VIEWPOINT

Coordinating a National Approach to Violence Prevention

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The devastating effects of violence experienced by individuals is decimating homes, neighborhoods, and communities across the US. Since 2019, US homicide rates have increased by 35%, to 8.1 per 100 000 population in 2021,[1] rising in parallel with an overall increase in violent crimes. The complex public health problem of violence can present in many forms, including assault, homicide, suicide, intimate partner violence, child abuse, elder abuse, and others. These preventable violent injuries and deaths impose a steep human toll and have important economic consequences, including costs for acute care, the need for long-term home health care, loss of productivity, and the inability to reintegrate back into society.

According to estimates from the National Center for Injury Prevention and Control, nearly 2 million people were treated in US hospital emergency departments in 2020 for assault-related injuries.[2] Child physical abuse is experienced by approximately one-quarter of children at some point in their lives and by as many as 1 in 5 girls are sexually abused during childhood.[3] Intimate partner violence has been experienced by about one-third of both women and men,[4] and half of homicides among women are related to intimate partner violence.[5] Elder abuse, in the form of physical, sexual, and psychological abuse, is experienced by approximately 10% to 15% of people aged 60 years or older living in the US,[6] with an estimated 95% of incidents going unreported.

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Violence across these ages, genders, and vulnerable populations adversely affects urban, suburban, and rural communities. Violence is one of the most extreme manifestations of racial, ethnic, and economic disparities in the US, with substantially higher rates in historically disadvantaged communities.[7] Few health problems exhibit such large inequities in incidence and outcome. Over the past 3 years, the COVID-19 pandemic and associated social isolation caused a rise in all forms of violence, with a substantial increase in homicides. The pandemic disrupted all aspects of life, including the ability of people experiencing intimate partner and other forms of violence to seek care.

Violence accounted for 75 121 deaths in the US in 2021.[1] These deaths involved family members, loved ones, and individuals who represent the social fabric of communities. Each loss of life has a ripple effect that spreads across cities and states, and more often affects communities with high proportions of racial and ethnic minority populations. In addition, those who survive violent incidents often experience profound physical and mental health effects. Scientific investigations evaluating the effects of violence on health have depicted changes in the brain's white and gray matter structure, volume and functional connectivity, neurotransmitter metabolism, and chronic inflammation, as well as epigenetic effects and changes in the microbiome.[7] Decades of research have also demonstrated how adverse childhood experiences, defined by the Centers for Disease Control and Prevention as potentially traumatic events that occur in childhood (ages 0-17 years), are associated with negative effects on physical and mental health throughout adulthood.[8]

Discussing the severity of the violence crisis in the US would be incomplete without underscoring the effects of firearm-related injury and death. The frequent and recurrent mass shootings (ie, in which 4 or more people are killed or injured, not including the shooter) that attract media headlines account for only a small proportion of firearm-related deaths. In the first 2 decades of the 21st century, 679 442 people died in the US from firearm-related injuries, of whom 262 242 died from homicide (including 743 in mass shootings), and 399 913 died from suicide.[2] This does not begin to capture the nonfatal injuries, of which there are an estimated 2 to 3 per death, an estimated 70 000 to 200 000 per year, many resulting in lifelong disabilities. Moreover, for the first time in 40 years, firearm-related violence has emerged as the leading cause of death of children and adolescents (ages 1-19 years), surpassing motor vehicle crashes.[2] One of the distinguishing aspects contributing to violence in the US is the presence of an estimated 393 million firearms, surpassing the number of people who live in the US.[9]

What Can Be Done

The best solution for violence is prevention, but federal programs addressing violence are spread across multiple agencies and offices. Prevention needs to incorporate public health, law enforcement, social support, education, and mental health approaches, but currently, there is no effective coordination of these disciplines at the local, state, and national levels. This missed opportunity results in the inability to operationalize and tailor solutions in a comprehensive and effective way.

While efforts such as the National Violence Prevention Network,[10] which is a "broad-based coalition of local,

state, and national organizations dedicated to violent death prevention," are an important start to addressing this problem, such efforts capture only one aspect of the violence epidemic. Similar to other public health problems, whether motor vehicle crashes or the opioid epidemic, there needs to be a pathway for bidirectional communication, incentivizing states through grant-making, coordination across the local, regional, and national levels, and implementation of best practices to make efficient use of resources. Many communities across the US have recently established city- or county-level "offices of violence prevention," including Milwaukee, New York City, and Baltimore. Several states, including Connecticut and Washington, have also established statewide offices of violence prevention.

The current landscape is primed to launch an Office of National Violence Prevention (ONVP). The mission of the ONVP would be to identify opportunities across the federal government to more proactively address all forms of violence, including interpersonal violence, intimate partner violence, firearm-related injury including mass shootings, child abuse, and elder abuse, and to oversee the implementation of federal actions to make meaningful change, including regulatory reforms, new enforcement strategies, research and data collection, education and public awareness, and new programmatic efforts. The ONVP could also identify federal funding sources that can be leveraged to support violence prevention efforts at the state and local level. The office's mission could include working with state and local leaders, including elected officials and community partners (hospitals, law enforcement agencies, public health departments, city officials, faith-based organizations, business associations, and other community organizations), to identify and implement best practices and effective violence prevention programs, increase federal support for these efforts, and engage individuals in the community, the ones who are most affected by violence and often know the solutions needed.

The ONVP is timely and necessary to bring together key leaders across the federal administration to develop a comprehensive, coordinated, and sustained effort to address all aspects of violence in the US. To have maximal effectiveness and authority for coordination across federal agencies, the ONVP should be an agency of the executive branch within the executive office of the president and the director a member of the president's cabinet. The political will to address violence exists, and creation of this type of infrastructure along with robust congressional funding similar to that with the establishment of the Advanced Research Projects Agency for Health could be an effective pathway. Establishing the ONVP also could send a clear signal to government agencies, Congress, and the people of the US that violence prevention is a top priority. It also could allow the federal administration to establish goals and outline actionable priorities that could be tracked within an established, time-bound reporting structure, thereby helping to ensure meaningful progress and accountability across government agencies.

The fragmented approach to violence prevention is not enough. The US would benefit from establishing a ONVP to coordinate and strengthen existing and future efforts. However, this does not happen overnight. Health care professionals need to continue to identify solutions within communities and across disciplines to implement effective policies and programs to solve this major public health crisis. The work of the ONVP has the potential to create an effective, coordinated, and unifying response so that everyone, regardless of age, gender, religion, race, and ethnicity, can prevent violence and live safely in their homes, schools, places of worship, and communities across the US.

ARTICLE INFORMATION

Conflict of Interest Disclosures: None reported.

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