Narrative Review

Is violence a disease? Situating violence prevention in public health policy and practice

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ABSTRACT

The paper provides a review of some of the thoughts, ideas, and opinions that pervade the public health literature concerning how to classify or conceptualise violence. It is argued that violence transcends classic distinctions between communicable and non-communicable diseases, distinguishes itself from the discipline of injury control, and is influenced by wider, social determinants. Through a discussion of these varied perspectives it is concluded that a fourth revolution in public health is needed — a 'change in scope' revolution — that recognizes the influence of social justice, economics, and globalization in the aetiology of premature death and ill health, into which violence fits. However, rather than be shackled by debates of definition or classification, it is important that public health acknowledges the role it can play in preventing violence through policy and practice, and takes unified action.

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Introduction

In the wake of the mass school shooting at Sandy Hook on 14th December 2012, and the release of the Report of the State's Attorney on the Shootings at Sandy Hook Elementary School[1] renewed attention has focused on how adopting a Public Health perspective may prevent, or at least reduce the frequency and deadliness, of such events.[2,3] However, such high profile and tragic mass shootings account for relatively few deaths when compared to the daily toll of gun violence in the US[4,5] let alone elsewhere in the world.[6] Furthermore, gun violence itself is only one cause of homicide, with a total global estimated burden of intentional injuries attributable to violence (not self-inflicted or war and conflict) of around

600,000 per year.[7] However, such fatalities represent the tip of the iceberg, and non-fatal violence is much more common. Such violence is associated with potentially devastating long-term consequences not only resulting from the direct injuries sustained but also indirectly as a risk factor for a broad range of physical and mental health outcomes among perpetrators, victims, families, communities, and wider society.[8] Despite this, violence it is often underreported or even deliberately hidden by the victims.

Not only does violence pose a considerable burden as a major cause of mortality and morbidity[7] it has been predicted to rise over the coming years.[9] Despite some fantastic work by early pioneers[10–12] violence has only relatively recently been acknowledged as a major concern for Public Health at the 49th World Health Assembly in 1996, which was re-emphasised at

the 67th World Health Assembly in 2014. What is more, it was only in 2002 that the public health approach to violence was formalised by the World Health Organization (WHO) in the *World Report on Violence and Health*[14] (hereafter referred to as World Report) which offered what is considered one of the broadest definitions of violence[15] emphasising the intentionality of the act and a broad range of outcomes:

> *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* (p. 5).[8]

Whilst violence has been recognised as a public health problem, it has not achieved widespread acceptance. One reason for this is that it may be still viewed as the purview of the criminal justice system. Additionally, it could be that violence does not fit easily into the public health classification system which has been traditionally concerned with communicable and non-communicable disease. Given the centrality of classification to public health, difficulties with classification may impact how violence prevention is situated in public health policy and practice.

This paper will briefly cover some of the thoughts, ideas, and opinions that pervade the public health literature concerning how to classify or conceptualise violence. It will begin with a consideration of the traditional classification system of communicable and non-communicable disease. This will then be followed by the consideration of the sibling issue of unintentional injury and injury control, before highlighting the social determinants perspective.

The scope of public health

Much of the early work in Public Health concentrated on sanitation and communicable diseases.[16] Public Health has, however, been adept at adapting to society's emerging problems. Despite this, Hanlon et al.[17] note that public health is now facing a number of emerging crises revolving around epidemics of obesity, drug and alcohol misuse, increased rates of depression and anxiety, reductions in general well-being, and widening global health inequalities. Moreover, it is acknowledged that while the scope of public health practice has broadened, it needs to grow further to address the 'emerging epidemics of non-communicable disease … global environmental change, natural and man-made disasters, and … sustainable health development' (p.2085)[18] and the determinants of social and health inequities (e.g. poverty and weak social support systems)[19] that largely dominate discussions of health.

This view largely corresponds with the findings from the Global Burden of Disease Report[7] which highlights the way in which much of the developed and developing world has transitioned from communicable to non-communicable disease/conditions as the major cause of premature death.[20–22] Indeed, public health has been described as having passed through three revolutions[23,24]:

1. *Infectious disease revolution* which was concerned with controlling and eliminating the infectious disease epidemics
2. *Chronic disease revolution* which aimed to increase human longevity through prevention of chronic disease
3. *Change in practice revolution* which aims to maximise the quality of human life

The argument is that as infectious diseases were mainly brought under control (Revolution 1) chronic disease posed the greatest threat to health. Correspondingly, as prevention efforts have succeeded in prolonging human life (Revolution 2) a change in practice is required to promote the quality of that extended life (Revolution 3). As with other discussions of the history and future of public health what this highlights is a focus on the traditional public health issues of communicable and non-communicable disease and a particular failure to acknowledge the role public health can and should play in addressing the burden posed by violence.

The violence epidemic(?)

Increased academic interest and media coverage have led the peoples to believe that they live in violent times, perhaps the most violent in history. While the burden of violence is predicted to rise over the coming years relative to other conditions/outcomes,[9] following a detailed analysis of violence across the centuries Pinker concluded that 'we may be living in the most peaceable era in our species existence' (p.xxi). Nonetheless, violence, in all its manifestations (self-directed, interpersonal, and collective[14]) touches the lives of everyone either directly or indirectly, and poses a considerable risk to public health across the globe.

In the context of long-term secular declines and its ubiquitous nature, violence has been referred to as endemic.[25] As with all endemic conditions, Christoffel notes that there is the risk of 'epidemic flare' at certain times or in certain places.[25] Indeed, violence is often described as having reached epidemic proportions.[10,26–28] While the term 'epidemic' is often associated with the outbreak of a communicable disease in a particular region at a certain time[29] Last notes that the term was broadened during the 20th century to include non-communicable diseases/conditions including behavioural health problems.[30] However, this issue has met with some debate. For instance, McDavid et al.[31] astutely note that 'the notion of a non-communicable epidemic is in itself an oxymoron. How does a disease spread if it is not 'communicable' in some sense' (p.480). In contrast, Fagan, Wilkinson, and Davies[32] note that 'epidemics need not be contagious' (p.689) citing an outbreak of food poisoning as one such example. Nonetheless, discussing violence in this way immediately frames it as a disease, but is it really a disease at all?

Violence as a disease

Violent injury has been described as the 'neglected disease'.[33] The causation and transmission of a disease is explained through the host-agent-environment paradigm, which is also the basis for public health interventions (e.g. the Haddon