Whereas, More than 60% of children and adolescents across different demographics have reported to being victim or witness to a form of violence;¹ and

Whereas, Childhood exposure to violence has been linked to negative long-term consequences, such as future commitment of violence, symptoms of trauma, feelings of helplessness, and negative school performance;²,³,⁴,⁵,⁶ and

Whereas, As of 2010, the cost of violence in the United States was estimated to be at least $460 billion;⁷ and

Whereas, WHO reports have shown that intervention programs based on public health models for early childhood, parenting, and family therapies correlate to a long-term decrease in violent behaviors;⁵ and

Whereas, Cities that have implemented effective and evidence-based public health violence prevention models, such as the Cure Violence model, have seen a significant drop in violent acts, most notably showing an 80%-100% reduction in retaliation attacks;⁸,⁹ and

Whereas, The CDC has endorsed an evidence-based, four-step public health approach to violence prevention;¹⁰ and

⁸ Dicker, R. Hospital-Based Violence Intervention: an Emerging Practice Based on Public Health Principles. Trauma Surgery & Acute Care Open. 2017;1(1).
Whereas, The AMA supports “investment in primary prevention activities related to violence,” as well as in research and services that encourage physicians to get involved in violence prevention (AMA Policy H-515.964); and

Whereas, H.R.2757 Public Health Violence Prevention Act aims to fund public health violence prevention models through a grant based system;\(^{11}\) therefore be it

RESOLVED, That our American Medical Association support legislation in addition to other mechanisms that encourage the development and use of evidence-based public health models that prevent violence. (New HOD Policy)

Fiscal note: not yet determined

Received: 04/26/18

RELEVANT AMA POLICY:

**Violence Activities H-515.964** - Our AMA: (1) endorses the Declaration of Washington, which urges national medical associations worldwide to promote an international ethos condemning the development, production, or use of toxins and biological agents that have no justification for peaceful purposes; (2) specifically endorses the WHO's World Report on Violence and Health and recognizes the value of its global perspective on all forms of violence; and (3) supports investment in primary prevention activities related to violence as well as in research and services that encourage physicians to get involved in violence prevention (e.g., detect violence among patients, advocate for legislation), and encourages the development of curricula for teaching of violence prevention in schools of medicine. Citation: (BOT Rep. 9, A-03; Reaffirmed: CSAPH Rep. 1, A-13)

**Research the Effects of Physical or Verbal Violence Between Law Enforcement Officers and Public Citizens on Public Health Outcomes H-515.965** - 1. Our AMA encourages the National Academies of Sciences, Engineering, and Medicine and other interested parties to study the public health effects of physical or verbal violence between law enforcement officers and public citizens, particularly within ethnic and racial minority communities. 2. Our AMA affirms that physical and verbal violence between law enforcement officers and public citizens, particularly within racial and ethnic minority populations, is a social determinant of health. 3. Our AMA encourages the Centers for Disease Control and Prevention as well as state and local health departments and agencies to research the nature and public health implications of violence involving law enforcement. Citation: Res. 406, A-16;

**Violence and Abuse Prevention in the Health Care Workplace H-515.966** - Our AMA encourages all health care facilities to: adopt policies to reduce and prevent all forms of workplace violence and abuse; develop a reporting tool that is easy for workers to find and complete; develop policies to assess and manage reported occurrences of workplace violence and abuse; make training courses on workplace violence prevention available to employees and consultants; and include physicians in safety and health committees. Citation: Res. 424, I-98; Reaffirmation I-99; Reaffirmed: CSAPH Rep. 1, A-09; Modified: BOT Rep. 2, I-12; Reaffirmed in lieu of Res. 423, A-13; Modified: CSAPH Rep. 07, A-16;

See also: **Family Violence-Adolescents as Victims and Perpetrators H-515.981; Health Care Costs of Violence and Abuse Across the Lifespan D-515.984; Public Health Policy Approach for Preventing Violence in America H-515.971**