTICIPATION • ECONOMIC STRENGTHENING

Breaking the Cycle of Violence

Used with permission from Together for Girls. Developed by the U.S. Centers for Disease Control and Prevention, *Ending Violence Against Children: Six Strategies for Action*, and by UNICEF and the United States Government Action Plan on Children in Adversity.

Violence and the social determinants of health

There is growing recognition that the social, economic, and physical environments in which people live, work, learn, and play have a measurable effect on quality and length of life, a concept often referred to as social determinants of health.[10] The social determinants of physical and mental health (e.g., education, income, and environment) can contribute to positive or negative health outcomes.

Violence itself is a social determinant of health, but may also be a result of the environments in which people live and children grow. For example, those who grow up and live in environments with limited social, educational, and economic opportunities and where violence, racism, and community and domestic instability are daily stressors are at increased risk of multiple forms of violence. Therefore, in order to prevent violence, the underlying social determinants of health need to be addressed, including root causes of inequity and social disadvantage.[10, 29]

2 Solutions:
Violence is Preventable

The public health approach to preventing violence

Public health has a long-standing mission to prevent negative health outcomes, promote healthy communities, and resilient individuals, and protect the health of entire populations.

Public health recognizes that **violence is preventable** and takes a primary prevention approach, working "upstream" to address underlying causes to prevent violence from happening in the first place. Public health works to: promote safe, stable, nurturing, healthy relationships and environments; address individual, interpersonal, community, and societal risk and protective factors; decrease structural violence; and, build individual and community resilience.

The field of public health approaches violence as it does many other issues by using data to understand and describe the problem; implementing and evaluating strategies; and, ensuring widespread adoption of evidence-informed strategies.

By addressing the multiple forms of violence and their shared risk and protective factors, we can also address overall health. Promoting safe communities, non-violent behavior as social norms, access to services, social support, housing, and economic stability. This not only creates conditions that prevent violence, but also contributes to other public health goals like increasing physical activity, reducing chronic disease and obesity, promoting healthy eating, and reducing depression.

Read more about the History of Violence as a Public Health issue and the CDC Strategic Vision for Preventing Multiple Forms of Violence.

Role for public health agencies

The Safe States Alliance released recommended roles for national, state, and local public health departments in violence prevention. CDPH has adopted this framework at the state level.

✓ Develop a statewide agenda for preventing violence

✓ Develop and implement policy approaches

✓ Collect, analyze and disseminate data and information

✓ Build local capacity

✓ Contribute to national efforts

✓ Conduct needs assessment and strategic planning

✓ Maximize existing resources and identify new funding streams

✓ Translate research into practice

2 Solutions:
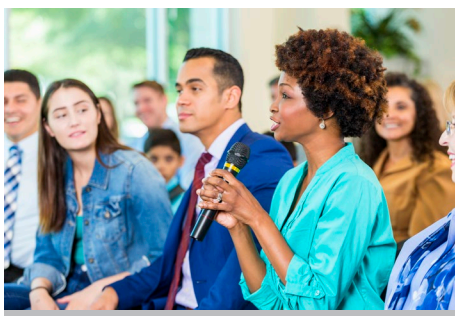## Violence is Preventable

Public health as convener

Public health serves an important role as a catalyst and convener to help bring together stakeholders to pursue a "multilevel and multifaceted approach, promoting policies and programs that encourage collaboration, increased government efficiency, and a focus on equity."[5] Public health is a direct partner in violence prevention working alongside contributors in many sectors, from the criminal justice system to education to healthcare.

National recognition of public health role

There has been growing national recognition of the significance of violence as a public health problem. Mass shootings, high profile domestic and sexual violence cases, rising rates of suicide, and other violent incidents have elevated the public's concern. Many organizations including the Centers for Disease Control and Prevention,[30] American Medical Association,[31] American Public Health Association,[32] and the former U.S. Surgeon General[33] have issued statements highlighting the importance of addressing violence from a public health perspective.

"Violence is a serious public health problem. From infants to the elderly, it affects people in all stages of life. Many more survive violence and suffer physical, mental, and or emotional health problems throughout the rest of their lives. CDC is committed to stopping violence before it begins."[34]

-Centers for Disease Control and Prevention

2 Solutions:
Violence is Preventable

What are governmental public health agencies doing?

At the state level, the California Department of Public Health (CDPH) collects and analyzes data to better understand the causes of and factors contributing to violence and implements many programs that address multiple forms of violence through a variety of strategies, including promoting positive social norms, community mobilization, and strengthening parent-child relationships. CDPH also facilitates collaboration among multisector partners to promote effective interventions and support policies that build and sustain healthy communities.

In order to elevate violence prevention as a departmental priority and work towards a more integrated internal approach, CDPH staff members across programs have collaborated in a department-wide Violence Prevention Initiative. Through this initiative, CDPH will continue to take a leadership role to elevate and frame the public health state government role in addressing violence and further efforts to support violence prevention work in California.

CDPH implements programs, policy initiatives, and surveillance activities to address violence at the state and local levels:

Programs and policy

- Rape Prevention and Education Program
- Domestic Violence Training and Education Program
- Essentials for Childhood Initiative
- California Home Visiting Program
- Health in All Policies Task Force: Action Plan to Promote Violence-Free and Resilient Communities

Data and surveillance

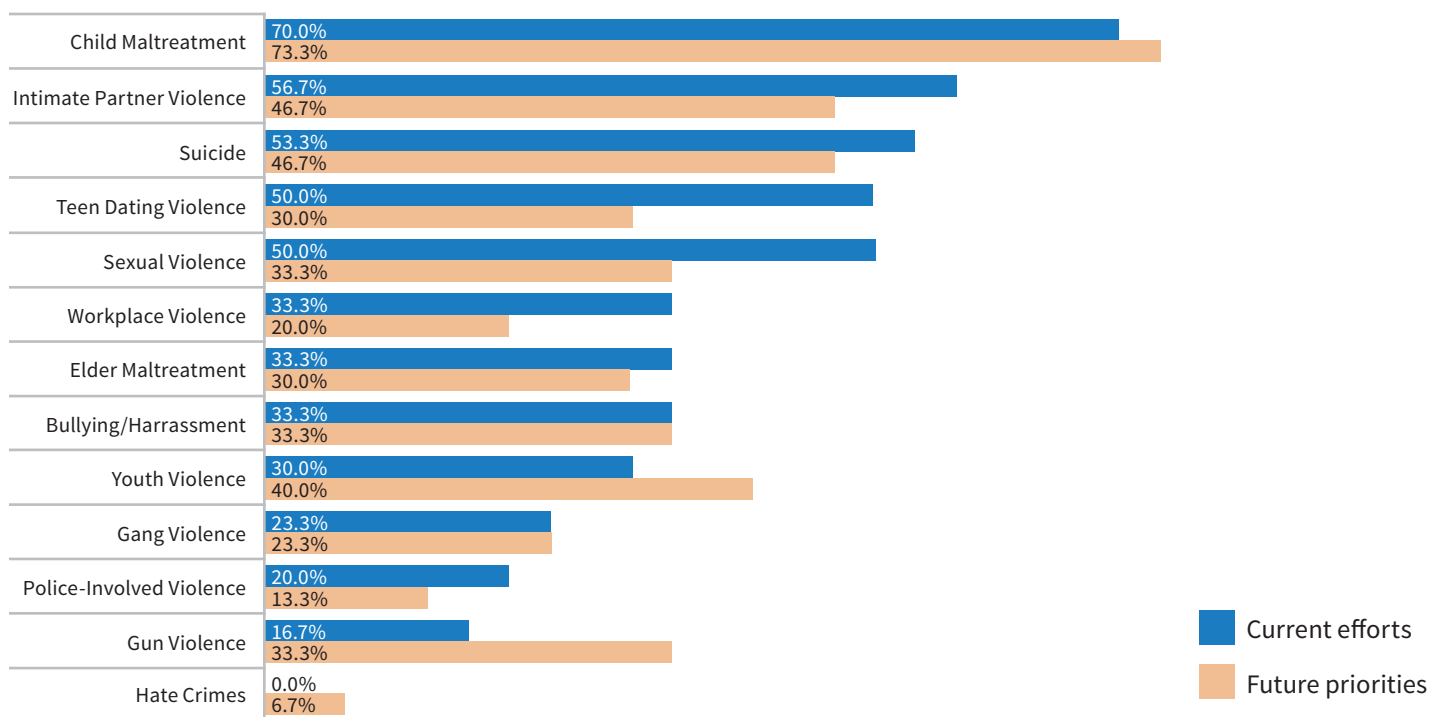- California Electronic Violent Death Reporting System
- EpiCenter – California Injury Data Online
- Vital Statistics
- Open Data Portal
- Let's Get Healthy California
- Healthy Community Indicators Project
- Maternal and Infant Health Assessment

Local health jurisdiction violence prevention efforts

The CDPH Violence Prevention Initiative conducted a survey of local health jurisdictions (LHJs) to better understand the scope of local violence prevention activities, and identify barriers, needs, and opportunities for collaboration. The most common focus areas at the local level are child maltreatment and intimate partner violence. LHJs have noted additional future priorities around suicide and youth violence prevention; one of the greatest changes in priority concerns gun violence, with 33 percent of LHJs interested in addressing prevention in the future compared to 17 percent that are currently addressing this issue.

Additionally, LHJs reported building coalitions and partnerships, enhancing public awareness, and implementing evidence-based policies and programs as their most frequent activities. CDPH will use these survey findings to support local efforts by providing data, actionable information, and shared messaging that will generate new opportunities for state and local governmental public health to work together to prevent violence in California.

Category	Current efforts	Future priorities
Child Maltreatment	70.0%	73.3%
Intimate Partner Violence	56.7%	46.7%
Suicide	53.3%	46.7%
Teen Dating Violence	50.0%	30.0%
Sexual Violence	50.0%	33.3%
Workplace Violence	33.3%	20.0%
Elder Maltreatment	33.3%	30.0%
Bullying/Harrassment	33.3%	33.3%
Youth Violence	30.0%	40.0%
Gang Violence	23.3%	23.3%
Police-Involved Violence	20.0%	13.3%
Gun Violence	16.7%	33.3%
Hate Crimes	0.0%	6.7%

Current efforts
Future priorities

Local Health Jurisdiction Survey Results

Blue bars reflect current LHJ violence prevention efforts. LHJs were also asked to identify up to five priority areas for future violence prevention activities. The orange bars reflect these priority areas of focus for future efforts.

2 Solutions:
Violence is Preventable

Public health driven multi-sector collaborations

Violence is a cross-sectoral issue involving significant partners such as criminal justice, land use planning, education, housing, social services, transportation, and more that are essential in addressing the underlying determinants of violence. Non-governmental entities including community based organizations, private institutions, health systems, and foundations also have an important role to play. Through collaborative efforts we can more effectively recognize and address the connections among the forms of violence.

CDPH will continue to align violence prevention activities across sectors through California Health and Human Services Agency initiatives and other state-level collaborative efforts such as the California Campaign to Counter Childhood Adversity, ACEs Connection, Let's Get Healthy California, and Health in All Policies.

Collaboration as a foundation

Through the Violence Prevention Initiative, CDPH staff from across programs have strengthened internal collaboration, working to share data, identify opportunities and challenges, and elevate the role of CDPH in violence prevention. CDPH is committed to taking a leadership role in highlighting and framing the role of public health in addressing interpersonal and community violence. Two key aspects of this role are providing actionable data and serving as convener to facilitate engagement across sectors, systems, and initiatives.

From alignment to action

CDPH is taking additional steps to advance prevention and intervention efforts to reduce violence across California, including:

- Developing a common language and issue framework for understanding violence as a public health issue, particularly in the context of social determinants of health;

- Providing informational reports for state and local partners on the current status of violence prevention in California;

- Using both supportive state legislation and funding from CDC, building a Violent Death Reporting System to enhance data collection and provide more actionable information on violence in California;

- Identifying effective, evidence-based strategies and best practices used by other states and national initiatives;

- Expanding dialogue with local and interdepartmental stakeholders to develop strategies to address key priorities;

- Leveraging statewide survey feedback from LHJs in California to more effectively align violence prevention efforts and resources across California; and,

- Continuing to align violence prevention activities across projects and link with statewide initiatives, including Let's Get Healthy California, and Health in All Policies.

Tangible success as the goal

Although many effective public policy, community-based, and programmatic solutions have been developed throughout California, the full range of available resources must be mobilized to address multiple forms of violence. By joining together in the interest of statewide public health, California can maximize violence prevention efforts for greater impact.

Through the Violence Prevention Initiative, CDPH will promote a collaborative vision for addressing violence prevention, track population-based indicators, and provide technical assistance to local partners on evidence-informed or evidence-based public health strategies through future reports and collaborative activities. CDPH is dedicated to achieving tangible and measurable success in addressing violence from a public health perspective using public health approaches to reduce violence and create safer, healthier communities across California.

Preventing Violence in California - Report Series

The development of this series provides an opportunity for collaboration. Feedback on potential topics and content is welcome. Interested partners may contact violenceprevention@cdph.ca.gov to provide feedback, sign-up for updates, or find out more about participating in this collective effort.

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35. Photo credit: iStockphoto.com

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