

# Kansas Violent Death Reporting System

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Department of Health  
and Environment

Daina Zolck  
Program Coordinator

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Our Mission: To protect and improve the health and environment of all Kansans.

## Outline

- National Violent Death Reporting System
- Kansas Violent Death Reporting System
  - 2015 Data
- Kansas Youth Risk Behavior Survey
  - 2017 Data
- Suicide Prevention



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## What is NVDRS?

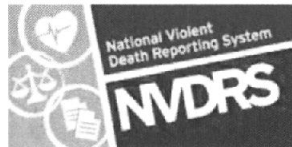
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- Active, ongoing state based surveillance system
- Data collected by states through partnerships
  - State, County and City level
  - Abstracted using a web-based application
- Comprehensive information on violent deaths to fully characterize incidents.



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## History of NVDRS at CDC

1999 – Institute of Medicine report cited the need for a national fatal intentional injury surveillance system

2000 – National Violent Injury Statistics System (NVISS) piloted in 12 sites, mostly universities

2000 – Meeting with Harvard and the Joyce Foundation to suggest that CDC direct a publicly funded system – CDC begins planning

2002 – First Appropriation from Congress for NVDRS

2003 – NVDRS data collection begins with six states

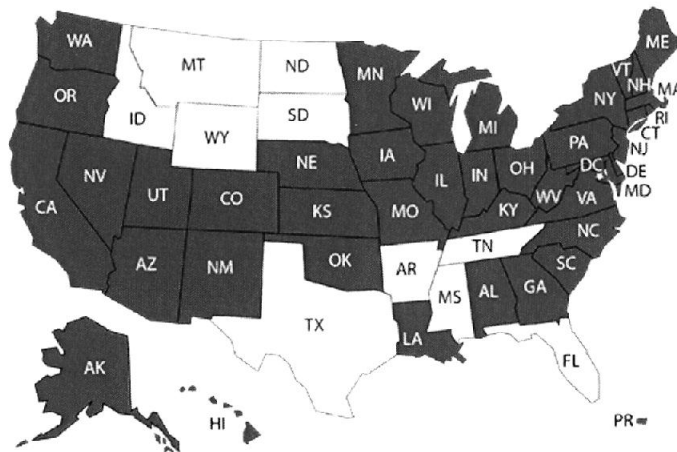
2016 – 40 states, DC and Puerto Rico



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## States Currently Funded for NVDRS



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## Incidents Captured in NVDRS

“A violent death is a death that results from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community.”

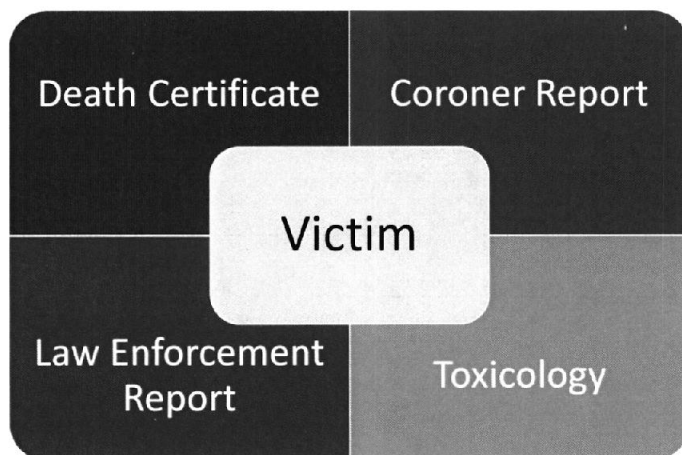
- Suicide
- Homicide
- Legal Intervention
- Unintentional Firearm Death
- Undetermined

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## Data Sources

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## NVDRS Data Uses

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- Inform communities
  - Documents circumstances
  - Who, what, when, where, why and how?
- Guide and target violence prevention programs, policies, and practices
  - Support planning and implementation of activities at the local, state, and federal levels
- Monitor and evaluate prevention programs and strategies

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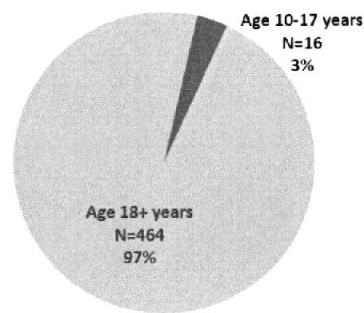
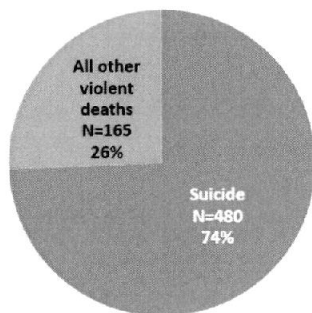
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## Violent Deaths Among Kansas Residents – 2015 Kansas Violent Death Reporting System

All 2015 Violent Deaths Among Kansas Residents by Type of Death (Total=645)

2015 Suicide Deaths Among Kansas Residents by Age Group



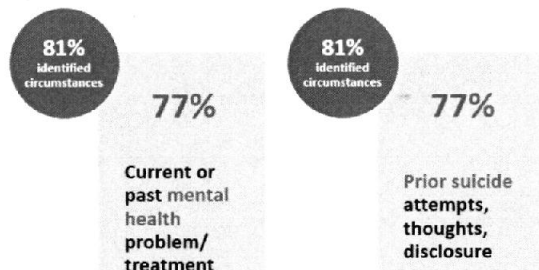
Source: 2015 Kansas Violent Death Reporting System, KDHE



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## Youth Suicide – 2015 Kansas Violent Death Reporting System

- Total deaths due to violence among Kansas residents ages 10 to 17 years: **22**
- Percent of these violent deaths due to suicide (n=16): **73%**
- Suicide rate among Kansas youth ages 10 to 17 years: **5.01 per 100,000**
- Circumstances surrounding suicide deaths for Kansas youth ages 10 to 17 years

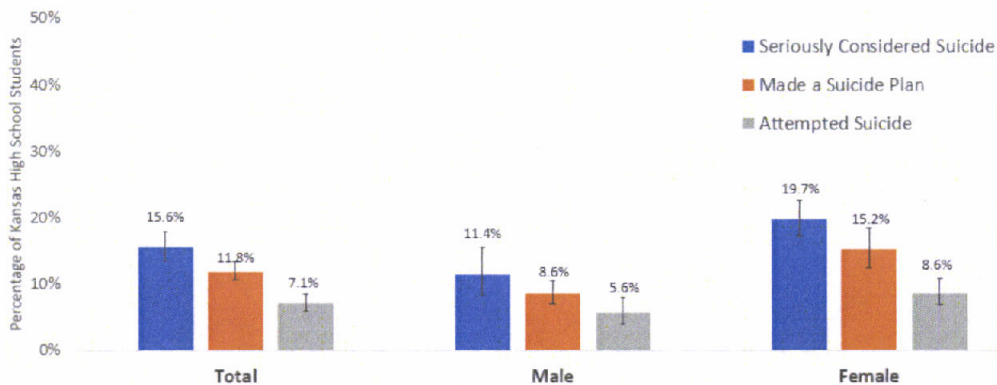


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Source: 2015 Kansas Violent Death Reporting System, KDHE

## Suicide Ideation and Attempts Among Kansas High School Students by Gender – 2017 Kansas Youth Risk Behavior Survey



Source: 2017 Kansas Youth Risk Behavior Survey, KSDE.



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## Evidence-based Suicide Prevention

### WHAT CAN WE DO TO PREVENT SUICIDE?

*Preventing Suicide: A Technical Package of Policy, Programs, and Practices*  
<https://go.usa.gov/xQBGc>

**Provide financial support to individuals in need.**



States can help ease unemployment and housing stress by providing temporary help.

**Strengthen access to and delivery of care.**



Healthcare systems can offer treatment options by phone or online where services are not widely available.

**Create protective environments.**



Employers can apply policies that create a healthy environment and reduce stigma about seeking help.

**Connect people with their communities.**



Communities can offer programs and events to increase a sense of belonging among residents.

**Teach coping and problem-solving skills.**



Schools can teach students skills to manage challenges like relationship and school problems.

**Prevent future risk.**



Media can describe helping resources and avoid headlines or details that increase risk.

**Identify and support people at risk.**



Everyone can learn the warning signs for suicide, how to respond, and where to get help.



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# CDC's Preventing Suicide: A Technical Package of Policy, Programs, & Practices

## WHAT CAN BE DONE?

### THE FEDERAL GOVERNMENT IS

- Tracking the problem to understand trends and the groups at greatest risk (for example see [www.cdc.gov/violenceprevention/nvdrs](http://www.cdc.gov/violenceprevention/nvdrs)).
- Developing, implementing, and evaluating suicide prevention strategies.
- Supporting local, state, tribal, national, and other partners to prevent suicide (for example see <https://go.usa.gov/xQBgc>).

**Preventing Suicide:**  
A Technical Package of Policy,  
Programs, and Practices



### STATES AND COMMUNITIES CAN

- Identify and support people at risk of suicide.
- Teaching coping and problem-solving skills to help people manage challenges with relationships, jobs, health, or other concerns.
- Promote safe and supportive environments. This includes safely storing medications and firearms to reduce access among people at risk.
- Offer activities that bring people together so they feel connected and not alone.
- Connect people at risk to effective and coordinated mental and physical healthcare.
- Expand options for temporary assistance for those struggling to make ends meet.
- Prevent future risk of suicide among those who have lost a friend or loved one to suicide.



**Our Mission: To protect and improve the health and environment of all Kansans.**

# CDC's Preventing Suicide: A Technical Package of Policy, Programs, & Practices

## WHAT CAN BE DONE?

### HEALTH CARE SYSTEMS CAN

- Provide high-quality, ongoing care focused on patient safety and suicide prevention.
- Make sure affordable and effective mental and physical healthcare is available where people live.
- Train providers in adopting proven treatments for patients at risk of suicide.

### EMPLOYERS CAN

- Promote employee health and wellbeing, support employees at risk, and have plans in place to respond to people showing warning signs.
- Encourage employees to seek help. Provide referrals to mental health, substance use, legal, or financial counseling services as needed.

### EVERYONE CAN

- Ask someone you are worried about if they're thinking about suicide.
- Keep them safe. Reduce access to lethal means for those at risk.
- Be there with them. Listen to what they need.
- Help them connect with ongoing support. You can start with the Lifeline (1-800-273-8255).
- Follow up to see how they're doing.
- Find out why these steps can save a life by visiting: [www.BeThe1To.com](http://www.BeThe1To.com)

The media can avoid increasing suicide risk (e.g., by not using dramatic headlines or providing explicit details) and encourage people to seek help.  
View recommendations available at: [www.ReportingOnSuicide.org](http://www.ReportingOnSuicide.org)



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# Questions

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Kansas Violent Death  
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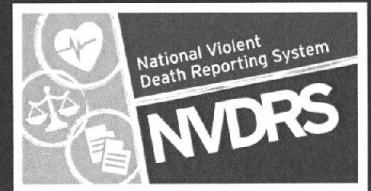
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# CDC's National Violent Death Reporting System (NVDRS)



## Violence is a Major Public Health Problem

In the United States, seven people per hour die a violent death. More than **19,000 people were victims of homicide** and almost **45,000 people died by suicide** in 2016 alone. The economic costs are staggering—with suicide costing the U.S. economy **\$57 billion** and homicide **\$30 billion**, and this is just the costs for medical care and lost work. Other costs, including the emotional toll on victims' families and the costs to the criminal justice system for arrest and incarceration of offenders are substantial and not included in this estimate. Also, many Americans survive violent experiences and are left struggling with long-term physical, psychological, and emotional consequences. Violence erodes entire communities—reducing productivity, decreasing property values, disrupting social services, and making people feel unsafe in the places where they live, work, and learn.



## A Comprehensive Look at Violent Deaths

NVDRS covers all types of violent deaths—including homicides and suicides—in all settings and for all age groups. NVDRS includes **over 600 unique data elements** that provide valuable context about violent deaths such as relationship problems; mental health problems and treatment; toxicology results; and life stressors, including recent problems with a job, finances, or physical health problems. Extensive information about the incidents, such as weapons used, characteristics of suspects, and locations where they occurred are included. Such data are far more comprehensive than what is available elsewhere.



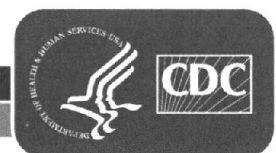
## Linking Data to Get the Whole Story

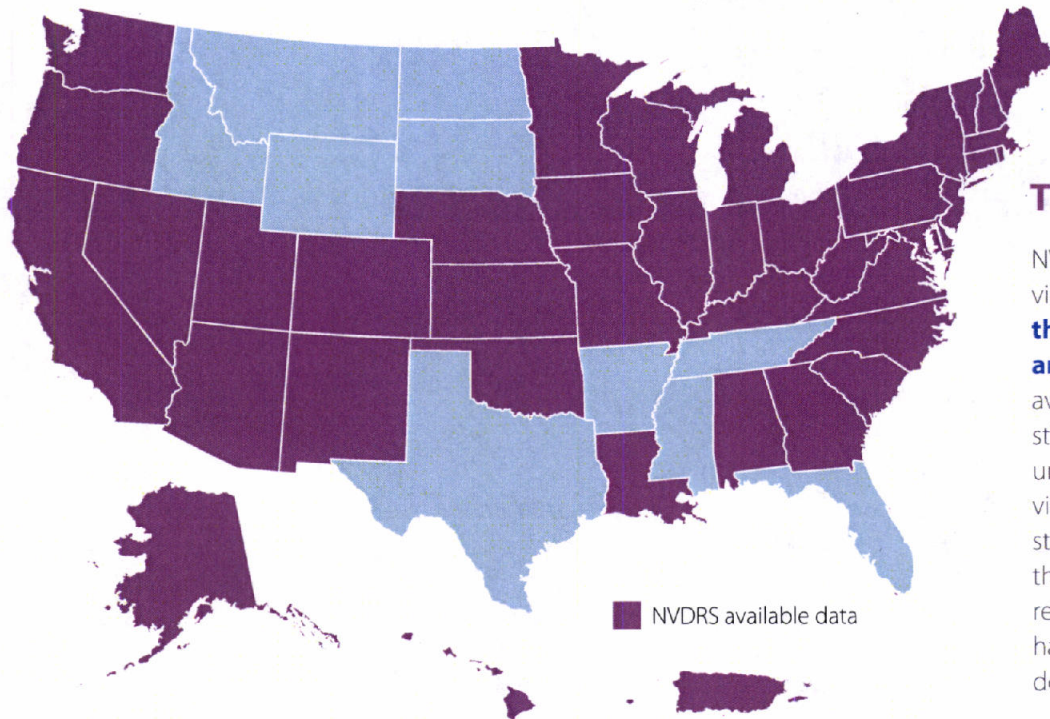
To help find answers to prevent violent deaths, we need to know the facts. CDC's NVDRS links information about the **"who, when, where, and how"** from data on violent deaths and provides insights about **"why"** they occurred.

Frontline investigators including law enforcement, coroners, and medical examiners collect valuable information about violent deaths. However, these data are seldom combined in a systematic manner to provide a complete picture.

NVDRS provides a clearer understanding of violent deaths. NVDRS is the only state-based surveillance (reporting) system that pools data on violent deaths and their circumstances from multiple sources into one anonymous database. No personally identifiable information is collected.

National Center for Injury Prevention and Control  
Division of Violence Prevention





## The Reach of NVDRS

NVDRS pulls together data on violent deaths in **40 states, the District of Columbia, and Puerto Rico**. If data are not available for your state, you can still use NVDRS data to better understand general patterns of violent deaths in participating states. However, keep in mind that NVDRS data are not nationally representative. We still do not have a complete picture of violent deaths across the nation.



### What NVDRS Can Do

- **Inform decision makers** and program planners about the magnitude, trends, and characteristics of violent deaths.
- **Educate your community** about circumstances that contribute to violence in your county, state, or territory.
- **Develop and tailor** violence prevention efforts to maximize benefits.
- **Evaluate the impact** of prevention programs and strategies.



### Accessing NVDRS

CDC's Injury Center distributes information from NVDRS at the state and national level in both summary and topic-specific **reports**.

NVDRS data are stored in an incident-based database. Descriptive data can be accessed free of charge from **Web-Based Injury Statistics Query And Reporting System (WISQARS)**.



### What Makes NVDRS Unique

Other data systems mainly count deaths and provide basic demographic information. In contrast, NVDRS:

- **Gathers and links** detailed investigative information from several sources, including law enforcement, medical examiners and coroners, toxicology, and death certificates. With this linked information, NVDRS is able to provide a more complete picture of the circumstances that contribute to violent deaths.
- **Helps identify** emerging issues, such as veteran suicide.
- **Combines data about deaths** that occurred during the same violent event to help identify circumstances of multiple homicides or homicides followed by the suicide of the homicide suspect.
- **Collects information** on the suspect and the relationship of the victim to the suspect to better characterize homicides.

**CDC provides technical assistance for NVDRS** in the form of manuals and complementary resources.

For further information on NVDRS, visit <https://www.cdc.gov/violenceprevention/nvdrs>.

# Vitalsigns<sup>TM</sup>

**45K** Nearly 45,000 lives lost to suicide in 2016.

**↑30%** Suicide rates went up more than 30% in half of states since 1999.

**54%** More than half of people who died by suicide did not have a known mental health condition.



## Suicide rising across the US

### More than a mental health concern

Suicide is a leading cause of death in the US. Suicide rates increased in nearly every state from 1999 through 2016. Mental health conditions are often seen as the cause of suicide, but suicide is rarely caused by any single factor. In fact, many people who die by suicide are not known to have a diagnosed mental health condition at the time of death. Other problems often contribute to suicide, such as those related to relationships, substance use, physical health, and job, money, legal, or housing stress. Making sure government, public health, healthcare, employers, education, the media and community organizations are working together is important for preventing suicide. Public health departments can bring together these partners to focus on comprehensive state and community efforts with the greatest likelihood of preventing suicide.

### States and communities can

- Identify and support people at risk of suicide.
- Teach coping and problem-solving skills to help people manage challenges with their relationships, jobs, health, or other concerns.
- Promote safe and supportive environments. This includes safely storing medications and firearms to reduce access among people at risk.
- Offer activities that bring people together so they feel connected and not alone.
- Connect people at risk to effective and coordinated mental and physical healthcare.
- Expand options for temporary help for those struggling to make ends meet.
- Prevent future risk of suicide among those who have lost a friend or loved one to suicide.



Want to learn more?  
Visit: [www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns)

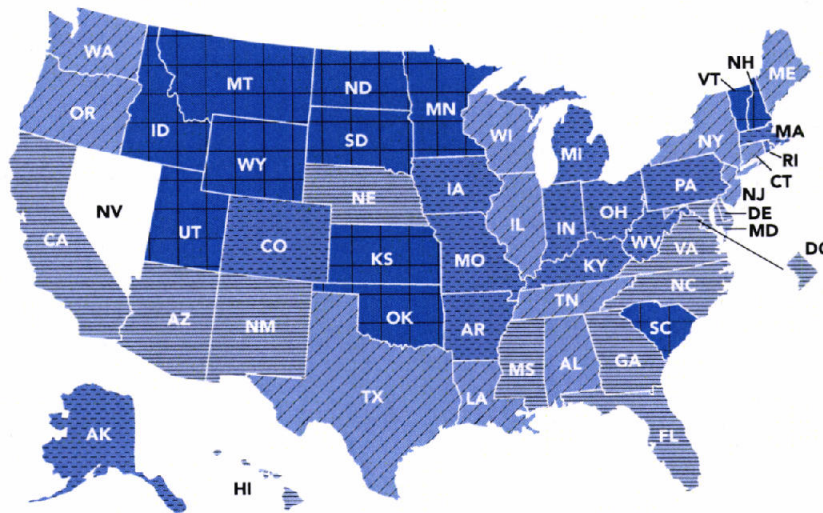
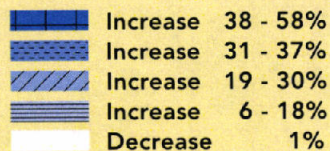


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Control and Prevention  
National Center for Injury  
Prevention and Control



**PROBLEM:**  
**Suicide rates increased in almost every state.**

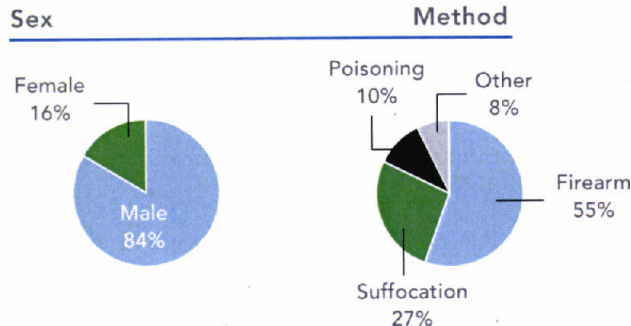
Suicide rates rose across the US from 1999 to 2016.



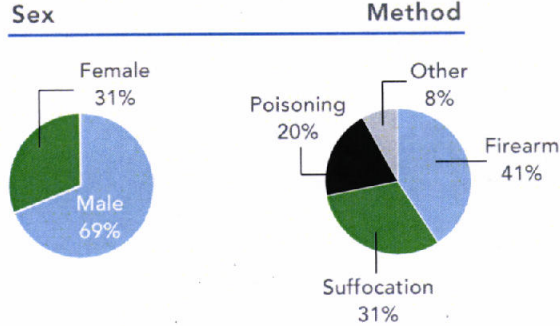
SOURCE: CDC's National Vital Statistics System; CDC Vital Signs, June 2018.

**Differences exist among those with and without mental health conditions.**  
 People without known mental health conditions were more likely to be male and to die by firearm.

*No known mental health conditions*



*Known mental health conditions*



**Many factors contribute to suicide among those with and without known mental health conditions.**



**Note:** Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.

SOURCE: CDC's National Violent Death Reporting System, data from 27 states participating in 2015.

# WHAT CAN WE DO TO PREVENT SUICIDE?

*Preventing Suicide: A Technical Package of Policy, Programs, and Practices*  
<https://go.usa.gov/xQBGc>

## Preventing suicide involves everyone in the community.

Provide financial support to individuals in need.



**States** can help ease unemployment and housing stress by providing temporary help.

Strengthen access to and delivery of care.



**Health care systems** can offer treatment options by phone or online where services are not widely available.

Create protective environments.



**Employers** can apply policies that create a healthy environment and reduce stigma about seeking help.

Connect people within their communities.



**Communities** can offer programs and events to increase a sense of belonging among residents.

Teach coping and problem-solving skills.



**Schools** can teach students skills to manage challenges like relationship and school problems.

Prevent future risk.



**Media** can describe helping resources and avoid headlines or details that increase risk.

Identify and support people at risk.



**Everyone** can learn the warning signs for suicide, how to respond, and where to get help.

## Know the Suicide WARNING SIGNS

- Feeling like a burden
- Being isolated



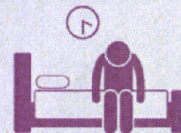
- Increased anxiety
- Feeling trapped or in unbearable pain

- Increased substance use
- Looking for a way to access lethal means



- Increased anger or rage
- Extreme mood swings

- Expressing hopelessness
- Sleeping too little or too much



- Talking or posting about wanting to die
- Making plans for suicide

## 5 STEPS TO HELP SOMEONE AT RISK

1. Ask.
2. Keep them safe.
3. Be there.
4. Help them connect.
5. Follow up.

Find out why this can save a life by visiting:  
[www.BeThe1To.com](http://www.BeThe1To.com)

# WHAT CAN BE DONE

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The media can avoid increasing suicide risk (e.g., by not using dramatic headlines or providing explicit details) and encourage people to seek help.

View recommendations at:

[www.ReportingOnSuicide.org](http://www.ReportingOnSuicide.org)

If you need help for yourself or someone else, please contact the

**National Suicide Prevention Lifeline**

Talk: 1-800-273-TALK (8255)

Chat: [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)



[www.cdc.gov/vitalsigns/suicide](http://www.cdc.gov/vitalsigns/suicide)  
[www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)

**For more information, please contact**

Telephone: 1-800-CDC-INFO (232-4636)

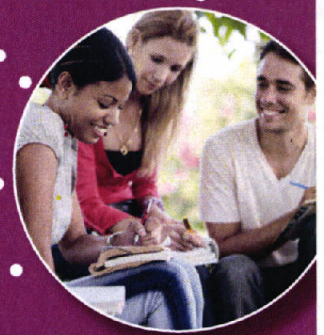
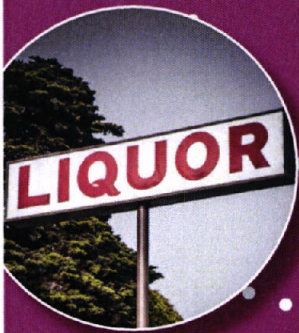
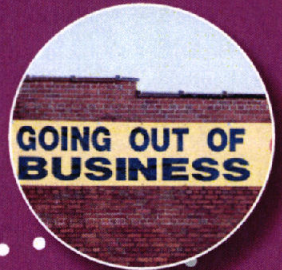
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Centers for Disease Control and Prevention

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# Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence



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National Center for Injury  
Prevention and Control

Prevention  
and equity **Institute**  
at the center of community well-being

*Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence* is a publication of the Centers for Disease Control and Prevention and Prevention Institute.

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July 2014

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***“Gang violence is connected to bullying is connected to school violence is connected to intimate partner violence is connected to child abuse is connected to elder abuse. It’s all connected.”***

-Deborah Prothrow-Stith, MD,  
Adjunct Professor, Harvard School of Public Health

Violence takes many forms, including intimate partner violence, sexual violence, child maltreatment, bullying, suicidal behavior, and elder abuse and neglect. These forms of violence are interconnected and often share the same root causes. They can also all take place under one roof, or in a given community or neighborhood and can happen at the same time or at different stages of life.<sup>1,2</sup> Understanding the overlapping causes of violence and the things that can protect people and communities is important, and can help us better address violence in all its forms.

**The purpose of this brief is to share research on the connections between different forms of violence and describe how these connections affect communities.** It is our hope that this information, combined with your own practical experience, will help practitioners like you to think strategically and creatively about how you can:

1. **Prevent** all types of violence from occurring in the first place.
2. **Coordinate and integrate responses** to violence in a way that recognizes these connections and considers the individual in the context of their home environment, neighborhood, and larger community.

***“There are experiences, particularly early in childhood, that make it extremely predictable that individuals are at substantially higher risk for involvement with violence, be it interpersonal, youth violence, intimate partner violence, dating violence, or child abuse.”***

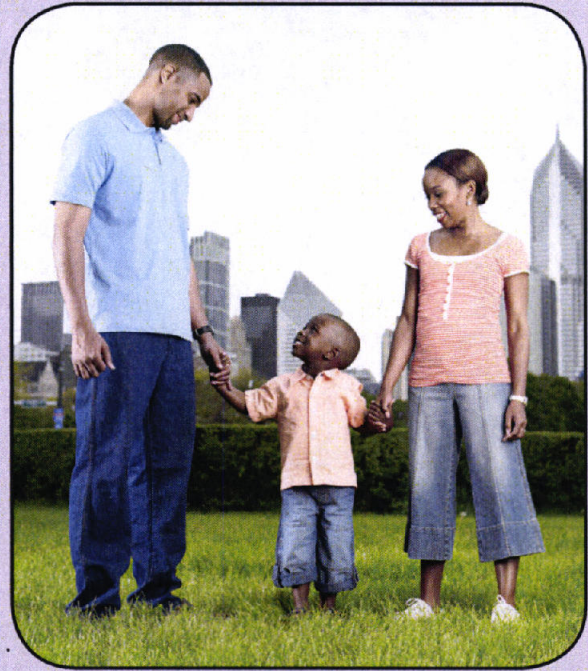
-Howard Spivak, MD, Director, Division of Violence Prevention,  
Centers for Disease Control and Prevention

## **Vulnerability and Resilience: Risk Factors and Protective Factors**

Violent behavior is complex. Many things increase or decrease the likelihood of violence. The communities people live in can protect them from violence or can increase their risk of violence. Things that make it more likely that people will experience violence are called **risk factors**. Examples of risk factors are: rigid social beliefs about what is “masculine” and “feminine,” lack of job opportunities, and family conflict. Things that make it less likely that people will experience violence or that increase their resilience when they are faced with risk factors are called **protective factors**. Examples of protective factors are: connection to a caring adult or access to mental health services. Risk and protective factors can affect an entire community, and can occur in interactions with family and friends and within organizations and systems like schools, faith institutions, and workplaces. Individual experiences or traits can also be risk and protective factors, such as witnessing violence or having skills to solve problems non-violently. The table on pages 8 and 9 shows that some of the things that make it less likely for one type of violence to happen may also protect us from other types of violence.

## The Impact of Violence on Development

People's brains develop in response to their environments.<sup>3</sup> When children grow up in safe,<sup>4,5,6</sup> stable,<sup>7</sup> and nurturing<sup>8</sup> relationships and environments, they learn empathy, impulse control, anger management and problem-solving—all skills that protect against violence.<sup>9</sup> When children grow up in environments where they don't feel safe, their brain cells form different connections with each other to better recognize and respond to threats.<sup>10,11</sup> Children in these environments may misinterpret neutral facial expressions as anger, for example,<sup>12</sup> and more situations may trigger a fight-or-flight response. Children living in a persistently threatening environment are more likely to respond violently (fight) or run away (flight) than children who grow up in safe, stable, and nurturing environments. Fight-or-flight responses are survival skills that people are born with and often override other skills that enable non-violent conflict resolution, such as impulse control, empathy, anger management, and problem-solving skills.<sup>13,14,11,15</sup>



Childhood abuse, neglect, and exposure to other traumatic stressors, termed adverse childhood experiences (ACEs), are common. In the Adverse Childhood Experiences Study, over 17,000 adults from a Health Maintenance Organization (HMO) were asked about their experiences in childhood and subsequent behavioral and health outcomes. Almost two-thirds of participants reported at least one ACE, and more than one in five reported three or more ACEs.<sup>3</sup> The short- and long-term outcomes of these childhood exposures include multiple health and social problems. ACEs contribute to stress during childhood and put individuals at higher risk for health problems such as alcoholism and alcohol abuse, depression, illicit drug use, intimate partner violence, and suicide attempts.<sup>16,3</sup> The impact of ACEs is also *cumulative*, meaning the more ACEs a child is exposed to, the higher likelihood they will experience some of these health and social problems later in life. The life expectancy of people with six or more ACEs is 20 years shorter than those without any ACEs.<sup>17</sup>



There are opportunities at every stage of life to remedy the negative effects of trauma and help people heal. Whether designed for children, youth, or adults, actions and activities that promote the protective factors listed in the table on pages 8 and 9 may prevent trauma for those exposed to violence and also reduce the likelihood of violence in the first place.

## Community Context and the Co-Occurrence of Multiple Forms of Violence

Community risk and protective factors are critical because they make it more or less likely that entire communities will suffer from violence. The level of safety someone feels varies so much from community to community and even from block to block because safety is not evenly distributed. Often, a community experiences an overwhelming number of risk factors without an equal balance of protective factors. This means that families and children living in some communities where there are many risk factors (e.g., high poverty, unemployment, and crime) are more likely than families and children living in other communities to experience multiple forms of violence.<sup>18,19,20</sup>

For example:



- Neighborhoods where there is low cohesion, or where residents don't support and trust each other, are more likely to have residents that also experience child maltreatment,<sup>21,22</sup> intimate partner violence,<sup>19</sup> and youth violence.<sup>20</sup>
- People who are socially isolated and who don't have social support from family, friends, or neighbors are more likely to perpetrate child maltreatment,<sup>23</sup> intimate partner violence,<sup>24</sup> suicide,<sup>25,26</sup> and elder abuse.<sup>27</sup>
- Lack of economic opportunities and unemployment are associated with perpetration of child maltreatment,<sup>23</sup> intimate partner violence,<sup>28,19</sup> self-directed violence,<sup>29,30</sup> sexual violence,<sup>31</sup> and youth violence.<sup>32</sup>
- Norms in society or in communities that support aggression or coercion are associated with physical assaults of children,<sup>33,34</sup> intimate partner violence,<sup>19</sup> sexual violence,<sup>35</sup> youth violence,<sup>36</sup> and elder maltreatment.<sup>27</sup>
- Witnessing community violence puts people at higher risk of being bullied<sup>37</sup> and perpetrating sexual violence.<sup>38</sup>

However, this also means that community protective factors may make it less likely that an entire community will experience violence. Things that increase peoples' and communities' resilience to violence include:

- Coordination of resources and services among community agencies.<sup>39,40,41,27</sup>
- Access to mental health and substance abuse services.<sup>42,41</sup>
- Support and connectedness, including connectedness to one's community,<sup>42,19,38,43,41,27,44</sup> family,<sup>42,45,46,47,41</sup> pro-social peers,<sup>45,48</sup> and school.<sup>45,49,50,46,37,41</sup>

## Other Shared Risk and Protective Factors

In addition to the things in communities that put people at risk for and/or protect them from violence, there are other things in people's relationships and past experiences that increase their risk or protect against violence. These other risk and protective factors are important because they often occur at the same time as larger community risk and protective factors and can further increase people's risk or resilience related to violence. For example, parents may have a harder time preventing their children from using substances (drugs, alcohol) or weapons when there are high levels of community violence in their neighborhood, putting youth already exposed to violence in their community at even higher risk for experiencing other forms of violence.<sup>51</sup> There are a number of these risk factors that occur as a result of people's experiences, skills, behaviors, and relationships that put them at higher risk of acting violently. For example:

- Conflict within the family is linked to almost all forms of violence perpetration including child maltreatment (children in homes with high conflict are at higher risk for being victims),<sup>42</sup> teen dating violence,<sup>52</sup> intimate partner violence,<sup>53</sup> sexual violence,<sup>31</sup> youth violence,<sup>46</sup> and bullying.<sup>37</sup>
- Youth who associate with delinquent peers or friends are at higher risk of harming others through bullying,<sup>37</sup> youth violence,<sup>46</sup> teen dating violence,<sup>45</sup> and later in life sexual violence,<sup>31</sup> and intimate partner violence.<sup>54</sup>
- Experiencing one form of violence places individuals at a higher risk of experiencing other forms of violence (See "Violence Can Lead to More Violence" on page 4).
- Lacking skills to cope with problems non-violently<sup>42,27,55,37,46,56,57,53,52</sup> and problems with substance abuse<sup>42,27,41,58,46,31,53,52</sup> also place individuals at higher risk for acting violently.

Relationships and past experiences and skills can also help protect people from violence even if they are exposed to violence in their community.<sup>59</sup> For example, we know that people who live in communities that are violent can be "protected" from the effects of this violence (are less likely to perpetrate violence or engage in other destructive behaviors like substance use) if they have non-violent, supportive relationships with family, friends, and other groups, like schools or faith-organizations.<sup>59,51,60</sup> For example:

- Youth who feel connected and committed to school are at a lower risk of harming others through dating violence,<sup>45</sup> youth violence,<sup>46</sup> and bullying,<sup>37</sup> and are at lower risk for suicide.<sup>41</sup>
- Strong family support<sup>42,41,47,46,45</sup> and non-violent problem solving skills<sup>45,41,37,46,56,57,31,53,52</sup> have been shown to be protective against almost all forms of violence.



## Violence Can Lead to More Violence

**Most people who are victims of violence do not act violently.** However, people who experience or are exposed to one form of violence are at a higher risk for both being a victim of other forms of violence and for inflicting harm on others:

- Survivors of one form of violence are more likely to be victims of other forms of violence.
  - » Girls who are sexually abused are more likely to suffer physical violence and sexual re-victimization, engage in self-harming behavior, and be a victim of intimate partner violence later in life.<sup>61</sup>
  - » Youth who have been physically abused by a dating partner are also more likely to have suffered abuse as a child, been a victim of sexual assault, and witnessed violence in their family.<sup>62</sup>
  - » Youth who report attempting suicide are approximately five times more likely to have also been in a physical fight in the last year.<sup>63</sup>
  - » Women and girls involved in gangs often experience physical, emotional, and sexual abuse by other gang members, and are more likely to have been physically or sexually abused as children.<sup>64,65</sup>
  - » Children who have been bullied are at greater odds for becoming involved in physical violence (e.g. weapon carrying, physical fighting).<sup>58</sup>
- Survivors of violence are at higher risk for behaving violently.
  - » Children who experience physical abuse or neglect early in their lives are at greater risk for committing violence against peers (particularly for boys),<sup>66</sup> bullying,<sup>67</sup> teen dating violence,<sup>67</sup> and committing child abuse,<sup>68</sup> elder abuse,<sup>68</sup> intimate partner violence,<sup>68</sup> and sexual violence<sup>35</sup> later in life.
  - » Youth who bully others are more likely to have witnessed parental violence (intimate partner violence) than those who do not bully others.<sup>69,70</sup>
- People who behave violently are more likely to commit other forms of violence.
  - » Adults who are violent toward their partners are at higher risk of also abusing their children.<sup>72</sup>
  - » Youth who bully are more likely to carry weapons and be physically violent.<sup>58</sup> They are also more likely to sexually harass peers over time<sup>73</sup> and commit violence against partners as teens<sup>74</sup> and as adults<sup>75</sup> than those who did not bully.

Despite these connections, we know people who experience violence in their communities or relationships can be protected from experiencing other forms of violence through protective factors such as the ones listed in the table on pages 8 and 9.<sup>59</sup>



## Breaking Down the Silos: Working Together to Create Safer Communities

*"We have to figure out how we break down these barriers and work in a more collaborative way not just within the health system but across the social services system and the criminal justice system"*

—Georges Benjamin, MD, Executive Director,  
American Public Health Association

Understanding shared risk and protective factors of violence can help us plan how to prevent multiple forms of violence at once. Violence prevention and intervention efforts that focus on only one form of violence can be broadened to address multiple, connected forms of violence and increase public health impact. For example, organizations working on child maltreatment, youth violence, and suicide prevention could work together on strategies that increase families' connectedness to the community. Since community connectedness is a shared protective factor across these types of violence (and other types of violence as well), pooling resources to take action on this shared protective factor could have a broad violence prevention impact in the community. Also, knowing that experiencing one form of violence can increase families' and individuals' risk for other forms of violence can help practitioners develop services and strategies that would have the most impact for their clients. For example, practitioners working with survivors of intimate partner violence may recognize that children in families experiencing conflict and violence are at higher risk of being victims of bullying, or becoming bullies themselves<sup>69,70</sup> and coordinate with schools to ensure that all members of the family are receiving the help and support they need to prevent future violence.

*"Professionally we have silos, and we operate in these silos we've got to break down. Across the country, people working to prevent child abuse are right across the hall from people working on violence against women, and they don't work together. As we go into communities to bring everybody to the table, don't let people say, 'I work on child abuse, but this is about gang violence.' Don't let people say, 'I work on violence against women, and this is about child abuse.' This thing, all this violence, is connected."*

—Deborah Prothrow-Stith, MD,  
Adjunct Professor, Harvard School of Public Health

Practitioners can address the unique aspects of a form of violence, while still supporting joint action wherever possible. Understanding how different forms of violence are linked to one another is an important first step in coordinating strategies, activities, and resources to effectively prevent multiple forms of violence. This understanding might increase support for braided and blended funding streams and additional infrastructure for increased collaboration, which would advance the field as a whole.

Together we can make a difference in preventing all forms of violence in our lives, families, relationships, and communities. Effective prevention efforts address common risk and protective factors, reduce overall violence, and improve outcomes. As the relationships among multiple forms of violence become clearer, it's increasingly important for practitioners and researchers to consider these linkages in their work.

## To Learn More

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- WHO Guide to Implementing the Recommendations of the World Report on Violence, <http://whqlibdoc.who.int/publications/2004/9241592079.pdf>
- Lifetime Spiral of Gender Violence, [www.apiidv.org](http://www.apiidv.org)
- Public Health Contributions to Preventing Violence, [www.preventioninstitute.org/unitylinks](http://www.preventioninstitute.org/unitylinks)
- The Relationship Between Bullying and Suicide: What We Know and What it Means for Schools, <http://www.cdc.gov/violenceprevention/pdf/bullying-suicide-translation-final-a.pdf>
- The Bully-Sexual Violence Pathway in Early Adolescence, [http://www.cdc.gov/violenceprevention/pdf/asap\\_bullyingsv-a.pdf](http://www.cdc.gov/violenceprevention/pdf/asap_bullyingsv-a.pdf)
- Harvard University's Center on the Developing Child- Science of Early Childhood Series, [http://developingchild.harvard.edu/topics/science\\_of\\_early\\_childhood/](http://developingchild.harvard.edu/topics/science_of_early_childhood/)
- Adverse Childhood Experiences Study, <http://www.cdc.gov/ace/index.htm>
- Adverse Childhood Experiences Infographic, [http://vetoviolence.cdc.gov/childmaltreatment/phl/resource\\_center\\_infographic.html](http://vetoviolence.cdc.gov/childmaltreatment/phl/resource_center_infographic.html)
- Webinar: Links Between Multiple Forms of Violence, <http://www.preventioninstitute.org/unity-resources/training-a-events/989-webinar-links-between-multiple-forms-of-violence-3182013.html>
- Webinar: The Relationships between Child Maltreatment and Suicide & A Comprehensive Approach to Suicide Prevention, <http://www.childrensafetynetwork.org/webinar/youth-suicide-prevention-community-practice-relationship-between-child-maltreatment-and-suic>

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## Shared Risk and Protective Factors Across Multiple Forms of Violence.

**NOTE:** Research on risk and protective factors for violence is continuing to evolve. In this table, “X’s” indicate the existence of at least one study published in a peer reviewed journal demonstrating an association between the risk or protective factor and that type of violence. Also, some of the “community” risk and protective factors were measured through surveys of individuals (e.g. surveys asking people about neighborhood support and cohesion) versus measures at the actual community level (e.g. city alcohol licensing lists to measure alcohol outlet density), so may be considered proxies for community level risk and protective factors.

		Type of Violence Perpetration							
		Child maltreatment	Teen Dating Violence	Intimate Partner Violence	Sexual Violence	Youth Violence	Bullying	Suicide	Elder Maltreatment
<b>Risk Factors</b>									
<b>Societal</b>	Cultural norms that support aggression toward others	X <sup>33,76,77</sup>	X <sup>78,79</sup>	X <sup>53</sup>	X <sup>31</sup>	X <sup>80</sup>			X <sup>27,81</sup>
	Media Violence				X <sup>57,82</sup>	X <sup>83</sup>	X <sup>37</sup>	X <sup>84,85</sup>	
	Societal income inequity	X <sup>108</sup>		X <sup>86</sup>		X <sup>87,88,89</sup>	X <sup>47</sup>		
	Weak health, educational, economic, and social policies/laws	X <sup>90</sup>		X <sup>53</sup>	X <sup>31</sup>			X <sup>91</sup>	
	Harmful norms around masculinity and femininity	X <sup>92</sup>	X <sup>54</sup>	X <sup>53</sup>	X <sup>31,73,74</sup>	X <sup>93</sup>	X <sup>94</sup>		
<b>Community</b>	Neighborhood poverty	X <sup>42</sup>		X <sup>53</sup>	X <sup>31</sup>	X <sup>46</sup>		X <sup>95</sup>	
	High alcohol outlet density	X <sup>42</sup>		X <sup>96,97</sup>		X <sup>98</sup>		X <sup>99</sup>	
	Community violence	X <sup>42</sup>			X <sup>38</sup>	X <sup>100</sup>	X <sup>37</sup>		
	Diminished economic opportunities/high unemployment rates	X <sup>42</sup>		X <sup>28,19</sup>	X <sup>31</sup>	X <sup>46</sup>		X <sup>29,30</sup>	
	Poor neighborhood support and cohesion	X <sup>42</sup>	X <sup>45</sup>	X <sup>53</sup>		X <sup>46,20</sup>		X <sup>41</sup>	
<b>Relationship</b>	Social isolation/Lack of social support	X <sup>42</sup>	X <sup>45</sup>	X <sup>53</sup>		X <sup>46</sup>	X <sup>58</sup>	X <sup>41</sup>	X <sup>27</sup>
	Poor parent-child relationships	X <sup>42</sup>	X <sup>52,101</sup>	X <sup>53</sup>	X <sup>57,49</sup>	X <sup>46</sup>	X <sup>37</sup>	X <sup>55</sup>	
	Family conflict	X <sup>42</sup>	X <sup>52</sup>	X <sup>53</sup>	X <sup>31</sup>	X <sup>46</sup>	X <sup>37</sup>		
	Economic stress	X <sup>42</sup>		X <sup>53</sup>		X <sup>46</sup>		X <sup>41</sup>	X <sup>27</sup>
	Associating with delinquent peers		X <sup>45</sup>	X <sup>54</sup>	X <sup>31</sup>	X <sup>46</sup>	X <sup>37</sup>		
	Gang Involvement		X <sup>64</sup>	X <sup>64</sup>	X <sup>64</sup>	X <sup>46</sup>			



		Type of Violence Perpetration							
		Child maltreatment	Teen Dating Violence	Intimate Partner Violence	Sexual Violence	Youth Violence	Bullying	Suicide	Elder Maltreatment
<b>Individual</b>	Low educational achievement	x <sup>42</sup>	x <sup>52</sup>	x <sup>53</sup>		x <sup>46</sup>	x <sup>58</sup>	x <sup>55</sup>	
	Lack of non-violent social problem-solving skills	x <sup>42</sup>	x <sup>52</sup>	x <sup>53</sup>	x <sup>57,56</sup>	x <sup>46</sup>	x <sup>37</sup>	x <sup>55</sup>	x <sup>27</sup>
	Poor behavioral control/ Impulsiveness	x <sup>42</sup>	x <sup>52</sup>	x <sup>53</sup>	x <sup>31</sup>	x <sup>46</sup>		x <sup>41</sup>	
	History of violent victimization	x <sup>42</sup>	x <sup>102</sup>	x <sup>53</sup>	x <sup>31</sup>	x <sup>46</sup>	x <sup>67</sup>	x <sup>41</sup>	x <sup>27</sup>
	Witnessing violence	x <sup>42</sup>	x <sup>52</sup>	x <sup>45</sup>	x <sup>31</sup>	x <sup>46</sup>	x <sup>103,37</sup>	x <sup>85</sup>	
	Psychological/mental health problems	x <sup>42</sup>	x <sup>52</sup>	x <sup>53</sup>		x <sup>46</sup>		x <sup>41</sup>	x <sup>27</sup>
	Substance use	x <sup>42</sup>	x <sup>52</sup>	x <sup>53</sup>	x <sup>31</sup>	x <sup>46</sup>	x <sup>58</sup>	x <sup>41</sup>	x <sup>27</sup>
<b>Protective Factors</b>									
<b>Community</b>	Coordination of resources and services among community agencies	x <sup>39</sup>		x <sup>40</sup>				x <sup>41</sup>	x <sup>27</sup>
	Access to mental health and substance abuse services	x <sup>42</sup>						x <sup>41</sup>	
	Community support/ connected-ness	x <sup>42</sup>		x <sup>19</sup>	x <sup>38,44</sup>	x <sup>43</sup>		x <sup>41</sup>	x <sup>27</sup>
<b>Relationship</b>	Family support/ connected-ness	x <sup>42</sup>	x <sup>45</sup>			x <sup>46</sup>	x <sup>47</sup>	x <sup>41</sup>	x <sup>27</sup>
	Connection to a caring adult		x <sup>45</sup>			x <sup>46</sup>		x <sup>41</sup>	
	Association with pro-social peers		x <sup>45</sup>			x <sup>48</sup>	x <sup>104</sup>		
	Connection/commitment to school		x <sup>45,105</sup>		x <sup>49,50</sup>	x <sup>46</sup>	x <sup>37,47</sup>	x <sup>41</sup>	
<b>Individual</b>	Skills in solving problems non-violently	x <sup>106</sup>	x <sup>107</sup>			x <sup>46</sup>		x <sup>41</sup>	

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