

## **Violence Prevention and Lifestyle Medicine**

Linda C. Degutis and Robin M. Ikeda

*AMERICAN JOURNAL OF LIFESTYLE MEDICINE* 2011 5: 390

DOI: 10.1177/1559827611413034

The online version of this article can be found at:

<http://ajl.sagepub.com/content/5/5/390.citation>

---

Published by:



<http://www.sagepublications.com>

**Additional services and information for *American Journal of Lifestyle Medicine* can be found at:**

**Email Alerts:** <http://ajl.sagepub.com/cgi/alerts>

**Subscriptions:** <http://ajl.sagepub.com/subscriptions>

**Reprints:** <http://www.sagepub.com/journalsReprints.nav>

**Permissions:** <http://www.sagepub.com/journalsPermissions.nav>

# FOREWORD

Linda C. Degutis, DrPH, MSN, and  
Robin M. Ikeda, MD, MPH

## Violence Prevention and Lifestyle Medicine

The *American Journal of Lifestyle Medicine* and the Centers for Disease Control and Prevention (CDC) share common goals: to increase awareness of preventable causes of morbidity and mortality and to provide the opportunity for people to live healthy lives by strengthening connections between clinical and public health professionals. We are pleased that the *American Journal of Lifestyle Medicine* has devoted this issue to violence prevention.



As one of the top 10 leading causes of death for people aged 1 to 64 years in the United States, violence affects each of us. Violence is a complex issue, with multiple contributing factors, ranging from those at the individual level to societal ones, such as poverty and cultural norms. On the positive side, the multifaceted nature of the problem offers many opportunities for intervention and prevention. The impact and consequences of violence both on the affected individuals' physical and mental health and on society are also numerous and far reaching. For example, the costs to society associated with violence are significant. During 2005 alone, more than 51 000 deaths occurred as a result of violence, accounting for \$47 billion in total medical and work loss costs.

The American Medical Association has recognized violence as a health issue,

outlining our obligations in preventing, identifying, and treating violence and abuse. One of the core obligations is inquiring about abuse. Although we as health care practitioners might become aware of violence in our patients' lives due to physical injuries sustained, many patients seeking care have unrecognized exposures to violence that negatively affect their lives and contribute to their health problems. These patients' chief complaints might be vague or attributed to something other than violence. We must ask about and recognize signs

We must also assess for risks of violence in our patients, much as we look for other risks to health. Exploring these risks during a health care encounter aids in ensuring that patients at risk for violence will be identified early, that violence will be recognized by health care practitioners and health systems as a preventable health problem, and that appropriate actions are taken to prevent violence from occurring in the first place.

In addition to identifying patients who are experiencing violence and those who are at risk, we are also often

 The American Medical Association has recognized violence as a health issue, outlining our obligations in preventing, identifying, and treating violence and abuse. 

and symptoms of violence, which may be subtle in their presentation. Signs and symptoms such as suspicious bruises and fractures, chronic pelvic or genital pain, failure to thrive, or symptoms of posttraumatic stress disorder might be potential

warning signs. responsible for providing treatment services or addressing preventable contributing factors, whether they be mental health issues, substance abuse disorders, and/or environmental risks. As with any other health issue, it is critical for us to understand not only the causes

DOI: 10.1177/1559827611413034. From the Centers for Disease Control and Prevention, Atlanta, Georgia. The conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention. Address correspondence to Linda C. Degutis, DrPH, MSN, Director, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway NE MS F-63, Atlanta, GA 30341; e-mail: ldegutis@cdc.gov.

For reprints and permissions queries, please visit SAGE's Web site at <http://www.sagepub.com/journalsPermissions.nav>.

Copyright © 2011 The Author(s)

and consequences of violence but also the effective options for prevention and/or intervention and the available community resources for persons at risk for violence.

The articles in this themed issue of the *American Journal of Lifestyle Medicine* provide valuable information about the many different forms of violence, including child maltreatment, youth violence, intimate partner violence, sexual violence, and suicidal behavior. The issue also highlights when and under what circumstances violence might differentially affect women and men. In addition to providing information about prevalence estimates, factors that place individuals at risk for experiencing violence, and the health and economic consequences of violence, several of the articles also describe effective or promising approaches for prevention. Throughout the issue, a particular emphasis is placed on efforts most relevant for health care providers. An increasing number of tools and resources have been developed for providers; such resources are highlighted in this issue, and we encourage providers to seek them out for support.

The science of violence prevention provides some of the evidence needed to implement programs and policies that will allow us to achieve our goal of ensuring that people have the opportunity to live healthy lives. At CDC, our efforts to prevent violence are based in public health principles and science—including sound research, rigorous evaluation, and appropriate implementation. We foster a public health approach to violence prevention and intervention that begins with surveillance to understand the problem, followed by identification of risk and protective factors that inform the development of programs and policies, and then evaluate programs and policies for their effectiveness in achieving the desired result, disseminating those that have illustrated health impact. Often, violence is viewed as a problem that is primarily the responsibility of the criminal justice system. Indeed, the criminal justice system is essential for mitigation and resolution. But violence does not have to occur. As described in this set of articles, there are many effective strategies for preventing violence and for decreasing risks of violence. We know

that early identification of risk is effective in preventing future violence, and that we can take steps in the community to foster an environment that focuses on safety. This is true for all types of violence. There are many opportunities for intervention, and for using existing community resources that will break the cycle of violence. For more information on the research investments CDC is making to improve knowledge about violence, we urge you to consult the recently updated CDC Injury Research Agenda (<http://www.cdc.gov/injury/ResearchAgenda/index.html>).

No one organization can address violence alone: CDC's work complements the work of many other sectors, including those of us in the clinical realm. Clinicians have responsibilities to their patients and to the community—to ensure that risks for violence are recognized; to work with patients and the community to take action to prevent violence; and to create partnerships with other organizations and agencies to weave the fabric of a nonviolent community, where people can live healthy and productive lives. **AJLM**