Creating and Mobilizing Health and Public Health/Community Systems to Reduce Violence - A Framework for Action

Statement of the Violence as a Health Issue Collaborative

Executive Summary

This paper provides a framework for addressing violence, in all of its forms, as a public health issue in impacted communities across the United States. Current efforts to reduce violence have not been effective enough, as national data demonstrate a recent increase in violent events. There is also increasing evidence of the profoundly harmful effects of violence on child development, the long-term health of affected populations, as well as significant negative effects on the educational attainment, housing quality, and economic development of entire communities— especially communities of color. The current, fragmented approach that leans heavily on the justice system needs to be adapted and updated to a unified, integrated one that encourages and supports extensive cross-sector collaboration with an emphasis on health. This allows for all agencies to be involved and held accountable for preventing violence and its health effects, and for the use of health-informed methods. In this approach, for example, health departments, hospitals, schools, universities, non-profits, and justice systems: (1) share data on all forms of violence; (2) identify protocols for screenings and referrals; (3) develop and enhance programs and policies to prevent and reduce violence; and 4) use data to continuously increase the efficiency and effectiveness of these efforts. The framework laid out in this paper presents a cost-effective means to reduce the incidence and impact of violence, which now costs the United States tens of thousands of human lives and hundreds of billions of dollars every year. A unified effort that works mainly through existing infrastructure, addresses systemic and institutionalized trauma, and connects the health sector to community resources, social services, schools, the justice system, and other municipal systems is the most effective way to address the violence that devastates so many American communities.

Significant investment, whether through new or the realignment of existing resources, is necessary to establish and maintain a comprehensive public health system that reduces and prevents violence throughout the country. What's needed is not just more violence prevention programs, but rather an integrated system of care, corresponding training and education, and policies that support health-centered violence prevention. This differs significantly from our current infrastructure that invests after the fact. What's more, a health-centered approach recognizes that, in addition to new federal, state and local investments, existing investments in housing, economic development, land use and planning, etc. can be leveraged to support healthbased violence prevention - all sectors must be invested as all are affected. The United States must change not only the way it approaches and prevents violence, but

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also how Americans think and speak about violence. Additional funding will be used to create new violence prevention initiatives and integrate existing ones, and to promulgate a trauma-informed, health-focused understanding of the causes and impacts of violence and its effective prevention. Non-profits (including non-profit hospitals), universities and schools of public health, community organizations, and government entities (e.g., local and state health departments) are well positioned to take the lead in this effort by establishing new protocols, policies, and programs that can prevent violence and ameliorate its impact on our communities—always with an eye toward equity. This framework, developed by over 50 health practitioners representing national and local health organizations and endorsed by more than 400 health and community practitioners representing over 40 cities and 40 national organizations, will guide local government and organizational leaders to improve and systematize their efforts in violence prevention - making our country safer and healthier for all.

Introduction

Violence is a health crisis in the United States, and it is past time for it to be recognized and treated as one (1)(2)(3). The World Health Organization defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" (4). Impacting millions of Americans and every part of the healthcare system, violence's virulent effects on our communities cost millions of human lives and hundreds of billions of dollars, annually (5)(6). Violence negatively affects a wide range of social areas— including education, equity, economic development, and justice reform (7)(8). Violence, in all of its forms, touches countless Americans, with particularly devastating and disproportionate effects on communities of color, women, and the LGBTQ community. One out of three women in this country experience intimate partner violence (IPV), nearly 1 in 5 U.S. women report rape, and suicide is the country's third leading cause of death for people ages 10-34 (9)(10)(11)(12). Self-report data, which likely underrepresents the true extent of the issue, indicates that at least one in seven children in the U.S. experienced child abuse or neglect in 2015 (13)(14). Data also reveal a recent increase in violent crime; many of the current prevention approaches and policies, which rely heavily on the justice system, are not working to reduce violence. The United States must address violence with an approach that unifies systems, in which an interconnected, accountable health sector works with municipal, community-based and family-serving sectors to prevent all forms of violence.

The recognition of violence as a health issue is founded on a new understanding of violent behavior as arising from contextual, biological, environmental, systemic, and social stressors. A "trauma-informed" approach suggests that violence is not symptomatic of "bad people;" rather it is a negative health outcome resulting from exposure to numerous risk factors. Thus, the health system must play a primary role in preventing the spread of violence, including increasing its focus on addressing inequities and reducing racial bias in its institutions and systems. The system builds on a growing body of work including the 2001 Surgeon General Report on Youth Violence that proves that the health approach to violence is effective. In this foundational document, Dr. David Satcher states, "the key to preventing a great deal of violence is understanding where and when it occurs, determining what causes it, and scientifically documenting which of many strategies for prevention and intervention are truly effective" (15). This paper will provide examples of, and insight into, the multiple levels of intervention and support to be incorporated in health systems nationwide.

Still, violence will not be dealt with by the health sector alone; other sectors—justice, education, social services, housing, community development, businesses, etc.— will work in concert with the health sector. Implementing health approaches throughout impacted communities will create an improved,

cross-sector public health system with the shared aim of detecting and interrupting conflicts, identifying those at risk of becoming involved with violence, and changing harmful community norms— including those that promote aggression, discrimination, poverty, high unemployment, low social cohesion— that may perpetuate or foster violence. This includes addressing environmental risk factors that increase the likelihood of violence. For example, the density of liquor stores has been shown to have a direct correlation with the prevalence of violence (16). In this trauma-informed model all sectors collaborate, engage, share information, and learn from each other. Ultimately, high level municipal officials and the community members themselves must hold all aspects of this system accountable so the full benefit of healthier, safer, more equitable communities will be realized. Below, we outline the elements of this expanded, interconnected, and unified system and provide examples of areas for cross-sector collaboration. These elements must be included in the system and allow for acknowledgment and expansion of existing assets, leveraging opportunities, and intentional focus on areas and communities disproportionately impacted by violence.

System Elements:

1. *Public Health Departments: Coordinating, Developing, and Funding the Violence as a Health Issue Movement*

2. *Community Organizations and Community Residents: Four Steps to Safer Neighborhoods*

3. *Social Service Providers: Utilizing Community-Centered Practices to Address Violence*

4. *Primary Care: Establishing a Safe Environment and Making Connections*

5. *Emergency Departments and Acute Care Facilities: Identifying and Supporting Individuals and Families at Risk*

6. *Hospitals as Anchor Institutions: Working for Their Communities*

7. *Health Care System Economics, Violence Prevention and Policy*

8. *Mental Health: Better Connection Strategies for Healthier Communities*

9. *Behavioral Health Care: Integrated Medical and Behavioral Health Systems*

10. *Academic Medical Centers: Research Done Right*

11. *Schools: Unlearning Violence*

12. *Early Childhood Development Centers and the Child Welfare System: Starting off Strong*

13. *Schools of Public Health: Preparing Movement Leaders with Curricula and Research*

14. *Community Information Systems: Monitoring Trends of Violence Nationwide*

15. *Law Enforcement and the Justice System: Supporting Public Health Contributions and Ensuring Accountability Towards a Healthy/Equitable System*

16. *Faith-Based Institutions: Preaching Violence Prevention*

17. *Media: Changing the Dominant Narrative*

18. *Cross-Sector Collaboration: A Holistic Health Approach to Violence*

1. Public Health Departments: Coordinating, Developing, and Funding the Violence as a Health Issue Movement

In this framework, local public health departments are the main entity responsible for the development and implementation of integrated, comprehensive community-based violence prevention. These departments use and disseminate funding to incentivize health sector leadership to address social determinants related to violence and to coordinate the use of health and other data with other sectors to improve their communities' abilities to address social determinants of health (17). Public health departments are improving coordination and infrastructure to confront violence as a health issue— and to address the pervasive racial and gender inequities that lead to and stem from violence— as an interconnected, multi-sector system (18). They begin to address these inequities through hiring, training and supporting violence prevention professionals and coordinators in their own and other sectors (19). Public health departments also use funding to research and monitor violence trends to better target resources to and in those communities experiencing the highest rates of violence (20). Local health departments are connected and supported through leadership in their respective state health departments. State health departments play the critical role of disseminating best practices. They are responsible for, ensuring accountability while continuously improving and sustaining the system through policy enactment and resource procurement.

2. Community Organizations and Community Residents: Four Steps to Safer Neighborhoods

The community—local residents, businesses, and organizations—is of vital importance to a health system focused on violence prevention. Community members have unique insight into the local context and the local credibility to reach those at highest risk and engage in the work of violence prevention. Several models of prevention and healthcare delivery have defined their success through the employment of these "credible messengers," such as community health workers (CHWs) including outreach workers, hospital responders and violence interrupters. Staff who engage in this work are usually housed within a local community organization with deep roots in the community and function as an integrated team across community and hospital settings. Typically this work is guided and supervised by the local health department. How a community conducts this work varies, but generally there are four types of work to be done in communities affected by violence (21).

The first type of work is focused on interrupting potential violence in all of its forms (e.g., community-based, domestic, sexual, child abuse, self-harm, etc.). Specialized local workers are best prepared and suited to detect and interrupt potentially violent incidences (22). This approach has been modeled after other highly effective public health efforts to address a variety of health issues around the world, wherein community-specific knowledge and credibility have been critical for identifying and interrupting violence, connecting residents to available solutions and changing community norms.

Second, community members alongside outreach workers, identify and support those individuals at highest risk of being involved in violent situations. Of course, the proper intervention depends on each case and each community. For some, a positive role model and mentor may be effective for prevention, while other individuals may need a treatment program (i.e. cognitive behavioral therapy, substance use treatment, family support, and peer counseling) in order to prevent involvement in further violence. According to surveys in Baltimore City, people living in communities with the health approach to violence prevention were significantly less likely to find it acceptable to use a firearm to settle a conflict, compared with peers in areas without the intervention (23). It cannot be stressed enough that communities must be equipped to address prevention by having multiple strategies in place and ready to intervene at the individual,family, organizational and community levels.

Third, communities work to address environmental factors that increase susceptibility to violence in order to both to reduce communities' susceptibility and to bolster their resistance (24). Communities work to replace negative norms that encourage the use of violence with positive norms that hinder its spread (25). Community efforts also address environmental factors such as employment, education, housing, safe spaces, equity, and social cohesion, which influence a community's susceptibility and resistance to violence (26)(27). Community initiatives improve the general quality of life in communities through the provision of accessible, high quality health care, school facilities, libraries, parks, and other public amenities. Grassroots mobilization is essential for holding systems accountable and working to change the social norms, to stop accepting violence and start preventing it. Moreover, as the movement's goal is to lead the transformation to social equity through the reduction in violence—which disproportionately affects people of color —it is essential that members of impacted communities are deeply involved in all aspects of development, implementation, and evaluation of all components of this integrated, collaborative health system.

Fourth, communities address risk factors—including social determinants of health, which the World Health organization defines as "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems"—that affect an individual's susceptibility or resistance to violence (28) (29) (30) (31). Individuals themselves are also encouraged to employ strategies to fortify resistance to violence, including cognitive and behavioral interventions, constructing and maintaining social support networks, and developing skills like meditation and mindfulness (32).

3. Social Service Providers: Utilizing Community-centered Practices to Address Violence

Perhaps the most important method of implementing the community health-based approach to violence prevention involves addressing the needs of local residents and delivering appropriate services with a focus on those most impacted by violence. Social service providers and Community Health Workers (CHWs), who are attuned to issues in the community and have credibility because of their personal relationship to the people they serve, are uniquely positioned to identify people most in need of services (33). Additionally, these social service providers increase retention rates in available services, reduce costs, and increase adherence to care plans (34). This access and community-specific knowledge makes frontline workers, such as CHWs, an essential part of the broader health-based system to prevent violence.

In the process of identifying individuals at highest risk for involvement in violence, social service providers are able to identify individual, family, community, environmental, and structural risk factors. These factors can be related to social determinants of health and other conditions that may limit an individual's access to necessary resources and positive social norms. Specialized training for social service providers, focused on trauma and the impacts of exposure to violence, increases the capacity of these workers to effectively detect individuals at risk. This capacity makes it imperative for social service providers to create and sustain communityspecific care programs to assist with the delivery of benefits and assistance to address the diverse needs of those exposed.

The Patient Centered Medical Home Model delivers improved care and unrestricted access to prevention services within communities typically deemed Medically Underserved Service Areas (35) (36). Early childhood home visitation programs and Nurse-Family Partnerships, through which health professionals visit uninsured or underinsured homes during the mother's pregnancy or the child's infancy, have been shown to prevent child abuse and promote positive parenting and school readiness (37) (38).

CHWs, nurses, patient navigators, and promotoras are often aware of potentially violent circumstances within the home and community long before it manifests in a hospitalization or police or child protective services report. Linkage to mediation services, child protective services or crisis management allows providers to address the critical need for safety for their clients (39). Federally Qualified Health Centers serve communities with life-saving efforts within the community's backyard (40). In the proposed framework, these centers are equipped to deliver trauma-informed services, which recognize that patients may bring with them a history of traumatic experiences and need for emotional support, while identifying those at-risk for violence in order to intervene effectively (41) (42).

Many federal and state agencies that support people traumatized by violence— child and family services, alcohol and substance abuse services, veteran and military services, mental health providers— play an important role in detecting ongoing violence and identifying those exposed or at risk. These ongoing efforts are further enhanced by incorporating a health understanding of violence in their work, through training and collaboration with health-based violence prevention programs.

4. Primary Care: Establishing a Safe Environment and Making Connections

Primary care providers are at the front lines of health care. They have the ability to guide people toward healthier lifestyles and to intervene before illness or injuries arise. In this framework, these very skills are applied to address and prevent violence and trauma, and thus reduce resultant racial inequity. For example, many hospitals and clinicians routinely assess for risk of intimate partner violence, cases of self-harm, elder abuse, and child abuse; primary care providers can and should expand their use of these strategies (43) (44) (45). These are intimate problems, with serious concerns of privacy and confidentiality. Clinicians are uniquely positioned to deal with delicate situations involving violence. Enhanced primary care models assess the risk for interpersonal violence (including bullying, intimate partner violence, sexual assault and exploitation, child abuse), while providing clinicians with skills, resources for referral, and health departments that promote problem solving and avoid injury (46). As a current example, specialists have developed brief, easy to administer suicide screening tools and intervention techniques for use in primary care, and are currently devoting research toward enhancing these tools and establishing linkage to evidence-based mental health and behavioral health treatments (47).

In this framework, public and private primary care providers develop and implement efforts that address violence and trauma among their patients and in their local community, always with an eye to social equity. These efforts work in coordination with existing local violence prevention programs. Medical societies like the American Medical Association and the American Academy of Pediatrics have recommended that clinicians include topics of firearm safety, bullying, relationship violence, and peer-to-peer violence in their anticipatory guidance with patients (48). In order to create comprehensive, accessible, integrated health systems, funding supports the facilitation of connections between primary and behavioral health services. The healthcare sector also joins forces with community organizations that specialize in intimate partner violence, sexual assault, self-harm, human trafficking, and child abuse (among other forms of violence) in order to develop safe, effective protocols and procedures. One current example of a program with a broader, more integrated understanding of health care is the Prevention Institute's Community-Centered Health Homes (CCHH) model, which provides highquality medical care while actively advocating for community environment and policy changes through multi-sector partnerships aimed at positively improving communities' health and wellbeing, particularly communities beset by violence (49) (50).

5. Emergency Departments and Acute Care Facilities: Identifying and Supporting Individuals and Families at Risk

As another first line of contact, emergency departments and trauma units are best positioned to address symptoms as early as possible and provide risk assessment, trauma-informed services (starting with first responders), and post-discharge case management. These steps address the physical, emotional, and psychological consequences of all forms of violence and play a critical role in breaking the cycle of violence. Dozens of hospital-based programs are currently dedicated to providing and refining these services, aligned through the National Network of Hospital-Based Violence Intervention Programs (51). These local programs integrate violence into emergency-preparedness plans and health needs assessments, and track patients and outcomes via standardized data collection. Evaluation of youth intervention programs have found that they result in decreased involvement with the justice system and generate substantial cost savings for health care and justice sectors (52) (53).

An analysis of medical, justice and job opportunity costs for a Philadelphia-based HVIP showed a potential range of savings for that specific program of up to $4 million over five years, depending on the eventual outcomes of the involved clients (54). Similarly, a randomized control trial of high risk, justice-involved youth presenting to a Baltimore trauma center found that a hospital-based violence intervention program (HVIP) 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% (55).

Historically, health care venues have had the ability to accurately identify persons experiencing intimate partner violence (56). Although benefits vary by population, a judicious and studied approach to intimate partner violence in the healthcare setting poses little risk to victims. Beyond intimate partner violence, emergency providers are trained to recognize signs, symptoms and "red flags" for suicidality, depression, sexual assault and exploitation, child abuse, elder abuse, and human trafficking. In order to advance toward comprehensive care, under this framework, mechanisms are established to effectively and efficiently screen for these conditions in order to accomplish early identification and referral.

6. Hospitals as Anchor Institutions: Working for Their Communities

In this framework, hospitals contribute to their communities both through support of local organizations that promote positive youth development and community connectedness and by reorganizing their hiring, business, advocacy, and investment strategies to benefit the communities they serve and in which they are located (57). These hospitals are "anchored" to their communities and uniquely positioned to create and sustain economic growth that improves the long-term health of their communities (58). Healthcare institutions have a wide range of resources that, when used in collaboration with local business and community leaders, can advance the goals of improving the physical, mental, and social health and reducing the racial inequities of their communities. Hospitals employ the public health approach to violence and draw on local organizational structures to develop and implement violence prevention strategies.

Private and public hospitals with new or existing violence prevention efforts expand and/or implement additional programs with new funding, including matching funds from local, collaborative hospital systems. These hospitals implement their violence intervention programs in coordination with existing prevention initiatives, and with consideration of patients' current and past traumatic experiences. In addition, the presence of trauma-informed employees within the hospital system reduces the potential for unintended re-traumatization of community members and increases the system's sensitivity to the impact that violence has on community members. These systems encourage the inclusion of violence and other determinants of health in health assessments and community needs assessments in

coordination with local health departments. It is also of vital importance that hospitals are funded to develop and contribute to metropolitan area health systems.

7. Health Care System Economics: Violence Prevention and Policy for More Equitable Communities

The American health care system is undergoing rapid transformation, and policymakers have made a concerted effort to encourage providers and systems to rein in costs. Health care institutions are increasingly held accountable for managing the health of entire populations, rather than many individuals (59). Changes in the way that health care systems are reimbursed increasingly make violence prevention an imperative from both the community health perspective and the financial perspective. For example, hospitals participating in Accountable Care Organizations, global budgeting, and assuming global risk in partnership with Managed Care Organizations or private insurers stand to benefit as levels of violence decline (60). Targeting funds to match the investment of health systems in violence prevention and evaluating the financial results is a strategy to develop sustainable approaches to funding.

Beyond reimbursement reforms, the relationship between health systems and the broader community is changing. Criteria to maintain not-for-profit status has evolved to focus more on "community benefit," promoting health and charity health initiatives in the local community, rather than on charity care alone (61). This expectation requires the active participation of health systems outside the walls of their facilities, expanding their reach to the streets of their communities. Non-profit hospital systems are required to create community health needs assessments (CHNA), with accompanying action plans, every three years (62) (63). In this framework, for those located in geographic areas with a high prevalence of violence, and where violence is identified as a need through the CHNA - any action or inaction to prevent violence is not only publicly reported, it is attached to tax exempt status.

8. Mental Health: Better Connection Strategies for Healthier Communities

In this new framework, the mental health community is at the forefront in advocating for community-based, collaborative violence prevention models. One current example of a mental health organization successfully aligning with the violence prevention movement is the American Psychological Association's Violence Prevention Office, which disseminates research and assists mental health professionals and community organizations with implementing violence prevention efforts (64). The National Child Traumatic Stress Network is a multidisciplinary collaborative of frontline providers, researchers, and families who work to improve the standard of care and access to it for traumatized children and their families by combining knowledge of child development, expertise in the full range of child traumatic experiences, dedication to evidence-based practices, and dissemination of information on violence prevention (65). Though the large majority of people who have mental illnesses are not dangerous, many people at risk for violence are at risk due to mental health issues, suicidal thoughts, or feelings of desperation. As people with mental illnesses are many times more likely to be victims of violent crime than the general population, under this new framework, strategies and interventions are developed and implemented to assist this at-risk population (66). New mental health approaches that build resilience greatly benefit this portion of the population (67). Policies and programs that address mental illness are made national priorities. Stronger community collaboration between mental health services and community programs provides easier access to and engagement in these services that are needed by so many. This framework allows for increased funding and resources expand critically needed access to mental health care.

9. Behavioral Health Care: Integrated Medical and Behavioral Health Systems

Behavioral health providers have the power and opportunity to address and reduce incidents of violence in all of its forms, as well as the resultant trauma (68). Under this new framework, behavioral health providers develop and implement trauma-informed protocols and practices, and training and programming for non-clinical peer counselors. These programs are needed to address feelings of shame and guilt frequently experienced by victims of violence, while also connecting them to the appropriate crisis response. Providers implement behavioral health training across various community sectors— from police to schools. They also support community level approaches for violence and trauma intervention such as community healing programs that promote individual and communal resilience against violence. As already discussed, behavioral health and primary health care are connected at location and provider levels, providing access to, and increasing engagement in, high quality behavioral health care.

10. Academic Medical Centers: Research Done Right

Health care institutions must not only eliminate the threat of violence and treat its effects, but also lead the research that underlies all future prevention and treatment efforts. Within this framework, academic medical centers facilitate the development of curriculum and research on community-based violence prevention and on violence as a health issue generally (69). These institutions are uniquely positioned to train future generations of health care professionals and carry out research that will save lives from violence (70). As leaders in this movement, academic medical centers prepare future health care providers with the framework for their role in violence prevention through training in the delivery of trauma-informed care and holding health care providers accountable for implementing efforts to prevent violence.

11. Schools: Unlearning Violence

Unfortunately, many schools are located in communities suffering from violence, and this violence and the accompanying trauma often spill over into the schools and their students' lives (71) (72). With a particular focus in primary and secondary school districts, in this framework, violence prevention and intervention are addressed by developing and implementing programs that promote the health understanding of violence, training educators in non-violent conflict resolution, and encouraging pro-social, equity-based norms and positive school climate through updated curricula and trauma-informed policies and practices (73). Students' out of school time is minimized, including through the development of safe after-school alternatives, and counterproductive zero tolerance policies are eliminated (74). School districts also develop and integrate comprehensive school based mental health services. Those schools in areas with the highest rates of violence are prioritized in fund allocation. Schools play a central role in connecting students at risk for becoming violent with the services they need; this results in both healthier schools and in school personnel having a deeper understanding of their students and an enhanced capacity to address issues appropriately. Schools are places where universal prevention strategies are implemented, like trauma-informed services and initiatives such as mindfulness promotion and Second Step, a social-emotional learning and problem-solving intervention which has seen improvements in social-emotional competence and behavior resulting in 42% reduction in reported aggressive incidents for 6th graders in Chicago and Wichita over a 1 year studyperiod (75).

12. Early Childhood Development and the Child Welfare System: Starting off Strong

Exposure to violence has lasting detrimental effects on children of all ages. Evidence from brain and developmental science, the Adverse Childhood Experiences study, and the growing work related to trauma is clear that systems working with vulnerable children must both identify and respond to the impacts of violence (76)(77). While more work is needed, education and child welfare systems are moving towards becoming trauma responsive. These systems are uniquely positioned to identify trauma from exposure to violence, and to respond with healing interventions. Kansas City's Head Start Trauma Smart program has seen considerable success in mitigating the effects of the high incidence of complex trauma through appropriate responses and therapeutic intervention when needed (78). Increasing trauma assessment and mitigation resources in education and child welfare is a key strategy in reducing, and ultimately eliminating violence in our communities. The federal Commission to Eliminate Child Abuse and Neglect Fatalities recommends that all home visiting agencies, as well as Medicaid providers, ensure their services are working to reduce child abuse and neglect (79).

In this new framework, initiatives designed to reduce/eliminate violence, locally or nationally, include education and child welfare leaders as partners in strategy and resource development. A recent study indicated 85% of children involved in the child welfare system reported being exposed to violence (80). With up to 80% of children in foster care having significant mental health issues and 40% with behavioral issues, safety and permanency are essential and linked to improved emotional and behavioral outcomes later in life (81)(82)(83)(84)(85)(86) (87) (88). Preventing violence, healing trauma, and helping our children become well is a collective responsibility. Education and child welfare systems have an opportunity to assess and intervene, have skilled and devoted staff that can support healing and healthy development, and add both credibility and resources to any initiative designed to reduce/eliminate violence.

13. Schools of Public Health: Preparing Movement Leaders with Curricula and Research

In this framework, schools of public health are at the forefront of the movement. Universities at large, but specifically schools of public health, lead the way in research documenting the impact violence has on communities and applying public health methods in violence prevention (89) (90). These schools fund faculty, research, and trials that are engaged with violence as a health issue. This funding is also used for research and evaluation of healthinformed violence interventions, the development of a coordinated network of higher education institutions that support local and regional violence prevention efforts, and the development of certification for violence prevention coordinators with the aim of establishing centers for violence prevention research that are regionally based. Most importantly, these schools develop and implement curricula to promote the health understanding of violence, and provide funding for further research on the subject. Education that identifies violence as a health issue, as a socially-determined behavior, is critical to inspiring future leaders in this field.

14. Community Information Systems: Monitoring Trends of Violence Nationwide

Funding is provided for the further development of a health-based surveillance system that collects data from multiple sectors on incidences of violence and their treatment. The Centers for Disease Control and Prevention's National Violent Death Reporting System (NVDRS), currently utilized to gather and report data in 40 states, is expanded and built upon—states and communities have increased resources and access to this data (91). The CDC currently funds Injury Control Research Centers (ICRCs) and National Centers of Excellence in Youth Violence Prevention, both of which conduct research and gather data that is useful in addressing violence nationwide (92) (93). In the new framework, these funded programs are used as a foundation and model for an expanded, more comprehensive and collaborative system of research and training that plays an integral role in the violence as a health issue

movement.

Across sectors, further methods for reporting, collecting, sharing and using data on all forms of violence are established. This information is used to generate cost-benefit data and predictive analytics that is used to prevent and reduce violence across communities (94). Institutions with health-based data reporting systems already in place adapt those systems to include data on violence (95). The health sector and health representatives publicly present their data and findings. This surveillance system not only makes data on violence more accessible to the public, but also guides the violence prevention effort moving forward.

15. Law Enforcement and the Justice System: Supporting Public Health Contributions and Ensuring Accountability Towards a Healthy/Equitable System

Current policies and practices reflect the clear, but unrealistic assumption that fixing the problem of violence is the responsibility of the justice system alone. For decades, law enforcement and other officials have been explicit in saying that we cannot arrest our way out of violence. A health understanding of violence can help inform justice sector policies and practices and create a more complete understanding of the people involved, the problem, and the approaches that are available (96). In fact, many health practitioners, in particular public health departments, have convened community conversations and/or provided health-informed recommendations to help inform the justice sector (97). These conversations and subsequent collaboration among law enforcement and health practitioners have led to an array of strategies including education and management of trauma for new and existing law enforcement officers to better prepare and support for managing past, present and future stress. This approach is being used on an individual level— training police, corrections, and probation officers, parole boards, judges, prosecutors, defense attorneys, and attorneys general— and, more generally, to increase the use of effective and innovative programs like pre-booking diversion and restorative justice approaches such as drug courts and youth courts (98) (99) (100) (101). Law enforcement departments can further assist by providing real time information and referrals to public health and related organizations and professionals who are also involved in detecting and preventing conflicts and violence, and for follow up services including trauma treatment. This support must also be made available to incarcerated and reentry populations to prevent relapse, promote health, and maintain safety. Preventing violence is also critical in reform and support of our justice systems as 50% of persons in prison are serving time for violent crimes. Many others involved in these systems, including correctional officers, have been impacted by exposure to violence and are therefore also in need of care and support (102) (103). In the proposed framework, funding is provided to support innovative, collaborative health-justice efforts to reduce violence (104) (105). These funds, which may include matching funds from local justice systems, will support: 1) the development and implementation of officer training focused on understanding and mitigating trauma and historical as well as systemic racial disparities; 2) incentivization of de-escalation strategies in place of force whenever possible; 3) hiring of intervention specialists and case workers who address violence as a health issue; and, 4) the implementation of trauma-informed health alternatives to arrest. Funding for health approaches that treat and eliminate patterns of behavior that engender violence will reduce violence thereby reducing imprisonment and its harmful effects on individuals and communities. Additionally, prioritizing an explicit focus on addressing inequities within many of our current systems and incorporating health-centered approaches to violence into law enforcement and justice systems is critical in reducing racial inequities and creating greater opportunities for healing.

16. Faith-Based Institutions: Preaching Violence Prevention

Churches and other faith-based institutions often lie at the heart of communities, and thus are positioned to assume a central role in violence prevention and treatment efforts (106). These institutions are often

trusted and respected by community members and deeply engaged in community efforts. As such, they have a unique ability to connect people, both to each other and to services and resources. Many FBOs have the ability to define and promulgate what is or is not acceptable. This is particularly true in the case of acceptability or norms around intimate partner violence as well as the role and treatment of women. They also provide a physical space where issues of violence will be discussed and mediated, and where education of the public on the causes and effects of violence will occur. Many churches provide an established structure for community mobilization that will be drawn upon and incorporated into the movement to end violence. In the framework, public health departments work collaboratively with local faithbased institutions and provide them with resources and training for violence prevention (107).

One current example of a successful faith-based health system is the Catholic Health Initiatives (CHI), which unites its facilities and communities across the country in efforts to bring about healthier communities through the prevention of violence. CHI has a foundational commitment to building a culture of nonviolence and peace, rooted in its Catholic heritage. Over 45 CHI sites across the US are currently implementing community-based violence prevention programs, using a collaborative, multi-sector approach (108).

17. Media: Changing the Dominant Narrative

The Institute of Medicine states, "It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural and physical environment conspire against such change" (109). This statement is relevant to every sector discussed in this framework, but has particular relevance to news media, which often shapes perception and norms. Violence is mostly discussed in the news as a random, episodic phenomenon that takes place at the individual level. The challenge with this framing is that random problems—like natural disasters—are not preventable. According to a Berkeley Media Studies Group study, violent crime is covered more frequently than prevention - with stories of murder being 6 times more frequent than stories of community violence or community safety (110).

As referenced previously, the current rhetoric regarding violence is moralistic - bad people in bad places committing bad behaviors that necessitate a punitive response. To make real progress, it is critical that this narrative shift to one in which violence is framed as a preventable and treatable behavior. Under this framework, coverage includes reporting on how violence spreads and causes trauma with an emphasis on systems/structures that contribute to conditions that prevent or perpetuate violence in order to hold them accountable. Secondarily, though still important, media highlight examples of individuals and communities who have changed their behavior or shifted norms and situations in which violence has been averted. Partnerships between public health and the media have shown success in changing behavior through social campaigns to reduce tobacco use, prevent HIV, and prevent various types of accidents. A recent example of the media sector working with the health sector to prevent violence is Futures Without Violence's Changing Minds Campaign, which raises awareness regarding the effects of violence exposure on the brain and the need to intervene to promote healing (111).

In this framework, advocates use the media as a tool to change policy (media advocacy). The media play a critical role in promulgating the health understanding of violence. The media has the power to assist community efforts to achieve policy and environmental changes that ensure sustainability and hold decision makers accountable. The media (specifically news media) has a history of voluntarily establishing codes of conduct for itself that have been helpful in preventing the spread of violence. Just as it has tempered its coverage of suicides to prevent copycat suicides, similar protocols are established for reporting on other forms of violence (112). This protocol is based on the scientific understanding of how violence spreads and how exposure – including media exposure– facilitates this spread (113).

Additionally, producers of movies, television, music, interactive video games, pornography (physical and verbal violence are the hallmark of mainstream online pornography) and all other forms of media that provide entertainment are held to a higher standard with regard to acceptable portrayals and levels of violence in their programming (114). They are encouraged to counter the culture of violence and to become part of the solution, looking for ways to promote equity and build resilience to violence in our society while framing violence as unacceptable (115). As the narrative shifts so do social norms.

18. Cross-Sector Collaboration: A Holistic Health Approach to Violence

There is a great need for different sectors to connect and collaborate to provide holistic assistance to those at risk of violence, to make resources from multiple sectors available, and to institutionalize a true change in our nation's understanding and approach to violence and its prevention (116). In this new framework, this cooperation occurs at all levels and is facilitated through regular cross-sector meetings to exchange information and develop coordinated responses. Cross-sector collaboration also focuses on particular sectors that have natural linkages in their work as it relates to violence prevention with leadership coming from health leaders such as the local health department, universities, or nonprofit organizations with expertise in this area. One current example of a successful cross-sector cooperation is the Street Violence ResponseTeam in San Francisco, which convenes weekly meetings 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 (117). Another collaborative approach that has worked in multiple communities is the hospital-based violence prevention model, which connects victims of violence to appropriate community-based organizations for ongoing services and support. Connecting the hospital to the community allows for a full retaliation-prevention and trauma treatment response by deploying workers to all locations where people are affected (118). This integrated health system, with hospitals that are connected to their communities and healthcare that is linked across other sectors, will lead to healthier, more equitable communities (119).

In this framework, the health sector is also be responsible for connecting with schools, law enforcement, and social services to ensure that responses to violence within each context are health-centered (120). Connecting schools affected by violence to health systems ensures that they receive the help that they need to prevent the development of violent behavior and its associated health issues. Connecting police to health systems provides additional resources for police to use when responding to violent situations; the health system also provides treatment when police are traumatized by their experiences. Finally, connecting social services to the health sector ensures that those who are seeking help for issues that may expose them to violence– such as substance abuse, poverty, and unemployment – are connected to trauma treatment services.

Overarching lens: Bending the arc towards equity

The effective implementation of this framework requires that all policies, practices, and programs be applied with an equity lens. While violence impacts everyone, its burden disproportionately affects marginalized communities that face decreased access to positive social determinants of health (121). The inequities that result from both structural and social violence, including institutionalized racism, xenophobia, transphobia, and homophobia, contribute to and are interconnected to violence of all forms. These issues are intergenerational, with the communities most affected having faced decades of ongoing discrimination and violence resulting in what has been termed "historical trauma" (122). In addition to the direct injury and trauma caused by these forms of violence, structural violence determines the accessibility and quality of resources available for recovery and prevention. The traditional understanding of violence as a moral issue has led to many policies and processes that contribute to structural barriers that hinder individuals', families', and communities' ability to heal and

often lead to further traumatization. It is imperative that the perception of violence changes from bad people in bad places to a health issue that affects us all and is preventable for all; it is critical that all sectors within community adopt the health approaches to address violence and its impact on inequities; and it is urgent that sustainable resources align with the need of communities nationwide.

Conclusion

To realize this vision, increased federal, state, and local investment in the health sector is required to develop and promote a health response to violence that will drastically reduce violence of all forms. The framework outlined above is intended to encourage the development of a more activated, involved, and complete health system that works alongside law enforcement and other sectors to help reduce violence. This system will be modeled on systems established to successfully address other health problems – such as infectious diseases, alcohol and substance abuse, and motor vehicle accidents.

The proposed health approach contributes to, but does not replace, existing efforts. Law enforcement, and the justice system at large, has a role of enormous importance, risk, and responsibility. However, expecting police to solve the crisis of violence alone is unrealistic and scientifically ungrounded. We cannot arrest our way out of the problem of violence. Violence is a health problem. Collaborative prevention is the key to both immediate and long-term success. The issue of violent behavior is much broader and deeper than the current law enforcement, firearm control, and mental health debates may suggest. If we want to reduce violence in our local and global communities, we must acknowledge that it is both resultant and predictable. Violence is never "senseless" or "random." As a society, we desperately need a deeper understanding of individual and communal behaviors, how they arise, and how to maintain and prevent them.

More than 30 years ago, the United States Surgeon General C. Everett Koop issued a public health call to action to address violence and detailed was needed from the health sector in his Workshop on Violence and Public Health: "[E]ducation of the public on the causes and effects of violence, education of health professionals as to better care for victims and better approaches to violence prevention, improved reporting and data-gathering, some additional research, and increased cooperation and coordination—'networking' if you will— among health and health-related professions and institutions" (123). Dr. Koop had a prescient vision for a health-centered response to violence in which the health system assumes a central role in its prevention and treatment.

We are calling for that health system to be implemented now and look forward to working with partners across the country toward the realization of healthier, safer, more equitable communities.

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