

# T06P03 / Violence Prevention Policy and Practices

**Topic :** T06 / Policy Implementation

**Chair :** Zigmond Kozicki (University of Detroit Mercy)

**Second Chair :** Stephanie Baiyasi-Kozicki (Central Michigan University)

## GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

Preventing violence involves policies that combine public health and public safety. The prevention of violence can involve different methods. There are seven methods accepted by experts as providing evidence that policy makers should consider (Who, 2010). These seven methods include: 1. Developing safe, stable and nurturing relationships between children and their parents and caregivers; 2. Developing life skills in children and adolescents; 3. Reducing the availability and harmful use of alcohol; 4. Reducing access to guns, knives and pesticides; 5. Promoting gender equality to prevent violence against women; 6. Changing cultural and social norms that support violence; 7. Victim identification, care and support programs.

## CALL FOR PAPERS

The Violence Prevention Panel seeks to enable presenters to provide examples of how any and all of these seven violence prevention approaches have been implemented and the results. Presenters will be encouraged to share their information in both written and oral reports. The panel will demonstrate that violence prevention is possible and to encourage policy makers to adopt strategies to reduce violence in their populations. Violence will be considered as being a public health and public safety issue.

Violence takes many forms, including intimate partner violence, sexual violence, child maltreatment, bullying, suicidal behavior, and elder abuse and neglect. These forms of violence are interconnected and often share the same root causes. They can also all take place under one roof, or in a given community or neighborhood and can happen at the same time or at different stages of life (Butchart et al., 2004 & Klevens et al. 2012). Understanding the overlapping causes of violence and the things that can protect people and communities from violence is an objective of this panel. The panel can demonstrate that it is important to address violence in all its forms.

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## Session 1

Friday, June 30th 13:45 to 15:45 (Manasseh Meyer MM 3 - 1)

### **Political Economy of development in Post-Independent India and Dominant Castes Demand for Reservation Policy-An Analysis**

E Venkatesu (University of Hyderabad)

Political Economy of Development in Post-Independent India and Dominant Castes demand for Reservation Policy – An Analysis

Introduction:

The traditional India was a highly stratified and hierarchical structured social system, which was formed on the basis of caste[1]. In the process of colonial modernisation with the penetration of western education and ideas, there was a social upsurge from the lowest social order of the society for human dignity and self-respect during the 19th century. The legacy of 19th century social resistance had become rich social capital for the incorporation of 'Right to Equality', 'Social Justice', 'fraternity' etc. in the Constitution of India, which came into existence on 26th January 1950.

The makers of Indian Constitution such as BR Ambedkar raised the issue of caste centric annihilation and need for Constitutional status to the policy that needs to be introduced in the form of reservations/affirmative action/positive discrimination for the amelioration of the historical marginalized, indigenous and socially and educationally backward classes[2].

While following the Constitutional provisions, the post-independent Indian state introduced 22.5% reservations in public sector employment, education and political representation for the historically marginalized and indigenous social groups in proportion to their population right from the commencement of Indian Constitution.

The state also extended 27% reservations in 1992 in the public sector for the artisan, service and nomadic communities, which constitutes about 52% of the population in India. In implementation of the 27% reservation policy, there are certain hurdles such as Creamy-layer, lack of awareness to the beneficiaries and difficulties in obtaining caste certificate from the government, therefore, hardly 14% of reservations have been implemented in the public sector.

Meanwhile, the dominant social groups[3] such as Jats in Haryana, Marathas in Maharashtra, Patels in Gujarat, and Kapus in Andhra Pradesh have been demanding for the status of socially and educationally backward classes, so that they will become part of 27% reservation policy. These are the four federal units of Indian state which have got benefited a lot from the Industrial policy and Green Revolution in agricultural production. Under this background the paper is proposed with the following research questions.

Research Question:

- Whether the Post-independent model of development led to the advancement or backwardness of the social groups?

Objectives:

1. To examine the nature and character of the Political economy of development in post-independent period
2. To assess the beneficiaries of development in post-independent India
3. To critical analyse the reasons for the demand of dominant castes to provide backward classes status and
4. To suggest Policy initiatives to overcome the emerging social conflicts in the country

Methodology:

In drafting of the paper both primary and secondary sources of Quantitative and qualitative data will be used. As for as primary data is concern, Lokniti-The Centre for Study of Developing Societies (CSDS) data

will be used.

Structure of the paper:

- Introduction
- Political Economy of Development
- Socio-economic profile of the beneficiaries of the development
- Socio-economic factors for the rise of Dominant caste demand of reservations
- Conclusion and suggestions

[1] Caste is a informal social institution of kin relationship and those who have practiced similar occupation assigned on the basis of birth in a caste

[2] See for details, Galantar. Marc, competing equalities

[3] According to MN Srinivas, prominent sociologist, dominant caste is the one which is having control over the land, finance capital, accessibility to the political power and administration.

### **What police reports reveal about risks factors to victims, characteristics of perpetrators, and police practice in cases of domestic violence?: An analysis of police case files in the United States**

Nguyen Anh (University of Texas at Arlington)

Peter Lehmann (University of Texas in Arlington)

Together with health care providers, social workers, police are first responders and major forces in responding to cases of domestic violence, however, there is limited research examining the role that police data, specifically, police reports, may play in the assessment of future intimate partner violence, escalation, recidivism, or even examining police practice and interactions with domestic violence victims and perpetrators. Recent incidents in the United States regarding police practices raised serious concerns on law enforcement's practice and reaction against certain minority groups. The purpose of this research, therefore, is to examine a sample (n=305) of Texas (USA) police reports in domestic violence to answer the following questions: (1) What factors related to domestic violence risks/ future escalation/ recidivism are contained in police reports, (2) Is it possible to assess the risk that a perpetrator poses to his victim using only information found in these case files? (3) How does background (race, age, experiences) of the police officers affect their decisions in arresting male/ female perpetrators or victims, as well as their decisions on dual arrest?

A mixed methods analysis is utilized for this study. First, content analysis is utilized to identify codes/ themes elaborating whether there are signs of prejudices, bias, discriminations on the basis of races, ages, identity of the victims and perpetrators that affected police officers' decisions and practice in responding to domestic violence. Second, linear regression is employed to examine characteristics associated with higher levels of violence. Several factors previously found to be related to domestic violence recidivism and/or escalation are found to be significantly associated with increased levels of violence, such as the use of a weapon and cohabitation without marriage. Logistic regression also is used to examine the likelihood of prosecution based on perpetrators, victim, and relationship characteristics. As research moves forward, it is important to consider police reports as well as to examine future incidents of domestic violence in order to evaluate the predictive validity of these assessments. The findings of this study contributes to the review of the practice of police training in responding to domestic violence cases, the revision of interventions to the risk posed by an offenders to victims and, thus, may improve the social service and criminal justice response to domestic violence.

### **Not Now, Not Ever, Queensland Domestic and Family Violence Prevention Strategy**

Faiza EL-HIGZI (University of Queensland Australia)

This paper reflects on the process of development and implementation of the Queensland Domestic and Family Violence 10 year Strategy 2015-2015 focusing on those elements that appear to be making a difference. In September 2014, the Queensland Government, Australia, established a special Taskforce to investigate the extent of violence against women and children in State and present recommendation to the State Government to reduce incidents of violence against women and their children. The Taskforce was chaired by the Hon. Quentin Bryce AD CVO who was the Governor General of Australia (2008 – 2014). Five

months after its formation, the Taskforce presented 140 recommendations to the Premier of the State under a report titled Not Now, Not Ever, Putting an End to Domestic and family Violence in Queensland[1]. The recommendations focused on three themes: attitudinal change of society; improving support services for women and making the justice system accessible to victims. This effort follows a National Plan to reduce violence against women and their children. Endorsed by COAG the report also focused on cultural and attitudinal change with an emphasis on respectful relationships and holding perpetrators accountable. The Queensland 10 year strategy have principles for current and future attitudinal change, a concern for safety and support for victims, an expectation that prevention of violence is everyone's responsibility. Following a standard policy development process, the strategy recommended implementation through four action plans with the first 12 months laying the foundations for change followed by three, 3 year plans focusing on attitudinal change, improved services and empowering the community to maintain momentum and keep driving the change. A governance structure designed to drive change throughout the community includes a Prevention Council, a cross government committee and regional committees to ensure coverage across the State. A Prevention Council was established of prominent members of the community in media, non-government organizations, legal sector, industry, social and education sectors. It is tasked with providing oversight for the implementation of the strategy. The Council reports to the Premier every six months and has a provision for the development of an evaluation framework to ensure the strategy achieves its stated objectives. The framework considers policy implementation processes, resource allocation and effectiveness of government mechanisms relied upon to deliver the strategy.

In its first year, the strategy achieved legislative reform to protect victims and hold perpetrators accountable, increased responsiveness of service delivery including police response to incidents and rolled out educational programs at school focusing on gender equality and respectful relationships covering all three thematic areas.

A success factor of this strategy to-date is in the level of importance the issue has achieved through the involvement of high profile personalities and the prominence it has achieved in the public consciousness through the non-wavering support of the Queensland Premier - a female -and the chair of the Taskforce - a prominent female – together with the involvement of male figures from sport and indigenous communities in raising awareness about the issue is significant.

Keywords: women, domestic violence, children, family, respectful relationships, Queensland

[1] Queensland Government (2015). Domestic and Family Violence Prevention Strategy 2015-2025

## **Violence Against Women Act (VAWA) of the United States: an assessment of the effects on intimate partner violence prevention, intervention, and policy implementation.**

Nguyen Anh (University of Texas at Arlington)

Richard Hoefer (University of Texas in Arlington, School of Social Work)

Intimate partner violence (IPV) is defined as violence committed by a current or former intimate partner, spouse or ex-spouse. Each year, 1.3 to 5.3 million women in the United States experience IPV. This statistics showed a large number of individuals affected, the enormous healthcare costs, and the need for a multidisciplinary approach make IPV a significant public health and social issue. Approved since 1995, the Violence Against Women Act (VAWA) addresses various issues regarding violence against women, including domestic violence, dating violence, sexual assault, and stalking. VAWA promotes the establishment of coordinated community care among law enforcement, prosecutors, victim services, and attorneys. Over the years, VAWA has been reauthorized three times. Of these, the most recent reauthorization in 2013 has stirred some critical and controversial issues, including new provisions for Native Americans; lesbian, gay, bisexual, transgender, gay, and queer (LGBTQ) individuals; and victims of human trafficking, and intimate partner violence in America's immigrant population. After 5 years, the VAWA is facing the new period of reauthorization in 2017 - 2018. With the new presidency in 2017, it is anticipated that there would be drastic changes in funding and budgets for VAWA. It is important now to review the effects of VAWA in the prevention, intervention of domestic violence. As such, this study aims at examining the effects of VAWA, especially the distribution of funding for preventing domestic violence and for helping victims of IPV.

Although evaluations of process and implementation suggest that the Violence Against Women Act (VAWA) funding program has resulted in positive outcomes, there is limited literature evaluating its impact on domestic violence specifically. This study examines data on funding, using grants for the implementation of domestic violence programs in various states throughout the United States. Findings indicate that VAWA grants are associated with reductions in domestic violence. The results provide support for continued existence of this funding stream and for additional evaluation to determine accurately which programs

funded are effective in reducing domestic violence.

## **Violence is a Public Health Policy Issue**

Zigmond Kozicki (University of Detroit Mercy)

Stephanie Baiyasi-Kozicki (Central Michigan University)

### Abstract

Policy makers can create a unified effort that connects the health sector with community resources, social services, schools, the justice system, and other municipal systems to address the violence that devastates communities. Non-profits (including non-profit hospitals), universities and schools of public health, community organizations, and government entities (namely health departments) are positioned to lead in this effort. What is needed are new protocols, policies, and programs that can prevent violence and ameliorate its impact on people. Recognizing violence as a health issue is a new understanding of violent behavior as arising from contextual, biological, environmental, systemic, and social stressors. Violence can be prevented through policy that involves the health sector, criminal justice, schools, social services, housing, community development, businesses, etc. Violence is a health crisis and it is time for violence to be recognized and treated in this way.[1] [2] [3] Evidence from a Baltimore, Maryland trauma center serving high risk, justice-involved youth used a hospital-based violence intervention program (HVIP) and lowered re-injury rates from 36% to 5% and subsequent violent crime convictions from 55% to 13%, while increasing employment rates from 20% to 82%[4]. In Philadelphia, Pennsylvania medical, criminal justice and job opportunity costs for HVIP had \$4 million in savings over five years.[5] In San Francisco, California a Street Violence Response Team convenes weekly with senior representatives from the mayor's office, police department, community-based workers, public health department, child and family services, housing, education, probation and district attorney's office.[6] The faith-based Catholic Health Initiatives (CHI), unites its facilities and communities across the country in efforts to bring about healthier communities through the prevention of violence. Over 45 CHI sites across the US are currently implementing community-based violence prevention programs, using a collaborative, multi-sector approach.[7] The American Medical Association and the American Academy of Pediatrics have recommended that clinicians include topics of gun safety, bullying, relationship and peer-to-peer violence in their guidance with patients.[8] [9]

[1] Slutkin, G. (2012). Violence is a contagious disease. *Contagion of Violence: Workshop Summary*, 94-111. Washington, D.C.: National Academy Press. Retrieved from: <http://www.ncbi.nlm.nih.gov/books/NBK207245/>

[2] Graziano, M., & Pulcini, J. (2013). Gun violence and the role of health care: A confusing state of affairs. *The American Journal of Nursing*, 113(9), 23-25. doi:10.1097/01.NA.J.0000434174.40289.af

[3] Dahlberg, L.L., & Mercy, J.A. (2009). History of violence as a public health problem.

*American Medical Association's Virtual Mentor*, 11(2), 167-172.

[4] Cooper, Carnell, Eslinger, Dawn M., & Stolley, Paul D (2006). Hospital-Based Violence Intervention Programs Work. *J Trauma*, 61, 534 –540

[5] Jonathan Purtle et al. (2005, February). Cost-Benefit Analysis Simulation of a Hospital-Based Violence Intervention Program. *American Journal of Preventive Medicine*, 7(2), 162-169

[6] San Francisco Violence Prevention Services (2016, August). Coordination. <http://violenceprevention.sfgov.org/coordination.html>

[7] Catholic Health Initiatives (2016). Violence Prevention. <http://www.catholichealthinitiatives.org/violence-prevention>

[8] Elster, Arthur, Knox, Lyndee M., & Lomonaco, Carmela (2005). American Medical Association's Youth Violence Prevention Training and Outreach Guide. *American Journal of Preventive Medicine*, 29(5.2) 226-229. Retrieved from: [http://stopyouthviolence.ucr.edu/pubs\\_by\\_topic/ConnectingtheDots.pdf](http://stopyouthviolence.ucr.edu/pubs_by_topic/ConnectingtheDots.pdf)

[9] American Academy of Pediatrics (2016). Gun Violence Prevention.

<https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/AAPFederalGunViolencePreventionRecor>