COMMUNITY VIOLENCE: CAUSES, PREVENTION, AND INTERVENTION

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This article presents some pragmatic schemata for understanding various types and motivations for violence. This understanding is essential to frame prevention, intervention, and postvention strategies designed to reduce the phenomena of violence in our society. Each category of violence lists examples of prevention, intervention, and postvention strategies. This article is intended to broaden the understanding of violence so that strategies to address violence will become more specific and measurable. (*J Natl Med Assoc.* 1997;89:657-662.)

Key words: community violence ◆ intervention ◆ prevention

In 1969, a group of psychiatrists in the Section on Neurology and Psychiatry of the National Medical Association (NMA) formed the Black Psychiatrists of America (BPA). The BPA was interested in mental health issues facing black Americans. Because homicide was a leading cause of death among African Americans, one of the BPA's agenda items was violence in our community. Dr James Comer, one of the BPA's founding fathers, proposed that the National Institute of Mental Health (NIMH) establish a center to study minority problems.[1] Additionally, he suggested the issue of black violence as a possible area of study.

Dr Alvin Poussaint, another of the BPA's founding fathers, clearly noted that African Americans were the "chief victims of black violence."[2] In addition, he described the psychology of why blacks kill blacks by illustrating the vestiges of self-contempt that frequently manifest as violence within the African-American community. In 1971, the NIMH established the Center for Minority Group Mental Health Programs and appointed Dr James Ralph, the first editor of the *Black Psychiatrists of America Newsletter*, as the director.

After several years of planning, Dr Ralph helped in convening the first national meeting on black-on-black violence.[3] Because the Center for Minority Group Mental Health Programs had funded several research projects on black-on-black homicide, several substantive papers were presented at the conference. Dr Ralph was also active in advocating that violence become a major component in the nation's public health agenda.

The Center for Minority Group Mental Health Programs generated many memos to the Department of Health, Education, and Welfare in this regard. On June 14-16, 1984, the second national meeting on black-on-black violence was held in Washington, DC. Entitled "The Role(s) of the Core Mental Health Professions in Preventing and Reducing the Incidence of Black Homicide in the United States," the conference was sponsored by the National Association of Social Workers and the NIMH, Office of Prevention, Office of the Associate Director for Minority Concerns, and the Center for the Study of Minority Group Mental Health. In 1984, the Surgeon General, Dr Koop, placed violence on the public health agenda.[4]

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After 2 years of planning, on July 22, 1986, the NMA held its first plenary session on Black-on-Black Homicide at the 91st Annual Convention in New York, New York.[5] During this session, homicide was described as a "multifaceted, multietiologically based phenomenon," and previous attempts to categorize the nature of homicide were highlighted.[6,7] Subsequently, the NMA has used its plenary session to address the issue of homicide on two additional occasions–in Las Vegas, Nevada, at the NMA's 95th Annual Convention, July 31, 1990, and in San Antonio, Texas, at the 98th Annual Convention and Scientific Assembly, August 8, 1993.[8] Finally, in 1994, under the leadership of Dr Shirley Marks-Brown, the NMA and NIMH held a workshop on "Violence and the Conduct of Research."

To support these previous efforts, this article presents some schemata for understanding various types and motivations for violence. In addition, this article provides examples of prevention, intervention, and postvention for the various categories of violence outlined.

CURRENT CONCEPTS OF VIOLENCE

Currently, there are myriad conferences on violence as a public health problem and a criminal justice problem. Frequently, panels discussing the issue of violence at conferences reveal the conceptual confusion surrounding the "multifaceted, multietiologically based phenomenon" of violence. The problem is that violence is too general a term and cannot adequately convey the complexity of many different violent phenomena. The result is that criminal justice professionals frequently do not understand the public health professional approach to violence and vice versa.

In many circles, the public health approach and the criminal justice approach are felt to be mutually exclusive. The reality is that both approaches are designed to address two different types of violence. However, because both professional groups use the same generic term (ie, violence), they rarely realize that they are talking about two separate phenomena. As a result, the various strategies to prevent, intervene, and respond to violence after it has occurred are poorly formed. Because predation is the outcome of violence, a common historical pitfall was assuming that all violence had an initial predatory motivation. As a result, the nation has previously been shortsighted in only taking an endpoint reaction to violence that entailed a criminal justice response.

Theoretical speculations about the nature of violence reveal that it is a very complex phenomenon.[9] While such theories are necessary for sound research on violence, more practical, empirical observations are needed to frame appropriate prevention, intervention, and postvention strategies. For interventions to succeed, they must be based on the etiology and nature of the act of violence.

SCHEMATA OF VIOLENCE

Being such a complex phenomenon, violence can be classified in several different, yet overlapping ways. One way of classifying violence is by differentiating whether it occurs in a sexual context, such as rape, or whether it occurs in a physical context, such as physical assault. Another way of classifying violence is differentiating whether it is directed toward the self, as in suicide, versus violence directed toward others, as in homicide.[10,11] While the phenomena of suicide are beyond the scope of this article, this type of lethal, self-directed violence is very complex.[12]

Violence also can be characterized as lethal or nonlethal, and in the past, our surveillance of nonlethal violence within the United States was extremely poor.[8] The poor surveillance of nonlethal violence is evident for self-directed violence[12] and violence directed toward others. The Centers for Disease Control (CDC) recently began to fund some nonlethal violence surveillance activities to learn if the patterns of various types of nonlethal violence are identical to or different from lethal violence. Unfortunately, due to pressure from the National Rifle Association, the CDC had to curtail these efforts.[13]

Collective Violence

It is useful to differentiate collective violence, in which there is more than one person engaging in violence, from individual violence. These two types of violence frequently have different motivations and dynamics.

Mob Violence. One form of collective violence is mob violence, which is very different from individual violence and frequently involve issues of social injustice and contagion. Such violence spontaneously erupts from an initiating incident that causes a group to become angry from a common insult, with the result being that violence breaks out and spreads. An example of mob violence would be the riots that occurred after Dr Martin Luther King's assassination.

Collective, Systematized Violence. It is also useful to differentiate collective, systematized violence from randomly occurring mob violence. An example of collective, systematized violence is overt war. Systematized violence also may be more subtle and covert, ie, interwoven within the fabric of the social order (eg, institutional racism[14] and sexism).

Hate-Crime Violence. Hate-crime violence is another type of violence and can be a form of either collective or individual violence. Further, the nature of this type of violence is different from random mob violence as such violence is frequently the product of malice aforethought. An extreme form of hate-crime violence is terrorism. Terrorism is perpetrated by a fringe individual or small group trying to convince the society that there are scores of people who legitimately hate the victimized group.

Individual Violence

Multicide, Mass Murder, and Serial Murder. There are several types of individual violence that occur in different circumstances from the types of collective violence previously discussed. Multicide is a type of individual violence in which three or more people are killed. Mass murder occurs when three or more people are killed simultaneously. A murder spree occurs when three or more people are killed as a part of a spree. Finally, serial murder occurs when three or more people are killed over an extended period. These types of violent behavior are perpetrated by individuals who are psychotic or psychopathic.[15]

Predatory Violence. Another form of individual violence is predatory violence. Also known as secondary violence or instrumental violence,[16] predatory violence usually occurs between strangers with the perpetrator and victim clearly defined at the outset. The goal of harming the victim is secondary to the goal of obtaining something of value from the victim, eg, as in robbery. Predatory violence is an instrument or a means to an end, but not the end itself.

Interpersonal Altercation Violence. Interpersonal altercation violence is another type of individual violence. Frequently the most common form of violence, it is also known as primary or expressive violence.[16] Interpersonal altercation violence usually occurs as the result of conflict with an acquaintance, friend, or family member. Further, the perpetrator and victim cannot be clearly defined at the outset of the interaction. In interpersonal altercation violence, the intent to harm the other person is the primary motive. These acts of violence are also known as crimes of passion.

A subtype of interpersonal altercation violence is domestic violence.[17] This subtype of violence is also inclusive of spousal abuse,[18] child abuse, and elder abuse. Circumstances of interpersonal altercation violence may vary depending on the age of the victim. For example, Christoffel[19] notes that youth homicide victimization falls into two categories:

- infantile, in which the victim is a child under the age of 5 and the perpetrator is most often a parent or caretaker with the circumstances involving discipline of the child that escalates to child abuse and then to homicide, and
- adolescent, in which the victim is over the age of 11 and the perpetrators are most often peers, acquaintances, or possibly gangs with the circumstances frequently revolving around interpersonal altercation.[20,21]

In infantile homicides, the most common lethal means are a beating while in adolescent homicides, the most common lethal means are guns. Besides age, race is another variable that often changes the circumstances of individual violence.[22]

Drug-Related Violence

Another form of violence is drug-related violence, which can be divided into four different categories.[23] Systemic drug-related violence occurs when drug dealers kill other drug dealers to have a larger market share in which to sell drugs. Economic drug-related violence occurs when a drug user needs some money to buy drugs and engages in predatory violence to get drug money. Pharmacologic drug-related violence occurs when a patient withdrawing from drugs or agitated from the effects of drugs perpetrates violence. Negligence drug-related violence occurs as an unintentional injury, eg, drunk driving.

Gang-Related Violence

Gang-related violence is another type of violence and is frequently a collective, systemic type of violence.[20] It may also occur because of interpersonal altercation or predatory motives.

Other Violence

Violence by individuals who are mentally ill[24] and violence by organically brain damaged individuals [7,25,26] are other forms of violence that require a different approach to address.

Violence can also be characterized as legitimate violence, also known as self-defense, that is legal versus violence that is illegitimate or illegal. Frequently, conflict resolution and training programs that teach social service staff how to manage violence do not make it clear that staff have a right to self-defense. This oversight frequently causes students of conflict resolution programs or violence management training to disregard the usefulness of conflict resolution or violence management training.[27] Most people are clear that if they are the victims of hate-crime violence, they need to defend themselves rather than do conflict resolution. On the other hand, if confronted with a situation of interpersonal altercation violence, conflict resolution is appropriate.

PREVENTION, INTERVENTION, AND POSTVENTION STRATEGIES

Many of these types of violence have different prevalence rates, and the circumstances in which they occur vary greatly. As a result, the strategies designed to address these types of violence must be tailor-made to be efficacious.

Strategies for Mob Violence

- *Prevention:* carefully address social ills of the disenfranchised.
- *Intervention:* have well-thought-out, police-based containment contingency plans to address mob violence.
- *Postvention:* in large-scale, destructive mob violence such as a riot, rebuild the community, make efforts to prevent the conditions that initially triggered the mob violence, and provide relief and crisis intervention for community victims and front-line intervention staff.

Strategies for Predatory Violence

- *Prevention:* ensure that every child is bonded to a caregiver and provide parenting classes for high-risk families; ensure that everyone has his or her basic needs met by providing adequate education, health care, housing, and job opportunities.
- *Intervention:* implement criminal justice approaches, ie, community policing, community organization, reduction in the availability of drugs, well-lit streets, etc.
- *Postvention:* restrict gun access, incarcerate perpetrators of predatory violence until after age 35, and provide treatment for victims.

Strategies for Interpersonal Altercation Violence

- *Prevention:* advocate children's rights, civil rights, and women's rights; provide parenting classes, conflict resolution training, and a higher level of management sophistication within the United States.
- *Intervention:* train police for on-site intervention, identify victims in emergency rooms,[28,29] offer better legal support for victims, and provide family therapy.
- *Postvention:* provide adequate battered women's shelters that accept women with children[30] and offer treatment for co-victims.

Strategies for Gang-Related Violence

- *Prevention:* reduce class size, implement nongraded elementary schools, teach behavioral techniques for classroom management, offer cooperative learning programs and one-on-one tutoring, organize school activities suggested by Comer, and provide after-school recreational activities[31] as well as alternative activities for youth.
- *Intervention:* provide Job Corps, vocational training, and employment opportunities; install metal detectors in schools; and coordinate group violence mediation efforts.[32]
- *Postvention:* impose mandatory sentencing for felonies involving firearms and offer treatment for victims and co-victims.

Strategies for Economic Drug-Related Violence

- *Prevention:* strengthen ethnic identity, legalize drugs, and prevent drug addiction.
- *Intervention:* cooperate while being robbed.
- *Postvention:* incarcerate and provide readily available treatment for drug users, and offer treatment for victims.

Strategies for Systemic Drug-Related Violence

- *Prevention:* legalize drugs and organized crime, and prevent the United States from dumping drugs into the African-American community.
- *Intervention:* implement community policing and community organization.
- *Postvention:* incarcerate offenders.

Strategies for Pharmacologic Drug-Related Violence

- *Prevention:* implement programs for the primary prevention of drug abuse.

- *Intervention:* teach individuals skills in managing violence to keep from getting hurt by an intoxicated person.
- *Postvention:* impose a combination of incarceration and treatment.

Strategies for Negligence Drug-Related Violence

- *Prevention:* implement public campaigns such as Mothers Against Drunk Driving.
- *Intervention:* arrest offenders.
- *Postvention:* incarcerate offenders.

Strategies for Sexual Violence

- *Prevention:* educate children about good touch/bad touch.
- *Intervention:* encourage children to tell.
- *Postvention:* incarceration perpetrators and offer treatment for victims.

Strategies for Terrorism and Hate-Crime Violence

- *Prevention:* teach acceptance of diversity and educate about stereotypes.
- *Intervention:* implement surveillance activities.
- *Postvention:* provide services to victims, teach self-defense, and seek legal redress through lawsuits.

Strategies for Multicide Mass Murder, Serial Killing, and Murder Spree

- *Prevention:* ensure that children bond to a caregiver.
- *Intervention:* maintain surveillance and arrest offenders.
- *Postvention:* incarcerate offenders for a long time.

Strategies for Violence by Mentally Ill

- *Prevention:* offer parenting education for parents of mentally ill.
- *Intervention:* teach conflict resolution, equip emergency rooms to manage violently mentally ill, and train therapists on how to manage violently mentally ill.[33]
- *Postvention:* identify chronically mentally ill and treat with structured milieu or outpatient commitment along with drug treatment and treatment of victims.

Strategies for Violence by Organically Impaired Individuals

- *Prevention:* enforce seat belt laws, produce safer cars, implement slower speed limits, and advocate for the use of bicycle/motorcycle helmets.[34]
- *Intervention:* identify and manage in a structured environment.
- *Postvention:* place in a structured therapeutic program and manage medically with serenics (anti-aggression medications) and beta blockers.[34]

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