

Scared safe? Abandoning the use of fear in urban violence prevention programmes

The American College of Surgeons' (ACS) Committee on Trauma recently released *Resources for Optimal Care of the Injured Patient 2014*.¹ Now in its sixth edition, *Resources* enumerates the criteria that US trauma centres must satisfy to achieve ACS verification. Of particular relevance to the field of violence and injury research is Chapter 18, entitled 'Prevention'. Among the many changes is the addition of criterion 18-5, which states: "Level I and II trauma centers must implement at least two programs that address one of the major causes of injury in the community" (p. 141). Violence is a major cause of injury in the communities served by urban trauma centres,^{2 3} and thus violence is likely to be the focus of many new programmes established to satisfy the criterion. This presents an opportunity to integrate violent injury research into practice as most trauma centres will adopt existing models of hospital-based violence prevention.

Given that criterion 18-5 functions as an unfunded mandate, and that resources dedicated to prevention activities are limited in most trauma centres,⁴ preference will likely be given to injury prevention programmes with relatively low costs. Programmes that use fear appeal are not very resource intensive. Fear appeal approaches to violence prevention involve tactics such as showing youth graphic images of wounds caused by violence, staging elaborate enactments of violent injury scenarios—such as acting out a trauma surgery, resuscitation and death using a programme participant as the patient—and visiting the hospital morgue or Coroner's Office, known as 'impact tours'.⁵⁻⁹ These programmes are currently functioning in many trauma centres across the USA. Although some have demonstrated modest effects in changing participants' attitudes about violence in the short term, their risk reduction benefits are likely to be limited and their approach could potentially inflict psychological harm and have unintended effects on vulnerable populations.¹⁰⁻¹³

Ruiter and colleagues define fear appeal as "a persuasive communication attempting to arouse fear in order to promote precautionary motivation and self-protective action" (p. 614).¹² An effective fear appeal message contains (1) a susceptibility and severity component, conveying that a person is at risk for an outcome and that there will be serious consequences if the outcome occurs, and (2) a self-efficacy and response efficacy component, generating the belief that a person can take protective action to reduce risk. In the context of urban violence, the extant research suggests that this messaging strategy is inappropriate and unlikely to be effective.

First, most high-risk youth in urban areas are already acutely aware of their susceptibility to violent injury and its severity. This is supported by a substantial body of research documenting the high prevalence of exposure to community violence in US cities.^{14 15} One recent study, for example, found that adolescents living in an urban area were exposed to an average of almost one incident of violence daily.¹⁶ A study of adolescents participating in an urban violence intervention programme found that 26% had witnessed a person being shot and killed while 50% had lost a loved one to gun violence.¹⁷ Programmes that intentionally expose youth

to images depicting the carnage of violent injury and morbid role playing exercises are unlikely to meaningfully alter perceptions of violence severity or susceptibility and might retraumatise participants.

Second, youths' ability to take protective action to prevent violent injury is constrained by household, neighbourhood and societal factors beyond their perceived self-efficacy. Residential poverty, crime, blight and community disinvestment are well-established risk factors for violent injury.^{18 19} Although youth can participate in activities to reduce these risk factors, fear appeal approaches that solely focus on individual attitude change do not sufficiently account for the multilevel determinants of violent injury risk and complex pathways through which it is produced.

As an alternative to fear appeal, we recommend violence prevention programmes that embrace tenets of trauma-informed practice and a social ecological approach. Trauma-informed practice acknowledges prior exposures to violence and provides services that recognise the social, emotional, biological and cognitive impacts of these experiences.²⁰ Programme services are provided by social workers and peer navigators who use motivational interviewing techniques, safety planning exercises and case management to connect youth with resources that reduce violent injury risk—such as education and job training—and collaborate with community partners to cultivate collective efficacy and advocate for policy changes that address the root causes of violence. There are over 25 such programmes currently operating in the National Network of Hospital-based Violence Intervention Programmes, which also provides training and resources to support programme development.²¹ In addition to preventing violent injury and its sequelae, these programmes are likely to produce cost savings^{22 23}—which is important, given that trauma centres have limited resources to conduct injury prevention activities.⁴

Writing over 25 years ago, Job bemoaned the persistent use of fear appeal despite insufficient evidence of its effectiveness, stating "Even today, a large number of health promotion campaigns are based on a simple strategy: get behind people with a big stick (lots of threat and fear) in the hope that this will drive them in the desired direction... this strategy has met with little success" (p. 163).²⁴ As members of the Society for *Advancement of Violence and Injury Research*, we encourage trauma centres to move beyond fear appeal approaches when satisfying criterion 18-5 and urge injury prevention researchers to collaborate with trauma centre personnel to design and evaluate violence interventions that reflect the current state of injury prevention research.

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Bishop killed cyclist

A female bishop has been charged with manslaughter, driving under the influence (DUI) and texting while driving when she crashed and killed a cyclist. Many were upset when the offender was promoted, despite a past DUI and reckless driving record.



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