

Executive summary

GLOBAL STATUS REPORT ON VIOLENCE PREVENTION 2014





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Executive summary

The *Global status report on violence prevention 2014* focuses on interpersonal violence,¹ which is violence that occurs between family members, intimate partners, friends, acquaintances and strangers, and includes child maltreatment, youth violence, intimate partner violence, sexual violence and elder abuse. Interpersonal violence is a risk factor for lifelong health and social problems. It is both predictable and preventable, and responsibility for addressing it rests clearly with national governments.

Aims of the report

The *Global status report on violence prevention 2014* represents the progress countries have made in implementing the recommendations of the 2002 *World report on violence and health*. The specific aims of the report are to:

- describe the state of the problem of interpersonal violence worldwide and the extent to which countries are collecting data on fatal and non-fatal violence to inform planning and action;
- assess the current status of programme, policy and legislative measures to prevent violence;
- evaluate the availability of health care, social and legal services for victims of violence;
- identify gaps in tackling the problem of interpersonal violence and stimulate national action to address them.

By giving an assessment of violence prevention efforts globally and a snapshot of these efforts by country, the report provides a starting point for tracking future progress and offers a benchmark that countries can use to assess their own progress.

Method

Data for this report were systematically gathered from each country in a four-step process which was led by a government-appointed National Data Coordinator. First, within each country a self-administered questionnaire was completed by respondents from ministries of health, justice, education, gender and women, law enforcement and police, children, social development and the interior, and, where relevant, nongovernmental organizations. Second, these respondents held a consensus meeting and agreed on the data best representing their country. Third, WHO regional and global violence prevention technical staff validated the final data submitted for each country by checking them against independent databases and other sources. Finally, permission to include the final data in the status report was obtained from country government officials.

Coverage

This report highlights data from 133 countries, covering 6.1 billion people and representing 88% of the world's population. Response rates by region varied, covering 63% of the population in the Eastern Mediterranean Region, 70% in the African Region, 83% in the European Region, 88% in the Region of the Americas and 97% in both the South-East Asia and Western Pacific Regions.

¹ Interpersonal violence is distinct from self-directed violence and collective violence, which are not covered in the report.

Violence affects the lives of millions, with long-lasting consequences

There were an estimated 475 000 deaths in 2012 as a result of homicide. Sixty percent of these were males aged 15–44 years, making homicide the third leading cause of death for males in this age group. Within low- and middle-income countries, the highest estimated rates of homicide occur in the Region of the Americas, with 28.5 homicides per 100 000 population, followed by the African Region with a rate of 10.9 homicides per 100 000 population. The lowest estimated rate of homicide is in the low- and middle-income countries of the Western Pacific Region, with 2.1 per 100 000 population. Over the period 2000–2012, homicide rates are estimated to have declined by just over 16% globally (from 8 to 6.7 per 100 000 population), and, in high-income countries, by 39% (from 6.2 to 3.8 per 100 000 population). By contrast, homicide rates in low- and middle-income countries have shown less decline over the same period. For both upper and lower middle-income countries the decline was 13%, and for low-income countries it was 10%.

Nevertheless, deaths are only a fraction of the health and social burden arising from violence.

Women, children and elderly people bear the brunt of non-fatal physical, sexual and psychological abuse:

- A quarter of all adults report having been physically abused as children.
- One in five women reports having been sexually abused as a child.
- One in three women has been a victim of physical and/or sexual violence by an intimate partner at some point in her lifetime.
- One in 17 older adults reports abuse in the past month.

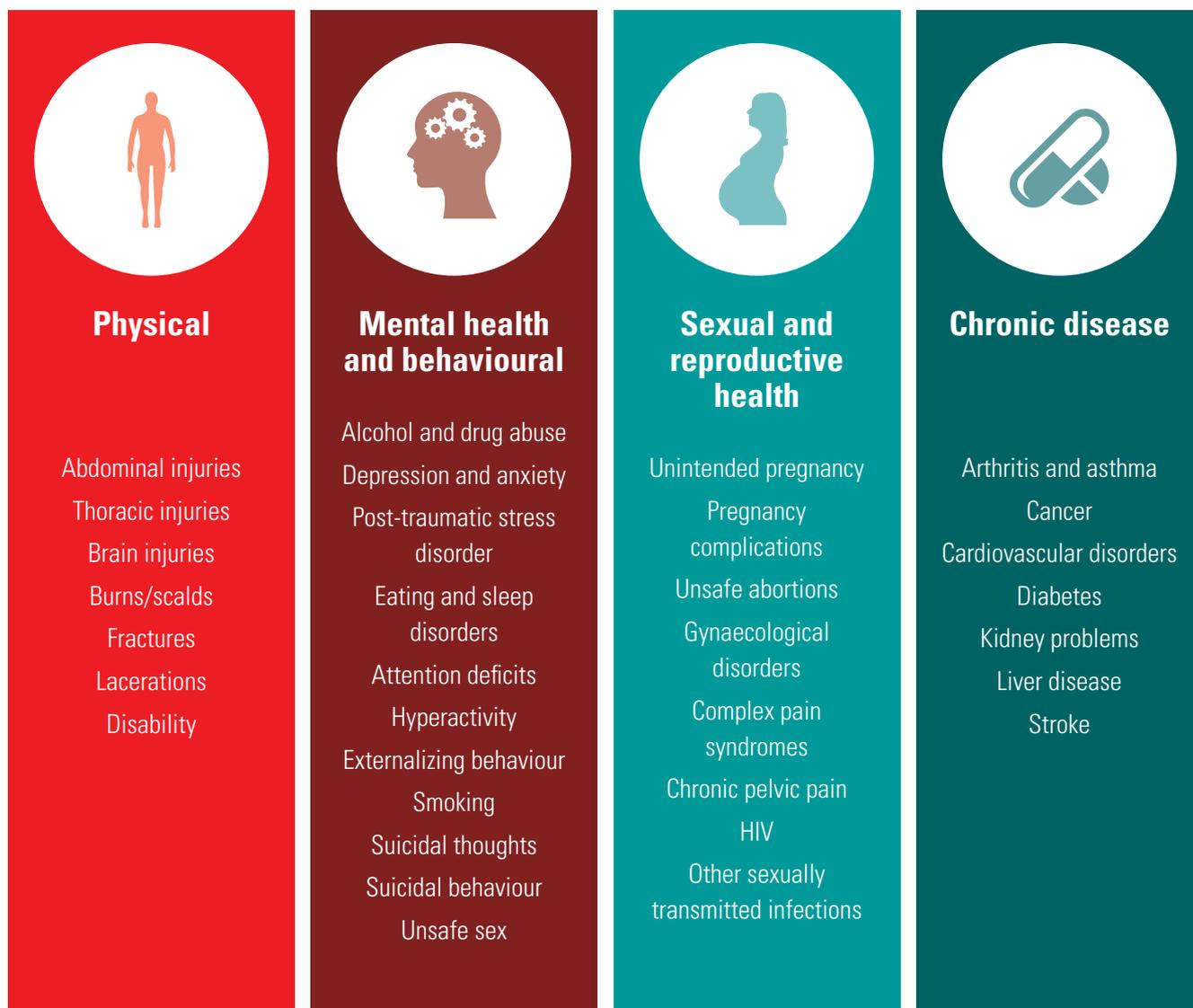
Such violence contributes to lifelong ill health – particularly for women and children – and early death. Many leading causes of death such as heart disease, stroke, cancer and HIV/AIDS are the result of victims of violence adopting behaviours such as smoking, alcohol and drug misuse, and unsafe sex in an effort to cope with the psychological impact of violence.

Table 1: Estimated numbers and rates of homicide per 100 000 population, by WHO region and country income status, 2012

WHO region and country income level	Number of homicides	Homicide rate per 100 000 population
African Region, low- and middle-income	98 081	10.9
Region of the Americas, low- and middle-income	165 617	28.5
Eastern Mediterranean Region, low- and middle-income	38 447	7.0
European Region, low- and middle-income	10 277	3.8
South-East Asia Region, low- and middle-income	78 331	4.3
Western Pacific Region, low- and middle-income	34 328	2.1
All regions, high-income	48 245	3.8
Global	474 931 ^a	6.7

^aIncludes 1604 homicides estimated for non-member states.

Figure 1: Behavioural and health consequences of violence



Key data on violence are often lacking

Despite the magnitude of deaths resulting from violence and the massive scale on which the non-fatal consequences of violence affect women, children and elderly people, there are important gaps in data that undermine violence prevention efforts. Fully 60% of countries do not have usable data on homicide from civil or vital registration sources. For many of the countries where these data do exist, they often lack specific information such as the sex and age of the victim, the relationship of victim to perpetrator, and the

mechanism of homicide – all of which are needed to design and monitor prevention efforts. Most instances of violence against women, children and elderly people do not come to the attention of authorities or service providers, making population-based surveys a critical source of information to document the nature and extent of these problems. More than half of countries surveyed reported gathering such data on intimate partner and sexual violence; however, less than half of countries reported conducting population-based surveys on other types of violence such as child maltreatment, youth violence and elder abuse.

National action planning is underway in most countries, but is not always informed by data

The different types of violence share many underlying risk factors and important inter-relationships. For example, economic inequality, alcohol misuse and inadequate parenting all increase the likelihood of child maltreatment, youth violence and intimate partner and sexual violence against women. Children who suffer rejection, neglect, harsh physical punishment and sexual abuse – or witness violence at home or in the community – are at greater risk of engaging in aggressive and antisocial behaviour at later stages in their development, including violent behaviour as adults. Only about half of countries reported having integrated plans that address multiple types of violence. This suggests that planning may be driven more by efforts to address specific types of violence than the need to create synergies across types of violence.

The survey found that national action plans were often present when national survey data were not, suggesting that much planning and policy-making is done in the absence of data. While for some countries this may reflect a lag between calls for data collection and actual data collection improvements, future work should prioritize filling this gap by ensuring that national plans of action are firmly anchored in data on the scale and causes of the different types of violence.

Countries are beginning to invest in prevention, but not on a scale that matches the burden

A growing number of scientific studies demonstrate that violence is preventable. Based on systematic reviews of the scientific evidence for prevention, WHO and its partners have identified seven “best buy” strategies – six focusing on preventing violence and one focusing on response efforts. These strategies can potentially reduce multiple types of violence and help decrease the likelihood of individuals perpetrating violence or becoming a victim. The strategies are:

1. developing safe, stable and nurturing relationships between children and their parents and caregivers;
2. developing life skills in children and adolescents;
3. reducing the availability and harmful use of alcohol;
4. reducing access to guns and knives;
5. promoting gender equality to prevent violence against women;
6. changing cultural and social norms that support violence;
7. victim identification, care and support programmes.

Figure 2: Proportion of countries with national survey data and national action plans, by type of violence (n = 133 reporting countries)

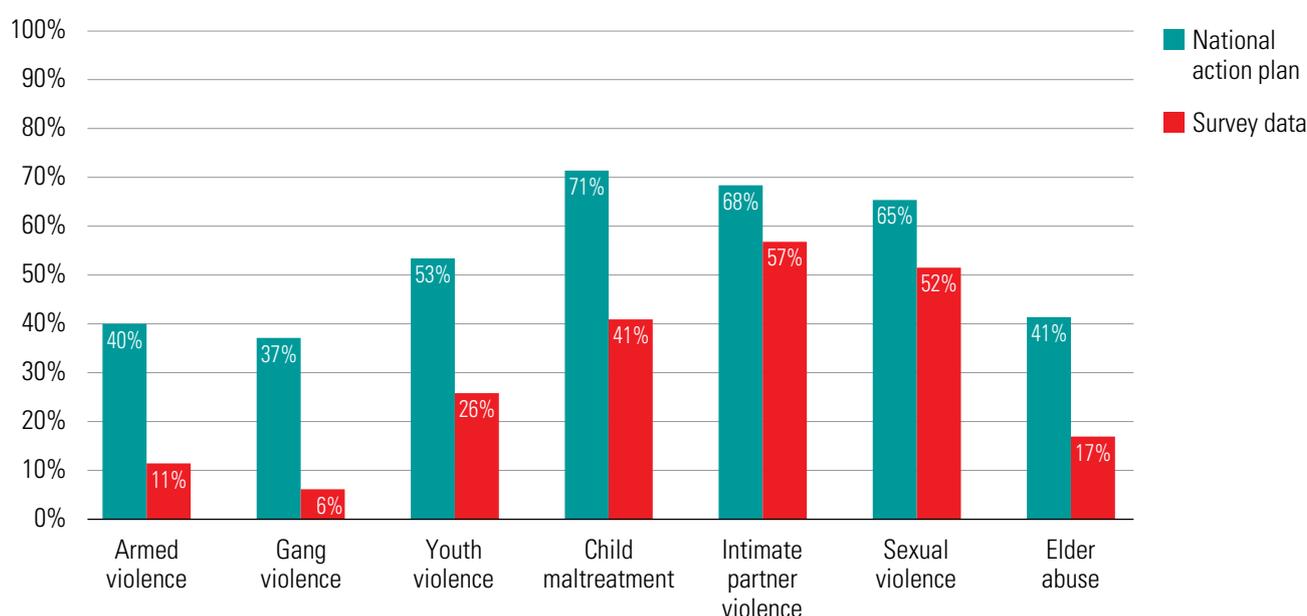
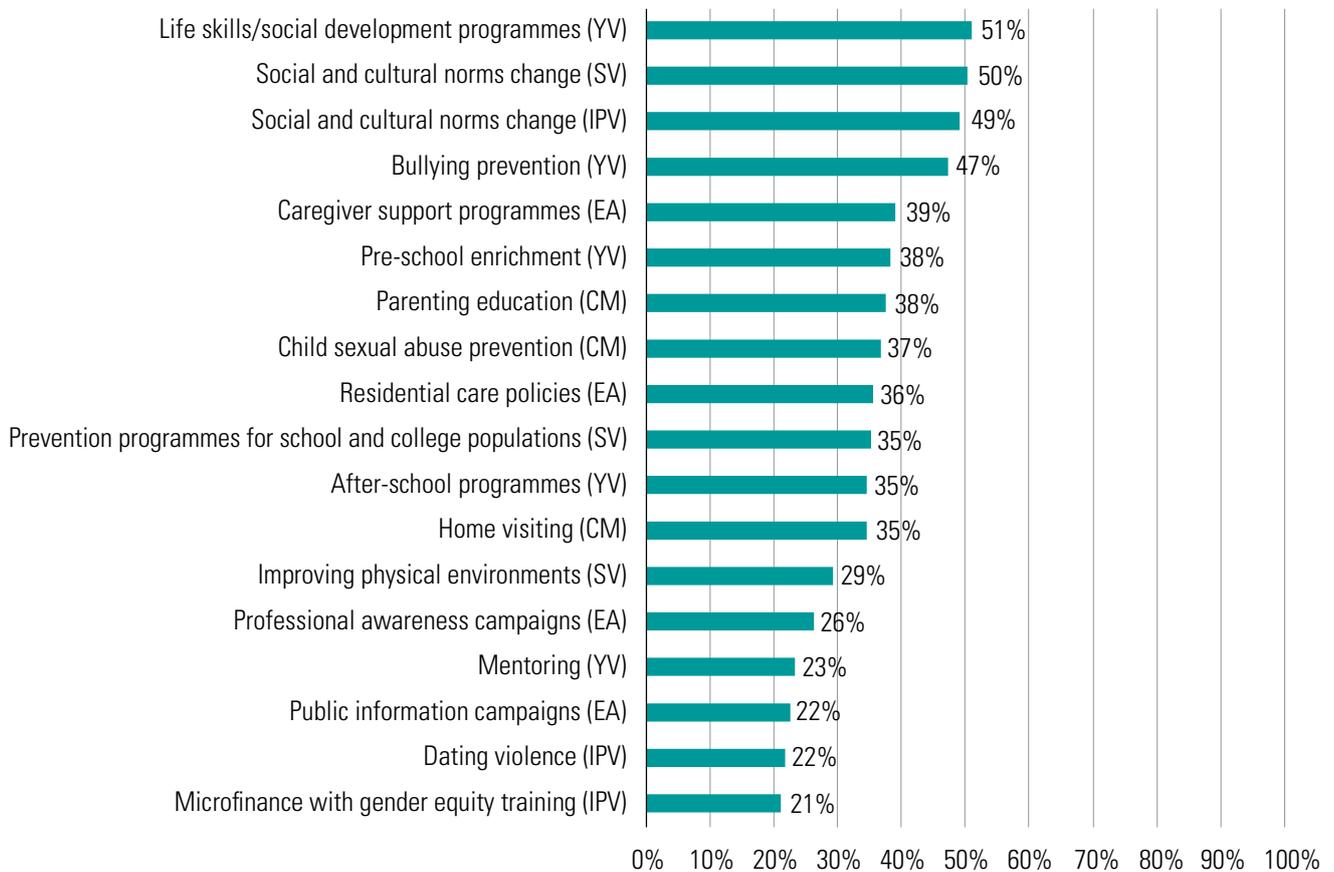


Figure 3: Proportion of countries reporting implementation of violence prevention programmes on a larger scale by type of programme (n = 133 reporting countries)^a



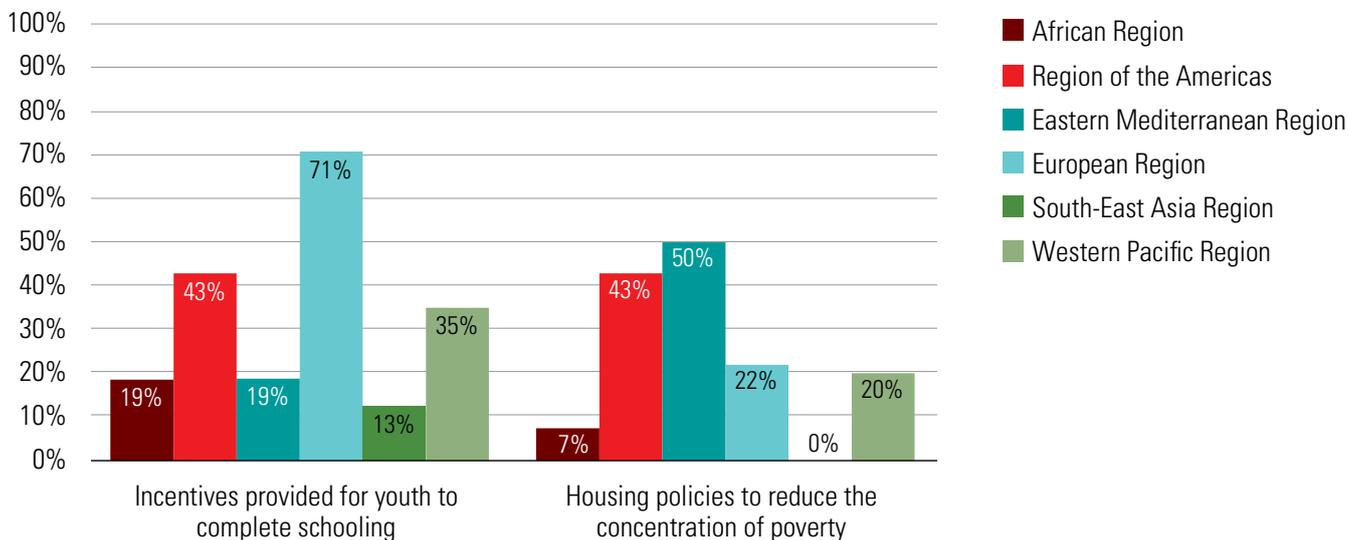
^a Key: CM=child maltreatment; EA=elder abuse; IPV=intimate partner violence; SV=sexual violence; YV=youth violence. While each programme is shown as relevant to a particular type of violence, some of the programmes listed in the figure have shown preventive effects on several types of violence.

The survey found that while countries are investing in prevention programmes representative of these strategies, it is not on a level commensurate with the scale and severity of the problem.

Across the 18 types of programme asked about in the survey, about a third of countries are implementing them on a larger scale (i.e. across many schools or communities or with a reach to over 30% of the intended target population). Social and cultural norm-change strategies were the most common approach reported to address violence against women, while life skills training and bullying prevention were the most common strategies reported to address youth violence.

Countries also reported implementing strategies such as home visits and other parenting education approaches designed to improve parent-child relationships and prevent child maltreatment and the developmental pathways that lead to later violent behaviour. Implementation of strategies to prevent elder abuse was limited at best. Less than a third of the countries surveyed (26%) reported implementing campaigns aimed at educating professionals to recognize the signs and symptoms of elder abuse and improve their problem-solving and case management skills on a larger scale, and only 23% reported implementing public information campaigns on elder abuse.

Figure 4: Proportion of countries with schooling and housing policies to reduce the risk of violence, by WHO region (n = 133 reporting countries)



More can be done to address key risk factors for violence through policy and other measures

Violence of all types is strongly associated with social determinants such as weak governance; poor rule of law; cultural, social and gender norms; unemployment; income and gender inequality; rapid social change, and limited educational opportunities. Cross-cutting risk factors such as

However, few countries are implementing social and educational policy measures to do so. For example, only 40% of countries surveyed report national policies providing incentives for youth at risk of violence to complete secondary schooling. Meanwhile, national level housing policies to reduce the concentration of poverty in urban areas (and explicitly aimed at reducing violence) were reported by just 24% of countries. Moreover, only 10% of countries reported

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