Characteristics of Public Health Approaches for Violence Prevention (PH-VP): A Rapid Review

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Summary: Serious violence places a significant burden on the criminal justice system, accounting for a disproportionate focus for probation supervision. It is not only a policy and practice priority but is of significant public interest. Since the 1980s, calls have increased for a science-based approach to tackling violence that recognises the complexity, while reducing exposure to and impact of violence. Public health for violence prevention (PH-VP) has emerged as a leading paradigm that has helped to facilitate community coalitions around a common goal. However, few studies have sought to capture the core characteristics of such an approach, thus inhibiting its wider application and refinement. Understanding the concept and application of PH-VP are vital for prevention and rehabilitation. The role of probation is to tackle the root causes of offending behaviour, prevent reoffending and reduce victims of crime. In tackling offending behaviour, including violent behaviour, probation staff seek to understand the causes of offending, which are often linked to adverse childhood experiences, including exposure to violence and abuse, childhood neglect, loss of a parent and poor mental health and addictions. Using evidence-based interventions and programmes, it is the role of the probation

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practitioner to work holistically with those who have offended, to prevent further offences from being committed. Much of probation's role in assessing and managing risks, providing interventions and behavioural change programmes and working in collaboration with partners has similarities with a public health approach and it is therefore key that probation practitioners understand the concept. The primary aim of the current study was to synthesise the evidence around the characteristics of public health approaches for youth violence prevention, and what it might mean for prevention in the Irish context. A rapid review of published and unpublished literature was undertaken, and experts in the field were consulted on the search. From the 754 sources identified, 60 were included in the review. Findings of the review included: since the 1980s, the rhetoric has remained largely unchanged; there is a high degree of variability in its application; there is a paucity of high-quality process evaluations documenting implementation; the characteristics of public health for violence prevention include the 5 Ps (priorities, principles, policies, practices and programmes), and a focus on one at the expense of the others is unlikely to be considered a public health response, or to reduce violence meaningfully. Practical application of the findings is discussed.
Keywords: Community violence, cultural contexts, youth violence, prevention, public health approach.

Introduction

Freedom from serious violence is a fundamental right (Hillis *et al.*, 2016; UNICEF, 2022) implicitly embedded within the Sustainable Development Goals (SDGs),[1] and yet, many of those within the criminal justice system have been harmed and are often also responsible for causing harm (Widom, 1989; Walsh, Doherty and Best, 2021). While policy frameworks recognise the public health needs of those in the criminal justice system (Bailie, 2024), they largely define public health as a strategic outcome (DoH/DoJ, 2019). It is much more. Public health is an operating framework that can help to define the process of prevention, providing structure and guiding principles within which complex challenges, such as serious crime and violence, can be prevented. Public health has been defined as the science and art of preventing disease, prolonging life and promoting health through community efforts (PHE, 2019). There has been growing interest in the utility of applying public health approaches to understand and respond to community violence (Whitehill *et al.*, 2014; IRC, 2025). Prevention rather than reaction is one of the key distinguishing features of the public health approach (Moore, 1995;

1 https://www.who.int/data/gho/data/themes/topics/sdg-target-16_1-violence

PHE, 2019), an objective consistent with the strategic objectives of crime prevention policies across the island (Department of Justice, 2021; TEO, 2021; Department of Justice, 2022; Youth Justice Agency, 2022; PBNI, 2023), and one that aligns closely with public attitudes (Ross and Campbell, 2021; B&A, 2022) which consistently report fear of violent crime as a priority. Given that prevention is central to the rehabilitative ideals of probation services, understanding the nature of violent crime from across sectors, and which approaches could enhance prevention, is critical.

To public health advocates, violence reflects intentional injury, which can not only be prevented but can be conceptually nested within the wider category of health problems that include disease and injuries (Mercy *et al.*, 1993). Through this lens, violence is viewed not as a result of individual pathology, but as an outcome of complex and interacting social and economic factors (Irwin-Rogers *et al.*, 2021). The public health model is generally described with four key elements: problem identification through surveillance; risk analysis to identify who is most at risk and why; the implementation of targeted evidence-informed activities across multiple sectors (Dahlberg and Mercy, 2009; WHO, 2020); and scaling up responses for a systemic impact. Understanding the concept and application of PH-VP are vital for prevention. Much of the work carried out by probation practitioners has similarities with a public health approach, including focusing on preventing reoffending and taking a holistic approach to each individual who has offended in order to tackle the underlying causes of their violent behaviour. The scale of those on probation's caseload presenting with poor mental health, addictions and trauma demonstrates the clear need to tackle these issues in a collaborative and cross-cutting way and not just as a law enforcement problem. The primary aim of the current study was to synthesise the evidence around the characteristics of public health approaches for youth violence prevention.

Methodology

In order to maintain rigour and transparent reporting (Featherstone *et al.*, 2015), a rapid review (Arksey and O'Malley, 2005) was used to clarify the key characteristics associated with the phenomenon (Levac *et al.*, 2010). This thematic rapid review uses systematic principles to synthesise and explore the common and divergent principles and approaches in the areas of public health and violence prevention. The result is a thematic synthesis of core issues relevant to the field.

Identifying relevant studies

The SPIDER tool (sample, phenomenon of interest, design, evaluation, research type) (Cooke *et al.*, 2012) was chosen because it offers greater specificity than the PICO/PICOS tool, particularly when process and implementation-type studies are assumed to be more qualitative and narrative in nature. Three academic databases (Medline, PsycInfo, and Scopus), as well as the first forty pages of Google Scholar were searched using the following terms: *"public health" AND youth OR teen OR adolescent OR "young people" AND community AND violen* and prevent**. Contact was also made with six experts engaged in PH-VP activities who advised on studies that may have been missed during the search.

Literature selection

Studies were restricted to those that focused on complex public health programme implementation for violence prevention, as opposed to single interventions, those that were in the English language, were peer reviewed articles, technical reports or policy briefings that described and/or evaluated the concept, process and/or impact of public health responses to prevent youth violence. Studies from 1985 onwards were included, which is generally considered to be a seminal point for public health and violence prevention research and practice. There were no restrictions on geographical setting.

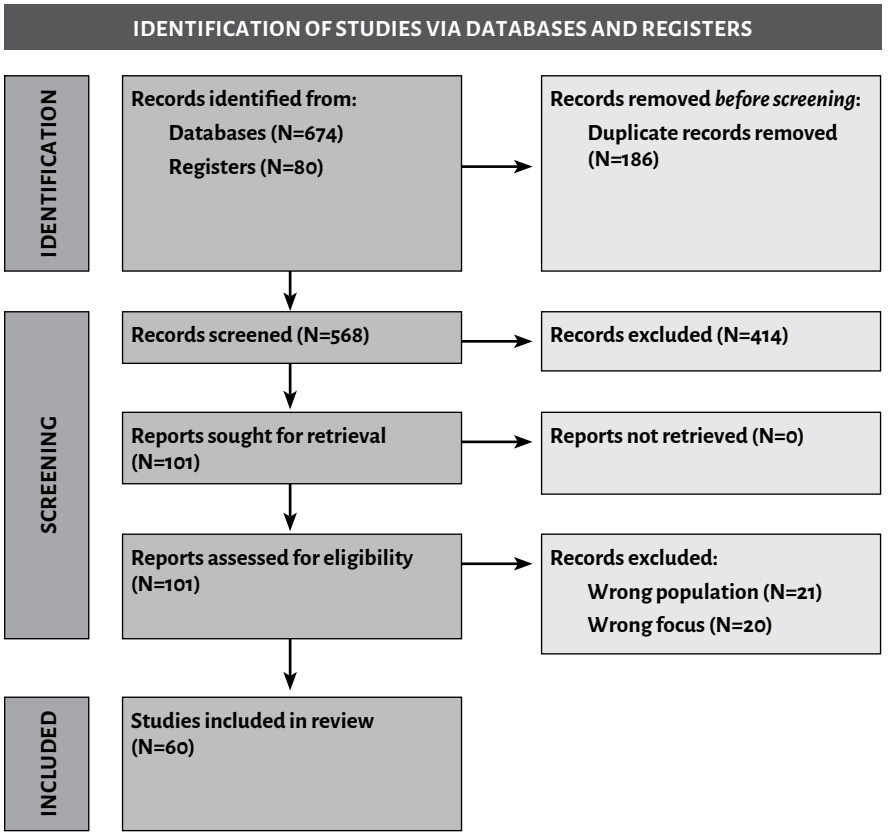
Screening

The review platform Rayaan was employed for study selection and screening. Authors CW, DS, KS and KR screened titles and abstracts against inclusion and exclusion criteria. All reviewers screened the full text articles for possible inclusion. Disagreements were noted on Rayaan and resolved by two members of the team. Prior to commencing screening, a brief calibration exercise was conducted to test consistency in the application of the criteria outlined above. Two pairs of reviewers (CW and KS; DS and KR) reviewed ten (each) of the same abstracts. Where differences existed (n=2), the reviewers met to reconcile different perspectives and to agree on an outcome. No formal quality assessment was applied due to our focus on extracting conceptual data as opposed to drawing any conclusions based on results or perceived impact (Tarzia *et al.*, 2023).

Data extraction and analysis

From a total of 754 sources identified, 186 duplicates were removed, leaving a total of 568 sources being screened. Of these, 414 were excluded based upon the abstract and 101 sources were retrieved for full appraisal. After a further 41 were excluded on the basis that they had either the wrong population or the wrong focus, the remaining 60 sources were included (see Figure 1).

Figure 1: *PRISMA flowchart*



The authors applied a thematic synthesis approach (Thomas and Harden, 2008) to analyse the data. All authors summarised the findings on a predefined extraction form. The SPIDER tool (Cooke *et al.*, 2012) was adapted for the

purposes of data extraction (see Table 1). The authors systematically examined text and developed themes that captured concepts associated with public health interventions for youth violence prevention (Hsieh and Shannon, 2005). Commonalities were identified, and three authors (CW, PA, FC) met to review these commonalities and identify the preliminary themes and sub-themes. The process moved in an iterative and inductive way from descriptive towards the analytical (Thomas and Harden, 2008).

In total, 60 separate studies, reviews or expert opinion pieces met the criteria for inclusion. The characteristics of the literature identified are outlined in Table 1. Regarding the representativeness of the sample, the majority of studies were based on data/perspectives from the United States (n=27; 44.2%). Other sites included the United Kingdom (n=11; 18%); the UK and Australia (n=1; 1.6%); and Canada (n=1; 1.6%). The remaining 21 sources (34.4%) either provided no specific geographical context or gave a more global reflection. Twenty-seven (45%) of the studies were opinion pieces and of the remaining studies that described PH-VP programmes, there were few details on the study sample demographics. This may be because the focus was on the implementation of community-wide initiatives as opposed to the efficacy of single interventions on key outcomes for specific target groups. As a result, the lack of sample data does not significantly limit the generalisability of the themes that emerge from the data.

Results

Five themes were developed from the thematic analysis: the priorities defined by public health teams of coalitions; the principles that underpin public health for violence prevention responses; the policies that facilitate or impede prevention activities; the specific practices that are embedded into and integral to public health for violence prevention responses; and the discrete programmes that combine to form a coherent response.

Table 1: *Summary of articles included in the review (N=60)*

Author (Year)	*Location*	*Level*	*Research type*	*Main findings*
Abdu-Adil and Suarez (2022)	N/A	Primary, secondary, tertiary	Expert opinion (REVIEW)	Initial findings suggest the programme shows promise in increasing provider skills and engagement. More research needed on effectiveness.
Akpunne (2021)	Baltimore, USA Practitioners	Primary	Qualitative dissertation using surveys and analysis	Areas of agreement on actions: laws, programmes, services, and regulations to reduce youth violence.
Armstrong and Rosbrook-Thompson (2022)	London, UK Practitioners	Primary, secondary, tertiary	Observations and interviews with practitioners	Interventions limited by resources and institutional divides. Query if metrics could capture meaningful change.
Axford *et al.* (2023)	N/A	N/A	Evidence synthesis	A combination of strategies relating to design, delivery, staffing, settings, content and format can help youth engagement.
Bowen *et al.* (2004)	USA	Primary	Case study, 12 communities over a 6-year period	Factors required for community responses to violence prevention: time and require agility; phased responses. Creating safety; understanding violence; collective efficacy; promoting peace; democratic empowerment and social justice decision-making.
Catalan *et al.* (1998)	N/A	Primary, secondary	Expert opinion (REVIEW)	Interventions that address multiple risk factors concurrently hold most promise.

Author (Year)	*Location*	*Level*	*Research type*	*Main findings*
CDC (1993)	N/A	Primary, secondary, tertiary	Expert opinion (REVIEW)	Violence needs to be addressed as a societal rather than individual issue. Activities should be multi-modal, implemented in the appropriate environments, goal-oriented, tiered for universal and targeted groups.
Chanon Consulting and Cordis Bright (2018)	N/A	N/A	Expert opinion (REVIEW)	Many interventions shown to modify risk and protective factors for multiple different kinds of violence, and some shown to reduce violence.
Chavis (1995)	NJ, USA	N/A	Multiple case study	Need to define a common goal. Outcomes difficult to measure.
Children's Commissioner (England) 2021	N/A	Primary, secondary, tertiary	Expert opinion (REVIEW)	No overarching national data to reflect the scale of the issue.
Cohen *et al.* (2016)	USA Thriving Youth	Unclear	Case study	Mostly descriptive overviews of literature (risk and protective factors).
Craston *et al.* (2020)	UK 18 VRUs	Primary, secondary, tertiary	Process evaluation	Embedding PHA horizontally and vertically requires longer-term cultural change.

Author (Year)	*Location*	*Level*	*Research type*	*Main findings*
Dahlberg and Mercy (2009)	N/A	N/A	Expert opinion (REVIEW)	PH approach involves using epidemiological methods to characterise violence and identify modifiable risk factors. Ongoing need to document and monitor violence and identify effective programmes and policies.
David-Ferdon and Hammond (2008)	N/A	N/A	Expert opinion (REVIEW)	Community willingness to engage in prevention efforts is contingent on trusted relationships. Policy prioritisation is an important driver.
David-Ferdon *et al.* (2016)	N/A	Primary, secondary, tertiary	Expert opinion (REVIEW)	Sustained, broad, significant youth violence reduction requires a multi-level, multi-sector approach, including programmes operating at various intervention and ecological model levels.
Davidson *et al.* (1998)	New York, USA	Primary	Impact evaluation	Patterns differ between communities. Effective surveillance is critical. Addressing multiple factors in communities is required.
D'Inverno and Bartholow (2021)	USA	Primary, secondary, tertiary	Expert opinion	The editorials reflect on strategies, partnerships and paradigm shifts in youth violence prevention, moving from individual to structural factors.

Author (Year)	*Location*	*Level*	*Research type*	*Main findings*
Dymnicki *et al.* (2021)	USA 12 community sites (8 low- and 4 high-capacity)	Primary, secondary, tertiary	Case study	Focus on capacity building required for PH interventions. Need for site readiness check (protocols; joint working practices; data systems). Importance of technical support as coalitions get started, learning events.
Frattaroli *et al.* (2010)	USA Practitioners from partner agencies	Secondary, tertiary	Case study	Describes contacts that the street workers have with young people – consistent with the pyramid model of outreach. The programme emphasises peace-making NOT only preventing violence.
Hammond *et al.* (2011)	N/A	Primary	Case study	A comprehensive response is lacking. There is a need for an evidence-informed, state-backed, collective vision within a social-ecological framework. Collective efficacy suggested as an appropriate outcome.
Haselden and Barsotti (2022)	N/A	Primary	Expert opinion (REVIEW)	PH approaches to gun violence should frame the issue as violent intent among a small, high-risk subset of owners. Cautions against analogies that portray all gun owners as 'diseased' and advocates for collaboration with stakeholders in developing solutions.

Author (Year)	*Location*	*Level*	*Research type*	*Main findings*
Hawkins (1999)	N/A	N/A	Expert opinion	With adequate training, time and resources, communities can prevent youth violence in a joined-up and co-ordinated way via the CTC 5-phase model.
Hawkins *et al.* (2002)	USA Communities that Care	N/A	Case study	Complexity of violence risk and protective factors requires a complex response. Communities central to responses and can be supported by choosing evidence-supported interventions. CTC proven to have sustained impact on violence outcomes and processes.
Healthcare Public Health team (2019)	Southwark Council, England, UK	Primary, secondary, tertiary	Expert opinion (REVIEW)	Recommendations at primary, secondary, and tertiary levels with named suggested owners. (Themes: addressing root causes, transforming lives, cross-cutting recommendations)
Hernandez-Cordero *et al.* (2011)	USA Community Mobilisation Plan	Primary	Case study	Social-ecological perspective and community mobilisation are essential. Importance of academic, state, and evidence-based technical support. Contextual risk factors should be identified using high-quality data. Mobilisation focused on four areas (education, peers, parenting and community disorganisation). Lack of funding can cause dissent.

Author (Year)	*Location*	*Level*	*Research type*	*Main findings*
Heurermann and Melzer-Lange (2002)	N/A	N/A	Case study	Coalitions have promise but require conscious and systematic efforts. Steps include: understanding context, having a single mission, identifying effective strategies, gaining consensus on problems and solutions, and having clear leadership.
Irwin *et al.* (2021)	N/A	Primary, secondary, tertiary	Expert opinion (REVIEW)	Systems leaders can facilitate PH approaches by: facilitating and engaging in multi-agency collaboration; engaging with communities, families, and young people; establishing best policies and practices and a culture of curiosity and improvement.
Kingston *et al.* (2016)	USA 6 CDC-funded Youth Violence Prevention Centres	Primary, secondary	Multiple case study	Focus on evidence-based practices and the need for implementation perspectives. Researchers/ community partnerships central to PH implementation. Leverage high-quality data to identify and target malleable risk/protective factors. Need for contextual adaptation.

Author (Year)	*Location*	*Level*	*Research type*	*Main findings*
Klose and Gordon (2023)	Australia, UK 25 practitioners and academics	None	Comparative study	Lack of consistency with regard to defining a PH approach; not clear what conditions support it; generally, agreement on collaboration but not clear on mechanisms; concept of violence as infectious disease was common; successful PHA places emphasis on traumatic experiences.
Lai (2008)	USA Asian American and Pacific Islander populations	Primary, secondary	Multiple case study	Highlights the need for long-term university–community commitments where universities provide information on youth justice data.
LGA, England (2018)	N/A	Universal, secondary, tertiary	Expert opinion (REVIEW)	Provides an overview of the problem, a definition of a PH approach and an outline of evidence-based responses. Does not describe the implementation. Outlines evidence-based models/ treatments; standards of evidence; the three tiers.
London Councils (2018)	UK Community responses in Glasgow (VRU), West Midlands, Hackney	Primary, secondary, tertiary	Expert opinion (REVIEW)	A successful PH approach includes 'zero tolerance' with tailored support, including a means to escape. Also requires close co-operation and co-ordination between local authorities, schools, police, emergency services, NHS, and the voluntary sector.

Author (Year)	*Location*	*Level*	*Research type*	*Main findings*
Masho *et al.* (2016)	N/A	N/A	Review article (REVIEW)	Surveillance of violence involves the systematic collection, management, analysis and interpretation of data and makes use of existing sources of data.
Massetti and Vivolo, (2010)	USA Community partnerships for violence prevention via the UNITY programme	Primary, secondary, tertiary (although not specifically outlined)	Expert opinion (REVIEW)	Youth violence is a largely place-based issue, requiring the leadership of communities. Understanding community context is important. Address multiple risks using a range of methods/ models in a purposeful, data-driven way. Improved Collective Efficacy as outcome.
Matjasko *et al.* (2016)	USA 6 Violence Prevention Centres	Primary, secondary, tertiary	Multiple case study	Importance of: leveraging evidence and experience (of previous iterations); formulation of a conceptual framework that includes inputs, outputs and outcomes across the ecology. PH approaches require a strategic response across systems that make best use of data, evaluate responses and target multiple levels of need concurrently.
Mercy *et al.* (1993)	N/A	Primary, secondary	Expert opinion (REVIEW)	The process, the strategies (objectives) and potential interventions must be supported by evidence. This is qualified with examples from practice.

Author (Year)	*Location*	*Level*	*Research type*	*Main findings*
Meyer *et al.* (2008)	Richmond, VA, USA	Primary, secondary, tertiary	Case study	Practical example of university–community partnerships in design, implementation and evaluation of interventions. Process included: relationship building; shared goals; shared expectations; incremental changes; communication plans. No assessment or critique of the quality of interventions
Moore (1995)	N/A	N/A	Expert opinion (REVIEW)	PHA should complement criminal justice approach. PHAs introduce a new access point to view violence (hospitals and doctors' surgeries) and bring expertise in data collection, analysis and multidisciplinary programming. PH focus on victim brings new people to the discussion on violence (i.e. minority populations).
Osidipe and Palmer (2019)	Britain	N/A	Expert opinion (REVIEW)	Suggests calls for PH approach are premature. UK policies do not adequately address diversity and youth violence.
Pound and Campbell (2015)	N/A	N/A	Evidence review of 32 papers (REVIEW)	Social ecological perspective important. Many of the prevention programmes target only individual behaviour and not the socialising processes or conditions. Summarised the findings into nine theoretical areas. Describes the need for theoretical foundation in PH-VP work.

Author (Year)	*Location*	*Level*	*Research type*	*Main findings*
Powell *et al.* (1996)	USA 15 intervention projects engaging 5–18-year-olds	Primary, secondary	Multiple case study	Difficulties around organisational, implementation and scientific issues. Conflict around definitions, responses, resources.
Prothrow-Smith (1994)	N/A	N/A	Expert opinion (REVIEW)	Violence is a complex social and economic issue. Public health techniques that combine awareness-raising, behavioural change and environmental change can be useful. A combination of approaches is often required.
Public Health England (2019)	England	Primary, secondary, tertiary	Expert opinion (REVIEW)	Place-based, multi-agency approach requires whole systems approach. Change is complex, messy at the start, requiring time and flexibility. Small steps and small pockets of funding to build trusting relationships in communities.

Author (Year)	*Location*	*Level*	*Research type*	*Main findings*
Quigg *et al.* (2021)	Merseyside, UK Violence Reduction Units	N/A	Mixed methods	Facilitators: funding; legislative footing; local buy-in; data from multiple sources; high-quality training; new technologies that connect people and ideas; participatory approaches; colocation; community support. Impediments: change of personnel; inconsistent leadership; short-term funding; lack of expertise in specific areas; disconnect between strategic and operational roles; the role of police.
Rajan, 2021	N/A	Primary, secondary, tertiary	Expert opinion (REVIEW)	PH approach to school violence prevention, spanning primary to tertiary interventions, is advocated. Gaps exist, including on firearms. More interdisciplinary work needed linking health and education outcomes to inform comprehensive, evidence-based policies.
Research in Practice/ Dartington (2022)	England and Wales	N/A	Expert opinion (REVIEW)	Causes of violence interrelated. Ecological model is useful. PH focus on upstream prevention. Violence as PH epidemic, not individual pathology. Need to address systemic risks.
Rodney *et al.* (2008)	Ohio, USA School-aged minority youth (N=3094)	Universal/ targeted	Quan-pre/post-test	Social bonds associated with greater/lower involvement in violence.

Author (Year)	*Location*	*Level*	*Research type*	*Main findings*
Russell (2021)	N/A	Primary	Evidence review	Promising interventions: school-based dating/intimate partner violence prevention programmes; parenting/family-focused approaches; mentoring; community-based coalitions. Mixed evidence: out-of-school activities, early childhood home visits. No effect/potentially harmful: deterrence and fear-based approaches. Limited evidence/no conclusion: programmes to prevent gang involvement/violence.
Rutherford *et al.* (2007)	N/A	Primary	Expert opinion (REVIEW)	Defines systemic risk factors; role of public health in violence prevention; and approaches (systematic data collection, prevention and intervention strategies, political engagement, and advocacy)
Sabol, Coulton and Korbin (2004)	N/A	N/A	Expert opinion (REVIEW)	Because risk factors are correlated between different forms of violence, ecological efforts can prevent multiple types of victimisation. Hyper-segregation of deprived communities may result in closer ties, but excluding external supports reduces collective efficacy.

Author (Year)	*Location*	*Level*	*Research type*	*Main findings*
Smokowski *et al.* (2018)	North Carolina, USA Three evidence-based programs middle schools; 400 justice-involved youth; and 300 parents	Primary, secondary, tertiary	Synthesis of evaluation data: 2* Quasi experiment; RCT; longitudinal using county-level data from 6 years before the interventions began	Multifaceted approaches involve academics, policymakers, education, community. Underpinned by social ecological theory. Aggression: no statistically significant changes between treatment and control groups. Reduction in recidivism compared with control. Long-term effects on family functioning.
Snider *et al.* (2010)	Toronto, Canada N=84 injured youth within each of three phases	Secondary, tertiary	Mixed-methods evaluation	Provides novel, evidence-supported method for engaging multiple groups in problem identification and service design processes.

Author (Year)	*Location*	*Level*	*Research type*	*Main findings*
Spivak *et al.* (1989)	Boston, USA The Violence Prevention Project of the Health Promotion Program for Urban Youth	Primary, secondary	Case study	Describes Violence Prevention Project: two neighbourhoods, high school violence prevention curriculum, community implementation (education piece), secondary-level support service development (including training for agencies and development of clinical treatment services), and mass media campaign.
Thao *et al.* (2011)	Berkeley, CA, USA 388 6th–12th graders	Secondary	Case study	PH approach underpinned by community development principles and practices. Community mobilisation can be supported by partnerships with academia. Multi-tiered solutions offer promise.
Thornton *et al.* (2002)	USA Practitioners	Primary, secondary, tertiary	Expert opinion (REVIEW)	More research is needed to evaluate individual strategies, as well as effectiveness in concert.
Umemoto *et al.* (2009)	Hawaii, USA Two communities	Primary, secondary	Case study	Need for comprehensive responses that include capacity and trust building to attain sustainability. Does not address implementation. Process is iterative. Began with micro responses and then led to more systemic responses. Without co-ordination, cross-cutting efforts become disjointed.

Author (Year)	*Location*	*Level*	*Research type*	*Main findings*
Vivolo, Matjasko and Massetti (2011)	USA National Academic Centres for Excellence (ACEs)	Unclear	Case study	Argues for a logic model and heavy government investment over a prolonged period (e.g. five years). Argues for potential of dynamic, multi-faceted approach with community/research partnerships.
Watson-Thompson *et al.* (2008)	Kansas City, MO, USA A community partnership	Primary	Case study	Using the framework on one youth project facilitated 26 changes and is described as an effective catalyst for mobilising community support. Importance of engaging youth in assessment, planning and action in community mobilisation.
Whitehill *et al.* (2014)	Chicago and Baltimore, USA 24 violence interrupters	Tertiary	Multiple case study	Argues for the need to keep arm's length from the police. Utility of violence interrupters and credible messengers. Primarily use conflict resolution and mediation techniques. Potential need to adapt programmes to fit with local context.
Zimmerman *et al.* (2011)	Michigan, USA Evaluation of staff and young people N=22	Primary	Mixed-methods evaluation	A focus on whole-community activities is critical given many violence prevention efforts are school-located.

Theme 1: Priorities

Sources consistently stated that PH-VP teams should first identify and define the problem (CDC, 1993; Heuermann and Melzer-Lange, 2002; Dahlberg and Mercy, 2009; Snider *et al.*, 2010; Hammond and Arias, 2011). Through a process of problem identification and quantification, priorities could emerge for community coalitions – a common purpose underpinned by robust and objective evidence. Despite the consistency, few studies actually described how this was implemented. Among these few, it was evident that problem identification and alignment is often more difficult than it is assumed to be. Some coalitions even avoid these crucial steps, instead opting to make assumptions about what the priorities are without any critical engagement with the data (Meyer *et al.*, 2008).

Priorities tended to differ across the literature. For some, the priority was serious violence (PHE, 2019). Others were more specific, opting to address youth violence (Rodney *et al.*, 2008; David-Ferdon *et al.*, 2016; Smokowski *et al.*, 2018), gun (Whitehill *et al.*, 2014; Haselden and Barsotti, 2022), or community violence (Masho *et al.*, 2016; Abu-Adil and Suàrez, 2022). The metric of success was often, but not exclusively, significant reductions in various forms of violence (Bowen *et al.*, 2004). Others, however, chose to measure the determinants of violence (Kingston *et al.*, 2016), suggesting the difficulties capturing baseline data and of ensuring that the follow-up data accurately captured change in the preferred direction.

One source commented on the pressing need to reduce the silos of prevention (Hawkins *et al.*, 2002). Given how the variables predicting one form of violence are so intimately connected to other forms of violence, there is promise in joining up efforts across violence prevention activity, particularly as '…community residents tend not to differentiate between one sector or the other as they struggle with the collective effects of violence in their home and in their communities' (Bowen *et al.*, 2004). Indeed, this was central to many of the sources' reflections. Coalitions, a mainstay of PH-VP, appear to have been defined in various ways, but fundamentally, they are a consolidated collection of diverse entities who agree and, indeed, are energised by a desire to work towards a common goal (Chavis, 1995).

Theme 2: Principles

The principles underpinning PH-VP were the most consistently described theme (Moore, 1995; Rutherford *et al.*, 2007). An overarching theme was that

violence must be understood as an individually experienced phenomenon but relevant to the whole of society (Massetti and Vivolo, 2010; Hammond and Arias, 2011). The dominance of Social Ecology as a guiding framework supported this nested and bi-directional impact (David-Ferdon *et al.*, 2016; Hawkins *et al.*, 2002; Hernández-Cordero, 2011; Matjasko *et al.*, 2016; Sabol *et al.*, 2004; Umemoto *et al.*, 2009; Smokowski *et al.*, 2018; PHE, 2019; Irwin-Rogers *et al.*, 2021). This, at least in theory, enabled teams to understand the multidimensional nature of violence and contributed towards encouraging sectors that would not normally have engaged in violence prevention activities to become involved (Mercy *et al.*, 1993; Davidson *et al.*, 1998; Hawkins *et al.*, 2002). Yet few of the sources that were reviewed actually described its operationalisation, a frustration noted by several studies (Bowen *et al.*, 2004; Hammond and Arias, 2011; Pound and Campbell, 2015; Matjasko *et al.*, 2016; Irwin-Rogers *et al.*, 2021).

Another principle lies within the medicalised terms used in PH-VP (Hawkins, 1999). Most consistently, authors described the problem as being analogous to the spread of infectious disease (Whitehill *et al.*, 2014) and pointed to the observable empirical evidence that quite often, victims of serious violence are implicated in the perpetration of violence. Relatedly, if violence behaves like a transmissible disease, then it can be interrupted. Thus, the optimism of prevention was central to much of the literature (Powell *et al.*, 1996; Hawkins, 1999; Hawkins *et al.*, 2002; PHE, 2019; Irwin-Rogers *et al.*, 2021).

Many sources recognised that PH-VP activity is complex, time-consuming and requires both patience and resources. As such, community coalitions often require capacity-building activities to support violence prevention activities (Umemoto *et al.*, 2009; Vivolo *et al.*, 2011). PH-VP teams, although motivated, were often found to have deficits in one or more areas of theory development, data collection, data analysis, programme selection, implementation, and evaluation (Powell *et al.*, 1996). While collaboration mitigated some of these risks, capacity building often remains necessary for effective and sustainable responses (Kingston *et al.*, 2016). Several studies described response development as an iterative process (Bowen *et al.*, 2004), with capacity issues addressed as they evolved.

While the principle of whole-system collaboration was central to much of the literature (Hawkins, 1999; Kingston *et al.*, 2016; PHE, 2019; Quigg *et al.*, 2021), it was interesting to note that several authors presented more nuanced and even cautious reflections on their collaborative exercises. For example,

Whitehill *et al*. (2014) suggested that to be effective, collaboration teams should be limited and, specifically, should exclude the police, in order to maintain the confidence of communities who are often so acutely mistrusting of them.

Given how we understand community violence to affect children and young people disproportionately, the fact that only one source (Hammond and Arias, 2011) meaningfully engaged with the issue of youth participation represents a significant gap both conceptually and practically.

Theme 3: Policies

Despite locating the wider barriers and facilitators within an implementation context, few sources engaged with or described national or organisational policies (Thornton *et al.*, 2002). Of those that did, Hammond and Arias (2011) described the importance of a national public health strategy for violence prevention in the United States, led by the Centers for Disease Control and Prevention (CDC). This strategy provided support for motivated entities to engage in bi-directional forms of influence where data informed a response, and the evaluation of that response then informed future responses. In the UK context, Irwin-Rogers *et al*. (2021) stressed the importance of a learning and sharing culture to enable evidence-supported practices to become routinely embedded, and Public Health England (PHE, 2019) outlined the relevant policy changes that had taken place to support transformational change.

One of the most significant policy shifts in the United Kingdom came in 2019 when the UK Home Office scaled up its support to Violence Reduction Units across areas perceived to be most badly affected by community violence. The Units were described as being underpinned by a Public Health framework. In their process evaluation of those Units, Craston *et al*. (2020) reported that the policy-driven Units had led to better collaboration and data sharing across sectors.

Theme 4: Practices

The practices involved in PH-VP were generally consistent across the sources and included a series of steps: understand the problem; implement evidence-supported practices; translate evidence into policies; and track progress (Thornton *et al.*, 2002; Hawkins *et al.*, 2002; Hammond and Arias, 2011; Kingston *et al.*, 2016; Matjasko *et al.*, 2016).

The literature suggests that effective surveillance systems should be established across systems to monitor the most salient risk and protective factors (Davidson *et al.*, 1998), but several sources lament the general quality of administrative data and the difficulty of sharing data across agencies (Masho *et al.*, 2016; PHE, 2019). Combining partial datasets (e.g. health, justice, education and employment) can contribute to a fuller picture (Masho *et al.*, 2016), and policy-driven agendas appeared to help compel organisations to do so (e.g. Craston *et al.*, 2020).

While multi-sector collaboration was seen as critical to the public health approach, the centrality of community was of equal importance. Indeed, efforts that excluded the community in any sequence of the response were generally perceived to be unsustainable. Sabol *et al.* (2004) rely on the theory of collective efficacy to argue that within communities that have been deeply segregated, connecting communities to those outside of their hyper-localised sphere of influence can be transformative. Partnerships, particularly research-community partnerships, were one of the most consistently described practices across the literature reviewed (Powell *et al.*, 1996; Lai, 2008; Meyer *et al.*, 2008; Massetti and Vivolo, 2010; Matjasko *et al.*, 2016). In line with previous violence prevention research (e.g. Hawkins *et al.*, 2002 and Redmond *et al.*, 2009), authors such as Kingston *et al.* (2016) cite the need for researchers to work alongside communities and provide illustrative examples of this via Communities that Care and PROSPER. In one study, the authors noted the impact of this extensively co-ordinated approach, underpinned by data, and situated those across the ecology in the context of short-, medium- and longer-term outcomes (Matjasko *et al.*, 2016). In another review of Communities that Care, Hawkins *et al.* (2002) outlined the factors associated with effective partnerships. These included: a clear mission and effective leadership (Heuermann and Melzer-Lange, 2002); paid staff (Hawkins *et al.*, 2002); clear and measurable, objective, sound procedures and trust (David-Ferdon and Hammond, 2008). This collaborative effort to achieve population-level change sets public health apart from personal medical services (Powell *et al.*, 1996) and criminal justice responses (Mercy *et al.*, 1993).

Despite the general sequence with which implementation was envisaged (Thornton *et al.*, 2002), there was some evidence that in some cases, teams applied a 'test and learn' approach, opting to skip particular elements (e.g. problem identification and risk assessment) and move into programme implementation (Umemoto *et al.*, 2009; Craston *et al.*, 2020). While the challenge of time constraints was cited several times, these reflections beg

the question, which elements are required to constitute a public health approach, and which are disposable?

Theme 5: Programmes

Sources anchored their description of programme activity along the WHO (2020) typology of primary, secondary and tertiary provision (Prothrow-Smith, 1995; Quigg *et al.*, 2021). Relatedly, most papers made explicit reference to the utility of theorising violence and its prevention within a social ecological framework (Hammond and Arias, 2011; Hernández-Cordero *et al.*, 2011). While several sources highlighted the steps required to move beyond problem identification to theme selection towards programme implementation (e.g. Quigg *et al.*, 2021), few specifically described how this was done (Massetti and Vivolo, 2010; Kingston *et al.*, 2016).

There were a few exceptions. Watson *et al.* (2008) discussed a primary-level intervention for prevention in Kansas City that was underpinned by a twelve-point framework. In the UK context, Craston *et al.* (2020) summarised a process evaluation of eighteen Violence Reduction Units (VRUs) and found that a stable staff team, effective engagement, evidence-informed responses, and working towards cultural change were all implementation facilitators. Few studies reported working in the tertiary space, with those most acutely vulnerable to violence or most embedded in violent activities. Of the most commonly cited programmes working in this area were the CeaseFire and variations of the Cure Violence model (Frattaroli *et al.*, 2010; Whitehill *et al.*, 2014; PHE, 2019). In contrast to primary and secondary preventative activities, which tended to be delivered in schools and homes, these programmes tended to be delivered on the streets.

Most of the literature reviewed implied a need to measure change. For example, Mercy *et al.* (1993) suggested that of the programmes being implemented, anticipated outcomes can broadly fall into one or more of three groups: change in attitude/knowledge/skills; change in the social environment; change in the physical environment. While several others similarly described the need to measure and report outcomes, few actually named specific outcomes. In one of the few that did, Smokowski *et al.* (2018) reported a significant reduction in twelve-month recidivism for justice-involved youth (10.26 per cent vs 26 per cent). Another source suggested that increases in collective efficacy could provide the theoretical foundation for activity as well as the primary outcome (Massetti and Vivolo, 2010; Hammond and Arias, 2011).

Discussion

Interpersonal violence is a global challenge (WHO, 2020; Walsh and Cunningham, 2023) and youth violence, in particular, has received significant policy attention over recent years. Several decades of evidence demonstrate the deleterious effects of being exposed to violence both directly and indirectly (Fowler *et al.*, 2009). The harms can be so enduring that finding ways to reduce the prevalence and impact of violence has become an increasing priority, and one that is mandated by national governments' commitment to the UN Convention on the Rights of the Child as well as the global Sustainable Development Goals (Hillis *et al.*, 2016; UNICEF, 2022).

Public health has become a leading paradigm for violence prevention (Irwin-Rogers *et al.*, 2021). This rapid review is the first to synthesise the qualitative literature on PH-VP. The analysis of 60 sources provides insight into the characteristics of PH-VP activities and the gaps that exist in our understanding, producing a coherent characterisation of public health for violence prevention. Since the US Surgeon General's speech in 1985, PH-VP has expanded across the US and beyond. However, the rhetoric has remained largely unchanged (and also relatively unchallenged) since then. It remains unclear which elements of a public health approach are sacrosanct, and which are optional depending on factors such as culture and context (Ogden *et al.*, 2009). Considering the need for complex responses that include tiered programming (primary, secondary and tertiary interventions) (WHO, 2020; Quigg *et al.*, 2021) situated in a four-step, cyclical model of problem identification, risk assessment, implementation and evaluation (Watson *et al.*, 2008; Kingston *et al.*, 2016; Smokowski *et al.*, 2018), the paucity of more nuanced evaluations that illustrate the degree to which these have been successfully implemented (or not) has hindered progress in this area.

As a science-based response to violence (Hawkins *et al.*, 2002), public health publications appear to have remained fairly dogmatic, providing few opportunities to engage critically with the structure, content and impact, and thus limiting opportunities to enhance them further. The implementation factors that have been recognised as increasing the feasibility and acceptability of evidence-supported responses, such as organisational 'adaptability' and contextual 'compatibility' (Durlak and DuPre, 2008), are largely missing from the literature. That said, the call for a science-based approach to violence prevention has contributed towards an alternative to a criminal justice response (Moore, 1995; Dahlberg and Mercy, 2009), as well as

a more coherent definition and a four-step process widely accepted as the norm (PHE, 2019).

This review found that one of the reasons why the characteristics of public health for violence prevention is not sufficiently well documented includes the dominant methods of reporting. Of the 60 sources reviewed, 27 (45 per cent) were expert opinion pieces, lacking a robust research/review methodology. Most of the sources were highly descriptive and generally lacked details on the 'how' of implementation (Mihalic and Irwin, 2003). This implementation perspective or paying attention to and truly understanding how the activities that are designed are put into practice (Mihalic and Irwin, 2003; Fixsen *et al.*, 2005) is critical. Not only was there a lack of methodological diversity, but there appear to be geographical and demographic limitations. Most studies reviewed described the context in the United States, thus the findings may not be contextually or culturally relevant in other jurisdictions. Further, the literature addressing youth violence notably appears to exclude youth voices. While community coalitions are commonly described, definitions of community do not appear to include young people. Combined with the lack of diversity across the literature, these are serious omissions and if we are to advance our understanding of violence prevention, this review demonstrates a need for empirical studies outside of the context of the United States and, in particular, studies that document and describe the process of implementation, including novel methods for engaging children and young people in prevention efforts.

The combined evidence from this review found that five components, implemented in whole and in part, appear to characterise an effective PH-VP approach. From an implementation perspective, these are important details that in their absence reduce opportunities for new coalitions to learn, adapt and refine effective violence prevention activities (Fixsen *et al.*, 2005; Durlak and DuPre, 2008). Whilst it was a highly useful advance during the 1980s and 1990s, this review points to specific weaknesses in the original four-step process documented by the WHO and widely cited among many of those seeking to implement a public health approach for violence prevention. Advancing evidence suggests that there is likely a need to be more specific and conscious with regard to the approach to implementation. Firstly, and most obviously, violence prevention and reduction is a complex issue with multiple implementation domains. The four-step sequential model does not reflect this complexity. Those who are designing and implementing packages of interventions for violence prevention rarely work through the four-step

process sequentially; it would make no sense to do so as the data on problem identification are never complete or unambiguous, and the implementation environment is never a blank sheet of paper.

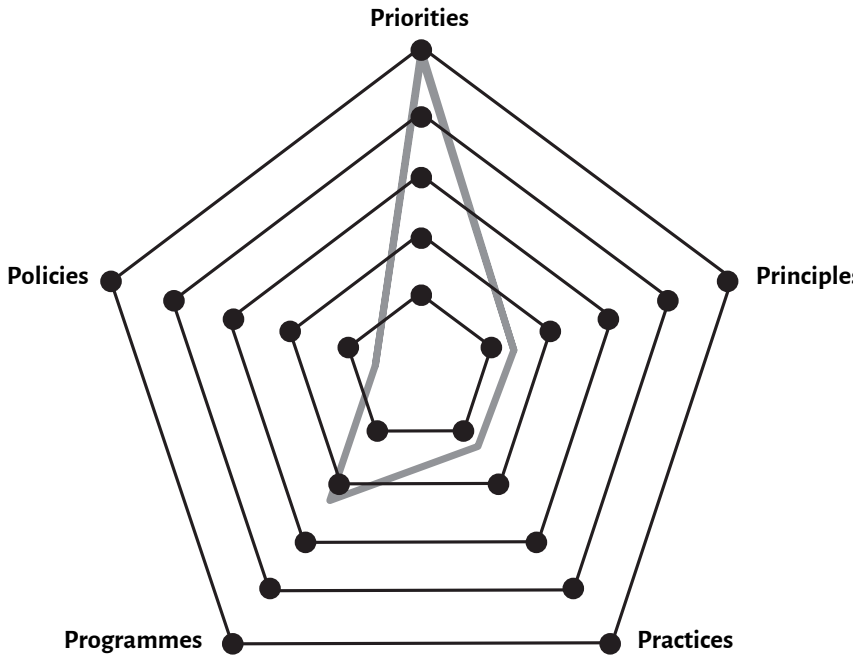
Further, coalitions rarely come together in a vacuum. There is often a 'trigger' that facilitates movement towards a coalition. This is an important element of the PH-VP process that is not sufficiently captured in the four-step model. The sources included in this literature review suggest that rather than a single cyclical process, PH-VP requires multiple cycles at the same time, particularly as there is need to implement primary, secondary and tertiary responses across multiple domains simultaneously. If the conceptual model for violence prevention is a coherent package of interventions covering a wide spectrum of need, then the implementation model needs to be more sophisticated and account for the complex environment in which those decisions are being made. It may make more sense to think of the four-step process as a heuristic device, which describes the type of decision-making process that is required, rather than an implementation approach.

As an alternative, the authors propose that rather than a sequence of steps, PH-VP teams could reflect on their efforts with reference to the five key characteristics to reflect the complexity of PH-VP more closely than is currently documented. In this response, teams can reflect on and assess their response at any point in time. This allows teams to benchmark their efforts as well as the resources that they have available, identifying strengths and where gaps exist that need action (see Figure 2). This, we contend, also reduces the ambiguity of PH-VP responses.

In conclusion, PH-VP approaches are an appealing alternative to approaches that focus solely on a criminal justice response, in that they recognise the multifaceted drivers of serious violence, the complex pathways into violence, and the multidimensional responses that are required to interrupt violent pathways. PH-VP should, but does not always, prioritise a science-based approach, leveraging high-quality (but not infallible) data to inform decision-making. It is complex and can take time. The effort appears to pay dividends more quickly when there is a policy context conducive to change. However, this review also suggests that significant gaps exist in how these efforts are documented, and which components are necessary to implement a truly PH-VP programme. This review suggests that the dogmatically accepted four-step process model does not sufficiently capture the complexity of prevention responses, and that despite the current consensus, and some degree of excitement, an implementation perspective

is required, and that with further reflection, the true utility of these approaches may become more apparent.

Figure 2: *PH-VP benchmark*



Critical findings

- There has been increased interest in public health for the prevention of serious violence.
- Given the short- and longer-term impact of exposure to serious crime and violence, there is a pressing need for a science-based approach to its prevention, underpinned by a coherent framework such as public health.
- This review summarises the best available data and suggests that the 5 Ps can help to inform public health responses

Strengths and limitations

A major strength of this review is that it provides important insights around what we currently know regarding public health for violence prevention. The review illustrates the areas where new knowledge is needed and leverages the combined insights to provide an implementation focus. A major limitation of the study was that the recommendations are based on a small number of studies that coherently documented the process of implementation. Further, many of these were limited to the North American context. While the recommendations are underpinned by these insights, the authors recognise that as the corpus of evidence increases, the implications may also change.

Implications for research, policy, and practice

Research: This review found consistent messages across the literature that was included. However, many of these studies were opinion pieces. Few studies documented in a clear and coherent way the process of implementation. This review illustrates a significant need to capture the factors that facilitate and impede public health approaches to violence prevention. There is also a challenge moving forward to test the utility of the 5 Ps outlined in the review in informing the design, implementation and evaluation of public health for the prevention of serious and violent crime.

Policy: This review found that policy priorities are a core characteristic of public health for violence prevention activities. However, few studies described these in sufficient detail. This could imply a lack of policy focus built into designs, but it could also nod at the dearth of policy attention given to violence prevention outside of the United States. There is a need for concerted effort at country level to monitor exposure, impact and responses, particularly in the Irish context. While criminal justice practices in the Irish context implicitly align with public health, there is significant utility in agencies embedding a public health framework more overtly. Insights from this review could help to shape how.

Practice: This review has significant relevance for probation services, which increasingly work with younger people affected by, and who are involved in, serious violence. This 5 Ps framework offers probation practitioners a coherent approach to guide multi-agency interventions that address root causes rather than solely managing risk. The findings also underscore the importance of embedding violence prevention in routine practice, aligning closely with the rehabilitative and preventative aims of probation services.

Above all, this review should help to inform the design, delivery and evaluation of the public health approaches to violence prevention. It documents that paucity of evidence thus far, and therefore providing practitioners with an enhanced framework, underpinned by the 5 Ps, could address a significant gap. (For an overview of research implications, see Table 2).

Table 2: *Review implications*

Area	*Implications*
Research	• As the characteristics of PH-VP have remained largely unchanged since the 1980s, more empirical research is needed on PH-VP. • There is a need for a greater focus on process and implementation.
Policy	• Cross-cutting policy frameworks are required at national level to document exposure to violence; impact of violence; and activities that are developed in response.
Practice	• Understanding the characteristics of PH-VP is critical for implementation. • Insights from this review will help to inform the design, delivery and evaluation of PH-VPs.

Declaration of competing interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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