



POSITION STATEMENT

Prevention of Violence in Correctional Settings

Introduction

Interpersonal violence (e.g., homicide, rape, robbery, aggravated assault, abuse and neglect of young and old people) continues to be a serious public health problem in the United States. In 2011, the homicide rate was 4.7/100,000, resulting in more than 14,600 homicides (Federal Bureau of Investigation, n.d.). Our nation's male, and increasingly female, youth and young adults are frequently involved in acts of interpersonal violence. Although the rate of violent crime committed by youth aged 12-17 has declined greatly since its peak in 1993, in 2011 about 10% of all such crimes reportedly involved a juvenile offender (Federal Interagency Forum on Child and Family Statistics, n.d.). Homicide remains the second leading cause of death among 15- to 24-year-olds (Centers for Disease Control and Prevention [CDC], n.d.) and the leading cause of death among 15- to 34-year-old Black American males (CDC, 2012).

As violence continues to be a problem in America, different agencies are responding in different ways. The justice system's long-range plans address reducing violent crime, improving the effectiveness of law enforcement agencies to combat violence, providing assistance to victims, and employing crime prevention programs. The medical and mental health professions have joined with the CDC in an initiative intended to treat violence as a major public health problem. Such an approach has an objective of preventing violence through surveillance, epidemiological analysis, and the evaluation of various intervention techniques. An important emphasis of this initiative has been to involve the health care community in the identification of victims of abuse and violence.

Violence can be characterized in several ways. For example, Bell (2002) characterizes expressive violence as that which grows out of some kind of interpersonal altercation in which one person intends harm on another. Persons involved in expressive violence typically know each other, are similar in age, and frequently share the same race and ethnic background. Instrumental violence, in contrast, is usually premeditated and motive-driven (e.g., to acquire property or economic gain). Typically, parties involved do not know one another and the harm caused is secondary to the motive. Finally, gang-related violence results from gang membership and related activities involving retaliation or revenge.

These distinctions imply that different intervention strategies may be required to effectively prevent the various kinds of violent behavior. Furthermore, experts believe that expressive violence may be appropriately treated through public health intervention techniques, as opposed to socioeconomic interventions for instrumental violence and political interventions for gang violence. All three kinds of violent behaviors are prevalent in society and, too, in correctional facility populations.

Despite the advances in violence prevention strategies, techniques, and interventions, very little dissemination and implementation have occurred. However, these interventions would be particularly appropriate for use in correctional facilities where youth are being incarcerated for violent crimes. This suggests an important role for correctional health programs, which might begin to address violent behavior in the correctional environment as a public health problem. Perhaps an equally important role for correctional health programs is to identify and treat the incarcerated individuals who have lived with violence in their lives. Some experts believe that certain kinds of violent behaviors can be effectively treated, enabling people to better cope with violence in their lives. Since most of those who are incarcerated eventually return to their communities, these interventions and treatments might help to reduce violence in the community.

Position Statement

Correctional health programs are an important public health resource in the identification, care, and treatment of individuals who have been involved in violent acts. The National Commission heartily endorses the CDC's position that violence is a public health problem and calls upon correctional health programs to join with the CDC and other professional groups in addressing violence in the incarcerated population. It is NCCHC's position that standards for correctional health services should be used as the basis for violence prevention, treatment, and education in correctional health settings. Specifically, correctional health services should take the following measures:

1. Incorporate violence risk assessment—including child and domestic abuse, sexual abuse, and personal victimization—into receiving screening of all inmates upon intake, all inmate health assessments, and mental health evaluations.
2. Refer as appropriate all inmates with violent histories (i.e., those with expressive violence), including those who exhibit violent behaviors that place the safety and welfare of themselves or others in jeopardy, to treatment by appropriately trained health care providers. Treatment should not consist of only placing the inmate on medication, but instead should take a balanced biopsychosocial approach to the treatment of violence.
3. Develop protocols and guidelines for violence prevention, intervention, and follow-up to be used by qualified health professionals treating inmates. Health care providers also should receive training in these areas. Training should include information on policies and practices designed to prevent violence, treatment of violent offenders and victims of adult or childhood violence, nonphysical methods for preventing and/or controlling disruptive behaviors, appropriate use of medical restraints, and effective techniques for personal safety.
4. Train correctional officers on prevention of expressive violence and nonphysical methods to prevent and/or control disruptive behaviors stemming from expressive violence. Correctional officer training should also address security issues designed to inhibit instrumental and gang-related violence.
5. Establish contacts with community-based organizations able to assist in treatment and continuity of care upon the inmate's release from the correctional facility.

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Additional Resources

Centers for Disease Control and Prevention. (n.d.). *Violence prevention*. Available at <http://www.cdc.gov/violenceprevention>

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