Editorial

Violence in the Caribbean: A Public Health Emergency

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Over the last few decades, the Caribbean has been a leader in Health. This is reflected in the success with Alma Ata Health for All, Caribbean Corporation in Health I and II, improved Immunization rates in children, Chronic Disease control, HIV Prevention, Epidemics (management of Dengue, Chikungunya, Zika), and more recently the COVID-19 pandemic. However, another epidemic is growing and increasingly threatening to erode our health care gains, that is, the epidemic of violence. Caribbean countries have shown consistently high homicide rates with an average of 28.4 per 100,000, nearly five times the estimated world homicide average (5.8 per 100,000) (*Table 1*). Moreover, the rate has increased 20% over the last decade. Jamaica accounts for over half (56% of homicides) in the Caribbean, but of major concern is the doubling of homicide rates in some of the smaller islands since 2020. Just one homicide in smaller, close-knit Caribbean communities has a direct impact on an entire population. The trauma and fear impacts wellbeing, health, and investment widely across society. The proliferation of firearms makes the violence more lethal, for example, in Jamaica, 84 % of homicides are gun-related compared to 67% for the Americas. (1)

Table 1 - Homicides for Caribbean Countries 2022

Country	Cases	Rates per 100,000	Year
Antigua and Barbuda	10	10.7	2022
Bahamas	128	31.2	2022
Belize	113	27.9	2022
Barbados	43	15.3	2022
Jamaica	1508	53.3	2022
Saint Lucia	66	36.7	2022
Trinidad and Tobago	605	39.5	2022
Saint Vincent and the Grenadines	42	40.4	2022
Dominica	10	13.8	2021
Grenada	5	4.0	2021
Guyana	131	16.3	2021
Saint Kitts and Nevis	14	52.1	2021

Costs to the Health Services

It is estimated that Caribbean countries lose 3.7% of GDP due to crime, and in addition, crime-related losses represent 5–15% of annual sales for the private sector (2). Our health services, facilities and providers are overburdened with violence related injuries and fatalities. In Jamaica, the impact on the health services has been documented in the Cost of Care Study across seven major hospitals. The findings indicate that nine per cent of Violence Related Injuries (VRIs) were due to gunshot wounds. Stab wounds and blunt trauma accounted for 31 and 36 per cent of all patients, respectively. The average cost of gunshot wounds was also higher than that of injuries caused by road traffic crashes. The study also found that Jamaican hospitals saw more than 25,000 cases of violence-related injuries (including all mechanisms) in 2014. This cost amounted to JMD 8.6 billion dollars (USD 68.7 million dollars) in total, comprising JMD 3.6 billion dollars (USD 28.8 million dollars) in direct medical costs and JMD 5 billion dollars (USD 40 million dollars) in productivity losses. The medical expenses associated with violence-related injuries accounted for 22 per cent of the hospitals' annual budget (excluding compensation for hospital staff salaries) and two-thirds of the JMD 5.4 billion (USD 43.2 million) budget for goods and services allocated to them by the Ministry of Health. (3) One in 4 surgical operations were cancelled to allow for treatment of VRIs. As Mark Rosenberg said, "The same evidence-based approach that is saving millions of lives from motor-vehicle crashes, as well as from smoking, cancer and HIV/AIDS, can help reduce the toll of deaths and injuries from gun violence...." (4)

The evidence is clear: Violence is Preventable

Sustained and coordinated national and regional responses are urgent. We need to understand both the evidence on what works, as well as what does not work for violence prevention. First, we should not be replicating what has been found not to work (and/or have negative unintended consequences). These include fear-based and punishment-focused approaches like Scared Straight, (5) boot camps, military-style programmes, D.A.R.E (Drug Abuse Resistance Education), (6) Zero Tolerance, (7) curfew laws, mandatory minimum sentences, (8) and large custodial facilities. (9,10). On the other hand, approaches that have been evaluated and found to have positive impact (in the Caribbean or internationally), should be considered and adapted appropriately for local contexts (*Table 2*).

Table 2 - What Works

Life Stages	*Intervention*	*Examples*
Antenatal / Parenting Programmes	• Treat Depression • Parenting Education beginning in Pregnancy	• Health Services • Triple "P" • Parenting for Lifelong Health • Reach UP (*used in Jamaica*)
First 1,000 Days	Home Visiting by Community Health Aides with stimulation	• Reach UP (*used in Jamaica*) • *Roving Care Givers (used in Dominica. St. Vincent and Grenadines)*
Clinic Visits	Parenting Sessions at clinics	• Early Stimulation Clinic Programme (*used in Jamaica*)
Basic School	Teacher / children Intervention	• IRIE Tool Kit (*used in Jamaica*)
Primary school	• Behavioural Interventions Screen • Child and Adolescent Clinics with family therapy and home visits • Academic and social intervention to keep children in schools. • Afterschool programmes w/ Socio-emotional learning content (i.e. Mindfulness)	• Child Behaviour Checklist Ages 6–18, (11) Child Behaviour Rating Scale (CBRS), (12) Strengths and Difficulties Questionnaire (SDQ), (13,14) (Goodman, 1997), Youth Risk Screen (Y-RISC), (15) • *Child and Adolescent Guidance Clinics (used in Jamaica, Barbados, & Trinidad)* • Child Resiliency Programme (*used in Jamaica*) • Sports for All, Uniformed groups (nonmilitary) (16) • Literacy Programmes (i.e. ARROW *used in Jamaica*, *Trinidad*) • Heart Math (*used in Jamaica & Trinidad*), (17)
High School	• Academic and social to keep children in schools. • Preventing Intimate Partner Violence (IVP)	• Afterschool Programmes, (18) • SASA! Activist Kit for Preventing Violence against Women and HIV (19) • Stepping Stones Community mobilization to change social norms, (20)
Hospital Based Interventions	• Multi-agency data driven response uses data from Police and Hospital injuries.	• Cardiff Model, (21,22) • West Kingston Crime Observatory (*used in Jamaica*)
Police	• Focus on geographical high crime areas. • Framework guiding police interactions with citizens. • Focus on Prolific Offenders • Focus on particular underlying factors contributing to violence dynamics in a particular space.	• Hot Spot Policing, (23) • Procedural Justice, (24) • Focused Deterrence (21) • Problem-Oriented Policing (25)
Community Based Interventions	• Outreach workers connect high-risk youth to case managers who link to services	• Safe Successful Youth Initiative (SSYI) (26)

Critical Conditions for Success in Violence prevention programmes

For the above programmes to be successful, they require five key conditions for them to be highly effective and efficient in preventing violence. These conditions include:

- **Design and fidelity in implementation:** this means programmes are informed by theory and evidence, standardized in implementation, and executed according to their design.
- **Targeting and Dosage:** this includes targeting high-risk individuals/communities and providing the right number of services/beneficiaries needed to have impact on violence.
- **Monitoring, Evaluation and Learning (MEL):** interventions are guided by data, they are measured, monitored, evaluated and adjustments are made based on the lessons learned.
- **Financial and technical capacity:** Interventions require sufficient and sustainable financial resources, and carefully selected and trained staff with the right skills.
- **Community engagement:** interventions will only be successful when they are embedded and connected to local communities.

Call to Action

Health-care leaders can be at the forefront of reducing violence across the region by guiding the widescale implementation of evidence-based violence prevention interventions and ensure the provision of the conditions for their success. The region should set a target of a 50% reduction in homicide by 2030 (to a rate of 14.2 per 100,000). This would require a reduction of 223 homicides per year across the region. Each country would need to set national annual targets. For example, St Vincent and Grenadines would need to reduce their homicides by four every year for six years.

This is a practical and achievable goal, which will have tremendous benefits for the health services and society overall.

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