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## Preventing Violence to Achieve Peaceful and Inclusive Societies:

**Nurses can play a vital role, not only in their communities, but also in their workplaces.**

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### Abstract

This article is one in a series in which contributing authors discuss how the United Nations (UN) Sustainable Development Goals (SDGs) are linked to everyday clinical issues; national public health emergencies; and other nursing issues, such as leadership, shared governance, and advocacy. The 2030 Agenda for Sustainable Development, a 15-year plan of action to achieve the goals, was unanimously adopted by all UN member states in September 2015 and took effect on January 1, 2016. The Agenda consists of 17 SDGs addressing social, economic, and environmental determinants of health and 169 associated targets focused on five themes: people, planet, peace, prosperity, and partnership. The SDGs build on the work of the UN Millennium Development Goals, which were in effect from 2000 to 2015. The current article highlights SDG 16: “Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable, and inclusive institutions at all levels.”

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While the United States is not immune to conditions that threaten civil society, including infractions on democracy and human rights, the country’s constitutional ethos holds the fundamental belief that all people should be free from discrimination and the fear of violence, and should be safe regardless of faith, racial or ethnic origin, sexual orientation, gender identity, or socioeconomic status. To that end, the government participates in national and global initiatives designed to prevent violence, combat terrorism and crime, end trafficking and torture, eradicate child and elder abuse, ensure equal access to justice, promote nondiscriminatory laws and policies, and protect participation in governance through such measures as the preservation of voting rights.

Among these initiatives is United Nations (UN) Sustainable Development Goal (SDG) 16, whose first target is to “significantly reduce all forms of violence and related death rates everywhere”<sup>1</sup>—a goal echoed by such public health programs as the Department of Health and Human Services’ Healthy People 2030<sup>2</sup> and the Robert Wood Johnson Foundation’s

Building a Culture of Health Action Framework.<sup>3</sup> SDG 16 also addresses a number of broad targets to promote inclusion and respect, eliminate discrimination, and halt the marginalization of children and women.<sup>1</sup>

As professionals dedicated to preserving human life and well-being, nurses can assist in decreasing violence—not only in society but also within their workplaces—through strategic alignment with the SDGs and other public health initiatives.

## PREVALENCE OF VIOLENCE

According to the National Violent Death Reporting System—a U.S. database that uses state-based surveillance and reporting to track violent deaths (including homicides and suicides) across age groups and settings—each hour more than seven people die of violence in this country.<sup>4</sup> Even more startling is the fact that homicide is among the top five causes of death for people one to 44 years of age.<sup>5</sup>

Globally, 100 civilians—including women and children—are killed each day amid armed conflicts, despite being protected under international law. In addition, an estimated 440,000 homicides occur worldwide annually.<sup>6</sup>

Exposure to violence places individuals at higher risk for experiencing other forms of violence, and for developing physical, mental, emotional, or social problems (including education and employment challenges).<sup>7</sup> In children, prolonged stress—including exposure to violence—may result in various challenges in adulthood, such as a higher incidence of infectious diseases; problems with reproductive health; and difficulty managing jobs, finances, and anger.<sup>7</sup> (See Table 1.<sup>7-10</sup>) Violence also takes a heavy economic toll. For instance, in the United States gun violence is estimated to cost \$229 billion annually, which is greater than the amount spent on obesity and nearly as much as that spent on Medicaid.<sup>11</sup>

There is a widespread belief that violence is preventable, not inevitable.<sup>12</sup> The Centers for Disease Control and Prevention (CDC) proposes a four-step public health approach to violence prevention, which consists of the following: defining the problem, identifying risk factors for violence and protective factors that might help mitigate it, determining existing prevention strategies or developing new ones, and disseminating and evaluating these strategies to ensure their widespread adoption. Using a socio-ecological model, the CDC maintains that the interaction of multiple factors at various levels—individual, relational, communal, and societal—can either increase the risk of violence or protect against it.<sup>13</sup> To help identify the most appropriate evidence-based violence prevention policies and programs, the organization has developed a tool called Veto Violence, which allows the identification of common roots across multiple forms of violence,<sup>13</sup> thereby improving the efficiency of prevention programs. Commonly shared risks and protective factors relate to the environment, previous exposure to violence, and socioeconomic factors. (See Table 2.<sup>14, 15</sup>)

## THE EFFECT OF THE PANDEMIC

In 2018, the American Public Health Association deemed violence a public health crisis, calling for a comprehensive system to reduce its human and economic toll.<sup>16</sup> Today, the unrelenting strain and stress caused by the COVID-19 pandemic, along with such health measures as social distancing, stay-at-home orders, and social isolation, have increased many individuals' vulnerability to violence. For example, women isolated at home with an abusive partner may be unable to seek protection in shelters that are likely to be at capacity because of social distancing requirements. Children, too, risk additional abuse, neglect, and household dysfunction, as reduction in income frays family stability.<sup>17</sup> To protect the human rights of women and girls during the COVID-19 health crisis, UN Women—an entity dedicated to gender equality and the empowerment of women—has launched the Shadow Pandemic campaign to raise public awareness and promote prevention measures.<sup>18</sup>

## WHAT NURSES CAN DO

### In the community.

Nurses can reduce violence by understanding the risks and preventive factors associated with it, and by developing and implementing strategies to mitigate and halt it. As clinicians, scientists, educators, and advocates, nurses are ideally situated to identify victims of violence and invoke vital supports at the local, regional, national, and international levels. Using keen observation and questioning, nurses can help individuals escape a threatening situation through reporting and the acquisition of resources to reestablish safety. These interventions are especially critical when assisting victims of abuse; human trafficking; or other forms of exploitation in such settings as EDs, clinics, schools, or homes.

At the societal level, nurses can advocate for policies that address child abuse and neglect, suicidality, domestic and sexual violence, firearm safety, mental health instability, and the unintended consequences of the pandemic. And internationally, nurses can promote equality and protect human rights by working in solidarity with the UN; the World Health Organization; and such humanitarian relief organizations as Doctors Without Borders, the International Rescue Committee, and the International Federation of Red Cross and Red Crescent Societies.

### In the workplace.

The Occupational Safety and Health Administration (OSHA) defines workplace violence as “any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide.”<sup>19</sup> Although workplace violence is not explicitly mentioned in SDG 16, its eradication within and throughout health systems would allow nurses to contribute to two associated targets: 16.6 (“Develop effective, accountable and transparent institutions at all levels”) and 16.b (“Promote and enforce non-discriminatory laws and policies for sustainable development”).

Violence occurs in all types of workplaces and affects all employees, regardless of position. Incidents of violence are vastly underreported and may result in injury, lost days and/or

wages, stress, and sometimes death.<sup>20, 21</sup> Health care workers are particularly at risk. In a 2017 survey of over 10,000 nurses and nursing students conducted by the American Nurses Association, a quarter of respondents reported being assaulted at work by a patient or patient's family member, and half said they had experienced bullying.<sup>22</sup> The estimated rate of nonfatal workplace violence against health care workers is five to 12 times higher than the estimated rate for workers overall, depending on the type of health care facility; between 2010 and 2014, OSHA increased its inspections of health care employers for workplace violence by nearly eightfold.<sup>21</sup>

Workplace violence not only compromises the ethics and responsibilities of nursing, it also jeopardizes the safety of nurses and patients.<sup>21</sup> In addition, it affects patient care by undermining trust, fracturing communication, diminishing well-being, and leading to burnout—a factor widely associated with decreasing quality of care.<sup>23</sup>

Health care organizations can implement evidence-based actions to prevent workplace violence and ensure a culture of safety. These actions include the use of comprehensive violence prevention policies, a behavior safety plan and security, transformational leadership styles, conflict resolution strategies, multidisciplinary teams to address the risk of violence during patient interactions, and data collection of violent incidents.<sup>24-28</sup> (See Preventing Workplace Violence.<sup>25, 26, 28-32</sup>)

In partnership with legislators, administrators, and patients, nurses can take a stand against the violence that endangers health care workers. Solidarity and conceptual understanding are insufficient to bring about change. Actions and comprehensive policies focused on patient and staff education and mitigation strategies are essential. Additionally, because various forms of violence are interconnected, engaging with localities to recognize violence as a key health priority and performing health assessments of the community can improve violence prevention programs.<sup>33</sup>

## CONCLUSION

All 17 SDGs require nurses to assume their roles as both professionals and citizens and consider the ways that peace and violence may affect other SDGs and other aspects of societal health.<sup>34-36</sup> For instance, Good Health and Well-Being (SDG 3) cannot be fully realized without the eradication of violence and injustice. Likewise, Gender Equality (SDG 5) cannot be achieved unless violent acts and harmful practices against women and girls are eradicated.

The United States joins other countries in recognizing that stopping violence is a first step toward promoting peaceful and inclusive societies. As professionals, nurses must advocate for violence prevention not only for their patients and communities, but also for their own health and well-being. As citizens, nurses must remember that every person has the human right to feel safe and live in peace. ▼

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## Preventing Workplace Violence<sup>25, 26, 28-32</sup>

### Define and understand the problem.

- Understand the types of workplace violence and responses.

### Identify risks and protective factors.

- Accept your ethical duty to protect yourself.
- Take all forms of workplace violence seriously, adopting an approach of “Awareness + Action = Prevention.”
- Implement educational programs that address management of aggression and conflict.
- Enact policies that support early intervention for safe environments.
- Ensure that the work environment supports a multidisciplinary team and reduces stressors.

### Develop/select/test prevention strategies.

- Speak up if you sense something that makes you uncomfortable.
- Encourage reporting of disruptive behavior and any act of violence.
- Implement measures to identify and reduce vulnerabilities for all.
- Actively participate in developing/updating workplace violence policies.
- Establish an environment of mutual respect and trust through strong relational skills.
- Commit to and advocate for ongoing and comprehensive workplace violence prevention education.

### Adoption/dissemination/implementation with evaluation.

- Promulgate revised policies.
- Evaluate learning.
- Measure the impact of violence prevention.

**Table 1.**

Violence Across the Life Span<sup>7-10</sup>

Violence Form	Definition	Impact of Violence in the United States
Child abuse and neglect	Physical, sexual, or emotional/psychological abuse or neglect	<ul style="list-style-type: none"> <li>One in seven children experience adverse childhood experiences associated with five of the 10 leading causes of death.</li> </ul>
Elder abuse	Physical, sexual, or emotional/psychological abuse; neglect; or financial exploitation causing harm to adults ages 60 and older	<ul style="list-style-type: none"> <li>Elder abuse affects one in 10 elders living at home.</li> </ul>
Firearm injuries and deaths	Penetrating injury from gun/weapon that uses a powder charge to shoot a projectile	<ul style="list-style-type: none"> <li>Each day, 109 people die from a firearm-related injury.</li> </ul>
Intimate partner violence	Physical, sexual, or psychological harm by current or former spouse or partner	<ul style="list-style-type: none"> <li>Firearm-related injuries are among the five leading causes of death in people ages one to 64.</li> <li>Six out of every 10 firearm-related deaths are suicides; four out of 10 are homicides.</li> </ul>
Sexual violence	Sexual activity without consent	<ul style="list-style-type: none"> <li>One in four women and nearly one in 10 men have experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime.</li> <li>43+ million women and 38+ million men have experienced psychological aggression by an intimate partner in their lifetime.</li> </ul>
Suicide	Death from self-injury with intent to die	<ul style="list-style-type: none"> <li>One in three women and one in four men have experienced sexual violence involving physical contact during their lifetime.</li> </ul>
Youth violence	Intentional threat or harm among people ages 10 to 24; fighting, bullying, threats with weapons, gang-related violence	<ul style="list-style-type: none"> <li>Suicide is the 10th leading cause of death (since 2008); one death by suicide occurs every 11 minutes.</li> <li>Suicide is also the second leading cause of death among people ages 10 to 34, the fourth leading cause among ages 35 to 54, and the eighth leading cause among ages 55 to 64.</li> </ul>
		<ul style="list-style-type: none"> <li>Homicide is the third leading cause of death among people ages 10 to 24, resulting in 13 victims per day.</li> <li>One in five high school students per year have experienced youth violence.</li> <li>One in seven have experienced electronic bullying.</li> </ul>

**Table 2.**

Risks and Protective Factors for Violence<sup>14, 15</sup>

<b>Four-Level Socio-Ecological Model</b>	<b>Risk Factors</b>	<b>Protective Factors</b>
Individual (biological and personal history factors)	<ul style="list-style-type: none"> <li>• Age</li> <li>• Income</li> <li>• Education; poor academic performance</li> <li>• Unstructured free time</li> <li>• Delinquent peers</li> <li>• Substance use</li> <li>• Low IQ</li> <li>• Being male</li> <li>• Mental/behavioral condition</li> <li>• Experiencing violence, abuse, or neglect</li> </ul>	<ul style="list-style-type: none"> <li>• High IQ</li> <li>• Being female</li> <li>• Positive social orientation</li> <li>• Intolerance of deviance</li> </ul>
Close relationships (family, peers, social circle)	<ul style="list-style-type: none"> <li>• Low socioeconomic status/poverty</li> <li>• Poor parent-child relations</li> <li>• Separation from parents or parental incarceration</li> <li>• Having a family member attempt or die by suicide</li> <li>• Substance misuse</li> </ul>	<ul style="list-style-type: none"> <li>• Warm, supportive relationships with parents/adults</li> <li>• Parents' positive evaluation of peers</li> <li>• Parental monitoring</li> </ul>
Community (school, workplace, neighborhood)	<ul style="list-style-type: none"> <li>• Status of school and housing (condition, safety)</li> <li>• Media portrayals</li> <li>• Access to guns</li> <li>• Access to alcohol and other drugs</li> <li>• Witnessing and experiencing violence</li> <li>• Size and geographic location of school</li> <li>• Involvement in gangs</li> </ul>	<ul style="list-style-type: none"> <li>• Commitment to school</li> <li>• Recognition for or involvement in conventional activities that teach or enhance interpersonal and emotional skills and encourage teamwork</li> </ul>
Societal and cultural factors	<ul style="list-style-type: none"> <li>• Oppression</li> <li>• Economics</li> <li>• Family dynamics</li> <li>• Mental illness</li> </ul>	<ul style="list-style-type: none"> <li>• Friends who engage in conventional behavior</li> </ul>

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	<b>Protective Factors</b>	
	<b>Risk Factors</b>	
	<ul style="list-style-type: none"><li>• Gender</li><li>• Weak social ties</li></ul>	
		<b>Four-Level Socio-Ecological Model</b>