

A Public Health Approach to Violence Prevention

A position paper and resolution adopted at the 1999 OPHA Annual General Meeting

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PART I – PREFACE

At its 1997 Annual Meeting, the Ontario Public Health Association (OPHA) passed a resolution formally recognizing violence as a public health issue. The resolution called upon the OPHA to initiate a Work Group to provide consultation and direction regarding the implementation of violence prevention initiatives by:

- Furthering the work outlined by the Canadian Public Health Association (CPHA) in its 1994 issue paper Violence in Society: A Public Health Perspective.
- Providing direction regarding the implementation of violence prevention initiatives by:
 - Identifying best practice from existing violence prevention strategies
 - Producing a position paper recommending effective strategies and
 - Informing OPHA members of relevant violence issues using available communication vehicles such as a web site or newsletter

In an effort to articulate the concept of violence and violence prevention, the Workgroup adopted the following definition of violence:

“Violence is seen as a social act involving the abuse of power in order to control and/or oppress others. Violence is a widespread social problem which has devastating effects on the mental, physical, spiritual well-being of individuals, communities and society.”

Survey results in addition to a review of the literature clearly indicate that:

- Several promising violence prevention strategies exist. **More research and evaluation are required.**
 - In Ontario we don't have a picture of the full impact of violence. **More documentation and analysis is required.**
 - Some communities throughout Ontario have identified violence as a threat to the public health and safety of their citizens. **Community action is required.**
 - Issues clearly related to violence such as family health, sexual health, substance abuse prevention, injury prevention are incorporated in the current Mandatory Guidelines without a mandated public health response to violence. **A clear public health mandate is required.**
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Public health in Ontario has a significant role to play in violence prevention. Thus, the purpose of this position paper is to articulate a public health approach to violence prevention. It provides an outline of the key assumptions, suggest public health strategies to prevent violence and makes specific recommendations for public health action. To move this issue forward, public health requires research of effective strategies, documentation of the health impact of violence, knowledge of best practices, and most of all, commitment.

PART 2 - INTRODUCTION

Violence has become so pervasive in our society that it is looked upon as, if not exactly normal, perhaps inevitable. Violence has wide ranging and negative effects on the health of Canadians, especially when viewed in light of the World Health Organization's definition of health:

Health is the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs, and, on the other hand, to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacity.

What is violence?

"In the broadest terms, violence includes behaviour that is diminishing, damaging or destructive ... it takes more forms than physical blows or wounds. It includes sexual assault, neglect, verbal attacks, insults, threats, harassment and other psychological abuses..." (CPHA, 1994). It is true that the issue can seem overwhelming. "The desensitization process, facilitated by persistent exposure, contributes to an underlying feeling of helplessness – a sense that the vastness of the problem is too overwhelming" (Region of Peel Violence Prevention Task Force, 1997). Many of the destructive effects of violence remain unseen. However, the social and personal conditions that give rise to violence are modifiable. The development of partnerships and interventions at various levels can effectively reduce levels of violence.

Although violence clearly impacts on public health and safety, violence prevention is not officially part of the mandate of public health in Ontario. The implications of a lack of clear policies and definitions for violence prevention work in public health is evident. A joint survey conducted by the Centre for Research in Women's Health in partnership with the OPHA's Violence Prevention Work Group revealed that a strong majority of the responding health units (69%) stated they have identified violence prevention as a need in their communities. However, survey responses also indicated that the issue is admittedly a low priority for an equal number of units (Survey of Ontario Health Units, 1999). Consequently, the prevailing approach is that violence prevention is addressed as a "secondary issue".

PART 3 - KEY ASSUMPTIONS

1. *It is essential to address societal conditions such as racism, poverty and inequality that foster violence.*

Peace, shelter, education, food, income, stable ecosystem, sustainable resources, social justice and equity are the prerequisites for health, as set out by the Ottawa Charter for Health Promotion (1986). These fundamental prerequisites for health are threatened by the very existence of violence in our society. Violence can also be fostered by the absence of these preconditions for health.

Family violence can destroy a family's access to shelter and income. Equity is disrupted when one child is threatened by another when attending school. These circumstances exist in our communities and as health care providers we can see the effects of violence in our daily lives both professionally and personally.

Violence is pervasive and results from the interaction of many complex personal, social, and economic causes. All forms of violence have damaging short and long-term effects on the mental, physical and spiritual well-being of Ontarians. It follows that the health of the population of Ontario can be improved with the reduction of violence and support for the preconditions of health.

According to the National Forum on Health: "In general, government policies have not dealt effectively with socioeconomic issues related to violence such as economic independence for women, adequate income levels for families and for women and children who leave violent relationships, safer indoor and outdoor environments, and so on. Current reductions in spending on social, educational and health programs at all levels threaten the progress made in addressing the socio-economic determinants of violence." (National Forum on Health, 1997). Public health does not have the levers to make changes at the broad level of public policy. However, it can perform the useful role of documenting the impact of changing public policy and, when policies have a negative impact on health, joining with other groups to advocate for change.

2. Violence has a direct and indirect impact on the public health & safety of the citizens of Ontario.

Violence is a major contributor to premature death and disability in Ontario. It is a force that damages the physical, mental and spiritual health of individuals. It also threatens basic institutions in Ontario such as the family and the community. The prevalence of violence was outlined in a resolution presented to OPHA in 1997 (Appendix A).

Violence can afflict people at all stages of life. Violence itself takes many forms and spans across generations, races and class structure. It is a destructive continuum.

Human cost of violence

For many families, the home is an unsafe, fear-producing environment. Twenty-nine per cent of women ever married or in common law relationships had been subject to physical or sexual violence from a current or former partner (Statistics Canada, 1993). Between 1991 and 1994, a study of women homicide victims in Ontario found that 70% were killed by their male intimate partner, an increase of 61% over the previous two decades (Gartner, R. Crawford, M. and Dawson, M., 1994). Men, who are more likely to be victims of homicide, are most often killed by strangers (CPHA, 1994).

Young couples are most likely to be involved in partner abuse, according to Statistics Canada. The strongest predictors of wife abuse are the young age of a couple (18 to 24), living in a common-law relationship, chronic unemployment on the part of the male partners, women and men who witnessed abuse as a child and the presence of emotional abuse in the relationship. These risk factors far outweighed other factors such as level of education, consumption of alcohol and income level (Family Violence in Canada: A Statistical Profile, 1998).

A study of students in the Toronto Board of Education revealed that 20% of children reported that they had been involved in bullying more than once or twice during the term, either as bullies or victims. The same study also reported that 15% of students acknowledged bullying others more than

once or twice during the term (Ziegler and Rosenstein-Manner, 1991). A 1993 survey by the Central Toronto Youth Services found that 45 to 63% of students believe that there is a “moderate” to a “lot” of violence in schools, and 80% of students reported being exposed to violence in schools as victims or seeing someone else being victimized. (Toronto Public Health Violence Prevention Program for Youth, 1997) The issue is not restricted to urban settings. A recent survey of 327 students from grade 7 to 12 in a northern Alberta town found 66% of respondents had been victims of violence of some sort within a 12 month period. Sixty-eight per cent of students reported being verbally put down or bullied; 46% reported being threatened with hurt and 53% reported having something damaged. (Lai, D., 1999)

Some types of violence continue to be under reported. For example, many cases of racist or homophobic assault and harassment are not reported to police. A survey of lesbians and gay men in Toronto found that 78% reported experiencing verbal assaults, 38% reported being chased or followed and 21% reported being punched, kicked or beaten because someone assumed them to be gay (My City, A Safe City. A Community Safety Strategy for the City of Toronto, February 1999).

The elderly are not exempt from family violence and older women continue to be abused by their partners as they age. Older women were most often victims of a spouse (42%), while for older men the accused was most often an adult child (59%) (Family Violence in Canada: A Statistical Profile, 1998). It is estimated that only one in 14 cases of elder abuse is ever reported to the police (CPHA, 1994).

Financial cost of violence

A recent study estimated that the financial cost to society of violence against women exceeds \$4 billion annually in Canada (The Centre for Research on Violence Against Women and Children, 1995). The National Crime Prevention Council estimates the cost of crime to Canadian society to be approximately 43 billion dollars annually (NCPC, 1996).

It is difficult to estimate the true cost of violence. For example, children who witness violence in their homes tend to experience a wide range of behavioural problems. It is estimated that one third of all children who are abused or witness abuse will be violent in their families as adults (CPHA, 1994). Many similar problems are being identified among children living in violent community settings (Sudermann, M., Jaffe, P., 1996).

The Indirect and long term impact of violence

Many studies have demonstrated the long term and indirect impact of violence.

- Fully 75% of men who abuse their wives observed violence between their parents when they were children. Sons of batterers have wife-beating rates which are 100% greater than sons of non-violent fathers (Jaffe, P., 1998). Meanwhile, the damaging effect of being a victim or a witness of violence continues to be under recognized. “Children who witness wife assault at home tend to experience depression, anxiety, psychosomatic illness, post-traumatic stress disorder, peer conflicts, social isolation, conduct disorders, explosive angers, conflicts with the law and a host of other behavioural problems” (Jaffe, P. and Sudermann, M., 1996).
- Child abuse can take a huge toll. A survivor of child abuse is 7 times more likely to become alcohol and drug dependent and 10 times more likely to attempt suicide than those not abused as children (Canadian Panel on Violence Against Women, 1997).

- Children witness 200,000 violent acts on TV before age 16 (CPHA, 1994). The effects on children of frequent viewing of violence on TV include, in part, increased aggressive behaviours, insensitivity to the pain and suffering of others and increased fearfulness of the world around them (CRTC, 1996). Young boys who prefer to watch violent television have higher rates of serious criminal offences as adults (CCSD, 1996).

The review of documented statistics clearly indicates that violence has insinuated itself into the lives of all Ontarians. It is a threat to the families and communities across the province. But despite growing awareness, better documentation of violence and the impact of violence is necessary in Ontario. Some of the traditional methods of gathering statistics and calculating costs through hospital separation records are inadequate to measure the true cost of violence in our society. To reduce violence, it is necessary first to understand it epidemiologically. What are the underlying causes and major risk factors that contribute to violence? (Swift & Cohen, 1993).

In addition, there are many other aspects of violence “hate crimes” homophobic, violence against the mentally ill and physically disabled – which remain partially unseen and under reported. The role of alcohol in violence has also not been adequately highlighted, although substance abuse and injury prevention is part of the province’s public health guidelines. All aspects of violence need to be statistically described and targeted with interventions.

The provincial government is in a position to support the enhanced documentation of the effects of violence upon the population of the province, as they have done with cancer, tobacco and heart disease.

3. *Violence is not an inevitable consequence of modern society. It is a learned human behaviour, a problem that can be understood and changed.*

Our society is beginning to understand that family violence is multi-generational and that timely and successful interventions will prevent future misery. One-third of crimes involved victims and offenders related to each other by marriage, common-law or kinship (Family Violence in Canada: A Statistical Profile, 1998). In recent years, public tolerance for child and spousal abuse has lessened. The family, and the social environment it’s embedded in, is arguably the most important place for children to learn attitudes and coping skills.

Conditions of childhood and the ways in which children are socialized influence whether young people come into conflict with their community through the commission of offences. Children learn to behave and express themselves in the family, at school with peers and in the community. These social environments can be enhanced to promote healthy development in preschoolers and school-age children. A series of integrated social programs will support families and help children cross development thresholds (NCPC, 1997).

Examples of social development programming that can make positive changes in social development and result in the reduction of crime and violence are:

- A nation-wide intervention program in 42 Norwegian schools (2500 students in grades 4 through 7) has reduced bullying problems by 50 per cent (Olweus, 1994).
- A Montreal study showed that social skills training for aggressive/disruptive boys (ages 9 – 12 years) and skills training for their parents resulted in reduced aggression and increased association with less disruptive peers at age twelve, compared to non treated boys with aggressive behaviour.

Positive interaction with peers may be necessary to sustain benefits from skills training with children and their parents (Tremblay, R., Vitaro, 1994).

- Children living in an Ontario housing project who participated in a recreation program (skill development and sports league) had significantly lower rates of vandalism relative to a comparison group (no recreation program) in a similar housing complex. (Jones and Offord, 1989).

As a part of the community, health professionals have an extensive role to play in the intervention and prevention of violence. Health professionals often overlook violence. A study of Ontario doctors found that, by their own estimate, they identified far fewer abused patients in their own practices (CPHA, 1994). The National Forum on Health notes that “primary health care has an essential role to play in identifying risk factors for violence, providing early intervention and treatment, and providing crisis and on-going support to victims, abusers and other who are affected” (Canada Health Action: Building on the Legacy, 1997).

The National Crime Prevention Council states that the multi-determinants of antisocial behaviour necessitate a broadly based approach that addresses children’s behaviour in its social contexts: family, school, peers and community (NCPC, 1996). Knowledge about risk and protective factors allows us to develop an integrated series of prevention initiatives to support children and their families through each stage of the child’s development.

Public Health is in a position to make a major contribution in this way to the prevention of violence. Such an approach builds upon existing public health programs, such as Healthy Babies, Healthy Children. With a clear mandate, public health would be able to more effectively utilize their expertise in the area of reducing risks and enhancing protective factors for families and children across the province.

PART 4 - ADDRESSING THE ISSUE OF VIOLENCE

To address the root causes of violence, a comprehensive, multi-faceted approach is necessary.

To reduce violence, it is necessary to first understand the root causes of violence (Cohen and Swift, 1993). These causes are extremely difficult to change, requiring substantial reordering of political and social priorities. Violence emerges from multiple and complex personal, social and economic causes, and therefore, violence reduction necessitates a multi-faceted approach. An effective response requires the marshalling of resources on all levels. The health of a community is a composite of physical, psychological, social and economic variables. Consequently, the responsibility for overall community health resides in a number of systems, including the family, education, health, work, criminal justice and social services.

The OPHA believes that to prevent violence it is also essential to tackle [the underlying causes and work to] ameliorate social conditions, such as racism, inequality and poverty, that can foster violence. These are large social issues and a comprehensive, multi-faceted approach, integrating efforts between health, education, law enforcement, social services, employment services, criminal justice, and all levels of government is necessary.

The Ontario Women’s Directorate also echoes the need for a multi-faceted approach to violence prevention. The Directorate calls for the involvement of all in developing solutions to address violence (Ontario Women’s Directorate, 1999). The strategies put forward in their agenda for action include:

providing safety by improving crisis intervention and support, supporting victims and holding perpetrators accountable, and preventing violence through awareness and enhanced education. The recently released five-year plan of the Ontario Attorney General suggests a multi-faceted approach to domestic violence focusing on community services, justice system response and public and professional education.

The National Crime Prevention Strategy is based on the assumption that the most effective way to reduce crime is through social development, placing a priority on children and youth (NCPC, 1997). Under the Family Violence Initiatives, Federal funding for crime prevention is \$32 million per year, which represents 1% of the costs of operating the criminal justice system in Canada. Seven million dollars is dedicated to supporting and complementing relevant activities across seven departments and agencies, ranging from Health Canada to Statistics Canada.

In addition, the Federal Government has reviewed its commitment to reduce family violence in Canada. It recognizes that violence is a long-term problem that requires a long term commitment. The federal initiative promotes public awareness of the risk factors of family violence and the need for public involvement in responding to it and supports data collection, research and evaluation efforts to identify effective interventions. They observe that the best way to address family violence is to support a common vision and coordinated approach.

In both the United States and Canada, the business community is responding to the need for parents to have more control over the television habits of their children. Governments of both countries (Toronto Star, June 1999) have approved the use of a “V chip”. Broadcasters encode ratings into all their programs, which the V-chip decoder reads. Only programs with ratings less than the threshold set by viewers get through, while the rest is blocked. To make sure that the V-chips are used, the Federal Communications Commission (FCC) in the United States, will then increase its pressure on the U.S. television industry to fulfil its promise to attach the proper ratings coding for violence, sexual content and offensive language – to all its programming (The Toronto Star, 1999).

As J. Mercy writes in *Health Affairs*: “Sustained effort at all levels of society will be required to successfully address this complex and deeply rooted problem.” (Mercy, J., 1993).

A public health approach with an emphasis on population health and health promotion will focus on the precursors – individual, group and societal that set the scene for violence.

A recent review of the literature completed by Rump indicated a disparity in the literature about how public health should approach the issue of violence (Rump, March 1999). Wismet (1998) describes it as a tension between public health’s vision of the social precursors of violence and the reliance on traditional tools used to remedy public health problems. Although there is considerable discussion about societal causes, the majority of solutions are targeted towards the individual. Winnett (1998) argues that an exploration into why public health is unable or unwilling to craft solutions for population exposures is what is currently needed. (In Rump, 1999)

To successfully implement such an approach to violence prevention requires the integration of both health promotion and population health strategies. The most appropriate model to bring this vision into practice is the Integrated Model of Population Health and Health Promotion (Hamilton, N., Bhatti, T., 1996). It illustrates the need for an understanding that “individual lifestyle behaviours must be placed in their social context.” (*Shaping the Shift to Community Health*, OPHA, 1993).

With an emphasis on prevention through population health and health promotion methods, Public

Health and its community and government partners can bring a vision of how Ontario can work together to prevent violence.

Several methods provide a framework to address violence: **The Population Health Promotion Model**, articulated by Hamilton and Bhatti (Hamilton, N., Bhatti, T., 1996) provides a framework for Public Health action and can be applied directly to violence prevention. **Strategies for Population Health** (Canada, 1994) calls for action on the full range of health determinants such as Income, social support networks, and healthy child development. The **Ottawa Charter on Health Promotion** (WHO, 1986) calls for a comprehensive act of action strategies to bring about the necessary change.

These documents affirm that in order for change to be accomplished, action must be taken at various levels within society, such as individuals, family and community. Public health has an important role to play in community awareness and education, supporting at-risk families, encouraging training of health care practitioners, the conduction of data collection and epidemiological analysis, and supporting advocacy and healthy public policy efforts. Under the Health Promotion and Protection Act, R.S.O. 1990, Ontario, Boards of Health are charged with the promotion and protection of the health of the population. In order to achieve this goal, public health practice emphasizes prevention through comprehensive population health and health promotion strategies.

The strategies developed to address the vast issue of violence can, we believe, be achieved by incorporating the work of two key documents, the CPHA document, Violence in Society: A Public Health Perspective and A Public Health Approach and the Violence Epidemic in the United States by Larry Cohen and Susan Swift (Cohen and Swift, 1993).

CPHA believes that in order to understand the complexity of violence and to reduce the occurrence, it is critical to take a health promotion approach to this problem. The strategies of:

Building healthy public policy requires policy reform in all sectors. For example, fiscal and legislative reform, housing, employment and education policies are needed to reduce economic inequalities. This is not a task for Public Health alone, but Public Health does have a role to play in documenting existing circumstances and joining with other groups to advocate for change.

Re-orienting the health system includes a shift to a prevention, community-based and consumer-oriented system, a direction endorsed by the OPHA in its policy paper Shaping the Shift to Community Health (1993). The re-orienting of the health care system to aid in violence prevention might include practical measures such as stressing the identification of victims of abuse within the medical care system. Such a practice would improve the access to service for victims of violence.

Community action can be strengthened through partnerships with key community stakeholders and the development of integrated services. Networking and partnerships are pivotal in the development of effective strategies to further the social movement to eliminate violence. Public Health can play a strategic role by facilitating the sharing of information and the formation of partnerships between community groups.

Cohen and Swift's (1993) "Spectrum of Prevention" delineates six levels of activity, all of which reflect the viewpoint that environmental factors are the largest determinants of health status. The activities of the 6 key areas are:

- 1) Strengthening Individual Knowledge and Skills;

- 2) Educating the Community;
- 3) Training Providers;
- 4) Building Coalitions;
- 5) Changing Organizational Practices;
- 6) Influencing Policy and Legislation. (See Appendix B)

Integration of these six levels of intervention leads to a preventative health program that is able to effectively promote change.

Cohen and Swift's (1993) approach to violence prevention complements and expands the strategies outlined by CPHA's Health Promotion. Together they provide an orientation and framework for action by Public Health.

PART 5 - PUBLIC HEALTH AND VIOLENCE: A FRAMEWORK FOR ACTION

Public Health in Ontario is positioned to provide a substantial contribution toward violence prevention. A commitment to carry out its social responsibility to reduce violence can be made through the implementation of the strategies outlined below.

An interdisciplinary approach integrating diverse disciplines, organizations and communities is necessary to impact on violence.

Extensive community partnerships with other sectors and agencies are essential for effective delivery of the programs and services by Ontario Public Health Units. This experience and expertise means Boards of Health are well placed to address the task of violence prevention work. Among other activities, public health activities should include:

- a) Development and participation in community-based violence prevention coalitions that coordinate local programs and services as well as identify gaps in services.
- b) Collaboration with Boards of Education to develop and implement comprehensive school-wide 'Anti-bullying Programs'.
- c) Development of support and self-help groups for victims of abuse. Programs such as the Equal Start Program for children who have witnessed violence prior to entering Kindergarten is an excellent example of such interventions.
- d) Ensuring the provision of information on parenting programs, conflict resolution courses, counseling services and emergency shelters in communities.
- e) Violence prevention initiatives need to be developed and should be modeled after other successful public health strategies that have been stringently evaluated such as tobacco use prevention programs.

Documentation of the extent and effects of violence needs to be improved.

The prevention of violence is a new field and, to date, relatively few initiatives have been stringently evaluated. However, in 1998, a report for the United States Congress evaluated hundreds of crime prevention initiatives, of which many are pertinent to a public health approach to violence prevention (Sherman et al., 1998). In addition, the International Centre for the Prevention of Crime has also published a compendium of evaluated crime prevention initiatives.

Many other programs are currently being evaluated and will be monitored by the federal National Crime Prevention Centre, the U.S. Center on Violence Prevention and the International Centre for the Prevention of Crime. Although there has been an attempt to evaluate crime prevention strategies that may capture some aspect of public health interventions, there is a lack of information of the true impact of violence on health.

Public health personnel have evaluated other strategies that have addressed complete health issues and has the expertise to document the effectiveness of programs and services developed to address violence.

- a) Indicators to measure the impact of interventions and prevention programs and support for research on community approaches to decrease violence need to be developed by public health.
- b) Public Health should participate in the development of data-gathering methods to more accurately document the extent of violence in our society.

To facilitate and support a move toward a violence-free society, public health needs to build on current prevention initiatives.

In order to develop a comprehensive violence prevention strategy for local communities, public health agencies will need to integrate a variety of initiatives addressing all aspects of violence prevention. These initiatives may be specific to violence or may incorporate other strategies with measurable effects on multiple health outcomes. For example, in Ontario, all health units are involved in delivering the Healthy Babies, Healthy Children program. Research that has evaluated the impact of home visiting programs has shown these types of programs also decrease the incidence of child abuse (Sherman et al., 1998). Such programs have the potential to improve health outcomes while reducing the incidence of violence.

Over 60% of responding health units report having partnered with community groups and coalitions, to address various aspects of violence (OPHA health unit survey, 1999). Several health units are also involved in initiatives directly related to violence prevention such as support to school anti-bullying programs, anti-homophobia campaigns, community awareness-raising of date rape drugs, consultation to Boards of Education on healthy relationships curriculum and education on spousal abuse as a component of prenatal programs. Health agencies are also involved in delivering many other initiatives addressing the root causes of violence such as anti-poverty initiatives, programs to enhance self-esteem, strategies to reduce youth alcohol use, and parenting programs. Boards of Health programs and initiatives need to be inclusive of violence prevention and may involve activities on individual, group and community levels. OPHA proposes that:

- a) Health issues clearly related to violence such as family health, sexual health, substance abuse prevention and injury prevention should include mandated violence prevention activities.
- b) Partnerships in Healthy Community initiatives, which address the determinants of health such as poverty, housing and safety, be expanded to include violence
- c) Education for community health practitioners including information about the impact of violence.

Building Healthy Public Policy is critical to reduce violence.

CPHA outlines that healthy public policy to reduce violence requires policy reform in all disciplines and sectors. In the past, Public Health in Ontario has actively and successfully lobbied for changes in policies that have impacted on health. Public Health has a role to play in advocating for changes in improved prevention, early intervention and treatment of violence as well as fiscal and social reform. These actions are stifled by a lack of mandated Board of Health response to violence. OPHA believes that public and community health should be involved in the development of policies and practices in the following areas:

- a) Improved legislation to [provide] support the Boards of co-ops and social housing complexes to remove people charged and convicted of partner violence.
- b) Support for additional courts that specialize in family violence.
- c) Support to better enable health professionals to identify victims and perpetrators of violence.
- d) Support for new approaches to client-centred care for victims and perpetrators of violence by health care providers.
- e) Develop and implement a comprehensive training program for students in public and community health as well as practitioners across Ontario.

A multi-disciplinary, multi-faceted approach by all sectors is required. Public Health strategies are but one piece of the puzzle needed to impact on violence in today's society. Yet, the lack of a clear mandate for Boards of Health limits further development of initiatives, which will serve to contribute to the reduction of violence throughout society.

Recommendations

The OPHA, in collaboration with key stakeholders, commits itself to strengthening the public health voice in debates, discussions and actions regarding violence prevention by:

1. Advocating for the inclusion of violence prevention in the Mandatory Health Programs and Services Guidelines for Public Health programs.

Over the next 6 months, the OPHA board and relevant committees will:

- Disseminate this paper to key stakeholders in the province
- Meet with key government officials to discuss the actions consistent with the above stated goal
- Meet with key partners to gain their support.

2. Develop the principles to operationalize the implementation of Violence Prevention as a Mandatory Program.

Over the next 3 years, OPHA will work to facilitate/influence the development of the details of the Mandatory Programs by:

- Augmenting the membership of the working group

- Continuing to review the literature and research to identify best practices
- Developing and disseminating a framework for operations
- Meet with key government officials to discuss the core program in relation to the framework and the review of the literature.

3. Advocating for a coordinated and comprehensive provincial approach to violence prevention.

Over the next 3 years, OPHA will work with its members, other related ministry officials, public health units, provincial associations and other key partners to:

- Promote the development of a provincial/inter-ministerial strategy aimed specifically at the prevention of violence as per the National Crime Prevention Model
- Promote the adoption of a coordinated information system in the province.
- Promote research and evaluation in the area of violence prevention strategies and programs.
- Promote the dedication of resources to violence prevention efforts.
- Promote integrated services. (Re-orienting health services)

4. Educate people active in community health about the opportunities for Violence Prevention work that exist in Public and Community Health Practices.

Over the next 3 years, OPHA and the violence prevention working group will:

- Create an electronic bulletin board to provide resources and references to the membership and public health units.
- Offer a workshop to promote networking and the development of continuing education in the area of violence prevention.
- Seek funding for a Violence Prevention Coordinator for OPHA.
- Promote the development and implementation of Regional Networks to support the Public/Community Health practice.

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Regarding resolutions, position papers and motions:

Status: Policy statements (resolutions, position papers and motions) are categorized as:

ACTIVE, if:

1. The activities outlined in the policy statement's implementation plan have not yet been completed; or
2. The policy statement addresses an issue that is currently relevant to public health in Ontario.

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1. The activities outlined in the policy statement's implementation plan have been completed; or
2. The policy statement addresses an issue that is not currently relevant to public health in Ontario or is not based upon the most current evidence. The statement remains the position of the OPHA until a new statement is adopted that effectively reverses or essentially negates all or major elements of an earlier statement. In this instance, the former supersedes the latter

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