

## DOCUMENT RESUME

ED 463 363

UD 034 885

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TITLE Youth Violence and the Health Professions: Core Competencies for Effective Practice.  
INSTITUTION University of Southern California, Alhambra. Dept. of Family Medicine.  
SPONS AGENCY Centers for Disease Control and Prevention (DHHS/PHS), Atlanta, GA.  
PUB DATE 2001-11-00  
NOTE 37p.; Produced by the Youth Violence and the Health Professions Working Group convened by the Southern California Developing Center on Youth Violence Prevention.  
AVAILABLE FROM Southern California Developing Center for Youth Violence Prevention, Training Core, 1000 South Freemont Avenue, Building A7, Unit 2, Alhambra, CA 91830. Tel: 626-457-4220; Fax: 626-457-5858; e-mail: knox@hsc.usc.edu. For full text: <http://www.stopyouthviolence.ucr.edu/>.  
PUB TYPE Guides - Non-Classroom (055)  
EDRS PRICE MF01/PC02 Plus Postage.  
DESCRIPTORS Adolescents; \*Competence; \*Comprehensive School Health Education; \*Crime Prevention; Elementary Secondary Education; \*Health Personnel; Higher Education; Program Development; \*Violence; Youth Problems  
IDENTIFIERS Risk Reduction

## ABSTRACT

The Southern California Developing Center on Youth Violence Prevention, in conjunction with the Department of Family Medicine of the University of Southern California, convened a working group to identify core competencies in youth violence prevention for health professionals. Experts in youth violence prevention and health professional education from eight Youth Violence Prevention Centers participated. The group defined and described core competencies at three levels (generalist, specialist, and scholar/leader); outlined basic educational principles for training in those competencies (e.g., emphasize primary prevention skills and identify and creatively use existing resources); and identified resources and strategies for promoting training on youth violence prevention in health profession schools and training programs (e.g., develop faculty who can lead efforts to incorporate training at their institutions, collaborate with those working to advance training on other forms of violence, and define a standard of care and develop practice guidelines for youth violence prevention). The report seeks to stimulate and inform the development of comprehensive training resources to prepare health professionals to work effectively in national, state, and local efforts to prevent youth violence. An appendix presents health professional training activities underway at the CDC-funded Youth Violence Prevention Centers. (SM)

YOUTH VIOLENCE AND THE HEALTH PROFESSIONS:

# Core Competencies for Effective Practice

ED 463 363

**Youth Violence and the**

**Health Professions Working Group**

November 2001

Lyndee Knox, Ph.D., Editor

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University of Southern California Department of Family Medicine

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**Core Competencies for Effective Practice**

**November, 2001**

*Dedicated to the memory of Stephen Paul Alpert Glidden.*

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## Introduction

Simple solutions to problems as complex as youth violence do not exist. Traditional, single-discipline interventions, though well intended, have had limited impact on the problem. Effective efforts to prevent youth violence require initiatives that are more comprehensive than any one discipline or sector of society can provide.

In 2000, a commission composed of representatives from many of the major health professional associations in medicine, nursing and public health was convened by The Robert Wood Johnson Foundation (RWJF) to develop recommendations for advancing efforts to prevent youth violence.<sup>1</sup>

The group defined seven priority actions to prevent youth violence and described ways in which individuals from all sectors of society might work together toward this end.

<b>Priority Actions to Prevent Youth Violence</b>	
<b>Priority 1</b>	Support the development of healthy families.
<b>Priority 2</b>	Promote healthy communities.
<b>Priority 3</b>	Enhance services for early identification and intervention for children, youth and families at-risk for or involved in violence.
<b>Priority 4</b>	Increase access to health and mental health care services.
<b>Priority 5</b>	Reduce access to and risk from firearms for children and youth.
<b>Priority 6</b>	Reduce exposure to media violence.
<b>Priority 7</b>	Ensure national support and advocacy for solutions to violence through research, public policy, legislation, and funding.

Table 1: Commission Report's List of Priority Actions to Prevent Youth Violence



## Youth Violence & the Health Professions

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In its monograph, Youth and Violence: Medicine, Nursing, and Public Health: Connecting the dots to prevent violence,<sup>2</sup> the commission made suggestions on how health professionals can contribute to the prevention of youth violence. They recommended activities ranging from those at the patient-provider level, such as screening for exposure to violence, to ones at the community level, such as working with schools to develop violence prevention plans, to those at the professional and governmental levels, such as training future professionals in violence prevention and advocating for resources and effective policies.

### Potential Roles for Health Professionals in Youth Violence Prevention

- Advocate and adhere to practice guidelines or protocols for assessing high-risk violence situations and behaviors, appropriate treatment and referrals, and counseling and screening from the prenatal period through adulthood.
- Add to patient examinations a history of violence that addresses exposure to violence; safety/security issues; effects of trauma; attitudes toward weapon carrying, aggression and fighting; and stressors within the family and community.
- Promote use of family-based strategies such as multisystemic therapy and functional family therapy for troubled youth.
- Routinely screen for and treat or refer patients for help for alcohol and other drug abuse problems.
- Routinely screen for and counsel patients about firearm safety.
- Participate in practice-based violence research and advocate for resources to support research including public health data collection and surveillance.
- Strengthen documentation of abuse and histories of family violence in both individual and group records.
- Volunteer to serve local schools as epidemiologists, health care providers and crisis team members.
- Volunteer to serve local community prevention programs as mentors, supervisors and advocates.
- Establish a network of referral services to make it easier for youth and their parents or caretakers to access resources.
- Advocate for public policy and resources to address the sources of violence.
- Encourage medical, nursing and public health schools to provide undergraduate, graduate and continuing medical education training in the causes and prevention of violence and competencies in understanding and working with communities.
- Become educated in firearm injury prevention including adolescent assault, homicide and suicide.
- Disseminate information about the root causes and risk factors for violence.

Table 2: Recommendations for Health Professionals in Preventing Youth Violence as Outlined in the Commission Report

Recognizing the difficulty of translating these recommendations into action in the absence of appropriate training for health professionals, the commission requested that the Southern California Developing Center on Youth Violence Prevention prepare a report on the competencies health professionals need to work effectively to prevent youth violence.

### **Background and Purpose of the Youth Violence and Health Professions Working Group**

The Southern California Developing Center on Youth Violence Prevention, in conjunction with the Department of Family Medicine of the University of Southern California, convened a working group in Los Angeles in the Spring of 2001 to identify core competencies in youth violence prevention for health professionals. The working group was a collaborative effort of the CDC-funded Youth Violence Prevention Centers to advance training for health professionals in this area. Experts in youth violence prevention and health professional education from eight of the Youth Violence Prevention Centers participated in the meeting along with others from the US and from Mexico.

The objectives of the working group were:

1. To define core competencies for health professionals in youth violence prevention and to outline basic educational principles for training in these competencies.
2. To identify resources and outline strategies for promoting training on youth violence prevention in health profession schools and training programs.

The work of the group was based on three premises. *First*, that health professionals have an important role to play in comprehensive efforts to prevent youth violence. *Secondly*, that training and education are needed to expand health professional practices related to youth violence prevention. And *thirdly*, that coordinated training across the health professions will improve the quality and comprehensiveness of the health care response to victims and perpetrators of youth violence.

Through this report, the working group seeks to stimulate and inform the development of comprehensive training resources to prepare health professionals to work effectively in national, state and local efforts to prevent youth violence.

### Definitions Used in the Report

For purposes of the working group and the report, *health professionals* are defined as: physicians, nursing professionals, physician assistants, dentists, dental assistants, occupational and physical therapists, psychologists, school counselors, social workers, and community health workers.

The group adopted the CDC's definition of *youth violence* because of the definition's comprehensiveness and its recognition of the interconnections between exposure to and perpetration of violence.

“Youth violence is the threatened or actual physical force or power initiated by an individual that results in, or has a high likelihood of resulting in physical or psychological injury or death. Youth violence is not limited to youth-on-youth violence, but may involve a youth victim and an adult perpetrator, or vice versa. The salient feature of youth violence is that the perpetrator, the victim or both are under 25 years of age.”<sup>3</sup>

A *core competency* is defined as a discrete area of knowledge, attitude or skill that a health professional needs to provide effective care to patients, families and communities.

### Challenges Encountered by the Working Group

The working group faced two challenges in preparing this report. First, health professional involvement in youth violence prevention is a relatively new area and as such does not yet have a comprehensive evidence base. At present there is little evidence available to suggest what constitutes effective practice by health professionals in youth violence prevention. There is even less evidence on the characteristics of effective training for health professionals in violence prevention. The competencies and recommendations put forth by the working group are based on the experience of the group members, recommendations by expert panels and reports, and the relevant, though limited, research on the topic. There is need for more formal research, the findings of which should be used to inform both the training and the practice of health professionals in youth violence prevention. They should also be used to focus health care resources in those areas where the research findings demonstrate the greatest impact.

Secondly, while the working group was convened to address the training needs of health professionals in youth violence prevention, it wishes to emphasize its position, repeated throughout this document, that effective training on youth violence prevention cannot and should not occur in isolation from training on other types of violence.

### Scope of the Core Competencies

The competencies outlined in this document are intended to cut across disciplinary and specialty lines, and to be relevant to a broad range of health and allied health disciplines. These include medicine, nursing and public health as requested by the commission. They also include physician assistants, dentistry, occupational and physical therapy, psychology, social work, and community health advisors. This is consistent with research that suggests that to be effective, prevention efforts must involve multiple disciplines.

It is important to note that the nature of practice, opportunities for intervention, and thus the training needs of different disciplines will vary. Therefore, while the working group developed the competencies to be consistent across disciplines, it is essential that representatives from each discipline be involved in the translation of these competencies into training curricula for their specific discipline.

The set of competencies contained in this report are intended to prepare health professionals to work in a wide variety of settings, and at all levels of the social ecology. The competencies identified by the working group prepare health professionals to interact with their *patients* around issues of violence, and also with their patients' *families*. They prepare the professional to introduce changes into his or her *practice setting* to support violence prevention activities and to work collaboratively with staff and other health professionals to institutionalize these activities.

The ability to work effectively with *communities* is considered to be essential to effective practice in youth violence prevention. To this end, the competencies prepare health professionals to work with community coalitions, comprehensive community initiatives, and community-based organizations around issues of violence. They also prepare the professionals to work in *non-traditional health care settings*, such as schools, street corners and storefronts, where at-risk, runaway and “throw-away” adolescents can be reached.

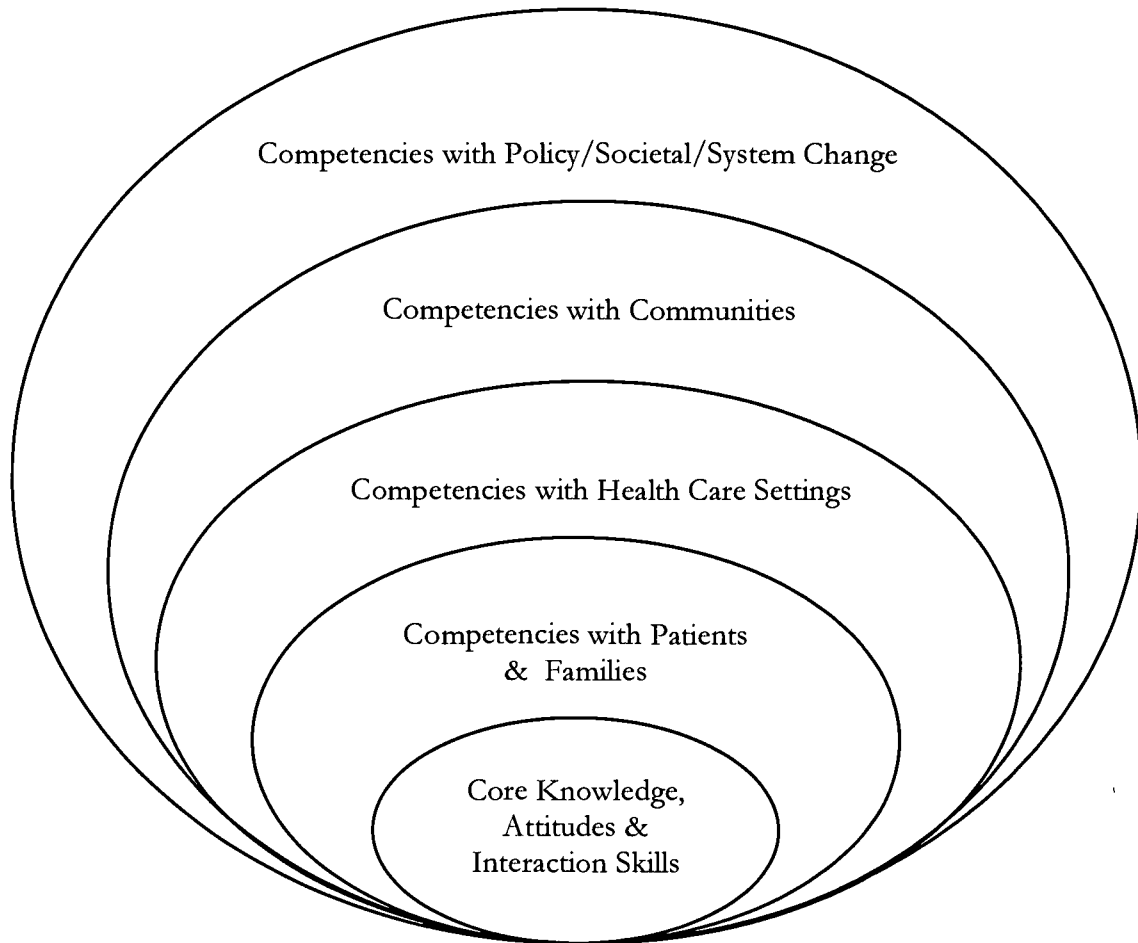


Figure 1: Location in the Social Ecology: Health Professional Core Competencies

Finally, the competencies prepare health professionals to work with *policy makers* and with the *public* to raise awareness and to influence and change social and health policy as it relates to the prevention of youth and other types of violence.

## Principles for Effective Practice Underlying the Core Competencies

Implicit in the core competencies are basic principles for effective practice in youth violence prevention. These principles— that youth violence is most effectively addressed as part of a larger continuum of violence, that primary prevention interventions should be emphasized, and that families, communities and professionals must be engaged as equal partners in the prevention of violence — form the foundation of the core competencies recommended in this report.

- **Youth violence should be understood and addressed as part of a larger continuum of violence.** In our efforts to address the different forms of violence in our society such as domestic violence, child abuse, and elder abuse, we have fragmented training on violence into artificially distinct categories. Although necessary to some degree in order to address the unique aspects of each type of violence, teaching about different forms of violence separately can also obscure the relationships among them.


Without an understanding of these interconnections, health professionals who are prepared to respond to one type of violence may fail to consider all those potentially affected by the violence, and fail to consider the broader context in which the violence is occurring. For example, an emergency physician or nurse who has received training in working with victims of domestic violence may intervene effectively with a woman who has been battered, but overlook the needs of her children who may have witnessed the violence. To be effective in violence prevention, health professionals must have the knowledge and skills necessary to identify and address the continuum of violence as it occurs within a family and within a community.

- **Primary prevention skills should be emphasized.** There are three levels of prevention that can occur around youth violence: primary prevention which seeks to foster and maintain healthy individuals, families and communities; secondary prevention, which addresses individuals, families and communities determined to be at risk for violence and exposure to violence; and tertiary prevention which targets already violent individuals and their victims to prevent the risk of continued violence.<sup>4</sup>

Health professionals should become skilled in interventions at each level of prevention. See [Recognizing & Preventing Youth Violence: A Guide for Physicians & Other Health Care Professionals](#) for a good overview of preventive interventions at each of these levels.<sup>5</sup>

However, emphasis should be given to the development of competencies in the *primary prevention* of violence. Experience with other public health initiatives suggests that health professionals can have their most significant impact at this level of preventive intervention.<sup>6</sup>

To this end, health professionals should become skilled in working with parents and youth to increase protection and reduce risk for violence. For example, family physicians, pediatricians, and other primary care providers should be skilled in educating parents on methods for developing protective socioemotional competencies in their children, beginning in prenatal care and continuing through-out the child's development as a part of regular preventive health care visits.<sup>7</sup> Health professionals should also educate parents and youth about risk factors like media violence and methods for reducing exposure, and firearms and methods to reduce risk including safe storage procedures.

 **Emphasize identification and creative use of existing resources.** Resources for preventing youth violence often already exist in practice settings and in communities. However, health professionals, with their orientation toward the rapid identification and diagnosis of problems, may be unaware of these resources.

Health professionals should be able to identify, mobilize and use these resources. In order to do this, they must develop non-traditional skills such as asset mapping, shared decision-making, and attitudes that support recognition and use of the knowledge and expertise of community residents, youth, and other professional disciplines.

Examples of resources in the practice setting might include a clinic receptionist who has a special interest in youth development or a nurse practitioner who has prior experience in a teen clinic that had a protocol for violence prevention.

In a hospital setting, these resources might include the social worker in the emergency department who can counsel and make referrals for at-risk youth and his or her family, or the trauma surgeon who has developed a personal interest in violence prevention in reaction to seeing young people hurt, disabled or killed as a result of street violence.

In the community, these resources might include violence prevention programs operated by community-based organizations, after-school programs, and local residents who are working as activists within the community to reduce high-risk health behaviors and conditions and to increase social capital.

## Core Competencies in Youth Violence Prevention

Different health professionals will require different levels of knowledge and skill in youth violence prevention, based upon each professional's discipline, scope of practice and personal interests. To accommodate these differences, the working group identified three levels of competence in youth violence prevention.

- ☐ **Level 1 Competencies (Generalist)** – All health professionals, regardless of discipline, should master a core body of knowledge, attitudes and skills in youth violence prevention. They should understand the relationship between youth and other forms of violence, be able to identify factors that place youth at risk for involvement in violence as a perpetrator or victim and be able to identify factors that are protective against the same. They should also understand how their personal experiences with violence may affect their work in this area.


In addition, health professionals should develop the attitudes necessary to work effectively and collaboratively with youth and families on a broad range of issues, not just violence prevention, and should be competent in culturally appropriate and empowering communication with patients, families and other professionals.

- ☐ **Level 2 Competencies (Specialist)** – Because of the nature of their practice, certain groups of health professionals such as pediatricians, family physicians and emergency physicians, school counselors and nurses, child psychologists and psychiatrists, and community health workers will require more specialized skills in youth violence prevention.

At the specialist level, training should be tailored to the needs of the specific discipline or specialty. For example, health professionals who work with youth and families in short-term, high-intensity encounters such as emergency physicians, nurses and technicians should become skilled in brief interventions that make maximum use of opportunities to impact youth and families seeking urgent and acute care in their facilities.



Professionals who work with youth and families over extended periods of time such as family physicians, pediatricians, school nurses, school counselors and psychologists, and community health workers should become skilled in interventions that take advantage of the continuous nature of their interactions with families and youths. Regardless of discipline, all health professionals requiring specialist level competence should learn to coordinate with school and community based intervention programs and continue to increase their skill in social and political advocacy.

-  **Level 3 Competencies (Scholar/Leader)** — A select number of health professionals will opt to become scholars in youth violence prevention. These individuals will become the teachers, researchers, and opinion leaders for the health professions in youth violence prevention. At this highest level, health professionals should possess advanced skills in violence prevention interventions and be able to evaluate the short- and long-term effectiveness of these interventions. They should also be able to teach the competencies described in this report to other health professionals, and convince their professional colleagues of the relevance of violence prevention to the health professions. Finally, scholars should be skilled in basic and applied research on youth violence prevention and in social and political advocacy at local and national levels.

## Core Competencies in Youth Violence Prevention

Domain	Level	Core Competency
Core <b>knowledge</b> about youth violence and methods of prevention	Level 1	<ol style="list-style-type: none"> <li>1) Recognize violence as a public health problem.</li> <li>2) Describe interconnections among different types of violence.</li> <li>3) Identify risk and protective factors for youth violence including the socio-emotional competencies that research suggests are protective against violence.</li> <li>4) List interventions that have been found to be effective in the prevention of youth violence and know the characteristics common to effective interventions.</li> <li>5) Know possible roles for health professionals in youth violence prevention and the evidence supporting them.</li> <li>6) Know legal requirements for health professionals as they relate to youth violence.</li> <li>7) Identify existing community programs/resources for violence prevention and know effective procedures for referral.</li> <li>8) Examine personal beliefs and experiences with violence and know their impact on professional practice and attitudes.</li> </ol>
Core <b>attitudes</b> needed to intervene effectively to prevent youth violence	Level 1	<ol style="list-style-type: none"> <li>1) Believe violence is not inevitable and that it can be prevented.</li> <li>2) Believe people do not want to live in a violent environment, nor do they want their families to live in a violent environment.</li> <li>3) Believe violence prevention is an appropriate and important role for health professionals, and that this role occurs in the context of larger multi-sector efforts to prevent violence.</li> <li>4) Perceive youth, families and communities as useful resources and partners/colleagues with health professionals in reducing risk, increasing protection and preventing violence.</li> <li>5) Recognize the value of research and evaluation on violence prevention.</li> </ol>
Competencies in <b>communication</b>	Level 1	<ol style="list-style-type: none"> <li>1) Demonstrate skill in culturally appropriate and empowering communication with youth and their families around issues of violence.</li> <li>2) Engender “hope” in youth and families regarding violence prevention.</li> </ol>

## Youth Violence Working Group

Domain	Level	Core Competency
Competencies in <b>communication</b>	Level 2	<ol style="list-style-type: none"> <li>1) Communicate and collaborate effectively with other professionals working in violence prevention.</li> <li>2) Communicate and interact in an empowering manner with youth, families, and community residents about issues of violence.</li> </ol>
Competencies in <b>clinical interventions</b> to prevent youth violence <sup>8</sup>	Level 2	<ol style="list-style-type: none"> <li>1) Assess young patients' progress on key socio-emotional competencies identified as protective against involvement in violence.</li> <li>2) Obtain a basic patient history to determine exposure to violence and involvement in violence either as victim or perpetrator.</li> <li>3) Screen patients for risk behaviors associated with violence, such as substance abuse, and make appropriate referrals including referrals for mental health services.</li> <li>4) Educate parents and other caregivers on healthy socio-emotional development in children and youth and teach them methods for strengthening their development.</li> <li>5) Counsel parents and other caregivers on risk factors associated with violence and strategies for reducing risk including counseling on the risks associated with firearms and safe storage procedures; the impact of media violence on youth and methods for reducing exposure; and the effects of observing violence in the home and community and methods for modeling non-violent solutions to conflict.</li> <li>6) Facilitate crisis intervention efforts for young perpetrators and victims of violence to address psychological and social morbidity and reduce the probability of future incidents.</li> <li>7) Make referrals to community-based services that reflect characteristics researchers have identified as common to effective youth violence prevention programs.</li> </ol>
Competencies in <b>practice management</b> in relation to youth violence prevention	Level 2	<ol style="list-style-type: none"> <li>1) Analyze practice for resources for violence prevention.</li> <li>2) Introduce changes into procedures/structures to support violence prevention protocols and interventions.</li> <li>3) Collaborate with other health professionals and support staff in making changes.</li> <li>4) Evaluate implementation and effects of changes.</li> </ol>

## Core Competencies in Youth Violence Prevention

Domain	Level	Core Competency
<b>Competencies working with communities</b>	Level 2	<ol style="list-style-type: none"> <li>1) Identify needs and assets for violence prevention in the community.</li> <li>2) Work effectively in non-traditional health care settings, such as schools and community centers, to deliver violence prevention interventions.</li> <li>3) Work collaboratively with community residents, neighborhood associations, faith-based institutions, city leaders and diverse professionals (police, educators, city officials, etc.) to prevent youth violence.</li> <li>4) Work with community coalitions, comprehensive community initiatives and community-based organizations to prevent youth and other forms of violence.</li> </ol>
	Level 3	<ol style="list-style-type: none"> <li>1) Build coalitions among community residents, service providers, and institutions to support implementation and evaluation of comprehensive youth violence prevention services in the community.</li> </ol>
<b>Competencies in policy/system/societal change</b>	Level 1	<ol style="list-style-type: none"> <li>1) Demonstrate basic knowledge and skill in social and political advocacy for the health of youth, families and communities.</li> </ol>
	Level 2	<ol style="list-style-type: none"> <li>1) Demonstrate more advanced knowledge and skill in social and political advocacy for the health of youth, families and communities.</li> </ol>
	Level 3	<ol style="list-style-type: none"> <li>1) Evaluate the efficacy and effectiveness of health care interventions to prevent youth violence and disseminate findings.</li> <li>2) Teach health professionals and students core competencies in youth violence prevention.</li> <li>3) Raise public awareness of the causes of violence and methods for preventing it.</li> <li>4) Advocate with local, state and federal policymakers for resources and policy changes, including the development of an integrated system of youth violence prevention services.</li> <li>5) Research the causes of and methods for preventing youth violence and disseminate findings.</li> </ol>

Table 3: Suggested Core Competencies for Health Professionals in the Prevention of Youth Violence

## The Educational Process

Health professionals should receive training in violence prevention early in their professional development and should be provided with frequent and continuous opportunities to increase their knowledge and skills on the topic. They should receive the training as part of their mainstream education, and the training should be multidisciplinary to facilitate future cross-disciplinary collaboration.

- **Training in youth violence prevention should occur throughout the health professional career.** Health professional students should develop level 1 and level 2 competencies during pre-doctoral or pre-professional training. They should expand their level 2 competencies and have opportunities to develop level 3 competencies during post-doctoral or professional training (residency training, internships, and/or post-doctoral fellowships).

Because so few health professionals practicing today have received formal training in violence prevention training in all three levels of competency should be made available through continuing professional education.

- **Training in youth violence prevention should be integrated with other violence curricula and should not be free-standing.** Schools and training programs should integrate content on all forms of violence into a comprehensive curriculum that highlights the interrelationships among the various forms of violence while still allowing for specialized training on the unique features and intervention/prevention requirements of specific types of violence.

Schools should also integrate training on violence prevention into their main curriculum. While some schools currently provide training on violence prevention through stand-alone workshops, it is important that content also be integrated into the school's main curriculum to increase the relevance and generalizability of the information and to prevent its marginalization. Integration into the mainstream curriculum might occur through the incorporation of cases into a medical school's compendium of cases or by weaving content through courses on child development and into clinical practice in psychology training programs throughout doctoral training.

- **Instruction should be multidisciplinary and involve adult and youth representatives of the community.** Whenever possible, the curriculum should be delivered by a multidisciplinary team that includes young people and adults from the community. The studentship should also be multidisciplinary and include students from a range of health and non-health related disciplines. Multidisciplinary instruction on youth violence prevention has several advantages. *First*, it provides a realistic picture of the complexity of the problem of youth violence in our society. *Secondly*, it illustrates the “team” concept needed for effective violence prevention. *Finally*, it models collaborative interactions among disciplines, and gives students the opportunity to appreciate the contributions others can make to violence prevention efforts.

### Resources for Promoting Training on Youth Violence Prevention

Convincing schools and training programs to include content on youth violence prevention in their curriculum will not be easy. As those working in the area of domestic violence can attest, most schools have resisted inclusion of substantive training on violence. Fortunately, resources exist that can facilitate the introduction of curriculum on violence into the training agendas of health professional schools and training programs.

- **Federal support exists for training health care providers in violence prevention.** In September 2001, the Institute of Medicine (IOM) released a report on the training needs of health professionals in family violence. While not focused on youth violence per se, this report signals recognition at a high level of the relevance of the health professionals to these issues. Similarly, 1998 the U.S. Attorney General’s Office released a report on the needs of victims of crime that contains many recommendations for health professionals.<sup>10</sup> Finally, in 2000, the CDC provided funding for 10 Academic Centers of Excellence in youth violence prevention. Each Center is expected to support training for health professionals on youth violence prevention.
- **Foundations are interested in the role of health professionals in violence prevention.** Foundations are showing interest in the involvement of health professionals and the health sector in violence prevention efforts. The most obvious example of this is the Commission for the Prevention of Youth Violence funded by The Robert Wood Johnson Foundation. Other foundations such as The California Wellness Foundation and the Allina Foundation have also supported training for health professionals in violence prevention.

□ **Health professional associations are encouraging their members to become involved in violence prevention.** Professional associations are playing important roles in advancing health professional training in youth violence by raising the awareness of their members, disseminating training and intervention resources and influencing accreditation and licensing standards. The American Medical Association convened the Commission for the Prevention of Youth Violence, and is developing training materials for its members on youth violence prevention based on the recommendations contained in this report.<sup>13</sup> The American Psychological Association (APA) in collaboration with the National Association of Educators of Young Children (NAEYC) has launched a national campaign, ACT Against Violence, to increase the involvement of mental health professionals and others who work with young children in the early prevention of youth violence.<sup>14</sup> See the National Youth Violence Prevention Resource Center website (<http://www.safeyouth.org>) and the American Medical Association Violence Prevention theme page (<http://www.ama-assn.org/ama/pub/category/3242.html>) for a complete list of the professional associations working on the issue.

□ **Guidelines for developing training for health professionals exist as well as some basic curricula.** Documents like this report, Edward Brandt's *Curricular Principles for Health Professions Education about Family Violence*<sup>5</sup> and the Institute of Medicine's report *Confronting Chronic Neglect: The Education and Training of Health Professionals on Family Violence* are available to guide development of comprehensive training curricula for health professionals on violence prevention.

Curricula on youth violence prevention for health professionals exist, and while most have limitations,<sup>16</sup> they can serve as a base for developing more comprehensive and integrated curricula. The more abundant materials available on domestic violence, child abuse and elder abuse can serve as resources, especially when one keeps an eye toward integrating training on the different forms of violence.

A list of training resources on youth violence prevention is contained in Appendix B and the reader is also referred to the Institute of Medicine's report for a comprehensive list of training resources on family violence.

- ❑ **Leaders exist to champion youth violence prevention training.** Though still young, efforts in the health professions regarding violence prevention have matured enough to produce faculty and others capable of leading the effort to include comprehensive training on violence prevention in health professional education. The professional activities of the individuals serving on the RWJF Commission and attending the working group underscores this small but talented pool of national leaders. Similarly, individuals working in child abuse and domestic violence are an outstanding resource. They have over 20 years of experience advocating for training in their respective areas and can offer both expertise and guidance.
  
- ❑ **Schools of medicine and nursing are undergoing curriculum revision.** Many health professional schools, most notably medical schools, are undergoing curriculum revision. In this process of change exists the opportunity to introduce and integrate training on all forms of violence, including youth violence.



## Strategies for Promoting Training on Youth Violence Prevention

Convincing training institutions to include content on youth violence in their curriculum will require a leadership, strategic alliances, financial resources and finally, external pressure from regulatory groups and other influential bodies.

- **Develop faculty who can lead efforts to incorporate training at their home institutions.** Increasing training on youth and other forms of violence in health professional schools will require “local heroes.” Change at educational institutions is more likely to occur—some say, *will only* occur—if there is a faculty champion at each institution driving the change process. These leaders must be given opportunities to increase their knowledge and skill in the area, and must receive support for their efforts. This support can be provided through train-the-trainer type of intensive study, working groups such as the one held in Los Angeles, professional development fellowships, and resources such as a web-based clearinghouse for health professionals on violence prevention.
- **Gain the support of key educational groups and deans of health professional schools.** Efforts should be made to increase the awareness of the leaders of educational groups and institutions about the relevance of violence to the health professions. Entities such as the Association of American Medical Colleges and the American Association of Colleges of Nursing can facilitate the incorporation of training on youth and other forms of violence in health professional education by including training in youth and other types of violence on their list of requirements for accreditation of programs. Support from deans of medical, nursing and public health schools is important to advance inclusion of training at individual institutions.
- **Collaborate with those working to advance training on other forms of violence.** With limited curricular time and financial resources, it is conceivable that groups working in different areas of violence prevention will end-up competing with each other for these resources. Instead of competing, it will be more effective to join forces. By collaborating, each group can strengthen its individual efforts to introduce content on violence prevention into health professional

education and at the same time facilitate implementation of the integrated approach to teaching about violence set forth in this document.

- **Educate funders on the contributions health professionals can make to violence prevention and the need for training and research in this area.** Foundations and funding agencies need to be informed of the important role health professionals can play in violence prevention, as well as the need for sustained support for training and research in these areas. The availability of consistent funding to support the development and evaluation of model curricula on violence prevention for health professionals is essential to any successful bid to introduce such curricula as a standard component of health professional education.

It is equally important that funders be made aware of the need for continued research on effective practice in youth violence prevention, and that the findings of this research be used to inform health professional training and practice. Funding should be structured so that it stimulates the integration of knowledge on different types of violence, even if the primary purpose of the funding is to address issues relevant to a single type of violence, otherwise it runs the risk of contributing to further fragmentation of training and practice in violence prevention.

- **Define a standard of care and develop practice guidelines for youth violence prevention.** Defining a standard of care for youth violence is another important strategy both for improving professional practice and for increasing interest in training; as is establishing developmentally-linked and evidence-based practice guidelines for violence prevention and intervention. Professional associations have begun to move in this direction. For example, the AMA's Guidelines for Adolescent Preventive Services (GAPS) includes an assessment of a young person's exposure to and involvement in violence.<sup>17</sup>
- **Incorporate items on violence prevention on licensing and certification exams and standardized performance measures.** Items on youth and other forms of violence should be incorporated into oversight and governance mechanisms, such as licensing exams and measures of health care quality/performance (i.e. HEDIS). This can go a long way toward motivating health professionals to attend to the issue of violence prevention and to encourage training programs to incorporate it into their curriculum.

**Recommendations for the Educational Process**

- Occurs continuously throughout the pre-professional and professional career
- Is integrated with mainstream curriculum and with training on other types of violence
- Is multi-disciplinary in delivery and studentship

**Recommendations for Promoting Training**

- Develop faculty leaders
- Gain support from deans and key educational groups
- Align with others working to promote violence prevention training for health professionals
- Educate funders about the need for comprehensive health professional training and research
- Define a standard of care and develop practice guidelines
- Include items on violence prevention on exams and standardized performance measures

Table 4: Recommendations for Educational Process and for Promoting Training

**Concluding Statements**

Youth violence is one of the most pressing public health problems facing the nation today. Health professionals have an important, even critical, role to play in society's efforts to prevent youth violence. This report identifies what we believe to be the core competencies that all health professionals should master in order to work effectively to prevent violence among our nation's youth and makes recommendations for how these might be incorporated as a standard part of health professional training. It is our intention and our hope that this document will stimulate the development of training and ultimately the involvement of health professionals in local and national efforts to prevent youth and all other forms of violence in our society.

## Acknowledgments

This report is the result of the dedicated efforts of many individuals and reflects the collaborative efforts of the CDC-funded Youth Violence Prevention Centers. We express our appreciation to Stacey Zapanta, BA for the substantial support she provided in the development of this working paper. We thank Edward Brandt, MD, PhD of Oklahoma University and Felicia Cohn, PhD of the National Academy of Sciences for serving as external reviewers of the document. We also wish to thank the practitioners, who took part in the Health Professions Working Group in Los Angeles, for sharing their wisdom and expertise on the subject. The working group was sponsored by the CDC-funded Southern California Developing Center on Youth Violence Prevention and by the Department of Family Medicine at the Keck School of Medicine of the University of Southern California.

## Appendix and Endnotes

Appendix A:  
Health Professional Training Activities Underway at the  
CDC-Funded Youth Violence Prevention Centers

Endnotes

## Appendix A

### **Health Professional Training Activities Underway at the CDC-Funded Youth Violence Prevention Centers**

#### **CDC-funded Youth Violence Prevention Centers**

In 2000, CDC's National Center for Injury Prevention and Control established 10 National Academic Centers of Excellence on Youth Violence. As part of their mandate from the CDC, these Centers are expected to provide training for health care professionals on youth violence prevention. In addition, the centers are expected to build the scientific infrastructure necessary to support the development and widespread application of effective youth violence interventions, promote interdisciplinary research strategies to address the problem of youth violence, foster collaboration between academic researchers and communities and empower communities to address the problem of youth violence.

**Columbia University's Comprehensive Center on Youth Violence Prevention** is a multidisciplinary collaboration of researchers, policy-makers and community representatives committed to understanding and reducing youth violence. The center's overarching goal is to develop a multidisciplinary understanding of youth violence that will help develop an integrated multi-level intervention response to youth violence in the New York City metropolitan area. The members are monitoring changes in youth violence in New York City, while investigating the causes and the consequences. The center will incorporate both risk factor/ developmental and efficacy/ effectiveness research to identify, support and evaluate promising interventions. In order to achieve its goals and provide direction to their efforts, the center sponsors and supports seven core activities: community involvement, violence prevention/intervention training, interdisciplinary exchange, surveillance database, pilot studies, research projects, and program and policy planning for youth violence prevention. These activities are in different stages of development, ranging from plans on the drawing board, to those in the planning stages to ongoing efforts. For more information, please contact: Karen Rose, (212) 305-8213

**The Developing Center on Hispanic Youth Violence Prevention** at the University of Puerto Rico is developing curriculum for the Schools of Nursing and also allied health students at the undergraduate level. In spring 2001, the center began working in the following four activities: literature review related to content, courses or competencies in youth violence prevention; interviews with academic university administrators to assess their willingness to participate in the project and explore possible content for the curriculum; develop interdisciplinary core curriculum competencies/standards for health students; and collaborate with other CDC centers in the development of core competencies in youth violence prevention for health students. As a result of these efforts, the developing center is working in the initial phase of the development of the curriculum. At this moment, they have a preliminary draft of the content and a description based on the core competencies based in this report. The curriculum will be completed by fall 2001. For more information, please contact: Brenda Mirabel-Colon, MD, (787) 758-2525 or nlin@tld.net

The **Harvard Comprehensive Center on Youth Violence Prevention** is an innovative, multidisciplinary center based at the Harvard School of Public Health. The center's theme is "*Research Partnerships with Communities.*" The center's activities are based on the premise that effective prevention evolves from mutually respected, reciprocal relationships among researchers, community members and policy-makers. Thus, the center's partners include the Education Development Center in Newton, Mass., the New England Medical Center, seven Boston-based community agencies and representatives from a variety of government organizations, including the Boston Public Health Commission, the Boston Police Department and the mayor's office. The primary goal of the center is to advance the science of violence prevention and to partner with community organizations to help reduce youth violence at the local, regional and national levels. Some of its ongoing research projects include: examination of the factors that place youth at risk of suicide; analysis of the factors that influence violence perpetrated by girls; assessment of a violence prevention program for middle school students in Boston utilizing Outward Bound program tools and concepts; and evaluation of a youth-referral program for Boston youth who have been identified by hospital emergency departments and police as "at-risk." For more information, feel free to visit the Web site at <http://www.hsph.harvard.edu/hicrc/prevention.html>

The **Johns Hopkins Comprehensive Center on Youth Violence Prevention** is concerned with training education for health and allied health professionals to work in non-traditional health care settings such as schools, and also in preparing professionals to work on interdisciplinary teams. The center is accomplishing this through a series of conferences. The goals of each conference include the following: increase knowledge of a specific conceptual model for the design of mental health school based violence prevention programs; develop skills and knowledge for planning, organizing, implementing and evaluating collaborative school-based mental health programs and services; develop skills for organizing collaborative and productive school-based mental health teams and school/family/community partnerships; increase awareness of effective school-based youth violence prevention programs; apply skills and knowledge to the development of an identified collaborative school-based mental health and youth violence prevention project; establish a state-, university-, and local-jurisdiction network for follow-up support and technical assistance. The conferences incorporate training in the three domains of the core competencies identified by the conference participants – with a heavy emphasis on system changes within the school/practice settings. For more information, please contact: Philip Leaf, PhD, (410) 955-3962 or at [Pleaf@jhsph.edu](mailto:Pleaf@jhsph.edu)

The **October Center of Excellence for Youth Violence Prevention** is Virginia Commonwealth University's CDC-funded center. It is helping to develop an interdisciplinary, scientific infrastructure with coordination mechanisms needed to synthesize the many community/academic partnerships already in existence, as well as those possible in the future, and to systematically reduce the prevalence and impact of youth violence, as well as to provide regional and national collaboration and dissemination on the urban efforts in youth violence prevention. The center plans to do this by building on past and current research being done in the field of youth

violence prevention at the university. Current and past research includes work on an age-appropriate Critical Incident Stress Debriefing for violence-exposed children referred by the emergency department, community or domestic violence scenes, homeless shelters, clinics and schools. Some of its goals include providing debriefing to kids who have witnessed or experienced violence or trauma, and to educate health care providers and parents about the effects of violence and trauma on children and adolescents. The center's faculty presented youth violence prevention related conferences at one statewide meeting (Virginia EMS Symposium—1,600 attendees), a regional meeting (Annual Meeting of the Department of Pediatrics —180 attendees) and at monthly conferences for pediatric residents. The center has recently finalized the "Survey of Health Care Professionals Regarding Youth Violence," which it piloted with 180 pediatricians and family practitioners. Following Institutional Review Board approval, the center will begin formal administration of the survey to 825 health care professionals in a variety of fields and stages of training over the next six months. For more information, please visit the Web site at: <http://www.octobercenter.vcu.edu/>

In addition to convening the Youth Violence and Health Professions Working Group in April to identify core competencies in violence prevention, the **Southern California Developing Center on Youth Violence Prevention** is conducting a comprehensive review of existing resources for training health professionals in youth violence prevention. The center has partnered with the American Medical Association to develop training resources for its members on youth violence prevention and also will develop curricula for medical students and primary care residents based on the core competencies outlined in this report. At the pre-doctoral level, the center is focusing its initial efforts at the University of Southern California School of Medicine. The school is undergoing a major revision of its pre-doctoral curriculum over the next three years. The center is using this as an opportunity to integrate training on youth violence prevention into teaching cases in years one and two, and then in the family medicine clerkship in year three. At the graduate level, the center is developing, implementing and evaluating a training curriculum for family medicine residents that will emphasize level two and three competencies and work with community-based organizations and violence prevention initiatives. For more information, please visit the Web site at: <http://www.stopyouthviolence.ucr.edu/index.html>

**The University of Alabama at Birmingham, Comprehensive Center on Youth Violence Prevention**, in collaboration with the University of Michigan Developing Youth Violence Center, is working to develop a curriculum, based on the core competencies defined in this report, for training residents in emergency medicine. The goal is for the youth violence core competencies and curriculum to become part of the core competencies and curriculum required by the residency-review committee for emergency medicine training nationwide. This effort will allow for the integration of care for the important population segment seen in our emergency departments into a comprehensive care plan for youth violence prevention. Strategies being used to realize this goal include: sponsorship by UAB of an injury prevention research fellowship in emergency medicine; development of curriculum to train medical students and nurses based on the core



competencies outlined in this report; integration of information on violence into courses for health and other professions at UAB (Psychology, Sociology and Criminology); organization of colloquia and noon talks across the UAB campus; and sponsorship of annual training workshops for health professionals, school personnel, social workers and criminal justice employees on violence and its prevention. For more information, please contact: Kurt Denninghoff, MD, (205) 975-7387 or [kdenning@uabmc.edu](mailto:kdenning@uabmc.edu) and Frank Romanowicz, (205) 975-0520

One focus of the **University of California, San Diego, Academic Center of Excellence on Youth Violence Prevention** is training health care professionals in violence prevention activities. This will be accomplished on several levels. A two-week rotation in family violence for pediatric residents at UCSD and the Naval Medical Center, San Diego, (NMCSO), was begun last year. This rotation is experimental in nature, giving residents experience in various aspects of diagnosis, treatment and prevention of physical and sexual child abuse. The residents also spend time during their Community Pediatric Rotation with programs addressing youth violence prevention, including child abuse, youth-on-youth violence and domestic violence. A class on youth violence is being developed to be included in a new fourth-year medical student course at UCSD, called "From Principles to Practice." Also, in collaboration with the San Diego State University Graduate School of Public Health, a course on youth violence prevention is being developed for the spring 2002 semester. This course is aimed at students enrolled in the MPH program, and it is hoped that the school may develop a track in youth violence prevention for the GSPH. For more information, please visit the Web site at: <http://www.sdhealth.org/yvp/yvp.html>

**The University of Hawaii at Manoa's Comprehensive Center on Youth Violence Prevention** is addressing the concern of youth violence for Asian/Pacific Islanders with a comprehensive approach. This center has established a joint effort with the National Council on Crime and Delinquency in Oakland, Calif. The ultimate goal of the center is to prevent and reduce youth violence among the Asian-Pacific population and to help position communities to become proactive in creating safe and healthy environments. The center is organized around five central activities: a community-response plan for the cities of Oakland and Honolulu; risk/protective factor research and culturally competent evaluation; information sharing and dissemination; mentoring and training; and the development of a health professional curriculum. Currently, in the development of a health care curriculum, the center is assembling a multidisciplinary team of faculty, who have important roles in undergraduate and graduate medical education. The center is planning to develop an undergraduate medical curriculum and pediatric-residency training at the University of Hawaii School of Medicine with these individuals. For more information, please visit the Web site at: <http://www.api-center.org/>

**The University of Michigan, Developing Center on Youth Violence Prevention** is focusing on public health graduate and emergency department (ED) personnel in its initial efforts. A course will be offered through the Department of Health Behavior and Health Education. This course will be offered to MPH, MSHA and doctoral students throughout the School of Public Health, as well as graduate students throughout the university (including medical, nursing, and social work students), but the primary audience will be those interested in public health. The course will provide students with practical experiences, as well as a theoretical foundation to help bridge the gap between classroom and practice learning. The course also will cover policy issues regarding intentional injury, including how to influence and evaluate public policy. In addition, the center is preparing a one-hour conference on identifying and preventing adolescent violence in the ED. This will be a course for physicians, nurses, ED social workers and ED medical technicians. The main course objective is to increase knowledge regarding adolescent violence and violence related injuries, including how to work with adolescents in the ED for violence related injury to help prevent reoccurrence. The course also will address attitudes regarding adolescent violence and violence-related injuries. It will be designed to provide the ED personnel with competencies to: 1) understand the magnitude of adolescent violence and its social and personal costs; 2) understand the risk and resiliency factors associated with adolescent violence; 3) know how to identify ED patients with problems associated with adolescent violence; and 4) learn how to apply routine screening and prevention regarding violence related injuries among adolescent ED patients. For more information please visit the Web site at: <http://www.sph.umich.edu/prc/projects/yvpc.html>

## Endnotes

1. The Commission for the Prevention of Youth Violence was established in October 1999, with funding by the Robert Wood Johnson Foundation, to apply the skills, scientific rigor, and insight of medical, nursing and public-health professionals to the issue of youth and school violence. To this end, the Commission solicited testimony from both within and outside the health care community, including community advocates, concerned citizens, and youth representatives. Members of the commission include: Whitney Addington of the American College of Physicians-American Society of Internal Medicine, Carol Easley Allen of the American Public Health Association, Bruce Bagley of the American Academy of Family Physicians, Marilyn Benoit of the American Academy of Child and Adolescent Psychiatry, David Fassler of the American Psychiatric Association, J. Edward Hill of the American Medical Association, Nicole Lurie of the U.S. Department of Health and Human Services, Nancy Nielsen of the American Medical Association, Susan Paddock of the American Medical Association Alliance, Howard Spivak of the American Academy of Pediatrics, and Elaine Williams of the American Nurses Association.
2. Commission for the Prevention of Youth Violence. (2000) *Youth and Violence: Medicine, Nursing, and Public Health: Connecting the dots to prevent violence*. Chicago, Ill.: American Medical Association.
3. CDC Youth Violence and Suicide Prevention Team. Report by the secretary's Blue Ribbon Panel on Violence Prevention (Jan. 15, 1993), Page 23. Accessed on the Internet Aug. 1, 2001; <http://www.cdc.gov/ncipc/dvp/yvpt/yvpt.htm>
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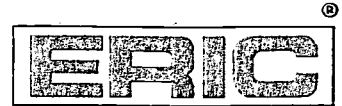
These competencies or developmental benchmarks are: 1) the ability to monitor and regulate feelings, thoughts, and actions (impulse control); 2) the capacity to show empathic concern for others; 3) the ability to cope with and solve interpersonal problems; 4) a positive identity and future orientated thinking; and 5) the ability to engage in positive peer relations.

8. U.S. Department of Health and Human Services and the U.S. Department of Justice. (1986) *Surgeon General's Workshop on Violence and Public Health: Report*. Health Resources and Services Administration, Washington, D.C.: Government Printing Office.
9. Cohn, F., Salmon, M.E., and Stobo, J.D., editors. (2001) *Confronting Chronic Neglect: The Education and Training of Health Professionals on Family Violence*. Washington, D.C.: National Academy Press.
10. The health care community. (1998) In: Beatty D, et al. *New Directions From the Field: Victims' Rights and Services for the 21<sup>st</sup> Century*. Washington, D.C.: Office of Justice Programs; Office for Victims of Crime; U.S. Department of Justice: 199-218.
11. The California Wellness Foundation's Academic Fellowship is a two year program for health professionals to increase knowledge of violence prevention. It consists of an individual fellowship project, skills and knowledge building in core competencies related to violence prevention, involvement with community groups working on violence prevention and media and policy advocacy training.
12. The curriculum that Allina Health System developed provides basic knowledge and tools needed to teach about abuse screening and intervention in the health care setting. It notes the experience gained by educators who have taught hundreds of providers at five hospitals, three clinics, a home-visiting agency and two pre-hospital provider agencies.
13. The American Medical Association has given the Southern California Developing Center on Youth Violence Prevention (Knox and Zapanta) a grant to develop a training guide for health care professionals, community members and youth on youth violence prevention. This training guide will consist of prepared speeches, visual presentations, case studies, facts sheets and handouts.

14. American Psychological Association and the National Association for the Education of Young Children. ACT( Adults and Children Together) Against Violence. (<http://www.actagainstviolence.org>)
15. Brandt, E. (1997) Curricular principles for health profession education about family violence. *Academic Medicine*. 72(1): s51-s58
16. Central to discussions of core competencies were discussions of the optimal roles for health care professionals in violence prevention. Currently, there is limited evidence to either confirm or refute the effectiveness of the various roles and activities that health professionals are engaging in related to youth violence. Needless to say, a basic premise is that health care provider activities in violence prevention ultimately should be based on evidence of effectiveness in reducing violence and improving outcomes. A second premise is that health care professionals must resist the temptation to try to “do it all,” and instead should identify areas and activities where, given their unique set of skills and practice setting, they can have the greatest impact.
17. American Medical Association. (1997) *Guidelines for Adolescent Preventive Services (GAPS)*. Chicago, IL: American Medical Association.



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