Preventing violence

A guide to implementing the recommendations of the *World report on violence and health*

WORLD HEALTH ORGANIZATION
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Box sources

- Box 1, adapted from *World report on violence and health* [1]
- Box 2, Irvin Waller, Department of Criminology, University of Ottawa, Canada
- Box 3, Elizabeth Ward, Ministry of Health, Jamaica
- Box 4, adapted from *World report on violence and health*
- Box 5, Brett Bowman and Mohamed Seedat, Institute for Social and Health Sciences, University of South Africa, South Africa
- Box 6, from Waters H, et al.[2]

[1] Krug EG, et.al., eds. *World report on violence and health*. Geneva, World Health Organization, 2002.

[2] Waters H, et.al. *The economic dimensions of interpersonal violence*. Department of Injuries and Violence Prevention, World Health Organization, Geneva, 2004.

- Box 7, Jonathan Shepherd, Violence and Society Research Group, Department of Oral Surgery, Medicine and Pathology, University of Wales College of Medicine, Cardiff, Wales
- Box 8, from Phinney and De Hovre[1]
- Box 9, Alison Phinney, Department of Injuries and Violence Prevention, World Health Organization, Geneva, Switzerland
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- Box 12, from Mock CN, et al.[2]

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[1] Phinney A, de Hovre S. Integrating human rights and public health to prevent interpersonal violence. *Health and Human Rights*, 2003, 6(2):64–87.

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Foreword

Interpersonal violence is violence between individuals or small groups of individuals. It is an insidious and frequently deadly social problem and includes child maltreatment, youth violence, intimate partner violence, sexual violence and elder abuse. It takes place in the home, on the streets and in other public settings, in the workplace, and in institutions such as schools, hospitals and residential care facilities. The direct and indirect financial costs of such violence are staggering, as are the social and human costs that cause untold damage to the economic and social fabric of communities.

With the publication in 2002 of the *World report on violence and health*, an initial sense of the global extent of the interpersonal violence problem was provided, and the central yet frequently overlooked role of the health sector in preventing such violence and treating its victims was made explicit. The report clearly showed that investing in multi-sectoral strategies for the prevention of interpersonal violence is not only a moral imperative but also makes sound scientific, economic, political and social sense, and that health sector leadership is both appropriate and essential given the clear public health dimensions of the problem and its solutions. The report also reviewed the increasing evidence that primary prevention efforts which target the root causes and situational determinants of interpersonal violence are both effective and cost-effective. In support of such approaches, the report recommended six country-level activities, namely:

1. Increasing the capacity for collecting data on violence.
2. Researching violence – its causes, consequences and prevention.
3. Promoting the primary prevention of violence.
4. Promoting gender and social equality and equity to prevent violence.
5. Strengthening care and support services for victims.
6. Bringing it all together – developing a national action plan of action.

In the 18 months following the launch of the *World report on violence and health*, resolutions urging governments to implement its recommendations were adopted by the World Health Assembly, the African Union and the Human Rights Commission, while the World Medical Association issued a Statement on Violence and Health calling on national medical associations to provide training and advocate for violence prevention along the lines of the report recommendations. During almost 50 national launches of the report, health ministers convened partners from other government departments (such