Background

Rates of violence are increasing in Missouri. From 2014 to 2017, the rate of deaths from firearms rose from 15.3 to 21 per 100,000 population. Nationally, rates rose from 10.3 to 12 per 100,000 population[1]. Homicide rates have also been on the rise, from 7.5 to 11.3 in Missouri and 5.1 to 6.2 in the United States from 2014 to 2017.[1] In Missouri, suicide ranks as the 10th leading cause of death and 57% of these deaths involve firearms[2]. Along with the growing loss of life, the economic toll of violence also needs to be considered. **Annually, Missouri taxpayers cover over $384 million dollars of the direct cost of gun violence.** [3] This includes expenses related to healthcare, law enforcement and criminal justice plus the cost to employers and lost income of the victims.

Violence can be categorized by the context in which it occurs and the relationship between the perpetrator and victim. Self-directed violence includes self-abuse and suicide. Interpersonal violence refers to violence which is inflicted by an individual on another or by a small group and can be broken down into family and intimate partner violence (IPV) and community violence. Examples of family and IPV include child maltreatment, IPV, and elder abuse. Community violence includes acquaintance or stranger violence and typically, takes place outside of a residential dwelling. Examples include youth violence, assault by strangers, violence related to property crimes, and violence in the workplace and other institutions. Lastly, collective violence refers to acts committed by larger groups of people and entails social, political, and economic violence.[4]

Violence has become a public health crisis. As such, in order to effectively prevent and respond to violence, communities must implement a comprehensive public health approach centers on both prevention and mitigation. Understanding the root causes of violence, including its risk and protective factors, through research and surveillance is necessary to be able to develop effective programs, policies, and responses that can reduce the initiation of violence. A comprehensive response should also include methods to mitigate the negative effects that stem from existing violence. Responding to and taking care of victims of violence, investing in trauma-informed care, increasing cross-sector collaboration and implementing methods to reduce access to weapons will help curb the occurrence and effects of violence.

Social Determinants of Health/Protective and Risk Factors of Violence (alt. Violence as a Public Health Issue)

Rarely does violence occur in a vacuum. Social factors, such as socioeconomic status (SES), race, and gender are correlated to the occurrence of violence. Studies have demonstrated that the longer children live in circumstances of lower SES, the higher their risk for self-harm and violent criminality and vice versa for time spent living in conditions of higher SES[5]. Individuals of color also carry a large portion of the burden of violence as victims. In the United States, black/African

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Americans represent 13% of the nation's population but account for 51% of all homicide victims. Missouri has the highest homicide rate for black/African Americans at 46.24 per 100,000- more than double the national average of 18.68 per 100,000 for black/African Americans. [6] Like Missouri, states with the highest homicide rate for black individuals also have the largest disparities in homicide rates between black and white individuals[7]. Disproportionately, adolescents and young adults account for the highest proportion of all types of violence. For individuals ages 15-24, suicide and homicide are the second and third leading causes of death.[8]

There are other more direct risk and protective factors of violence as well. Individual level factors such as unemployment, poor mental health and impulse control, alcohol and other substance use disorders can increase the risk of violence. Alternatively, social connectedness, conflict resolution skills, employment and other roles that afford social status may help protect against violence[8].

Interpersonal factors also play a large role in influencing violence. Youth are more likely to engage in negative behaviors if they are supported and encouraged by their peers to engage in those behaviors.[4] Adverse childhood experiences (ACEs) are also important predictors of future perpetration of violence. ACEs, such as child abuse, living with individuals who have a substance use disorder or were incarcerated increase the likelihood of future alcoholism, suicide, incarceration, and future perpetration of crime.[9]

An individual's community can also play a large role in their likelihood of experiencing violence. Aspects of the built environment can have a significant impact on the occurrence of violence. The relationship between physical disorder- measured by observations of litter, graffiti, and abandoned cars- and increased rates of crime, firearm injuries and homicides has been shown to be significant, even after controlling for poverty and race.[10] Lower levels of collective efficacy, or the shared belief in a community's ability to effect change, social cohesion, the willingness of members of society to cooperate with each other, and the tolerance and normalization of violence, can encourage many forms of violence.[8]

Recognizing all the risk and protective factors as influential predictors of violence is a critical aspect of the public health approach to violence prevention.

Recommendations

Given the growing rates of violence and the toll it has on individuals and communities, violence should be treated as the public health issue it is. A comprehensive response should incorporate primary and secondary prevention and mitigation measures to attenuate the effects of violent events. A multilevel approach that addresses risk and protective factors is needed to prevent violence.

Prevention Measures

Evidence-Based Programming

Violence is a behavior that can be prevented. Utilizing evidence-based measures to prevent the occurrence of violence is essential. The CDC has created technical packages for violence prevention that compile evidence-based programs, policies, and practices for different types of violence.[11] Implementing early and targeted interventions for high-risk individuals can help prevent the later occurrence of violence.[8] Focusing on young individuals is especially important given the strong connection between ACEs and future perpetration of violence.

Policies

Implementing policies that impact structural conditions can also prevent violence. Placing restrictions on the alcohol outlet density in communities and alcohol serving hours has been shown to reduce violence in

communities. Policies that reduce access to and the availability of firearms can also reduce many types of violence, including IPV, homicide, and suicide.[8]

Response Measures

Supporting Victims of Violence

When violence cannot be prevented, it is important to be able to support victims of violence. Implementing trauma-informed care is important to encourage healing from the effects of violence among survivors. Utilizing cognitive-behavioral therapy can be an effective method to modify harmful thinking and behavior following the occurrence of violence. Initiating screening practices to identify victims of IPV and referring them to appropriate services can help prevent the reoccurrence of violence.[8] Hospital-based violence intervention programs (HVIP) are another effective method of secondary prevention. A large portion of patients treated for violent injury will be reinjured within 5 years. HVIPs recognize this and work to treat more than physical wounds by connecting patients of violent injury to crisis intervention resources, community based services, and long term case management.[12]

Cross-Sector Collaboration

Increasing cross-sector collaboration in response to violence is also critical to creating a wide reaching and comprehensive response. Cities that have a more comprehensive approach to violence have been shown to have the lowest rates of youth violence.[13] Local public health organizations can serve as organizing and unifying body to bring multiple disciplines, such as the criminal justice and education systems together to address violence.

Criminal Justice

Working with the criminal justice system in particular to move away from aggressive punitive measures to community-driven, specific problem-solving measures is part of a comprehensive response. Law enforcement practices such as arrests, which aggressively target specific individuals for disorderly behaviors, have not been shown to generate significant crime reduction, particularly in comparison to problem-solving interventions designed to change social and physical disorder conditions. These types of interventions focus on engaging residents, local merchants, and others in identifying local crime issues and developing appropriate responses with community input and are associated with a modest crime reduction effect.[14]

While deterrence in the form of law enforcement and criminal justice consequences might be part of a broader strategy, note that it is not without its own risks. Recidivism and re-traumatization may further perpetuate a cycle of violence and the removal of large numbers of people from a community through mass incarceration may further destabilize already vulnerable communities.[15] Studies have also shown that discriminatory practices in the criminal justice system such as mandatory minimum prison sentences and cash bail can fuel the cycle of violence. They lead to distrust in the justice system and a lack of cooperation with law enforcement.[8] Making space for these approaches allows for the recognition that while the public health approach addresses upstream factors, it is not likely that all forms of violence will be prevented. Therefore, partnering with the criminal justice sector to reform the system in a way that raises the voices of the community is also necessary.

Conclusion

The public health system must play a key role in addressing violence. It can play this role by focusing on prevention and mitigation efforts through a collaborative and cross-sector approach. By improving the conditions individuals live, work and play in, restricting access to products that lead to violence (i.e. alcohol, guns), and supporting those who have already been affected by violence, structures will be created that allow for healthier and safer individuals and communities.

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