work to maintain a balance between family connectedness and individual autonomy (Wuest, Merrit-Gray, & Ford-Gilboe, 2004). Community health nurses can assist families in this process of regeneration by helping them to clarify past interaction patterns and identifying appropriate changes in those patterns and mechanisms to achieve those changes.

Goals for primary, secondary, and tertiary prevention of societal violence and related community health nursing interventions are summarized in Table 32-6.

**TABLE 32-6 Goals for Primary, Secondary, and Tertiary Prevention of Societal Violence and Related Community Health Nursing Interventions**

<table>
<thead>
<tr>
<th>Goal of Prevention</th>
<th>Nursing Interventions (Individual/Family)</th>
<th>Nursing Interventions (Community)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Prevention</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Development of effective coping skills</td>
<td>1. Teach coping skills and stress management skills to individuals and families.</td>
<td>1. Teach coping and stress management skills to population groups; advocate for inclusion of coping skills in school curricula.</td>
</tr>
<tr>
<td>3. Development of realistic expectations of self and others</td>
<td>3. Educate parents on child development; educate caregivers on needs of the elderly; help clients recognize strengths.</td>
<td>3. Educate the public regarding developmental expectations; advocate for and initiate parenting education programs; develop caregiver education programs.</td>
</tr>
<tr>
<td>4. Development of effective parenting and interpersonal skills</td>
<td>4. Teach parenting skills; teach and role-model effective communication skills; refer families with communication difficulties for counseling assistance.</td>
<td>4. Advocate for communication education in school curricula; advocate for and implement parenting education programs; advocate for available counseling services to improve family communication.</td>
</tr>
<tr>
<td>5. Treatment of psychopathology or substance abuse</td>
<td>5. Refer for treatment.</td>
<td>5. Advocate for available and accessible treatment services.</td>
</tr>
<tr>
<td>7. Provision of emotional and material support</td>
<td>7. Refer to sources of assistance as needed; assist in development or expansion of social support networks.</td>
<td>7. Advocate for supportive services for perpetrators and victims of violence; advocate for societal changes to minimize sources of stress contributing to violence.</td>
</tr>
</tbody>
</table>

Continued on next page
### TABLE 32-6  Goals for Primary, Secondary, and Tertiary Prevention of Societal Violence and Related Community Health Nursing Interventions (continued)

<table>
<thead>
<tr>
<th>Goal of Prevention</th>
<th>Nursing Interventions (Individual/Family)</th>
<th>Nursing Interventions (Community)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Reduction of risk behaviors</td>
<td>8. Encourage clients not to frequent places where homicides occur and not to use drugs and alcohol in circumstances in which interpersonal conflict is likely.</td>
<td>8. Educate the public on the influence of drugs and alcohol on violence; advocate for adequate police protection in high crime areas; advocate for societal mores that promote early intervention to prevent escalation of conflict to violent behaviors.</td>
</tr>
<tr>
<td>9. Decreased availability of weapons, drugs, and alcohol</td>
<td>9. Encourage removal of weapons from homes; encourage responsible alcohol use.</td>
<td>9. Engage in political activity to promote control of weapons and limit access to drugs and alcohol.</td>
</tr>
<tr>
<td>10. Change in societal attitudes toward violence</td>
<td>10. Teach nonviolent modes of conflict resolution; teach problem-solving and decision-making skills; discuss appropriate approaches to discipline.</td>
<td>10. Develop and implement campaigns to change cultural perceptions of violence as a means of conflict resolution.</td>
</tr>
<tr>
<td>11. Development of policies that discourage violence and protect potential victims</td>
<td></td>
<td>11. Engage in political activity and advocacy; promote positive attitudes toward the elderly and disabled; advocate for women's social rights.</td>
</tr>
</tbody>
</table>

#### Secondary Prevention

1. Identification of persons at risk for violence  
1. Engage in case finding; teach teachers and counselors to recognize signs of abuse or potential for violence; screen for evidence of abuse or potential for violence.  
1. Educate the public regarding factors contributing to risk of violence; develop screening programs for risk for violence.  
2. Provision of counseling for persons at risk for violence  
2. Refer for counseling.  
2. Advocate for availability of counseling services for those in need.  
3. Provision of treatment for victims of violence  
3. Refer for necessary services.  
3. Engage in political activity and advocacy to assure adequate treatment facilities.  
4. Identification of episodes of violence  
4. Monitor trends in societal violence to identify problem areas.  
5. Provision of safe environments  
5. Remove victims of abuse to safe environments as needed; plan with victims for achieving a safe environment; refer to a shelter as needed; initiate involuntary commitment proceedings if the person is a clear danger to self or others.  
5. Advocate for available shelter and other resources for victims of violence.  
6. Provision of treatment for violent persons  
6. Refer for treatment; provide emotional support to both victims and perpetrators.  
6. Advocate for availability of treatment services and facilities.

#### Tertiary Prevention

1. Prevention of suicide clusters and copycat murders  
1. Assist in the development of community response plans; advocate for control of media exposures to violence.  
2. Advocate for support services for families of victims.  
2. Provision of care to families of homicide and suicide victims  
2. Assist family members to work through feelings of grief and guilt; assist families to find positive ways to cope with loss; refer for assistance with legal and other tasks as needed; refer for counseling as needed.  
3. Advocate for available services for victims and perpetrators of violence.  
3. Treatment of consequences of violence  
3. Refer for physical and psychological treatment services as needed.  
4. Advocate for social changes to minimize sources of stress that contribute to violence; advocate for development of respite care and other support services.  
4. Reduction of sources of stress  
4. Refer to sources of assistance; develop or expand social support networks; arrange for respite care as needed; assist with employment and other social needs.  

### Evaluating Control Strategies for Societal Violence

The effectiveness of control strategies for societal violence can be evaluated at the level of the individual client or family or at the population level. For example, the nurse might determine whether or not child abuse has been prevented in a family at high risk for abuse, or whether subsequent instances of abuse have been experienced by an older client or pregnant woman. At the population level, the community health nurse might look for changes in suicide or homicide rates or the frequency of reports to child protective services to evaluate the effectiveness of population-based interventions. As noted