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Violence Prevention Policy and Practices

Paper Title: Violence is a Public Health Policy Issue

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Violence is a Public Health Policy Issue

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Abstract

The 2017 Global Peace Index (GPI) conclusion is that “the global level of peace has slightly improved in 2016. Six of the nine regions in the world improved. Europe remains the most peaceful region in the world, with eight of the ten most peaceful countries coming from this region. The North America GPI as a regional score has deteriorated. The past decade has seen a shift away from external conflicts between states accompanied by a fall in militarization in the developed world. However, these improvements have been offset by increases in the number and intensity of internal conflicts. Violence has both a direct and indirect impact on individuals and societies. The economic impact of violence on the global economy in 2016 was \$14.3 trillion in purchasing power parity (PPP) terms (Institute for Economics and Peace [IEP], 2017).

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 (Slutkin, 2013; Graziano, & Pulcini, 2013; Dahlberg, & Mercy, 2009).

Introduction

Violence Worldwide

The Institute for Economics and Peace (IEP), an independent, non-partisan, non-profit think tank dedicated to shifting the world’s focus to peace as a positive, achievable, and tangible measure of human well-being and progress, provides an annual Global Peace Index (GPI). The GPI measures the state of peace in a region/county using three thematic domains: (1) the

level of Societal Safety and Security; (2) the extent of Ongoing Domestic and International Conflict; and (3) the degree of Militarisation. See Table 1 - GPI Domains (IEP, 2017).

Table 1. Global Peace Index (GPI) Domains

Domain	Description
Societal Safety and Security Indicators	The levels of safety and security within a country, such as the perception of criminality in society, the level of political instability and the rate of homicides and violent crimes.
Ongoing Domestic and International Conflict Indicators	The number and intensity of ongoing civil and international wars.
Militarisation Indicators	A nation's military capacity, both in terms of the economic resources committed to the military and support for multilateral operations.

Source: IEP, 2017

IEP's definition of Negative Peace is "the absence of violence or fear of violence – an intuitive definition that many agree with and that enables peace to be easily measured. Measures of Negative Peace and Positive Peace are used to construct the GPI". The IEP defines Positive Peace as "the capacity for a society to meet the needs of its citizens, reduce the number of grievances that arise and resolve remaining disagreements without the use of violence. Positive Peace can be seen as providing the necessary conditions for adaptation to changing conditions and the necessary backdrop for the smooth running of society" (IEP, 2017). Positive peace has the following characteristics (see Table 2):

Table 2. Positive Peace Characteristics

Characteristics	Description
Systemic and complex:	it is complex; progress occurs in non-linear ways and can be better understood through its relationships and communication flows rather than through events.
Virtuous or vicious:	it works as a process where negative feedback loops or vicious cycles of violence can be created and perpetuated or, alternatively, positive feedback loops are where virtuous cycles of peace are created and perpetuated.
Preventative:	though overall Positive Peace levels tend to change slowly over time, building strength in relevant pillars can prevent violence and violent conflict.

Underpins resilience and nonviolence:	Positive Peace builds the capacity for resilience and incentives for non-violent alternatives to conflict resolution. It provides an empirical framework to measure an otherwise amorphous concept, resilience.
Informal and formal:	it includes both formal and informal societal factors. This implies that societal and attitudinal factors are equally as important as state institutions.
Supports development goals:	Positive Peace provides an environment in which development goals are more likely to be achieved.

Source: (IEP, 2017)

Global Peace Trend

The 2017 Global Peace Index conclusion is that “the global level of peace has slightly improved in 2016 by 0.28 per cent, with 93 countries improving, while 68 countries deteriorated. Iceland remains the most peaceful country in the world, a position it has held since 2008. It is joined at the top of the index by New Zealand, Portugal, Austria, and Denmark, all of which were ranked highly in last year’s GPI. There was also very little change at the bottom of the index. Syria remains the least peaceful country in the world, preceded by Afghanistan, Iraq, South Sudan, and Yemen. The largest regional deteriorations in score occurred in North America, followed by sub-Saharan Africa and the Middle East and North Africa (MENA).

MENA is the least peaceful region in the world for the fifth successive year. Saudi Arabia, followed by Libya, recorded the largest deteriorations in the region. Saudi Arabia fell because of its involvement in the Syrian and Yemen conflicts and increased terrorist activity, mainly conducted by the Islamic State of Iraq and the Levant (ISIL) and its affiliates, while the fall for Libya was due to its increased level of internal conflict.

Six of the nine regions in the world improved. South America registered the largest improvement, overtaking Central America and the Caribbean as the fourth most peaceful region. South America’s score benefited from improvements across all three domains, with particularly strong gains in Societal Safety and Security.

Europe remains the most peaceful region in the world, with eight of the ten most peaceful countries coming from this region. However, while 23 of the 36 countries improved, the average peace score did not change notably, due to the substantial deterioration in Turkey, the impact of the terrorist attacks in Brussels, Nice, and Paris, and deteriorating relations between Russia and its Nordic neighbors.

The indicator with the largest improvement was number, duration and role in external conflicts. This was mainly due to many countries winding down their involvement in Iraq and Afghanistan. While in most cases the withdrawal of troops occurred some years ago, the indicator is lagging in order to capture the lingering effect of conflict. The indicator

measuring political terror also significantly improved in all regions except sub-Saharan Africa and the MENA (IEP, 2017).

North America in Focus

The North America regional score has deteriorated from the 2016 GPI, with an improvement in Canada offset by a much larger deterioration in the United States. The score for North America deteriorated entirely as a result of the United States, which more than offset a mild improvement in Canada. The United States' score has moved downward largely because of a deterioration in two indicators:

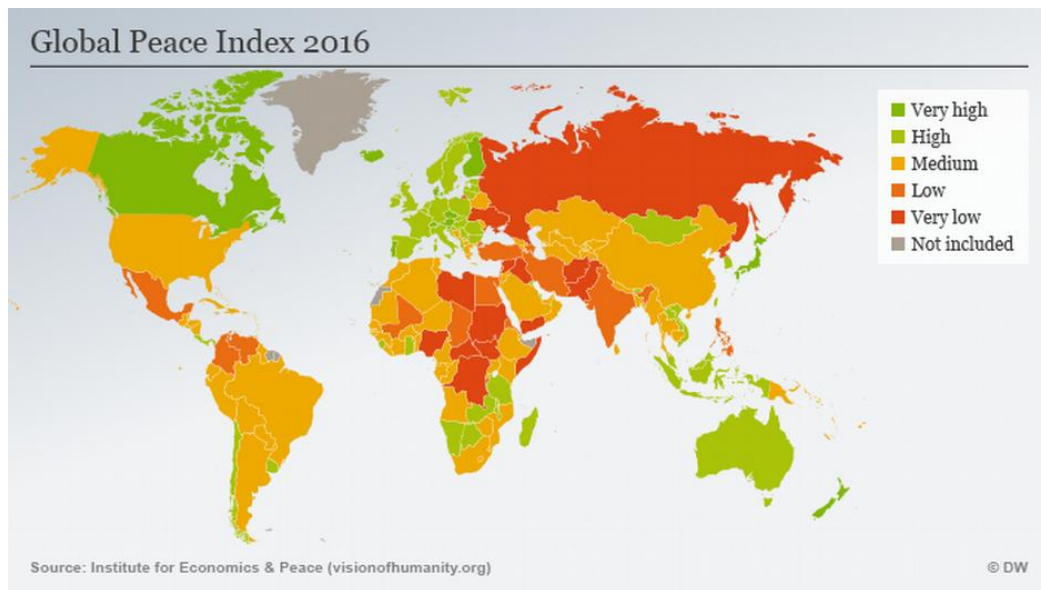
- (1) Level of perceived criminality in society which is reflective of a declining level of trust in government and other citizens.
- (2) The intensity of organized internal conflict has increased because of political polarization within the United States' political system.

The United States 2016 presidential campaign highlighted the deep divisions within American society. Accordingly, the score for intensity of organized internal conflict has worsened. Data have also shown a declining level of trust in government and other citizens which has generated a deterioration in the score for level of perceived criminality in society. Social problems within the United States are also likely to become more entrenched and racial tensions could intensify. Rising homicide rates in several major American cities led to a deterioration in the homicide rate indicator, contributing to the decline in the United States' peace score (IEP, 2017).

Research and Data

The GPI covers 99.7 per cent of the world's population, using 23 qualitative and quantitative indicators from highly respected sources. Since 2008, the global level of peace has deteriorated by 2.14 per cent, with 80 countries improving while 83 countries deteriorated (IEP, 2017). See Figure 1 for map by continent by peace rating.

Figure 1. Global Peace Index



Source: IEP, 2017

“There were also general reductions in the number of homicides per 100,000 people and the level of violent crime. Of the three GPI domains, both Militarisation and Safety and Security improved. However, there was a deterioration in the Ongoing Conflict domain, owing to an increase in the intensity of conflicts in the MENA region” (IEP, 2017).

“The past decade has seen a shift away from external conflicts between states accompanied by a fall in militarization in the developed world. However, these improvements have been offset by increases in the number and intensity of internal conflicts, deaths from terrorism and increases in the number of refugees and internally displaced persons. The increase in terrorism since 2011, combined with the inability of the global community to solve many long standing conflicts such as Afghanistan and Iraq underscores these changes. Furthermore, the entanglement of more nations in the Syrian conflict, coupled with the enormous outflow of displaced people, shows that internal conflict has not been effectively contained” (IEP, 2017).

The Economic Impact of Violence

The total economic impact of violence includes the following components:

1. Direct costs are the cost of violence to the victim, the perpetrator, and the government. These include direct expenditures, such as the cost of policing.
2. Indirect costs accrue after the violent event and include indirect economic losses, physical and physiological trauma to the victim and lost productivity.

3. The multiplier effect represents the flow-on effects of direct costs, such as additional economic benefits that would come from investment in business development or education instead of containing or dealing with violence (IEP, 2017).

Global Economic Impact of Violence

“The economic impact of violence on the global economy in 2016 was \$14.3 trillion in purchasing power parity (PPP) terms. This figure is equivalent to 12.6 per cent of the world’s economic activity (gross world product), or \$1,953 for every person, and is three per cent lower than in 2015. The reduction was mainly due to decreases in the number of people killed by terrorism, which dropped ten per cent, as well as lower expenditure on peacekeeping, lower internal security and lower costs from homicide. The economic impact of war was \$1.04 trillion. The three least peaceful - Syria, Iraq and Afghanistan incurred the largest cost of violence as a percentage of their GDP at 67, 58 and 52 per cent of GDP, respectively. The average cost of violence was equivalent to 37 per cent of GDP in the ten least peaceful countries, compared to only three per cent in the ten most peaceful” (IEP, 2017).

Peacebuilding expenditure is estimated to be approximately \$10 billion, or less than one per cent of the cost of war. The report also estimates the likely return on increases in peacebuilding funding, noting that the return on investment can be up to 16 times the cost of the intervention, highlighting a major opportunity for future investment (IEP, 2017).

United States of America in Focus

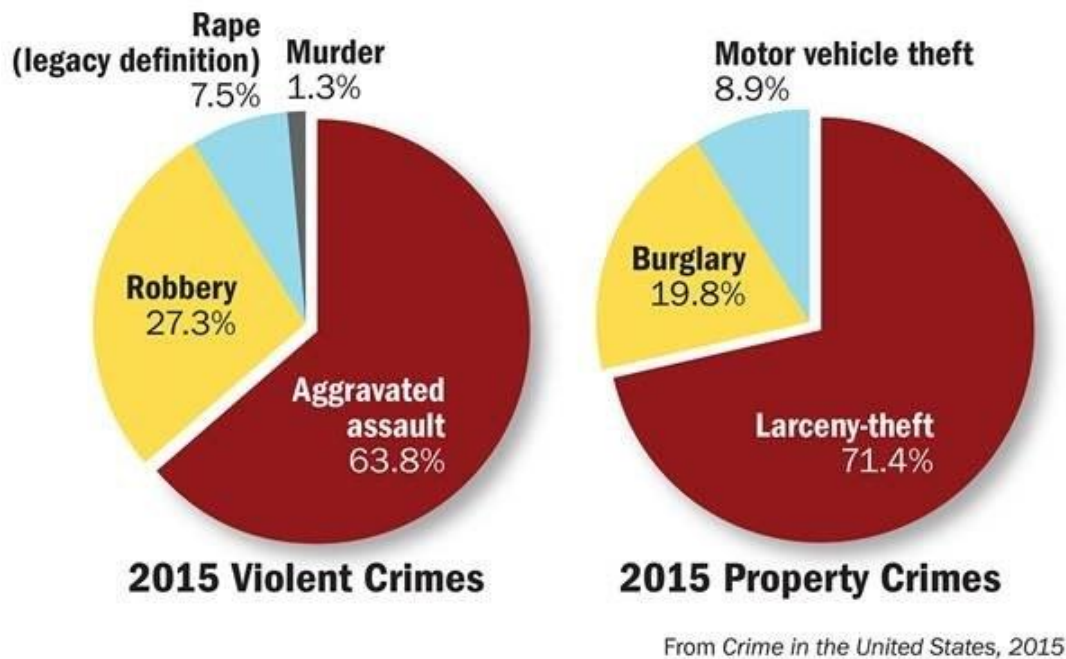
The United States has experienced the fourth largest drop in Positive Peace globally, after Syria, Greece and Hungary 2005-2015. According to the 2015 United States Federal Bureau of Investigation (FBI), there were an estimated 1,197,704 violent crimes committed in the United States of America. While that was an increase from 2014 figures, the 2015 violent crime total was 0.7 percent lower than the 2011 level and 16.5 percent below the 2006 level (FBI, 2016).

Among some of the other statistics contained in Crime in the United States, 2015:

The estimated number of murders in the nation was 15,696.

During the year, there were an estimated 90,185 rapes. There were an estimated 327,374 robberies nationwide, which accounted for an estimated \$390 million in losses (average dollar value of stolen property per reported robbery was \$1,190). Firearms were used in 71.5 percent of the nation’s murders, 40.8 percent of robberies, and 24.2 percent of aggravated assaults. Property crimes resulted in losses estimated at \$14.3 billion. The total value of reported stolen property (i.e., currency, jewelry, motor vehicles, electronics, & firearms) was \$12,420,364,454. See Figure 2 for representation about criminal activity in the United States in 2015.

Figure 2. Crime in the United States 2015



The United States of America ranked 114/163 on the Global Peace Index in 2016 (IEP, 2017)

Table 3. Economic Cost of Violence - United States of America

Category	Cost
Economic cost of violence USD \$	\$1,604,983
Per Capita Cost USD \$	\$4954
% of GDP	8.6% of GDP

Source: IEP, 2017

Discussion

Violence as a Public Health Issue

Violence in the United States of America is a health crisis, and public health advocates are declaring that it is time for violence to be recognized and treated as a public health issue (Slutkin, 2013; Graziano & Pulcini, 2013; Dahlberg & Mercy, 2009).

Current efforts to address violence have not been effective enough, as federal data demonstrates a recent increase in violent crime. There is also increasing evidence on the deleterious effects of violence on child development and long-term health for individuals as well as negative effects on educational attainment, housing quality, and economic

development for 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.

Trauma-Informed Strategy

What is being proposed by public health violence prevention advocates is a new strategy that creates a trauma-informed violence interruption model that creates an integrated system that is focused on violence as a public health issue. The strategy would include:

Federal funding to initiate and maintain a comprehensive public health program to reduce and prevent violence throughout the country. The United States must change not only the way it approaches and tackles violence, but also how it thinks and speaks about it. Thus, the funding will not only be used to create new violence prevention programs and connect already existing ones, but also to spread and publicize a trauma-informed, health-focused understanding of violence.

- In America, each State 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.
- Recognizing violence as a health issue, understanding that violent behavior arises from contextual, biological, environmental, systemic, and social stressors.
- Utilize the “trauma-informed” approach and consider that violence is not symptomatic of “bad people;” rather it is a negative health outcome resulting from exposure to numerous risk factors.
- The healthcare system must play a primary role in preventing the spread of violence, as it must play a larger role in addressing inequities and reducing racial bias in its institutions and systems. In this model, all sectors collaborate, engage, share information, and learn from each other.
- The criminal justice system, schools, social services, housing, community development, businesses, etc. should follow the health sector's lead.
- The following components are included in this trauma-informed approach:

1. *Public Health Departments*
2. *Communal and Individual Solutions*
3. *Community Organizing and Social Service Providers*
4. *Primary Care: Establishing a Safe Environment and Making Connections*
5. *Emergency Departments and Acute Care Facilities: Identify and Support Individuals and Families at Risk*

6. *Academic Medical Centers: Research Done Right*
7. *Community Information Systems*
8. *Mental Health*
9. *Behavioral Health Care: Integrated Medical and Behavioral Health Systems*
10. *Law Enforcement and the Justice System: Supporting Public Health Contributions and Ensuring Accountability Towards a Healthy/Equitable System*
11. *Schools of Public Health*
12. *Health Care System Economics, Violence Prevention and Policy*
13. *Hospitals as Anchor Institutions: Working for Their Communities*
14. *Schools: Eliminating Violence from the Learning Process*
15. *Faith-Based Institutions*
16. *Media: Changing the Dominant Narrative*
17. *A Holistic Health Approach Through Cross-Sector Collaboration* (Ransford & Fein, 2016).

Public Health Departments: Coordinating, Developing, and Funding Violence as a Health Issue

Public health departments should be responsible for the developing and implementing of integrated, comprehensive community-based violence prevention in their communities. The public health agencies should be given funding to disseminate to incentivize health sector leadership to address social determinants related to violence. In addition, they should coordinate the use of data with the other sectors to improve their communities' abilities to address social determinants of health (Boston Public Health Commission, 2015). Public health departments must improve service coordination and infrastructure in order to confront violence as a health issue. This includes the pervasive racial inequities stemming from violence as an interconnected, multi-sector force (Davis, 2014). These inequities can be managed utilizing updated hiring strategies with the training and support of violence prevention coordinators (Minnesota Public Health Department, 2014). Public health departments should use funding to research and monitor past and current violence trends to disseminate information and resources to increase resilience in those communities experiencing the highest rates of violence (American Public Health Association, 2009).

Determinants of Health That Interrupt Violence

Violence occurs when conditions in the environment are present. These conditions, in the places where people live, learn, work, and play, affect a wide range of health risks and outcomes and are known as the social determinants of health (SDOH). Poverty enables these conditions because it limits access to healthy foods, safe neighborhoods, and adequate education. Differences in health are striking in communities with poor SDOH. Unstable housing, low income, unsafe neighborhoods, or substandard education contributes to violent behavior. Applying what we know about SDOH can not only improve individual and population health but also advance health equity (CDC, 2017, May 11).

Healthy People 2020 Approach to Social Determinants of Health

Healthy People 2020 highlights the importance of the social determinants of health. These social and physical determinants promote safety and good health. Examples of *social determinants* include:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., elimination of discrimination, racism, and distrust of government)
- Reduced exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., less concentrated poverty and the stressful conditions that accompany it)
- Elimination of residential segregation
- Language/Literacy
- Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- Culture

Examples of *physical determinants* include:

- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
- Built environment, such as buildings, sidewalks, bike lanes, and roads
- Worksites, schools, and recreational settings

- Housing and community design
- Elimination of exposure to toxic substances and other physical hazards
- Elimination of physical barriers, especially for people with disabilities
- Aesthetic elements (e.g., good lighting, trees, and benches) (Office of Disease Prevention and Health Promotion [ODPHP], 2017)

Place-Based Determinants

The “place-based” organizing framework, reflecting five (5) key areas of social determinants of health (SDOH), was developed by Healthy People 2020. These five key areas (determinants) include economic stability, education, social and community context, health and health care and neighborhood and built environment. This is also consistent with the overarching goals shared by the World Health Organization, whose Commission on Social Determinants of Health in 2008 published the report, *Closing the gap in a generation: Health equity through action on the social determinants of health* (WHO, 2008). See Figure 3 - The 5 key areas of social determinants of health (SDOH) (ODPHP, 2017).

Figure 3. The 5 key areas of social determinants of health (SDOH)



Source: ODPHP, 2017

Each of these five determinant areas reflects a number of critical components/key issues that make up the underlying factors in the arena of SDOH. See Table 4 for more information.

Table 4. The 5 key areas of social determinants of health (SDOH)

Overarching Goals	Description
<u>Economic Stability</u>	Poverty

	Employment Food Insecurity Housing Instability
<u>Education</u>	High School Graduation Enrollment in Higher Education Language and Literacy Early Childhood Education and Development
<u>Social and Community Context</u>	Social Cohesion Civic Participation Discrimination Incarceration
<u>Health and Health Care</u>	Access to Health Care Access to Primary Care Health Literacy
<u>Neighborhood and Built Environment</u>	Access to Foods that Support Healthy Eating Patterns Quality of Housing Crime and Violence Environmental Conditions

Source: ODPHP, 2017

Cure Violence

How a community achieves peacebuilding activities will vary. A social determinants approach to interrupting violence generally includes four types of work to be done in communities affected by violence (Cure Violence, 2016).

First, “Stopping violence in all of its forms (e.g., street, domestic, sexual, child abuse, self-harm, etc.) before it occurs is of primary importance. Specialized local workers, such as the Cure Violence program’s ‘violence interrupters’, are best prepared and suited to detect and interrupt potentially violent incidences” (Ransford, Kane & Slutkin, 2013).

Second, “community members must identify and support those individuals at highest risk for violent behavior. In much the same way disease control specialists, caseworkers, and other health outreach workers detect those suspected of having infectious diseases, special community members will use a health approach to detect individuals most likely to be involved in violent situations. Of course, the proper treatment for these individuals depends on each case; for some, a positive role model and mentor may be effective for prevention, while others may need a treatment program such as cognitive behavior therapy or functional family therapy. It cannot be stressed enough that communities must be equipped to address prevention by having multiple strategies in place and ready for implementation”.

Third, “communities need to address environmental factors both to reduce communities' susceptibility to the “contagion of violence” and to bolster its resistance” (Forum on Global Violence Prevention, Board on Global Health, Institute of Medicine, National Research Council, 2013). Communities everywhere can work to replace negative norms that encourage

the use of violence with positive norms that hinder its spread (WHO, 2009). To do so is advocating a positive peace. Communities can also address social determinants of health and positively change environmental factors, including issues of employment, education, housing, safe spaces, equity, and social cohesion (CDC, 2016, October 13; LaVeist, Gaskin, & Trujillo, 2011). Community programs can improve the general quality of life in communities through the provision of health care and improving school facilities, libraries, parks, and other public places.

Fourth, “communities must address risk factors—including social determinants of health—that affect an individual's susceptibility or resistance to violence, including depression, anxiety, and alcohol and substance abuse” (CDC, 2016, May 11; CDC, 2016, May 27; CDC, 2016, July 20). Individuals themselves also must be encouraged to employ strategies to fortify resistance to violence, including cognitive and behavioral interventions, constructing and maintaining social support networks, and the development of skills like meditation and mindfulness (Broderick & Jennings, 2012).

There is evidence that this approach is effective. 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% (Cooper, Eslinger, & Stolley, 2006). In Philadelphia, Pennsylvania, medical, criminal justice and job opportunity costs for HVIP had \$4 million in savings over five years (Purtle, Rich, Bloom, Rich, & Corbin, 2015). 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 United States are currently implementing community-based violence prevention programs, using a collaborative, multi-sector approach (Catholic Health Initiatives, 2016). 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 (Knox, Lomonaco, & Elster, 2005; American Academy of Pediatrics, 2016).

The IEP has identified that different factors become more important at differing stages of peace. See Table 5 - Eight Pillars of Peace. In low-peace environments, the factors that matter the most are related to Well-Functioning Government, Low Levels of Corruption, Acceptance of the Rights of Others and Good Relations with Neighbors. In these settings, security and rule of law are the most important factors within the Well-Functioning Government Pillar. For countries at the midlevel of peace, Free Flow of Information and Sound Business Environment rise in importance. In order for countries to rank at the top of the GPI they must score well on all Eight Pillars of Positive Peace, underlying the systemic nature of Positive Peace.

Table 5. Eight Pillars of Positive Peace

Pillar of Peace	Description
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Well-Functioning Government	A well-functioning government delivers high-quality public and civil services, engenders trust and participation, demonstrates political stability and upholds the rule of law.
Sound Business Environment	The strength of economic conditions as well as the formal institutions that support the operation of the private sector determine the soundness of the business environment. Business competitiveness and economic productivity are both associated with the most peaceful countries, as is the presence of regulatory systems which are conducive to business operations.
Acceptance of the Rights of Others	A country's formal laws that guarantee basic human rights and freedoms and the informal social and cultural norms that relate to behaviours of citizens serve as proxies for the level of tolerance between different ethnic, linguistic, religious and socioeconomic groups within the country. Similarly, gender equality, worker's rights and freedom of speech are important components of societies that uphold acceptance of the rights of others.
Good Relations with Neighbours	Having peaceful relations with other countries is as important as good relations between groups inside a country. Countries with positive external relations are more peaceful and tend to be more politically stable, have better functioning governments, are regionally integrated and have low levels of organised internal conflict. This is also beneficial for business and supports foreign direct investment, tourism and human capital inflows.
Free Flow of Information	Peaceful countries tend to have free and independent media that disseminates information in a way that leads to greater openness and helps individuals and civil society work together. This is reflected in the extent to which citizens can gain access to information, whether the media is free and independent and how well-informed citizens are. This leads to better decision-making and more rational responses in times of crisis.
High Levels of Human Capital	A skilled human capital base — reflected in the extent to which societies educate citizens and promote the development of knowledge — improves economic productivity, care for the young, enables political participation and increases social capital. Education is a fundamental building block through which societies can build resilience and develop mechanisms to learn and adapt.
Low Levels of Corruption	In societies with high corruption, resources are inefficiently allocated, often leading to a lack of funding for essential

	services. The resulting inequities can lead to civil unrest and in extreme situations can be the catalyst for more serious violence. Low corruption, by contrast, can enhance confidence and trust in institutions.
Equitable Distribution of Resources	Countries tend to ensure equity in access to resources like education and health, as well as, although to a lesser extent, equity in income distribution.

Source: IEP. 2017

The Pillar related to Low Levels of Corruption is strongly significant across all stages of peacefulness, showing that regardless of the peace of a country, it is an important transformational factor for both development and peace. Peacebuilding activities can be highly cost-effective, providing cost savings 16 times the cost of the intervention, highlighting a major opportunity for future investment (IEP, 2017).

Conclusion

The 2017 Global Peace Index (GPI) conclusion is that “the global level of peace has slightly improved in 2016. 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. Positive Peace is the capacity for a society to meet the needs of its citizens, reduce the number of grievances that arise and resolve remaining disagreements without the use of violence. The economic impact of violence has both direct and indirect costs and as a multiplier effect, violence reduces the economic benefits for a healthy community. A trauma-informed violence interruption approach can lead to an integrated system that is focused on violence as a public health concern. The social determinants of health should be considered in the interruption of community violence. The 5 key determinants include: 1) economic stability, 2) education, 3) social and community context, 4) health and health care, and 5) the neighborhood and built environment. How a community achieves peacebuilding activities involves: 1) stopping violence in all its forms, 2) community members identifying and supporting those individuals at highest risk for violent behavior, 3) communities addressing environmental factors to reduce the contagion of violence, and 4) communities identifying and minimizing risk factors for violence.

References

American Academy of Pediatrics. (2016). Gun violence prevention. <https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/AAPFederalGunViolencePreventionRecommendationstoWhiteHouse.aspx?nfstatus=401&nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token>

American Public Health Association. (2009, November 10). Building public health infrastructure for youth violence prevention. Policy Number: 200914 <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/22/14/51/building-public-health-infrastructure-for-youth-violence-prevention>

Broderick, P. C., & Jennings, P. A. (2012). Mindfulness for adolescents: A promising approach to supporting emotion regulation and preventing risky behavior. *New Directions for Youth Development*, 136, 111-126.

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

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (2016, May 11). Youth violence: Risk and protective factors. <http://www.cdc.gov/violenceprevention/youthviolence/riskprotectivefactors.html>

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (2016, July 20). Intimate partner violence: Risk and protective factors. <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

Centers for Disease Control and Prevention (2016, October 13). Social determinants of health: Know what affects health. <http://www.cdc.gov/socialdeterminants/index.htm>

Centers for Disease Control and Prevention (2017, May 11) Social determinants of health. Know what affects health. Retrieved from <https://www.cdc.gov/socialdeterminants/>

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (2016, May 27). Sexual Violence: Risk and Protective Factors. <http://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>

Cooper, C., Eslinger, D. M., & Stolley, P. D. (2006). Hospital-based violence intervention programs work. *The Journal of Trauma*, 61(3), 534 –540.

Cure Violence. (n.d.). Essential steps to implementing health model. <http://cureviolence.org/the-model/implementation/essential-steps-to-implementing-health-model/>

Dahlberg, L. L., & Mercy, J. A. (2009). History of violence as a public health problem. *Virtual Mentor - American Medical Association Journal of Ethics*, 11(2), 167-172.

FBI. (2016). 2015 Crime in the United States. <https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015/home>

Forum on Global Violence Prevention, Board on Global Health, Institute of Medicine, National Research Council. (2013, February 6). Contagion of violence: Workshop summary. Washington, DC: National Academies Press. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK190337/> doi: 10.17226/13489

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

Institute for Economics and Peace. (2017). Global peace index 2017. Pages 1-7. Retrieved from <http://visionofhumanity.org/app/uploads/2017/06/GPI-2017-Report-1.pdf>

Knox, L. M., Lomonaco, C., & Elster, A., (2005). American Medical Association's youth violence prevention training and outreach guide. *American Journal of Preventive Medicine*, 29(5S2) 226-229. Retrieved from: http://stopyouthviolence.ucr.edu/pubs_by_topic/ConnectingtheDots.pdf

LaVeist, T., Gaskin, D., & Trujillo, A. (2011, September). Separate spaces, risky places: The effects of racial segregation on health inequalities. Joint Center for Political and Economic Studies. Retrieved from <http://www.racialequitytools.org/resourcefiles/SegregatedSpaces.pdf>

Minnesota Public Health Department. (2014, February 1). Advancing health equity in Minnesota: Report to the legislature. Retrieved from http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf

Office of Disease Prevention and Health Promotion. (2017). Social determinants of health. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Purtle, J., Rich, L. J., Bloom, S., L., Rich, J. A., & Corbin, T. J. (2015, February). Cost-benefit analysis simulation of a hospital-based violence intervention program. *American Journal of Preventive Medicine*, 48(2), 162-169.

Ransford, C., Kane, C., & Slutkin, G. (2013). Cure violence: A disease control approach to reduce violence and change behavior. In *Epidemiological criminology: Theory to practice* (pp. 232-242). Taylor and Francis. DOI:10.4324/9780203083420

Ransford, C. & Fein, J. (2016). Creating and mobilizing health and public health/community systems to reduce violence. Violence is a Public Health Issue. Cure Violence.

Slutkin, G. (2013). Violence is a contagious disease. In *Contagion of violence: Workshop summary*, 94-111. Washington, D.C.: National Academy Press. Retrieved from: <http://www.ncbi.nlm.nih.gov/books/NBK207245/>

U.S. Department of Health & Human Services. (2010, October 26). Healthy people 2020: An opportunity to address societal determinants of health in the United States Retrieved from <http://www.healthypeople.gov/2010/hp2020/advisory/SocietalDeterminantsHealth.htm>

World Health Organization (2009). Changing cultural and social norms that support violence. http://www.who.int/violence_injury_prevention/violence/norms.pdf

World Health Organization, Commission on Social Determinants of Health. Closing the Gap in a Generation: Health equity through action on the social determinants of health. Available from: http://www.who.int/social_determinants/en