

World Health Organization violence prevention activities, 2000-2004

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Each year, 1.6 million people worldwide die from violence. Suicides account for 800,000 of these deaths; 500,000 are homicides and 300,000 are war-related. Males aged 15-44 years are at highest risk of violent death. For each of the nearly 200,000 homicides in people aged 10-29 years, there are 20-40 injuries requiring hospital treatment. Where data are available, studies show that 10-69% of women are physically abused by an intimate partner at some point in their lives; that child sexual abuse affects 5-10% of boys and up to 20% of girls; and that four to six percent of the elderly report abuse. Victims often suffer major non-injury health consequences too, such as depression, anxiety disorders and post-traumatic stress disorder. Violence can also result in behaviours - including intravenous drug use, unsafe sex, alcohol abuse, smoking and eating disorders - that are known risk factors for some of the other leading causes of death, disease, and disability, namely heart disease, cancer, suicide and HIV/AIDS. In the last ten years the World Health Organization has devoted substantial attention to addressing violence as a major public health problem.

World report on violence and health and the Global campaign for violence prevention

World report on violence and health

In October 2002 WHO launched the *World report on violence and health* (WRVH), the first report of its kind. The WRVH described the extent of violence as a global public health problem, set out a public health-oriented prevention strategy, and made nine recommendations that are the foundation for WHO's violence prevention work. The recommendations of the WRVH complement the action areas of the UN Declaration and Programme of Action on a Culture of Peace:

1. Create, implement and monitor a national action plan for violence prevention.
2. Enhance capacity for collecting data on violence.
3. Define priorities for, and support research on, the causes, consequences, costs and prevention of violence.
4. Promote primary prevention responses.
5. Strengthen responses for victims of violence.
6. Promote gender and social equality and equity to prevent violence.
7. Increase collaboration and exchange of information on violence prevention.
8. Promote and monitor adherence to international treaties, laws and other mechanisms to protect human rights.
9. Seek practical, internationally agreed responses to the global drugs trade and the global arms trade.

Over 27,000 copies of the WRVH have been disseminated and a large number down-loaded from the website, and it has been translated in whole or part into 13 languages. WHO Member States in all regions have promoted the WRVH through national launches and violence prevention workshops involving government departments, NGOs, research agencies and organizations of the United Nations system. A January 2004 meeting¹ reviewed these achievements and planned future activities. The WRVH has had a broad impact, as evidenced

¹ *Milestones of a Global Campaign for Violence Prevention*. Geneva, World Health Organization, 2004.

by several resolutions adopted at the global and regional levels, as well as increased violence prevention activities at country level.

Global Campaign for Violence Prevention

The Global Campaign for Violence Prevention was launched immediately following the release of the WRVH in October 2002 and continues today, providing a platform for violence prevention advocacy and activities. The objectives of the campaign are to raise awareness about the problem of violence, highlight the crucial role that public health can play in addressing its causes and consequences and encourage action at every level of society. Two series of violence prevention posters have been developed and made available to agencies around the world. The concepts for these posters were selected after broad consultation with key WHO violence prevention partners worldwide. The posters were prepared by Fabrica, the renowned creative design company based in Venice, Italy, and serve as visual support to the Campaign. The posters are currently available in English and French and can be downloaded for free from the WHO website. To date, over 20,000 copies of the English posters have been disseminated and nearly 10,000 copies of the French. The posters have been used for violence prevention campaigns in the Former Yugoslav Republic of Macedonia, Colombia, China and (in 2005) Latvia. The Campaign serves as the main platform for implementing the recommendations of the World report on violence and health and for organizing national launches and reports. As part of the Campaign WHO country, regional and headquarters staff are collaborating with government departments in selected countries to develop national and local-level violence prevention programmes. Countries include Jordan, Mozambique, Macedonia, Romania and the Russian Federation.

Resolutions and country activities

In response to the launch of the WRVH, the World Health Assembly passed Resolution WHA 56.24, which urged Member States to promote the WRVH, appoint a ministry of health focal point for violence prevention, and prepare a national report on violence and violence prevention. The resolution also requested the Director-General to cooperate with Member States in supporting implementation of the WRVH recommendations. As of October 2004, over 40 countries had launched the WRVH and nominated health ministry focal points; five countries had prepared national reports on violence and health (Belgium, Costa Rica, France, Jordan, Russian Federation), with 14 additional countries (Brazil, France, FYRM Macedonia, Malaysia, Mexico, Mongolia, Mozambique, Nepal, Papua New-Guinea, South Africa, Sri Lanka, Sweden, the United Kingdom and Thailand) planning reports for 2005-2006.

The WRVH has sparked several other regional resolutions and commitments. Shortly after the launch of the WRVH, the Vice-Ministers of Health for Colombia, Peru and Venezuela signed the "Declaracion de Bogotà", which recognized the WRVH as an essential contribution to the field of violence prevention and committed the governments to strengthening violence prevention efforts and collaboration.

In 2003 WHO's Regional Committee for Africa endorsed Resolution AFR/RC53/R3 "Injury Prevention and Control in the African Region", which urges countries in the region to advocate for non-violent resolution of conflicts, make the wider public aware of the public health impact of violence and injury, implement violence prevention programmes, develop information systems for injury and violence prevention, and encourage research on injury and violence. In 2004 the Regional Committee for Africa passed Resolution AFR/RC54/R6 "Child Sexual Abuse: a Silent Health Emergency," which urges Member States to break the

silence around the topic and to develop multisectoral and coordinated responses and action plans for the prevention, care and management of child sexual abuse.

Heads of Member States of the African Union (AU) passed a resolution (EX/CL/Dec.63[III]) in 2003 endorsing the recommendations of the *World report on violence and health* and requesting Member States to develop national plans of action for violence prevention and systems for data collection on violence. The AU resolution also requested Member States to declare 2005 the "African Year of Prevention of Violence", for the purpose of scaling up and coordinating violence prevention policies and activities. The year 2005 therefore constitutes a unique opportunity to raise awareness about the problem of violence in Africa and to mobilize political will and resources for prevention. WHO is working with the African Union to realize this vision. Objectives of the Year include a draft African Union action plan for violence prevention and development of an African violence prevention network.

In response to the WRVH, the World Medical Association's General Assembly adopted a policy document on violence and health in 2003. The document encourages national medical associations to contribute to more systematic approaches to addressing violence and encourages the medical profession to contribute to advocacy, data collection, medical training, prevention, research and the co-ordination of victim assistance.

WHO assisted the Council of Europe to develop a resolution and recommendations for the prevention of violence in everyday life that was adopted in November 2004.

Implementation of the WRVH: Technical guidelines and research support

After publication of the WRVH demand for assistance with implementing its recommendations increased rapidly. In response to this demand WHO developed several tools. *Preventing violence: a guide to implementing the recommendations of the World report on violence and health* was released in 2004. This publication provides conceptual, policy and practical suggestions on how to implement each of the six country-level recommendations of the WRVH, and promotes a multi-sectoral, data-driven and evidence-based approach. Nearly 2,000 copies of the English version have been disseminated. WHO and its global partners also have prepared guidelines for surveillance, for conducting surveys of violence-related injuries and for the documentation of violence prevention programmes. WHO has collaborated with experts in all regions to prepare guidelines for essential trauma care and for medico-legal services for victims of sexual violence. WHO and the US Centers for Disease Control and Prevention are jointly developing a manual for costing the consequences of violence. These and other tools have been disseminated as part of WHO's Global Campaign for Violence Prevention.

WHO-initiated research to support evidence-based approaches for violence prevention and victim services is ongoing. WHO has prepared a report on the *Economic dimensions of interpersonal violence*. A project to document violence prevention programmes is underway in Brazil, India, Jordan, Mozambique, the Russian Federation, and South Africa. The WRVH has also inspired groundbreaking studies of the violence-related disease burden by independent researchers in Australia and South Africa.

Initiatives addressing sexual violence and intimate partner violence

Gender-based violence, or violence against women (VAW), is a major public health and human rights problem throughout the world. WHO has been active in addressing this problem for many years. WHO's two priority areas in VAW work are:

- Violence against women by an intimate male partner or ex-partner, which is known as domestic violence against women or intimate partner violence. This category includes physical and sexual violence, emotional abuse, and a range of coercive and/or controlling behaviors.
- Sexual violence, which includes rape and other forms of sexual coercion, either by partners or by others.

These areas are not mutually exclusive because, in the first, the focus is on the perpetrator, while in the second, the focus is on the type of violence.

Multi-Country Study on Women's Health and Domestic Violence Against Women

Lack of reliable data on the root causes, magnitude, and consequences of the VAW has been a major obstacle in the search for solutions. In 1996, in order to collect such data, WHO began the Multi-Country Study on Women's Health and Domestic Violence Against Women. Data collection in Bangladesh, Brazil, Japan, Namibia, Peru, Samoa, Serbia & Montenegro, the United Republic Tanzania, and Thailand was completed in 2004 and other countries are replicating the methodology. The Study results will be published in 2005. A major byproduct of the Study that has been helpful to researchers around the world is the booklet *Putting women first: Ethical and safety recommendations for research on domestic violence against women*, published in 2001. It is available French in Spanish. The study is expected to have a significant impact on the understanding of VAW at a global level. WHO receives several requests per week about the study's instruments and methodology, which WHO has made available to enhance global research capacity on VAW. Staff are preparing a package of materials, to be released in 2005, including a description of the methodology and the survey instruments. WHO has been working with the Program for Appropriate Technology in Health to develop a manual describing methodologies for researching VAW that will be used as the basis of regional training courses.

Strengthening the health sector response to sexual violence

Sexual violence is a public health problem and a violation of human rights. It occurs worldwide and has a profound impact on physical, mental and social well-being both immediately and in the long-term, yet in many places around the world, available services do not meet the needs of survivors. Health workers who provide care to survivors of sexual assault often lack training in sexual violence and forensic evidence collection. Conversely, women who report a sexual assault to the police may undergo a forensic medical examination without their other health needs being addressed. To help insure that women and children who have been sexually abused have access to adequate care, WHO began an initiative in 2001 to strengthen the health sector response to sexual violence. This initiative includes the development of guidelines for providing care to sexual assault survivors and the development of a framework (for release in 2005) to guide health sector policies related to sexual violence. The *Guidelines for medico-legal care for victims of sexual violence* were released in 2004 and to date approximately 1600 hard copies have been disseminated and more downloaded from the internet, and the guidelines are being pilot-tested in four countries. The guidelines have been translated into Spanish and translation into Arabic and Portuguese is under way.

Research support

Sexual violence has received little attention so far from researchers, policy-makers and programme planners. Interventions to prevent or respond to sexual violence are limited and many have not been evaluated. WHO, with financial support from the Global Forum for Health Research, began the Sexual Violence Research Initiative (SVRI) in 2001 to build an experienced and committed network of researchers, policy makers, activists and donors to ensure that the many aspects of sexual violence are addressed from the perspective of different disciplines and cultures. The central activities of the SVRI include providing information and updates on sexual violence research and research methods through its website and the SVRI email discussion group; identifying gaps in the knowledge base; and promoting research on sexual violence by providing information on funders, helping to link researchers from different parts of the world, and supporting requests for proposals on key areas that will advance knowledge about sexual violence and inform interventions.

Trafficking of women and girls has gained increasing international attention in the last few years. As the demand for information about trafficking has grown, so has the volume of research and investigative reports that involve interviewing trafficked women. In response to a clear need for guidance to minimize the danger for both interviewee and interviewer, WHO worked with the London School of Hygiene and Tropical Medicine and the Daphne Programme of the European Commission to develop *WHO Ethical and safety recommendations for interviewing trafficked women*. The recommendations target audience consists of researchers, members of the media, and service providers new to working with trafficked women. Since the recommendations were published in 2003, 3000 English copies have been distributed and the guide has been translated into several languages.

Clinical management of rape survivors: developing protocols for use with refugees and internally displaced persons

To improve care for victims of sexual violence in emergency settings, WHO has worked with UNHCR, UNFPA and the ICRC to develop the guide *Clinical management of rape survivors*. The first edition was published in 2001, and the second edition will be published in 2005. The new edition includes the most recent technical information on the various aspects of care of the sexually abused. It also takes account of the feedback received from the first edition field-tests. The guide describes best practices in the clinical management of people who have been raped in emergency situations. Intended to be used by health care professionals working in emergency or in other similar settings, it helps the users to develop specific protocols for medical care of rape survivors. It recommends a number of actions, including: identification of a team of professionals and community members who are involved or could be involved in caring for rape survivors; creation of a referral network comprising of different sectors involved in caring for sexually abused people (community, health, security, protection, justice); identification of available resources (drugs, materials, laboratory facilities) and the relevant national laws, policies and procedures relating to rape (standard treatment protocols, legal procedures, laws relating to abortion, etc.); development of a situation-specific health care protocol; and training of providers in the use of the guide. The guide currently is used by UNHCR and ICRC field staff and facilitates access to quality care for rape survivors in emergency settings.

Partnerships for Violence Prevention

Violence Prevention Alliance

The Violence Prevention Alliance (VPA)², launched in January 2004, is a network of WHO Member State governments, nongovernmental and community-based organizations, and private, international and intergovernmental agencies working to prevent violence. VPA participants share a public health approach that targets the root causes and risk factors underlying the likelihood of an individual becoming involved in violence and recognizes the need for improved services to mitigate the harmful effects of violence when it does occur. VPA activities aim to facilitate the development of policies, programmes and tools to implement the recommendations of the World report on violence and health in communities, countries, and regions around the world, and attempt to strengthen sustained, multi-sectoral cooperation around this shared vision for violence prevention.

Council of Europe

WHO's European Regional Office has continued its partnership with the Council of Europe (COE) and is assisting with preparation of a joint plan of action for the new COE project on violence and childhood.

Collaboration with UN agencies

WHO has also worked to facilitate collaboration among United Nations agencies. In 2001 WHO hosted the First Meeting on United Nations Collaboration for the Prevention of Interpersonal Violence to document the on-going work to prevent interpersonal violence and to identify activities for future collaboration across agencies. Participants of the meeting agreed that collaboration amongst UN agencies was much needed and would be particularly helpful in the areas of advocacy, research and prevention. In 2004 WHO convened the Second Meeting on United Nations Collaboration for the Prevention of Interpersonal Violence, which focused on advocacy. Eleven agencies discussed opportunities for advocacy-related collaboration. These meetings have resulted in publication of the *Guide to United Nations resources and activities for the prevention of interpersonal violence* and the development of a collaboration website (to be launched in 2005).

Recognizing the importance of inter-agency collaboration and of bringing together a public health and human right approach to violence prevention, WHO is glad to participate with UNICEF and OHCHR in the steering committee of the United Nation's Secretary-General's Study of Violence against Children. WHO provides technical support to the Study. The Study report is due in 2006 and provides an excellent opportunity to bring together the fields of public health and human rights. Developments to date include a questionnaire sent to governments and plans for regional consultations in 2005.

The Armed Violence Prevention Programme (AVPP) is a joint undertaking involving the Small Arms and Demobilization Unit of the United Nations Development Programme's (UNDP) Bureau for Crisis Prevention and Recovery, and the WHO's Department of Injuries and Violence Prevention. The programme's strategic approach revolves around two principles:

- That the AVPP will focus on three countries in each of its two phases
- That within these countries a number of core activities would occur, notably
 - A detailed profile of the distribution of armed violence
 - An inventory of selected violence prevention programmes

² Founding Alliance partners are the Governments of Belgium, Jamaica and the United Kingdom; Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ); California Wellness Foundation; Centers for Disease Control and Prevention; Health Canada and the South African Medical Research Council.

- Selection of one promising practice and assessment of the evidence for effectiveness of this practice in terms of preventing armed violence

These core activities of the AVPP will take place within the context of collaboration between WHO and UNDP country offices in which those respective offices will engage with their regular and traditional governmental counterparts. In this manner the AVPP aims to provide an integrated response to developing more evidence-guided approaches to the prevention of armed violence. An intermediate outcome of the AVPP Brazil country project has been the publication of a national report on firearm-related mortality in Brazil. The report has received much attention in the Brazilian media.

Related initiatives

Global response to elder abuse

Since 2002 the WHO/INPEA Global Response against Elder Abuse has been working to raise awareness of the problem and extent of elder abuse world-wide. Primary health care workers are often confronted with signs of elder abuse, but may not know how to recognize or act on them. The Global Response is developing a strategy to enable them to detect, prevent and take action against elder abuse. The Global response has conducted focus groups with older persons and primary health care workers in Argentina, Austria, Brazil, Canada, India, Kenya, Lebanon and Sweden.

Capacity building

WHO has developed a comprehensive injury prevention and control curriculum, called TEACH-VIP, in collaboration with a network of global injury prevention experts. The course material is designed around a classroom instruction model, with PowerPoint slide presentations and supporting lecture notes which address a wide variety of topics relevant to injury prevention and control, including several topics related to violence. The main goal of TEACH-VIP is to train students, professionals and practitioners in the field of public health to better apply key injury prevention and control principles, to contribute to the development of preventive programs and policies, design effective surveillance systems, evaluate intervention programs and policies, and collect and assess injury data. In September 2004 the material went into a pilot testing phase involving 23 settings worldwide and a wide variety of training audiences. From September 2005 WHO will make the training material generally available for settings wishing to provide instruction in the area of injury prevention. The training materials and a variety of other capacity building resources will be made available in CD-ROM format and will contribute to an enhanced capacity of health professionals to respond to violence and engage in violence prevention work.

Relevant links

WHO Department of Injuries and Violence Prevention,
http://www.who.int/violence_injury_prevention/violence/en/

World Report on Violence and Health,
http://www.who.int/violence_injury_prevention/violence/world_report/en/

Global Campaign for Violence Prevention,
http://www.who.int/violence_injury_prevention/violence/global_campaign/en/

Preventing violence: a guide to implementing the recommendations of the World report on violence and health

http://www.who.int/violence_injury_prevention/media/news/08_09_2004/en/

Handbook for the Documentation of violence prevention programmes,

http://www.who.int/violence_injury_prevention/violence/activities/documentation/en/

The Economic dimensions of interpersonal violence,

http://www.who.int/violence_injury_prevention/publications/violence/economic_dimensions/en/

WHO Multi-Country Study on Women's Health and Domestic Violence,

<http://www.who.int/gender/violence/multicountry/en/>

Guidelines for medico-legal care for victims of sexual violence,

http://www.who.int/violence_injury_prevention/publications/violence/med_leg_guidelines/en/

Sexual Violence Research Initiative, <http://www.who.int/svri/en/>

WHO ethical and safety recommendations for interviewing trafficked women,

<http://www.who.int/gender/documents/en/>

Clinical management of rape survivors: developing protocols for use with refugees and internally displaced persons,

http://www.who.int/reproductive-health/pages_resources/listing_emergency.en.html

Violence Prevention Alliance, <http://www.who.int/violenceprevention/en/>

Prevention of Elder Abuse, <http://www.who.int/hpr/ageing/elderabuse.htm>

TEACH-VIP Curriculum,

http://www.who.int/violence_injury_prevention/capacitybuilding/teachvip/en/