



Using Evidence for Public Health Decision Making:

Violence Prevention Focused on Children and Youth

Community Guide Slide Modules

These slides are designed to be used with overview slides also available at: www.thecommunityguide.org

- The Community Guide: A Brief Overview
 - How the Community Guide is developed under guidance of the Task Force on Community Preventive Services
- The Community Guide: Using Systematic Reviews to Inform Task Force Recommendations
 - Description of Community Guide methods and how the Task Force uses information to form recommendations
- The focus of this presentation is: Using Evidence for Public Health Decision Making: Violence Prevention Focused on Children and Youth

Introduction

This slide presentation summarizes findings of the Task Force on Community Preventive Services for a set of systematic reviews on the effectiveness of violence prevention interventions focused on children and youth.

Violence on Children and Youth

Youth violence is a serious problem.

- It can have lasting harmful effects on victims and their family, friends, and communities.
- Prevention efforts should reduce risk factors and promote protective factors.
- Prevention should address all levels that influence youth violence: individual, relationship, community, and society.

What Interventions Were Reviewed?

- A. Early Childhood Home Visitation
- B. Firearms Laws
- C. Interventions to Reduce Psychological Harm from Traumatic Events
- D. School-Based Violence Prevention Programs
- E. Therapeutic Foster Care
- F. Juvenile Transfer to Adult Criminal Courts

Background Information

Who Makes the Recommendations?

- The Task Force on Community Preventive Services is an independent, nonfederal, volunteer body of experts in public health and prevention research, practice and policy, appointed by the CDC Director to:
 - ◆ Prioritize topics for systematic review
 - ◆ Oversee systematic reviews done for the Community Guide
 - ◆ Develop evidence-based recommendations using the systematic review results
 - ◆ Identify areas that need further research

What Questions Does the Task Force Ask about Interventions?

- Does it work?
 - ◆ How well?
 - ◆ For whom?
 - ◆ Under what circumstances is it appropriate?
- What does it cost?
- Are there barriers to its use?
- Are there any harms?
- Are there any unanticipated outcomes?

What Do the Findings Mean?

- **Recommended**— strong or sufficient evidence that the intervention is effective
- **Recommended Against**— strong or sufficient evidence that the intervention is harmful or not effective
- **Insufficient Evidence** – the available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective

What Do the Findings Mean?

Strong and sufficient evidence judgments reflect the:

- Number of available studies
- Research design of those studies
- Quality with which those studies were executed,
- Overall magnitude of the effects (size of the outcome)
- Consistency of study findings

What Does “Insufficient Evidence” Mean?

- Insufficient evidence means that **additional research is needed to determine whether or not the intervention is effective.**
- This does **NOT** mean that the intervention does not work.

Insufficient Evidence Findings

- In some cases there are **not enough studies** to draw firm conclusions. Reasons include:
 - ◆ A lack of studies, or a lack of studies with rigorous methods
- In other cases, there are a sufficient number of studies, but the **findings are inconsistent**. Reasons include:
 - ◆ Confounding variables or inconsistency in how the intervention was implemented in studies

Confounding Variables

- A confounding variable may result in a **misleading relationship** between factors that are being studied.
- For example, a study might find that people with hearing aids are more likely to have heart attacks than people without hearing aids. However, this does not mean that hearing aids cause heart attacks. **The confounding variable is the age of the people** – those who have hearing aids are more likely to be older, and those who are older are more likely to have heart attacks.

Insufficient Evidence Findings and Research

- One major use of Insufficient Evidence findings is to influence future research. These findings can:
 - ◆ Identify promising, but understudied, topics with important public health implications
 - ◆ Help to allocate scarce research funds to those topics, which might otherwise be allocated to topics where strong or sufficient evidence already exists

Part A: Early Childhood Home Visitation

Early Childhood Home Visitation

- Early childhood home visitation programs have trained personnel who do the following:
 - Visit parents and children at home during the child's first two years of life
 - Provide some combination of information, support, or training about child health, development, and care

Definitions Used in the Review

- **Child abuse or neglect:** Physical, sexual, and/or emotional maltreatment
- **Intimate partner violence:** Violence by one partner against the other (e.g. rape and other physical assaults)
- **Violence by parents:** Violence other than child maltreatment or intimate partner violence
- **Violence by children:** Violence against self (e.g. suicide), or against others

Early Childhood Home Visitation Summary Table

| Outcome | Finding |
|--------------------------------------|-----------------------|
| To prevent child maltreatment | Recommended |
| To prevent intimate partner violence | Insufficient Evidence |
| To prevent violence by parents | Insufficient Evidence |
| To prevent violence by children | Insufficient Evidence |

To Prevent Child Maltreatment

Home visitation programs try to decrease the likelihood of child maltreatment (abuse or neglect) by:

- Providing parents with guidance for and examples of caring and constructive interaction with their young children
- Facilitating the development of parental life skills
- Strengthening social support for parents
- Linking families with social services

Recommendations and Findings

The Task Force *recommends* early childhood home visitation programs based on strong evidence of their effectiveness in reducing child maltreatment among high-risk families.

To Prevent Intimate Partner Violence

Home visitation programs might try to reduce violence between visited parents (partner against partner) by:

- Facilitating the development of **parental life skills**
- Strengthening **family social support**
- Facilitating **links** to community services

Recommendations and Findings

The Task Force concluded there was *insufficient evidence* to determine the effectiveness of home visitation programs for the prevention of violence between visited partners. A single study of greatest design suitability and good execution indicated no statistically significant effect.

To Prevent Violence by Parents (Other Than Child and Partner Violence)

Home visitation programs try to reduce violence by visited parents by:

- Facilitating the development of **parental life skills**
- Strengthening **family social support**
- Facilitating **links** to community services

Recommendations and Findings

The Task Force concluded there was *insufficient evidence* to determine the effectiveness of home visitation programs for the prevention of violence by visited partners. Although a single study of greatest design suitability and good execution indicated some reductions in violence, these results were statistically significant only in a study subsample, i.e., that of single, low-socioeconomic-status mothers.

To Prevent Violence by Children

Home visitation programs aim to reduce violent acts by visited children (against self or others) by improving the quality of the relationship between child and parents through:

- Guidance and **examples of child care** that visitors provide to parents, and
- Strengthening of **social support** for parents.

Recommendations and Findings

The Task Force concluded there was *insufficient evidence* to determine the effectiveness of home visitation programs for the prevention of child violence, because the small number of studies provided inconsistent findings.

References

1. Bilukha O, Hahn RA, Crosby A, et al. The effectiveness of early childhood home visitation in preventing violence: a systematic review. Am J Prev Med 2005;28(2S1):11-39.
2. Task Force on Community Preventive Services. Recommendations to reduce violence through early childhood home visitation, therapeutic foster care, and firearms laws. Am J Prev Med 2005;28(2S1):6-10.
3. www.cdc.gov/ncipc/dvp/YVP

Part B: Firearms Laws

Firearms Laws

- Federal, state, and local laws regulate the manufacture, distribution, sale, acquisition, storage, transportation, carrying, and use of firearms in the United States.
- The Task Force reviewed studies that examined the effects of selected federal and state firearms laws on violence-related public health outcomes.

Firearms Laws Summary Table

| Intervention | Finding |
|------------------------------------------------------|-----------------------|
| Bans on specified firearms or ammunition | Insufficient Evidence |
| Restrictions on firearm acquisition | Insufficient Evidence |
| Waiting periods for firearm acquisition | Insufficient Evidence |
| Firearm registration and licensing of firearm owners | Insufficient Evidence |
| "Shall issue" concealed weapons carry laws | Insufficient Evidence |
| Child access prevention laws | Insufficient Evidence |
| Zero tolerance of firearms in schools | Insufficient Evidence |
| Combinations of firearms laws | Insufficient Evidence |



Bans on Specific Firearms or Ammunition

- Bans are intended to:
 - Prohibit the **acquisition and possession** of certain categories of firearms (e.g., handguns or assault weapons) or ammunition (e.g., large-capacity magazines)
 - Decrease their **availability** to potential offenders, thus reducing the capacity of these people to commit crimes

Recommendations and Findings

The Task Force concluded there was *insufficient evidence* to determine the effectiveness of bans on specified firearms and ammunition for the prevention of violence, because of a small number of studies and inconsistent findings.

Restrictions on Firearms Acquisition

Acquisition restrictions **exclude people with specified characteristics**—thought to indicate high risk of illegal or other harmful use of firearms—from purchasing firearms.

Restrictions on Firearms Acquisition

Restriction characteristics include the following:

- **Criminal histories** (e.g., felony conviction or indictment, domestic violence restraining order, fugitive of justice, conviction on drug charges)
- **Personal histories** (e.g., persons adjudicated to be “mentally defective,” illegal immigrants, those with dishonorable military discharge),
- **Other characteristics** (e.g., juveniles)

Recommendations and Findings

The Task Force concluded that the evidence, consisting of a small number of qualifying studies with limitations in their design and execution, was *insufficient* to determine the effectiveness of acquisition restrictions on violent outcomes.

Waiting Periods for Firearm Acquisition

- Waiting periods **require a specified delay** between application for and acquisition of a firearm.
- They have been established by the federal government and by states to allow time to check the applicant's background or to **provide a "cooling-off" period** for people at risk of committing suicide or an impulsive act against others.

Recommendations and Findings

The Task Force concluded that the evidence, consisting of a small number of studies with limitations in their design and execution, was *insufficient* to determine the effectiveness of waiting periods in preventing diverse violent outcomes.

Registration and Licensing of Firearm Owners

- Registration requires that records of the owners of specified firearms be created and retained by appropriate authorities.
- Licensing requires a person to obtain formal authorization or certification to purchase or possess a firearm.

Registration and Licensing of Firearm Owners

- Registration and licensing might reduce firearms violence by the following:
 - Increasing the **likelihood of legal and legitimate** firearms use
 - Allowing the **tracking** of firearms abuse
 - Deterring **unlawful users** from firearms acquisition

Recommendations and Findings

The Task Force concluded that the evidence, consisting of a small number of studies with limitations in their design and execution, was *insufficient* to determine the effectiveness of licensing and registration in reducing violence.

“Shall Issue” Concealed Weapons Carry Laws

- “Shall issue” concealed-weapon carry laws (“shall issue laws”) **require** the issuing of a concealed-weapon **carry permit** to all applicants not disqualified by specified criteria.
- These laws are usually implemented in place of “may issue” laws, in which the issuing of a concealed weapon **carry permit is discretionary** (based on criteria such as the perceived need or moral character of the applicant).

Recommendations and Findings

The Task Force concluded there was *insufficient evidence* to determine the effectiveness of shall issue laws in the prevention of violence. Several available studies are based on a single source of county-level crime data, which has been found to be unreliable for evaluation research. Problems with study execution and inconsistent findings by outcome and state also limit the interpretation of available studies.

Child Access Prevention (CAP) Laws

- CAP laws are designed to **limit children's access** to and use of firearms in homes.
- The laws require firearms owners to store their firearms locked, unloaded, or both, and make the firearm owner liable when a child uses a household firearm to threaten or harm him- or herself or another.

Recommendations and Findings

The Task Force concluded that the number of available studies of CAP laws, and limitations in their design suitability and execution, provided *insufficient evidence* to determine the effectiveness of the laws in reducing violence or unintentional firearm injury.

Zero Tolerance Laws for Firearms in Schools

- Laws that stipulate zero tolerance of firearms in schools might reduce school violence by **removing** potentially violent students, and by **detering** the carrying of guns in schools.
- Laws such as the Gun-Free Schools Act of 1994 require that participating schools **expel for 1 year** students identified as carrying a firearm in school.

Recommendations and Findings

The Task Force on Community Preventive Services concluded there was *insufficient evidence* to determine the effectiveness of zero tolerance laws for firearms in schools to prevent violence or reduce violent outcomes because no studies were found.

Combinations of Firearms Laws

The review addressed whether a greater degree of firearms regulation in a jurisdiction results in a reduction of violence in that jurisdiction.

Recommendations and Findings

The Task Force concluded that the evidence, based on national law assessments, international comparisons, and index studies (those that develop indices of regulation), is currently *insufficient* to determine the effectiveness of the degree of firearms regulation in preventing violence. The number of available studies was small, and they showed limitations in their execution and inconsistent findings.

References

1. Hahn RA, Bilukha O, Crosby A, et al. Firearms laws and the reduction of violence: a systematic review. Am J Prev Med 2005;28(2S1):40-71.
2. Task Force on Community Preventive Services. Recommendations to reduce violence through early childhood home visitation, therapeutic foster care, and firearms laws. Am J Prev Med 2005;28(2S1):6-10.

Part C: Reducing Psychological Harm From Traumatic Events

Interventions to Reduce Psychological Harm From Traumatic Events

- These interventions aim to **reduce psychological harm** (e.g., depression, post-traumatic stress disorder) to children and adolescents who show psychological symptoms **following exposure to traumatic events**.
- Such events may include the following:
 - ◆ Physical or sexual abuse
 - ◆ School, community or domestic violence
 - ◆ Natural disasters
 - ◆ Severe illnesses

Trauma

- A traumatic event is one in which a person **experiences or witnesses** actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
- Trauma may take the form of **single or repeated events** that are natural or human-made and intentional or unintentional.
- Traumatic exposures may have only temporary effects or result in no apparent harm. However, they **may result in psychological harm and lead to long term health consequences.**

Reducing Psychological Harm From Traumatic Events: Cognitive-Behavioral Therapy Summary Table

| Intervention | Finding |
|-----------------------------------------|-------------|
| Individual Cognitive-Behavioral Therapy | Recommended |
| Group Cognitive-Behavioral Therapy | Recommended |

Cognitive Behavioral Therapy (CBT)

- Therapists administer CBT **individually or in a group**, and treatment may be accompanied by therapy sessions for or with parents.
- CBT for traumatized children combines:
 - ◆ Exposure techniques such as review of the past traumatic event that led to current symptoms
 - ◆ Learning of stress management/relaxation techniques
 - ◆ Correction of inaccurately remembered events
 - ◆ Reframing counterproductive perceptions of the trauma

Individual Cognitive Behavior Therapy (CBT)

Trauma-focused, **individual** CBT was developed to alleviate symptoms of PTSD*, depression, and anxiety symptoms, as well as to address fundamental distortions of perception regarding self-blame, safety, and the trustworthiness of others.

*Post-traumatic stress disorder

Recommendations and Findings

The Task Force *recommends* individual cognitive-behavioral therapy (CBT) and group CBT for symptomatic youth who have been exposed to traumatic events based on strong evidence of effectiveness in reducing psychological harm.

Reducing Psychological Harm From Traumatic Events: Other Types of Therapy Summary Table

| Intervention | Finding |
|--------------------------|-----------------------|
| Play Therapy | Insufficient Evidence |
| Art Therapy | Insufficient Evidence |
| Psychodynamic Therapy | Insufficient Evidence |
| Pharmacological Therapy | Insufficient Evidence |
| Psychological Debriefing | Insufficient Evidence |

Play Therapy

- Play therapy connects concrete experience and abstract thought while allowing the child to **safely express experiences, thoughts, feelings, and desires** that might be more threatening if addressed directly.
- It has been used as a means to enhance communication about and facilitate the resolution of trauma-related issues for child crime victims.

Recommendations and Findings

The Task Force found *insufficient evidence* to determine the effectiveness of play therapy in reducing psychological harm in children and adolescents because of substantial heterogeneity in the body of evidence, particularly in the intervention format.

Art Therapy

- Proponents of art therapy argue that trauma is stored in the memory as an image.
- Art therapy has been proposed as an indicator of a child's mental processing and as a means of resolving traumatizing exposures.

Recommendations and Findings

The Task Force found *insufficient evidence* to determine the effectiveness of art therapy in reducing psychological harm in children and adolescents, because only one study of fair quality of execution was found.

Psychodynamic Therapy

The goal of psychodynamic therapy is to allow a traumatized individual to **review unconscious thoughts and emotions** and to integrate the traumatic event into a revised understanding of life.

Recommendations and Findings

The Task Force found *insufficient evidence* to determine the effectiveness of psychodynamic therapy in reducing psychological harm in children and adolescents because only one qualifying study of greatest design suitability and fair execution was identified.

Pharmacologic Therapy

Pharmacological therapies for symptomatic youth are administered on the assumption that exposure to trauma causes neurochemical disruptions in mechanisms controlling arousal, fear, memory, and other aspects of emotional processing, and that medications can correct these disruptions.

Recommendations and Findings

The Task Force found *insufficient evidence* to determine the effectiveness of pharmacological therapy in reducing psychological harm in children and adolescents because there were too few studies and the effects assessed were short-lived.

Psychological Debriefing

Psychological debriefing, also known as critical-incident stress management, is intended to be a group meeting offered shortly after a traumatic event for the purpose of preventing the development of adverse reactions.

Recommendations and Findings

The Task Force found *insufficient evidence* to determine the effectiveness of psychological debriefing in reducing psychological harm in children and adolescents, because only one study of good quality of execution was found and suggested no effect.

References

1. Wethington HR, Hahn RA, Fuqua-Whitley DS, et al. The effectiveness of interventions to reduce psychological harm from traumatic events among children and adolescents: a systematic review. Am J Prev Med 2008;35(3):287-313.
2. Task Force on Community Preventive Services. Recommendations to reduce psychological harm from traumatic events among children and adolescents. Am J Prev Med 2008;35(3):314-6.

Part D: School-Based Violence Prevention Programs

School-Based Violence Prevention Programs

Universal school-based programs to reduce or prevent violent behavior are delivered to all children in a given school or grade. They are used with children from pre-kindergarten through high school.

School-Based Violence Prevention Programs Summary Table

| Intervention | Finding |
|------------------------------------------|-------------|
| School-based programs to reduce violence | Recommended |

School-Based Violence Prevention Programs

These programs can be designed to teach students about one or more of the following topics or skills intended to reduce aggressive or violent behavior:

- Conflict resolution
- Emotional control
- Emotional self-awareness
- Positive social skills
- Self-esteem
- Social problem solving
- Team work

Recommendations and Findings

The Task Force *recommends* universal, school-based programs on the basis of strong evidence of effectiveness in preventing or reducing violent behavior.

References

- Hahn R, Fuqua-Whitley D, Wethington H, et al. Effectiveness of universal school-based programs to prevent violent and aggressive behavior: a systematic review. Am J Prev Med 2007;33(2S):S114–29.
- Task Force on Community Preventive Services. A recommendation to reduce rates of violence among school-aged children and youth by means of universal school-based violence prevention programs. Am J Prev Med 2007;33(2S):S112-13.

Part E: Therapeutic Foster Care

Therapeutic Foster Care (TFC)

- In TFC programs, youth who cannot live at home because of behavioral or emotional problems are placed with foster parents who are specially trained to provide a structured environment for learning social and emotional skills.
- Program components include the following:
 - ◆ Close monitoring of the child's activities
 - ◆ Support to foster parents and others who are involved in the child's life

Therapeutic Foster Care Summary Chart

| Study Group | Finding |
|------------------------------------------------|-----------------------|
| For chronically delinquent juveniles | Recommended |
| For children with severe emotional disturbance | Insufficient Evidence |

For Chronically Delinquent Adolescents

- One of two distinct forms of therapeutic foster care treatment is referred to by the Community Guide as “program-intensive therapeutic foster care.”
- It is an alternative to incarceration, hospitalization, or forms of group and residential treatment for adolescents with a history of chronic antisocial behavior, or delinquency.

Recommendations and Findings

The Task Force *recommends* therapeutic foster care for adolescents ages 12-18 with a history of chronic delinquency based on sufficient evidence of effectiveness in preventing violence among this population.

For Children with Severe Emotional Disturbance (SED)

- The second of two distinct forms of therapeutic foster care treatment is referred to by the Community Guide as “cluster therapeutic foster care.”
- It is provided to children with SED, most often by “clusters” of foster families that cooperatively care for a group of children

Recommendations and Findings

The Task Force concluded there was *insufficient evidence* to determine its effectiveness for preventing violence among children with severe emotional disturbance because of too few studies with inconsistent findings.

References

1. Hahn RA, Bilukha O, Lowy J, et al. The effectiveness of therapeutic foster care for the prevention of violence: a systematic review. Am J Prev Med 2005;28(2S1):72-90.
2. Task Force on Community Preventive Services. Recommendations to reduce violence through early childhood home visitation, therapeutic foster care, and firearms laws. Am J Prev Med 2005;28(2S1):6-10.

Part F: Juvenile Transfer to Adult Criminal Courts

Juvenile Transfer to Adult Criminal Courts

- Transfer refers to placing juveniles under the **jurisdiction of the adult criminal justice system**, rather than the juvenile justice system following arrest.
- Transfer is **also referred to as waiver**, denoting the waiver of authority by the juvenile court that allows for transfer of a juvenile defendant to an adult criminal court.

Juvenile Transfer to Adult Criminal Courts

- Policies regarding the placement of juveniles in the juvenile or adult justice systems are largely **determined by each state.**
- Transfer can be at the **discretion of the judge**, or be **mandated by law** for specified serious crimes.

Juvenile Transfer to Adult Criminal Courts Summary Table

| Intervention | Finding |
|--------------------------------------------------------------------------|---------------------|
| Policies facilitating the transfer of juveniles to adult justice systems | Recommended against |

Policies facilitating the transfer of juveniles to adult justice systems

- The Task Force found **evidence of harm** associated with strengthened juvenile transfer policies.
 - Juveniles who experience the adult justice system, on average, commit more subsequent violent crime following release than juveniles retained in the juvenile justice system.
- As a means of reducing juvenile violence, strengthened juvenile transfer policies are **counterproductive**.

Recommendations and Findings

The Task Force, therefore, *recommends against* policies facilitating the transfer of juveniles from juvenile to adult criminal justice systems for the purpose of reducing violence.

References

- McGowan A, Hahn R, Liberman A, et al. Effects on violence of laws and policies facilitating the transfer of juveniles from the juvenile justice system to the adult justice system. Am J Prev Med 2007;32 (4S):S7-28.
- Task Force on Community Preventive Services. Recommendation against policies facilitating the transfer of juveniles from juvenile to adult justice systems for the purpose of reducing violence. Am J Prev Med 2007;32 (4S):S5-6.

Where to Find More Information

Task Force findings and recommendations on violence prevention focused on children and youth:

www.thecommunityguide.org/violence

Acknowledgement

The Community Guide thanks the following Liaison to the Task Force on Community Preventive Services for assisting with the development of these slides:

Department of Health and Human Services,
Office of Disease Prevention and Health
Promotion



Visit the Community Guide Web site and find out what works to promote health and safety in your community. Learn about:

- Evidence-based Task Force findings and recommendations
- Systematic review methods
- Interventions on 18 public health topic areas
- How to use the Community Guide
- And more!

www.thecommunityguide.org