



Advancing research in youth violence prevention to inform evidence-based policy and practice

Tamara M Haegerich, Deborah Gorman-Smith, Douglas J Wiebe, et al.

Inj Prev 2010 16: 358

doi: 10.1136/ip.2010.029009

Updated information and services can be found at:

<http://injuryprevention.bmj.com/content/16/5/358.full.html>

These include:

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:

<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:

<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:

<http://journals.bmj.com/cgi/ep>

Advancing research in youth violence prevention to inform evidence-based policy and practice

President Obama's administration has shown a renewed emphasis on evidence-based policy. The President's FY11 budget includes over US\$100 million for rigorous evaluations to grow the number of interventions backed by strong evidence of effectiveness. Other efforts focus on increased funding for top tier programmes and practices, evaluation of programmes with some supportive evidence of effects, and testing of innovative programmes that are supported by preliminary research findings.

Youth violence prevention is an area of social and health policy that is ripe for the application of scientific evidence. Youth violence is a significant public health problem: homicide is the second leading cause of death for youth ages 10–24.¹ As a result of decades of investment in research by federal agencies, such as the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health, as well as non-profit foundations, a substantial body of scientific evidence has uncovered factors that place youth at risk for experiencing violence, and strategies that may prevent violence from occurring. For example, with support from the Office of Juvenile Justice and Delinquency Prevention and the Division of Violence Prevention in the Injury Center at CDC, *Blueprints for Violence Prevention* has identified 11 Model programmes and 19 Promising programmes with significant positive effects on youth violence or risk factors for youth violence.²

Recognising the extent of the evidence and the need for communities to incorporate primary prevention efforts, the Division of Violence Prevention is leading an evidence-based national initiative: Striving To Reduce Youth Violence Everywhere (STRYVE). Guided by a public health approach, STRYVE provides communities guidance based on the best available research to facilitate comprehensive, integrated, multisector activities to address youth violence (<http://www.cdc.gov/violenceprevention/STRYVE/index.html>). To support the utilisation of evidence-based approaches in communities, however, STRYVE and other programmatic efforts require better scientific information regarding how to best support the scale-up of evidence-based approaches, and build prevention infrastructure and capacity in communities to allow sustainability.

Given the public health approach and the solid commitment to developing a rigorous science base that focuses on the health of populations, CDC is poised to lead research and programmatic efforts. The CDC Injury Center has outlined a research agenda for youth violence prevention that includes within its top tier priorities, research on dissemination and implementation strategies for effective violence prevention programmes, policies and practices.³ Included in those priorities are: evaluation of optimal ways to synthesise, translate and package effective approaches; efforts to build individual, organisational and community capacities to use effective approaches; and understanding how individual, organisational and community characteristics influence adoption and use of effective approaches.

Prevention programmes and practices are almost never implemented perfectly: programmes are not fully implemented, some programme participants do not complete all components,

and some degree of adaptation is inevitable. Recognising these issues, the CDC Injury Research Agenda prioritises: comparing the impact of adapted programmes with the impact of the original programmes; determining which components of programmes are necessary to achieve effects and which can be adapted; and examining the effectiveness of prevention programmes with different population groups and settings.

Finally, there must be continuing support for the research pipeline to determine the effectiveness of promising programmes, policies and practices that do not yet meet evidence standards. The CDC Injury Research Agenda encourages the continued evaluation of promising prevention approaches that target factors at the community and societal levels of the social ecology that etiological research suggests have a strong influence on violence (eg, approaches that increase community cohesion, modify social norms, improve the physical and social characteristics of neighbourhoods, or improve employment opportunities).

CDC is committed to continuing the development of a rigorous science base to have an impact on the lives of children, youth and families. However, to advance the CDC Injury Research Agenda, support from researchers, public agencies and private foundations is crucial, such as support from members of the Society for the Advancement of Violence and Injury Research (SAVIR). Steps towards reducing the staggering burden of youth violence may be accomplished through coordinated efforts among researchers and practitioners from the fields of public health, criminal justice, education, social work, psychology, medicine, nursing and others. The efforts of CDC, researchers, practitioners and community members that are unified around the opportunities described here will build the science of injury prevention and coordinate our work towards reducing the burden of youth violence. SAVIR is excited to support the dedicated efforts of the CDC Injury Center to promote and engage in research on evidence-based youth violence prevention that can be translated into effective initiatives at the local, state and federal levels, and ultimately reduce the number of young lives lost as a result of intentional injury.

Tamara M Haegerich,¹ Deborah Gorman-Smith,² Douglas J Wiebe,³ Michael Yonas⁴

¹Centers for Disease Control and Prevention, Atlanta, Georgia, USA; ²Chapin Hall at the University of Chicago, Chicago, Illinois, USA; ³University of Pennsylvania, Philadelphia, Pennsylvania, USA; ⁴University of Pittsburgh, Pittsburgh, Pennsylvania, USA

Correspondence to Dr Tamara M Haegerich, 4770 Buford Highway NE MS F-64, Atlanta, GA 30341, USA; thaegerich@cdc.gov

Funding Partial funding to SAVIR for this work provided by the National Center for Injury Prevention and Control, CDC.

Competing interests None.

Contributors Each author participated in the conceptualisation, drafting and approval of the article.

Provenance and peer review Commissioned; not externally peer reviewed.

Injury Prevention 2010;**16**:358. doi:10.1136/ip.2010.029009

REFERENCES

1. **Centers for Disease Control and Prevention.** National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). <http://www.cdc.gov/injury/wisqars/index.html>.
2. **Mihalic S,** Irwin K, Elliot D, et al. *Blueprints for Violence Prevention.* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 2001.
3. **National Center for Injury Prevention and Control.** *CDC Injury Research Agenda, 2009-2018.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009.