

# POSITION STATEMENT

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NATIONAL COMMISSION  
ON CORRECTIONAL HEALTH CARE

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## Public Health Implications of Violence and Correctional Settings

### Introduction

Violence is a public health problem and correctional environments are uniquely vulnerable given high rates of victimization among incarcerated persons and the presence of high rates of individuals who have engaged in violent behavior.

### Position Statement

NCCHC joins other professional groups in addressing violence and victimization in the incarcerated population and as they plan for reentry to the community. Recognizing that violence may occur in the correctional setting, NCCHC supports the integration of relevant clinical resources from nationally recognized partners into correctional policies and programs. These efforts are designed to provide a safer environment for those that live and work in a correctional setting.

Violence comes in many forms and within correctional settings can be related to actions of incarcerated individuals as well as correctional officers. The NCCHC *Standards for Health Services* (2018) defines “violent behavior” as expressive violence initiated as a result of an interpersonal altercation where the goal is to injure the other person, or as instrumental violence where the goal is to get something from the person (usually the result of criminal intent). These definitions come from Bell (2002), who also describes gang-related violence, which includes activities involving retaliation or revenge. Yet there are many other forms of violence on macro and micro levels. This position statement attempts to take a broader view of violence and its relevance from a public health perspective and the intersection of correctional systems.

Interpersonal violence is a complex phenomenon that often interplays with trauma and victimization. Correctional health programs serve individuals who have often been victims and perpetrators of interpersonal violence. These programs are well-poised to play an important role by addressing violent behavior in the correctional environment as a public health strategy. Perhaps an equally important role is to identify and treat, in a culturally responsive manner, the individuals who have lived 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 across settings, carceral and community alike, as well as during transitions between settings, which are high-risk periods.

There is increasing recognition of the role of trauma in violence and strategies to create environments and communities with reduced violence. Also, broader public health intervention techniques may be more effective than focusing solely on socioeconomic interventions for instrumental violence and political interventions for gang violence. Various models can interrupt violence by public health detection, prevention, and intervention strategies.

The World Health Organization, the American Public Health Association, the American Medical Association, and the Centers for Disease Control and Prevention recognize violence as a public health issue that needs to be addressed using a public health approach. The CDC’s National Violent Death Reporting System reports the “who, when, where, and how” from data on violent deaths and can provide insights about “why” violence occurred

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through state-based surveillance. As we learn more about structural barriers to achieving good health for all, more of this data will need to be analyzed through a lens of diversity, equity, and inclusion.

Implementing programs that foster a safe environment for people confined to and working in correctional settings should be a priority for all correctional facilities. Many health care providers and correctional officers lack the appropriate training to do assessments and interventions related to violence. Thus, it is critical that all staff in a correctional setting receive appropriate training regarding violence and violence prevention strategies and have access to appropriate resources to cope with violence they witness.

Peer support and training programs place selected incarcerated individuals in a role where they provide education, advice, and/or support to their incarcerated colleagues to achieve health and social goals (Bagnall, et al., 2015), such as mental health support, including substance use treatment, infectious disease prevention, and more. Such programs are found to be effective because they offer help “based on the shared understanding, respect, and mutual empowerment between people in similar situations” (Mead et al., 2001).

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