World report on violence and health

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Foreword

The twentieth century will be remembered as a century marked by violence. It burdens us with its legacy of mass destruction, of violence inflicted on a scale never seen and never possible before in human history. But this legacy – the result of new technology in the service of ideologies of hate – is not the only one we carry, nor that we must face up to.

Less visible, but even more widespread, is the legacy of day-to-day, individual suffering. It is the pain of children who are abused by people who should protect them, women injured or humiliated by violent partners, elderly persons maltreated by their caregivers, youths who are bullied by other youths, and people of all ages who inflict violence on themselves. This suffering – and there are many more examples that I could give – is a legacy that reproduces itself, as new generations learn from the violence of generations past, as victims learn from victimizers, and as the social conditions that nurture violence are allowed to continue. No country, no city, no community is immune. But neither are we powerless against it.

Violence thrives in the absence of democracy, respect for human rights and good governance. We often talk about how a ''culture of violence'' can take root. This is indeed true – as a South African who has lived through apartheid and is living through its aftermath, I have seen and experienced it. It is also true that patterns of violence are more pervasive and widespread in societies where the authorities endorse the use of violence through their own actions. In many societies, violence is so dominant that it thwarts hopes of economic and social development. We cannot let that continue.

Many who live with violence day in and day out assume that it is an intrinsic part of the human condition. But this is not so. Violence can be prevented. Violent cultures can be turned around. In my own country and around the world, we have shining examples of how violence has been countered. Governments, communities and individuals can make a difference.

I welcome this first *World report on violence and health*. This report makes a major contribution to our understanding of violence and its impact on societies. It illuminates the different faces of violence, from the ''invisible'' suffering of society's most vulnerable individuals to the all-too-visible tragedy of societies in conflict. It advances our analysis of the factors that lead to violence, and the possible responses of different sectors of society. And in doing so, it reminds us that safety and security don't just happen: they are the result of collective consensus and public investment.

The report describes and makes recommendations for action at the local, national and international levels. It will thus be an invaluable tool for policy-makers, researchers, practitioners, advocates and volunteers involved in violence prevention. While violence traditionally has been the domain of the criminal justice system, the report strongly makes the case for involving all sectors of society in prevention efforts.

We owe our children – the most vulnerable citizens in any society – a life free from violence and fear. In order to ensure this, we must be tireless in our efforts not only to attain peace, justice and prosperity for countries, but also for communities and members of the same family. We must address the roots of violence. Only then will we transform the past century's legacy from a crushing burden into a cautionary lesson.

Nelson Mandela

Preface

Violence pervades the lives of many people around the world, and touches all of us in some way. To many people, staying out of harm's way is a matter of locking doors and windows and avoiding dangerous places. To others, escape is not possible. The threat of violence is behind those doors – well hidden from public view. And for those living in the midst of war and conflict, violence permeates every aspect of life.

This report, the first comprehensive summary of the problem on a global scale, shows not only the human toll of violence – over 1.6 million lives lost each year and countless more damaged in ways that are not always apparent – but exposes the many faces of interpersonal, collective and self-directed violence, as well as the settings in which violence occurs. It shows that where violence persists, health is seriously compromised.

The report also challenges us in many respects. It forces us to reach beyond our notions of what is acceptable and comfortable – to challenge notions that acts of violence are simply matters of family privacy, individual choice, or inevitable facets of life. Violence is a complex problem related to patterns of thought and behaviour that are shaped by a multitude of forces within our families and communities, forces that can also transcend national borders. The report urges us to work with a range of partners and to adopt an approach that is proactive, scientific and comprehensive.

We have some of the tools and knowledge to make a difference – the same tools that have successfully been used to tackle other health problems. This is evident throughout the report. And we have a sense of where to apply our knowledge. Violence is often predictable and preventable. Like other health problems, it is not distributed evenly across population groups or settings. Many of the factors that increase the risk of violence are shared across the different types of violence and are modifiable.

One theme that is echoed throughout this report is the importance of primary prevention. Even small investments here can have large and long-lasting benefits, but not without the resolve of leaders and support for prevention efforts from a broad array of partners in both the public and private spheres, and from both industrialized and developing countries.

Public health has made some remarkable achievements in recent decades, particularly with regard to reducing rates of many childhood diseases. However, saving our children from these diseases only to let them fall victim to violence or lose them later to acts of violence between intimate partners, to the savagery of war and conflict, or to self-inflicted injuries or suicide, would be a failure of public health.

While public health does not offer all of the answers to this complex problem, we are determined to play our role in the prevention of violence worldwide. This report will contribute to shaping the global response to violence and to making the world a safer and healthier place for all. I invite you to read the report carefully, and to join me and the many violence prevention experts from around the world who have contributed to it in implementing its vital call for action.

Gro Harlem Brundtland
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Introduction

In 1996, the Forty-Ninth World Health Assembly adopted Resolution WHA49.25, declaring violence a major and growing public health problem across the world (see Box overleaf for full text).

In this resolution, the Assembly drew attention to the serious consequences of violence – both in the short-term and the long-term – for individuals, families, communities and countries, and stressed the damaging effects of violence on health care services.

The Assembly asked Member States to give urgent consideration to the problem of violence within their own borders, and requested the Director-General of the World Health Organization (WHO) to set up public health activities to deal with the problem.

This, the first *World report on violence and health*, is an important part of WHO's response to Resolution WHA49.25. It is aimed mainly at researchers and practitioners. The latter include health care workers, social workers, those involved in developing and implementing prevention programmes and services, educators and law enforcement officials. A summary of the report is also available.[1]

Goals

The goals of the report are to raise awareness about the problem of violence globally, and to make the case that violence is preventable and that public health has a crucial role to play in addressing its causes and consequences.

More specific objectives are to:

— describe the magnitude and impact of violence throughout the world;
— describe the key risk factors for violence;
— give an account of the types of intervention and policy responses that have been tried and summarize what is known about their effectiveness;
— make recommendations for action at local, national and international levels.

Topics and scope

This report examines the types of violence that are present worldwide, in the everyday lives of people, and that constitute the bulk of the health burden imposed by violence. Accordingly, the information has been arranged in nine chapters, covering the following topics:

1. Violence – a global public health problem
2. Youth violence
3. Child abuse and neglect by parents and other caregivers
4. Violence by intimate partners

[1] *World report on violence and health: a summary.* Geneva, World Health Organization, 2002.

Preventing violence: a public health priority (Resolution WHA49.25)

The Forty-ninth World Health Assembly,

Noting with great concern the dramatic worldwide increase in the incidence of intentional injuries affecting people of all ages and both sexes, but especially women and children;

Endorsing the call made in the Declaration of the World Summit for Social Development for the introduction and implementation of specific policies and programmes of public health and social services to prevent violence in society and mitigate its effect;

Endorsing the recommendations made at the International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995) urgently to tackle the problem of violence against women and girls and to understand its health consequences;

Recalling the United Nations Declaration on the elimination of violence against women;

Noting the call made by the scientific community in the Melbourne Declaration adopted at the Third International Conference on Injury Prevention and Control (1996) for increased international cooperation in ensuring the safety of the citizens of the world;

Recognizing the serious immediate and future long-term implications for health and psychological and social development that violence represents for individuals, families, communities and countries;

Recognizing the growing consequences of violence for health care services everywhere and its detrimental effect on scarce health care resources for countries and communities;

Recognizing that health workers are frequently among the first to see victims of violence, having a unique technical capacity and benefiting from a special position in the community to help those at risk;

Recognizing that WHO, the major agency for coordination of international work in public health, has the responsibility to provide leadership and guidance to Member States in developing public health programmes to prevent self-inflicted violence and violence against others;

1. DECLARES that violence is a leading worldwide public health problem;
2. URGES Member States to assess the problem of violence on their own territory and to communicate to WHO their information about this problem and their approach to it;
3. REQUESTS the Director-General, within available resources, to initiate public health activities to address the problem of violence that will:
   (1) characterize different types of violence, define their magnitude and assess the causes and the public health consequences of violence using also a ''gender perspective'' in the analysis;
   (2) assess the types and effectiveness of measures and programmes to prevent violence and mitigate its effects, with particular attention to community-based initiatives;
   (3) promote activities to tackle this problem at both international and country level including steps to:
      (a) improve the recognition, reporting and management of the consequences of violence;
      (b) promote greater intersectoral involvement in the prevention and management of violence;
      (c) promote research on violence as a priority for public health research;
      (d) prepare and disseminate recommendations for violence prevention programmes in nations, States and communities all over the world;

(continued)

(4) ensure the coordinated and active participation of appropriate WHO technical programmes;

(5) strengthen the Organization's collaboration with governments, local authorities and other organizations of the United Nations system in the planning, implementation and monitoring of programmes of violence prevention and mitigation;

4. FURTHER REQUESTS the Director-General to present a report to the ninety-ninth session of the Executive Board describing the progress made so far and to present a plan of action for progress towards a science-based public health approach to violence prevention.

5. Abuse of the elderly
6. Sexual violence
7. Self-directed violence
8. Collective violence
9. The way forward: recommendations for action

Because it is impossible to cover all types of violence fully and adequately in a single document, each chapter has a specific focus. For example, the chapter on youth violence examines interpersonal violence among adolescents and young adults in the community. The chapter on child abuse discusses physical, sexual and psychological abuse, as well as neglect by parents and other caregivers; other forms of maltreatment of children, such as child prostitution and the use of children as soldiers, are covered in other parts of the report. The chapter on abuse of the elderly focuses on abuse by caregivers in domestic and institutional settings, while that on collective violence discusses violent conflict. The chapters on intimate partner violence and sexual violence focus primarily on violence against women, though some discussion of violence directed at men and boys is included in the chapter on sexual violence. The chapter on self-directed violence focuses primarily on suicidal behaviour. The chapter is included in the report because suicidal behaviour is one of the external causes of injury and is often the product of many of the same underlying social, psychological and environmental factors as other types of violence.

The chapters follow a similar structure. Each begins with a brief discussion of definitions for the specific type of violence covered in the chapter, followed by a summary of current knowledge about the extent of the problem in different regions of the world. Where possible, country-level data are presented, as well as findings from a range of research studies. The chapters then describe the causes and consequences of violence, provide summaries of the interventions and policy responses that have been tried, and make recommendations for future research and action. Tables, figures and boxes are included to highlight specific epidemiological patterns and findings, illustrate examples of prevention activities, and draw attention to specific issues.

The report concludes with two additional sections: a statistical annex and a list of Internet resources. The statistical annex contains global, regional and country data derived from the WHO mortality and morbidity database and from Version 1 of the WHO Global Burden of Disease project for 2000. A description of data sources and methods is provided in the annex to explain how these data were collected and analysed.

The list of Internet resources includes web site addresses for organizations involved in violence research, prevention and advocacy. The list includes metasites (each site offers access to hundreds of organizations involved in violence research, prevention and advocacy), web sites that focus on specific types of violence, web sites that address broader contextual issues related to violence, and web sites that offer surveillance tools for improving the understanding of violence.

How the report was developed

This report benefited from the participation of over 160 experts from around the world, coordinated by a small Editorial Committee. An Advisory Committee, comprising representatives of all the WHO regions, and members of WHO staff, provided guidance to the Editorial Committee at various stages during the writing of the report.

Chapters were peer-reviewed individually by scientists from different regions of the world. These reviewers were asked to comment not only on the scientific content of the chapter but also on the relevance of the chapter within their own culture.

As the report progressed, consultations were held with members of the WHO regional offices and diverse groups of experts from all over the world. Participants reviewed an early draft of the report, providing an overview of the problem of violence in their regions and making suggestions on what was needed to advance regional violence prevention activities.

Moving forward

This report, while comprehensive and the first of its kind, is only a beginning. It is hoped that the report will stimulate discussion at local, national and international levels and that it will provide a platform for increased action towards preventing violence.