

Global Economic Context: Violence

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Introduction **Healthcare**

Violence represents one of the largest and least addressed economic burdens on global society. Recent international estimates indicate that the total global economic impact of violence — including military expenditure, internal security, policing, judicial systems, incarceration, and the direct and indirect effects of interpersonal and self-directed violence — amounts to approximately US\$20 trillion per year (PPP), equivalent to around 11–12% of global GDP. This figure exceeds the total annual expenditure on healthcare worldwide.

By comparison, total global health expenditure is estimated at approximately US\$9.8 trillion annually, representing just over 10% of global GDP. This figure includes spending on hospitals, community care, medicines, public health initiatives, and health system administration across all countries.

The disparity between the economic cost of violence and the resources allocated to health and prevention highlights a fundamental structural imbalance in global social medicine. While vast sums are committed to containment and response, comparatively limited investment is directed toward preventative, integrated, and restorative approaches capable of reducing violence-related harm at its source.

Abstract

Occupational exposure to violence presents a persistent challenge for recovery frameworks in military, policing, emergency, medical and custodial professions.

Existing models frequently address psychological systems whilst under examining the structural and regulatory conditions required for sustained recovery.

This article proposes fusion as a functional endpoint in trauma resolution arising from the restoration of cellular intelligence-defined here as the organism's capacity for coherent load

distribution, regulation and adaptive response. The framework is informed by initial state commissioned research and evaluation, report available undertaken in high security prison environments addressing violence severe criminal behaviour mental distress, suicide prevention, homicide prevention including parallel occupational health support services for staff. Central to the process is sustained observer-observed coherence, in which attention functions as a stabilising parameter allowing otherwise invisible structural faults to become resolvable.

ICTP Pilot Programs

A Preventative Framework for Violence Self Harm Completed Suicide in High Risk Settings.

This paper presents the design rationale and applied observations of an Informed cellular intelligence pilot developed for use in high incarceration containment settings. The pilot was led and established to explore preventative non intrusive attention to violence knife crime homicide risk including an equal group operating alongside existing medical psychiatric and medical imprisonment custodial settings.

This paper outlines governance structures safeguarding principles team conduct and early observation outcomes making claims of structural alignment support resilience options grounded in natural medical law of human regulation with a focus on interdisciplinary evaluation within global health medicine and social resilience function.

Background and Rationale

Violence and self harm are systemic failure and not isolated individual events.

In custodial, forensic and marginalised community settings, conventional interventions are deployed post behaviour collapse. This pilot was implemented to address this gap and focussing on prevention regulation and stabilisation.

This program emerged from long applied work in environmental where risk is explicit Governance strict and safeguarding is not optional. These conditions shape the design Ensuring compatibility with institutional oversight and non negotiable ethical standards

Pilot Design

The integrated ICTp regime is structured as a contained time limited program within environments that possess rules supervision and accountability

Participation operated alongside existing medical pathways

Key design principles include:

Non-Intrusive and Non-Force

Clear consent and transparency

Defined roles and boundaries

Compatibility with medical and legal frameworks

Emphasis on prevention

No claims to medical treatment of ‘disease’

All support interactions structured observable documented allowing for review free of compromise participants dignity or safety

Safeguarding and Governance

Safeguarding is foundational. Team operate under explicit codes of conduct with clear escalation of pathways for risk distress and safeguarding concerns.

Team not permitted to work in isolation and all contact within approved environment governance mechanisms include.

Institutional induction training with approval and oversight plus reporting lines. Separation of supportive work from medical clinical diagnosis Prohibition of religious belief based and or ideological influence Measures ensure ethical responsibility.

Applied Framework

The framework’S structural and regulatory framework views human behaviour as emerging from systemic incoherence and focuses on stabilisation presence and impulse interruption.

Applied observations include reduction in agitation increased capacity for tolerance and stillness amongst participants. These changes were observed prior to cognitive articulation with regulation preceding insight.

No reliance whatsoever on disclosure reduction in re traumatisation

Conduct

Team involved training to operate within respect for institutional security boundaries authority

Training Includes

containment environments

Violence and suicide risk and prevention

Non-intrusive communication

Adhering to safeguarding and reporting protocols

Breach of discipline ceased placement

Uk Evaluation Research Report Findings

Classification Grounded in Uk Prison Service Evaluation Report Not Opinion

In the UK state research and evaluation report the cellular intelligence integrated process was classified as a ‘Medical alternative to prison services’

‘Unique globally’ in addressing unmet clinical need where custodial sentences were failing to do so’. The program asserts authority anchors in state process positions the ICTp ‘inside medicine’ not adjacent.

Biological Competence and Cellular Intelligence

Structural Alignment and The Restoration of Biological Competence

Biological competence of the organ’s capacity to maintain coherence respond to?

Structural Alignment as a support of latent biological competence

Structural alignment does not ‘do’ it is ‘non corrective’ ‘non force’ ‘non behavioural instruction’ ‘non therapeutic persuasion’ it does not introduce ‘influence ‘

So how do you do this?

I ‘Marian Mulligan’ was asked by the EU mental health directorate. And how can someone else?

How can biological function free of distortion? What on earth are you doing?

Violence manifests across interconnected systems within families communities workplaces and institutions. Conventional responses fragments responsibility, individualise harm and rely on post incident containment alone. Enabling and protecting. This article introduces a social medicine based framework designed to address violence as a systemic and cumulative phenomenon affecting children adults occupational health groups particularly in contexts of deprivation organisational pressures.

The model is ‘unique’ integrates structured non personal governance led engagement across training research and services provision It is applicable to communities experiencing offending criminal and knife violence.

It is applicable to families affected by inter generational harm conflict and war

Workplaces where unresolved injury stress and coercive dynamics manifest risk

Emphasis is placed on Boundary clarity and prevention without pathologisation

This work is proposed as a pilot framework for communities and institutions prisons child care seeking ethically governed alternative to fragmented intervention models.