

Commentary on the *Handbook of Injury and Violence Prevention*

Doll, L.S.; Bonzo, S.E.; Mercy, J.A.; Sleet, D.A.; Haas, E.N. (Eds.)  
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Commentary written by

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The *Handbook of Injury and Violence Prevention*, edited by Lynda S. Doll, Sandra E. Bonzo, James A. Mercy, and David A. Sleet, provides an excellent introduction to violent injury from the best violence prevention researchers in the field. The editors are all directors at the Centers for Disease Control's National Center for Injury Prevention and Control, and the contributors to the *Handbook* are experienced in managing, implementing, and evaluating violence prevention research and programs. Covered are a number of topics related to unintentional and violent injury, including evidence-based, state-of-the science knowledge, as well as controversies, gaps in the research, and practical public health training issues.

A complete and comprehensive review of the *Handbook of Injury and Violence Prevention* will be available soon in another publication (Hendrickson, 2008). This commentary, however, in keeping with the theme of this special issue of *Nursing Research*, focuses on violent injury, and follows the organization of the *Handbook*, which has the following sections: I) introduction, II) effective and promising interventions, III) crosscutting intervention issues, IV) interventions from the field, and V) dissemination and adoption of effective interventions and policies.

Novice readers will benefit from Part I, which defines the terminology of injury epidemiology and discusses the host, agent, and environmental model. The host, as the victim, experiences violence with physical, mental, and combined consequences, leading to immediate and long-term effects. In their introduction, the editors discuss the reality of those environments in which social norms and cultural attitudes put the onus of injury on the recipient of the violence: the cheating spouse, the disobedient child, the incontinent elder. The contributors challenged researchers to tell victims' stories, identify

environmental antecedents, and create interventions that can prevent violence. Because of space limitations, the editors excluded the specific epidemiology of child maltreatment, youth violence, intimate partner violence (IPV), and elder abuse; and instead, provided references to these topics, as well as coverage of the related prevention research in subsequent chapters of the *Handbook*.

Violence-related preventive interventions became a public health priority in the U.S. in 1985 when the Surgeon General released his *Workshop on Violence and Public Health*. In 1996, the World Health Organization made the prevention of violence an international priority. Therefore, today, a relatively new-science base guides interventions aimed at preventing violence, with remaining gaps in the research ranging from inadequate knowledge of modifiable risks and protective factors, to etiological investigations, but the gaps depend on the specific field.

It is perhaps not surprising then, that in the year 2000, intentional fatalities in the U.S. included 36% of homicides and 64% of suicides. Moreover, in 2002, 49,000 people in the U.S. died due to homicide or suicide, with millions more suffering violence-related injuries. Furthermore, 80% of mortalities due to self-inflicted injury and 77% of mortalities due to assault were in males. At 59%, females had a 36% higher rate of non-fatal self-inflicted injuries than males.

Gender differences are notable in injury statistics, and are evident in the six chapters on violence prevention in Part II. This section uses a level-of-evidence framework and describes the results of systematic reviews such as that in the Cochrane Library. Each chapter is dedicated to research aimed at preventing one of the following: child maltreatment, youth violence, suicidal behavior, IPV, sexual violence, and elder

maltreatment. Especially instructive are the critiques on the strengths and weaknesses of past studies, and the evidence-based recommendations for improving future research.

Part III describes the research on changing built and social environments, and injuries related to alcohol, firearms, and parenting, and mass trauma, including terrorist attacks, as sources of violent injury. The most interesting topics presented are environmental influences, a nursing consideration since Florence Nightingale's day, and the impact of violence prevention on environmental design.

Part IV, entitled *Interventions in the Field*, addresses the following: interpreting evidence of effectiveness, behavioral interventions, developing interventions when there is little science available, developing and implementing communication messages, cultural appropriateness, evaluating fidelity, and involving the community. Part IV alone makes this *Handbook* a valuable resource for any nurse researcher. The very instructive chapter on behavioral interventions clearly acknowledges the deficits in applying models, theories, and behavioral change methods to violence prevention.

Dedicating an issue of *Nursing Research* to violence speaks in part to the focus of Part V, which discusses the dissemination and use of meaningful, science-based violence intervention programs. The publication of successful methods and lessons learned, the topics most meaningful to researchers, would further stimulate research aimed at curbing violence. In addition, the editors suggest modeling violence prevention programs on science-based public health endeavors, which consistently consider organizational and community issues.

Whether you're interested in writing a grant to develop a violent injury intervention, or simply educating yourself about the phenomenon of violence or best

practice approaches for reducing violence-related injuries, the *Handbook of Injury and Violence Prevention* is a must read. However, nurse researchers in this field will likely note that qualitative approaches that might inform the science of violence prevention are not mentioned in the *Handbook*, and although nursing research studies are cited, there is only one nurse among the 50 or so contributors. Although nurses are intimately involved in the care of individuals suffering from violent acts, it remains a challenge to bring nursing research to the forefront in this area. It is time for nursing researchers to collaborate with others in the field of injury prevention to begin changing the outcome of violence for millions of people.

## **References**

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