

Health Promotion Research Approaches to the Prevention of Injuries and Violence

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Reducing the burden of injury is a national and international goal that requires interdisciplinary approaches. Behavioral and social sciences are an integral part of comprehensive and effective injury-prevention efforts, yet they have lagged behind other approaches. We have only limited knowledge about how to change individual and population injury-risk behaviors, let alone how to sustain behavioral change. Interventions have often been based on simplistic assumptions that changing knowledge changes behavior. Many interventions have been developed using trial and error methods, rather than on theory-driven health behavior change models.¹ It is now widely accepted that behavioral and social sciences are an integral part of comprehensive and effective violence and unintentional injury-prevention efforts.¹⁻³

For every environmental or technological advance, there is usually a behavioral component that needs to be addressed. Children need to wear bike helmets, parents need to properly restrain a child in a child safety seat, tenants need to install smoke alarms, athletes need to wear protective gear, drivers need to use antilock brakes properly, and social and behavioral alternatives to violence must be found for youth and young adults.

Theory-based initiatives to prevent violence and injury have successfully dem-

onstrated the application of behavioral science to injury prevention, but they are infrequently used.³⁻⁵ Behavioral and social science contributions to injury prevention are underrepresented in the literature, underdeveloped in their application, and sorely underfunded.

To more effectively address the complexities of injury prevention, we need to integrate what is known in behavioral science and apply this knowledge to injury problems, research questions, and practices. Health promotion and safety promotion can help us accomplish this goal. Research should take an interdisciplinary focus and adapt existing theories to injury-risk behaviors and to the modification of risky environments.⁶ More emphasis is needed on behavioral and community intervention studies, evaluation, and the dissemination of programs with proven effectiveness.

We have also observed that a mix of strategies is needed to address both unintentional and intentional injuries. For example, in the child abuse field, Peterson and Brown⁷ recommend addressing background factors and immediate contributors that can lead to both types of injuries. These factors and contributors include sociocultural variables (ie, poverty, chaos, stress, isolation); caregiver-based variables (ie, history of abuse or risk taking, substance-abuse, supervision practices, unrealistic expectations of child, need for control); and child-based variables (ie, distractible, high-anxiety level, impulsivity, nonconformity). A mix of interventions focused on strengthening family and economic systems, developing linkages to social services, performing home visitations, building community networking, using therapy, and providing education and skill training for both parents and children would be important in addressing the total injury problem. These strategies emphasize behavioral and so-

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ciocultural environmental changes and should involve a wide array of professionals, including educators, health professionals, and representatives from health and social agencies.⁸

The papers presented here provide a preliminary framework for considering how behavioral and social science might be adapted to injury problems. In these papers, diverse research methods are utilized to understand and predict attitudinal, behavior, and social processes that influence injury outcomes. This research is important to inform the development and implementation of more effective interventions and prevention programs.

In this issue, Sleet et al describe the epidemiology of injuries, their importance as a public health problem, and the need for multi-faceted interventions and collaboration with several disciplines. Noland et al show that sibling violence, often thought to be natural and part of the sibling relationship, is not without long-term consequences in terms of predicting future dating violence. Ngwe et al report on the efficacy of the Aban Aya Youth Program (AAYP) in reducing the rate of growth of violence among African American youth. The results point to the importance of social and psychological factors found to be *complete mediators* between the intervention and its preventive effects. The study by Soubhi utilizes data from the National Longitudinal Survey of Children and Youth to review the relationships between child injury and child behavior, parenting, and social context factors that include family functioning and neighborhood characteristics. An important finding was that the influence of family and neighborhood varies depending on the child's age and behavior. Casteel et al report on the effectiveness of the No More Falls Program, which includes assessment, counseling, education, referrals, development of specific intervention plans for the clients, reassessment, and reported maintenance of positive risk-reduction strategies, in decreasing falls among older adults. Finally, Lewis et al report on the effects of parental beliefs that minor childhood injuries are actually beneficial in the development of young children. It was found that fathers endorsed stronger beliefs than did mothers regarding developmental benefits of injuries. This issue ends with a tribute to one of our outstanding col-

leagues, Dr Lizette Peterson-Homer, who passed away recently. Dr Peterson-Homer dedicated her stellar career to studying childhood injuries from a behavioral perspective, and she will be dearly missed.

The studies in this special issue provide additional support for applying behavioral and social science theories, models, and methods to the field of injury prevention. Further research needs to build on these findings to lead to successful interventions that incorporate not only the more passive and environmentally-oriented injury-prevention measures but also those that encompass and extend successful behavior-change methods as well. A useful bibliography of what is currently available in the published behavioral science literature in injury prevention (also available on CD-ROM) can be obtained from the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention.⁹

As readers of this special issue on injury and violence, you will, we hope, find the contents both interesting and useful in your research efforts. Many people have contributed to the success of this publication. We would particularly like to acknowledge Elbert Glover and Penny Glover for agreeing to devote an entire issue of the *American Journal of Health Behavior* to this important topic, especially because this topic has received little attention in this journal up to now. We hope this will be a stimulus to other authors to conduct and submit injury-related papers for publication, as the field is ripe for new ideas and unique applications.

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