
A Major Step Forward in Violence Prevention

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Robert Hahn, his coauthors, and the Task Force on Community Preventive Services (an independent group staffed by the Centers for Disease Control and Prevention) have made a significant contribution to violence prevention programs with the publication of their article, "Effectiveness of Universal School-Based Programs to Prevent Violent and Aggressive Behavior: A Systemic Review."¹ They reviewed published evaluations of violence prevention programs that were implemented in schools for students regardless of their level of risk for violence, known as universal programs. The included programs have published evaluations that assessed the impact on violent outcomes or proxies for violent outcomes. In the meta-analysis of more than 50 studies, the authors conclude that universal programs, which do not single out the troubled or "bad" students, on average demonstrate a 15% reduction in violent behavior regardless of whether the school is elementary, middle, or high school, or the socioeconomic status of the students and neighborhood. These findings are consistent with another meta-analysis that investigates the effects of school-based intervention programs on mitigating aggressive behavior.² This is great news!

The Early Years

Over the nearly 30 years that I have advocated addressing violence as a public health concern, school-based violence prevention programs have been, from the beginning, a part of the overall set of public health prevention strategies we proposed. Following my medical residency, while working on a project funded by the Robert Wood Johnson Foundation, I presented the findings from my first school-based health education for violence prevention at Surgeon General Koop's 1985 Conference addressing violence as a public health problem.³ Needless to say, the first question I was asked about this health education strategy, which was the precursor to the Violence Prevention Curriculum for Adolescents,⁴ was, "Does this work?" My response was based on a medical school project, which involved providing education on anger and homicide preven-

tion in a Boston 10th grade health class and using an instrument (untested for validity or reliability) to conduct pre- and post-tests on knowledge and attitudes without a comparison group. I answered that knowledge and attitudes improved significantly compared to students' baseline and that no harm seemed to come from discussing violence and fighting in the classroom. Anecdotally, the health education teacher, in whose class I taught during my medical school project, told me that the students attended class more often and were more engaged when we were discussing violence prevention. The teacher's inspiring comments have sustained my dedication to using a classroom/school-based strategy over the years, particularly before evaluation data were published 12 years later.⁵

My experience is consistent with what I have heard from other school-based violence prevention practitioners: We often rely on the anecdotal comments to sustain our energy. The enthusiastic teacher, the student who shares his experience using the skills taught to stay out of a fight, or other shared successes, have helped practitioners stay committed to the work and dedicated to continually improving their programs, even when there are no resources for a proper evaluation or when an early evaluation shows "no effect."

Early Demands for Evidence

The demands for rigorous evaluations and evidence-based outcomes have been present and have preoccupied school-based violence prevention practitioners from the beginning. Proving that school-based violence prevention programs (designed to help children "unlearn" violence using Bandura's social learning theory model⁶ and other pedagogical and behavior modification strategies) actually work to prevent violence has been an ever-present challenge. Thus, time spent developing and implementing curricula and school-based violence prevention programs has been coupled with efforts to partner with experts in program evaluation to conduct as rigorous an evaluation as possible. Often, an evaluation was too expensive to actually conduct, particularly when it was hard to get funding for full program implementation. In the early days of school-based violence prevention programs, even when an evaluation was able to be conducted, there were significant limitations that were difficult for any one program to address: the inevitable quasi-experimental design; measurements of knowledge and attitude, and not

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behavior; instruments that had not been validated; and the list continues. The evidence of impact that was demanded during these early days was, in fact, slow in coming. Sustaining programmatic efforts during this time required tremendous passion and dedication.

Along the way, there were demoralizing moments like the publication of a *Health Affairs* article that challenged the very concept of teaching violence prevention.⁷ There were encouraging moments as well. Some programs partnered with evaluators who were able to creatively design and publish evaluation data showing a positive impact.⁸⁻¹¹ Pushing forward, many school-based violence prevention practitioners continued to develop cutting-edge programs and curricula undaunted by the rather constant call for evaluation data and buoyed by Centers for Disease Control and Prevention's efforts and the attention of the philanthropic community. Two foundation executives (David Nee of the Ittleson Foundation and Luba Lynch of the A.L. Mailman Family Foundation) brought colleagues from other foundations together to fund the National Funders Collaborative on Violence Prevention¹² to stay abreast of the state-of-the-art work in this new arena and fund the development and evaluation of school-based programs.

The Evidence Is In

The reasonable and important question, "Does school-based violence prevention make a difference?" has taken many years to answer in a convincing and publishable manner. The Hahn et al.¹ article is a landmark in summarizing the data and offering conclusions that take us to the next steps to full implementation. Over the years, the evaluation methodology for school-based programs has improved. Sustaining the work long enough to get the kind of substantial evidence that is contained in the review by Dr. Hahn and colleagues has been a labor of passion and dedication. Without the persistence of many practitioners and evaluators to offset the skepticism and sometimes daunting requests for evidence, this article would not have been possible. By continuing to work in schools offering universal prevention programs, practitioners encouraged by the responses of students and teachers have helped achieve the milestone reflected in the article by Hahn et al. Attention can be turned to expanding our reach to all schools, improving the programs so that everyone receives maximum benefit and in making school-based violence prevention a permanent part of the curriculum.

The growth of the efforts to use universal programming in schools is remarkable. Prentice Hall was the first high school health textbook to include a chapter on violence; now all of the major texts have such information. Most schools report providing some universal anger management, conflict resolution or social skill-building program.¹³ We must take our work to the next level: making

violence prevention instruction a requirement for all schools, fully integrating school-, home- and community-based activities, constantly improving the programming, and encouraging youth leadership for violence prevention. It appears that many of the students in classrooms across the country are exposed to violence.¹⁴ Newer efforts must help students handle hurtful and traumatic experiences in healthy ways.

A Shift in Public Opinion Is Needed

Despite the years of effort, more than 50 published evaluation articles in the literature, and now this landmark article from Hahn and colleagues, we must continue to address a current public opinion conundrum. When the citizenry calls for violence prevention, joined by their elected officials, the demand is for more policing. Not only is the efficacy of school-based programs still much debated, but, such efforts are considered "long-term" strategies that do not help in a crisis. We must take the Hahn et al. article, along with all the other evidence, to those who shape public opinion. School-based universal violence prevention programs should be required in all schools, funded through mainstream mechanisms (i.e., a part of the approved school budget), and the public should demand more school-based prevention when crises arise. Ironically, law enforcement, incarceration, and school-based punishments are not held to the same evaluation standard as universal school-based programs. What is the evidence that suspending a student helps to change his or her behavior? What are the alternatives? Are they more or less effective? What does incarcerating a juvenile offender for 5 years do? Does it improve his or her behavior? The challenges to our current practices must continue. Just as the dedicated school-based violence prevention practitioners persisted with efforts to create and implement programs, we must continue to take the steps to have punitive strategies evaluated.

The public's demand for solutions to the problem of violence in America often generates questions for police chiefs and not commissioners of public health. School-based violence prevention practitioners from across the country are now able to provide evidence for implementing the anger-management, conflict-resolution, peace-building work in elementary, middle, and high schools. UNITY: Urban Networks to Increase Thriving Youth Through Violence Prevention,¹⁵ which is funded by CDC, provides violence prevention tools and technical assistance to cities. UNITY is now on solid ground to recommend universal school-based programming as a strategy to reduce violence in urban settings.

This review provides a much-needed boost of evidence for those working to generate political will for violence prevention. It successfully challenges skepticism about the length of time it takes to observe an impact and responds to pessimism regarding the efficacy of such programs. Parents and school principals

will be able to use this review to effectively advocate violence prevention programming in their local schools. Additionally, those who have been working to include violence prevention in the public health agenda will be able to more effectively demand universal prevention for violence in the schools, now strongly supported by evidence-based research.

Although violence prevention, antibullying, and anger management programs are widely implemented,¹⁶ funding is often a concern. Now, we must begin to advocate implementation of the existing programs as part of the curriculum in all schools.

A Way Forward

Twenty-two years ago, in 1985 when Surgeon General Koop hosted the first conference to address violence as a public health problem, many who attended had great expectations of the possibilities that would emerge if we truly viewed violence as a preventable problem.¹⁷ We imagined that we would no longer “stitch people up and send them out” of emergency rooms without addressing their risk for revenge or subsequent violence. We imagined that we would teach conflict resolution with results that would help end the youth violence problem. We imagined that we would bring together all of those addressing the different forms of violence prevention to work together. We had high hopes and expectations. All of the dreams have not been realized, but this article and the accompanying community guidelines fulfill one of the goals. We must now take seriously and make mandatory the school-based instruction necessary to teach our children to get along, and handle conflict and anger.

I authored and receive royalties on a curriculum that is one of the 50 included in the meta-analysis reported in the article on which I wrote this commentary.

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