Preventing violence and reducing its impact:
How development agencies can help

World Health Organization

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Foreword

Violence has long been considered a criminal justice issue and a human rights issue. More recently it also has been considered a health issue. However, with the exception of some forms of organized violence, rarely is violence regarded as a development issue. Yet, in many countries, violence between young people or the abuse of women, children or the elderly seriously hampers economic and social development.

Families edging out of poverty and investing in schooling their sons and daughters can be ruined through the violent death or severe disability of the main breadwinner. Communities can be caught in poverty traps where pervasive violence and deprivation form a vicious circle that stifles economic growth. For societies, meeting the direct costs of health, criminal justice, and social welfare responses to violence diverts many billions of dollars from more constructive societal spending. The much larger indirect costs of violence due to lost productivity and lost investment in education work together to slow economic development, increase socioeconomic inequality, and erode human and social capital.

Recent research has also shown that the health consequences of violence – and therefore their economic costs – are much more widespread than imagined. Exposed to physical and sexual abuse, otherwise healthy infants may grow up carrying behavioural and psychological scars that can lead to sexual promiscuity, alcohol and illegal drug abuse, excessive smoking, increased likelihood of involvement in violence, and related diseases such as HIV, hepatitis, lung cancer, and depression.

The impact of violence on development too often remains ignored by those who have the possibility to act on it. This document makes the case for increased attention by international development agencies to violence prevention. A key aim is to stimulate dialogue on the role of international development agencies in the prevention of violence globally, and ultimately to increase investment in a commonly agreed set of applied violence prevention strategies.

The primary audience for this document is policy-makers, high-level planners, and others in the international development field. It will be particularly useful for those with decision-making authority in setting the international development agenda, and those who influence and shape donor policy.

We hope that this document will serve as a roadmap by which official development assistance agencies, United Nations organizations, countries, and NGOs can move towards developing a shared vision of violence prevention and a common understanding of how to enhance and expand upon existing commitments to prevent violence.

Please join us in this crucial endeavour.

Etienne Krug
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Executive Summary

This document makes the case for increased attention by international development agencies to violence prevention, and aims to stimulate dialogue on the role of international development agencies in the prevention of violence globally.

Approaches to prevent violence concentrate on identifying ways to keep people from committing acts of violence. Interventions may eliminate or reduce the underlying risk factors and reinforce protective factors. Prevention strategies are conceived and implemented with reference to the interaction of risk factors among people at different stages of the life cycle and in relation to causes at the levels of the individual, family, community, and society.

Based on a review by WHO, including content analysis of 22 development agency web sites, this document provides a preliminary stocktaking of the priority accorded to violence prevention – as defined here – within international development programming. It focuses on interpersonal and self-directed violence, since many more people lose their lives, are injured, and suffer other negative health consequences through interpersonal and self-directed violence than through collective violence.

Chapter I, "How violence harms development", describes violence as a global challenge and a leading cause of death and disability worldwide. Violence disproportionately affects low- and middle-income countries, where its economic and social impacts are severe. Every day, more than 4000 people, over 90% of them in low- and middle-income countries, die because of violence. Of those killed, approximately 2300 die by their own hand and over 1500 because of injuries inflicted by another person. Much violence is not reported at all, so millions suffer untold and unaddressed harm. The chapter briefly reviews some of the health, social, and economic consequences of violence for individuals, communities, and countries, including:

- Health consequences for individuals and for health systems
- Economic consequences including lost opportunities, reduced productivity, and inequitable growth patterns
- Reduced progress towards gender equality
- Security and safety concerns as an obstacle to development
- Obstacles to achieving Millennium Development Goals.

Chapter II, "Preventing violence: a great advance", begins with a discussion of the impact of the 2002 *World report on violence and health*, the first comprehensive global review. One of the principal contributions of the *World report* was to make a strong case for a public health approach, a systematic process that concentrates on identifying ways to keep people from committing acts of violence, eliminating or reducing underlying risk factors, and reinforcing protective factors. It also emphasizes working with and learning from other sectors and disciplines to build sustained, intersectoral responses. Potential partner sectors with valuable contributions to make include education, employment, housing, justice, safety and security, social action, sports and recreation, trade and industry, and welfare. In many countries, these sectors have both public and private (i.e. for-profit) components, as well as civil society and non-governmental organizations. Successful examples of intersectoral approaches in Colombia and South Africa are discussed.

Chapter III, "Violence and the current development agenda: what is missing?", points out that, despite increased understanding of violence as a barrier to development and growing knowledge about how to tackle it, violence prevention suffers from a combination of institutional fragmentation, weak national planning, and low political status. It also has a low priority (outside of peacekeeping and conflict resolution) within the international development agenda, including the national agencies responsible for official development assistance (ODA). Content analysis of ODA agency web sites and documents from 22 countries shows that ODA agencies tend to give the highest prominence to *collective violence*, followed by *violence against women* (particularly in the context of war), violence against *children* and, much less prominently, *youth violence*.

Perhaps the most arresting feature of this analysis is *what the agencies do not address*, compared to the actual impact of various forms of violence. Whereas suicide accounts for 54% of all deaths directly due to violence, homicide for 35%, and collective violence 11%, ODA agency web sites and documents accord the greatest prominence to collective violence, limited prominence to homicide, and almost none to suicide. Least prominent is abuse of elders – a serious gap given that, globally, an estimated one in 20 elderly people experience abuse. Another clear gap is visible along gender lines: although males are victims of nearly 80% of all homicides, 60% of suicides, and 80% of violence-related injuries, limited attention is paid to preventing male suicide or male-to-male interpersonal violence. Intersectoral approaches receive little attention, and programming tends to concentrate on one sector at a time. Finally, there is little reference to evidence-based approaches, support for data collection or research into violence.

Chapter IV, "Strengthened agenda: strategies that work", suggests that while much is right with the current agenda of ODA agencies, significant potential benefits are being missed and important gaps need to be filled. The benefits can be realized and the gaps filled by re-focusing or expanding current priorities, by adding new funding to neglected violence prevention areas, and by efforts to expand the evidence base. Based on the analysis in the preceding chapter, a strengthened agenda would:

Expand programming to include types of violence and groups at high risk of victimization or perpetration that are currently inadequately addressed in programming. Among other issues, a strengthened agenda would increase attention to interpersonal violence among youth and young adult males, self-directed violence, and violence against elderly people.

Utilize sectoral entry points that are not currently supported. For example, it seems likely that municipal governments, antenatal health clinics, schools, faith-based organizations, trade unions, business associations, and many other entry points could be brought into prevention efforts, depending on the forms of violence to be tackled and the factors contributing to them. Development agencies have experience of working with or through such organizations or services, and should be able to assess which of them – in any given location – would have comparative advantages to offer.

Increase support for data collection and for research on violence prevention, in particular evaluation research to provide for scaling-up of proven practices. More evidence makes for better programming and more powerful advocacy. The strengthened agenda would encourage collaboration in implementing and evaluating pilot interventions in developing countries – ideally as part of a coordinated, well-funded initiative – as a way of building support for evidence-based approaches at national level.

Support efforts that take into account commonalities in risk factors and interventions that simultaneously address different types of violence. Different types of violence share common risk factors, and often occur together; one may cause the other, and they have common consequences. A strengthened agenda would, first, prioritize the following 10 scientifically credible *prevention* strategies that address common underlying risk factors and so have the potential to simultaneously decrease different forms of violence:

1. Increase safe, stable, and nurturing relationships between children and their parents and caregivers
2. Reduce availability and misuse of alcohol
3. Reduce access to lethal means
4. Improve life skills and enhance opportunities for children and youth
5. Promote gender equality and empower women
6. Change cultural norms that support violence
7. Improve criminal justice systems
8. Improve social welfare systems
9. Reduce social distance between conflicting groups
10. Reduce economic inequality and concentrated poverty.

Second, it would prioritize the following four strategies for reducing the *consequences* of violence:

1. Engage the health sector in violence prevention
2. Provide mental health and social services for victims of violence
3. Improve emergency response to injuries from violence
4. Reduce recidivism among perpetrators.

Chapter V, "Strengthened agenda: making it happen", provides guidance on the institutional foundations necessary to implement violence prevention at national level, and suggests ways to integrate evidence-based violence prevention within international development priorities.

In conclusion, a strengthened ODA violence prevention agenda would do much to reduce violence in countries around the world. This would in turn lead to further investments in violence prevention as part of ODA, and the gains for health, security, and growth would justify still further investments. Experience, in both industrialized and developing countries, shows that there are real benefits to be gained from cross-cutting, intersectoral approaches that target different factors and sub-populations in a coordinated way, using evidence-based interventions.

I. How violence harms development

In the areas with the highest violence, we also see the highest population densities, lowest educational attainment, highest unemployment, poorest housing and highest incidence of HIV, TB, malaria, and gastroenteritis. In these communities the life expectancy for young males is falling. In the urban areas, we are saving the lives of our infants through immunization only to have them die in their 20s from a stab or gunshot wound.

Dr Elizabeth Ward, Director, Disease Prevention and Control, Ministry of Health, Jamaica

Violence is a global challenge and a leading cause of death and disability worldwide. It accounts for over 1.6 million deaths per year, at least 16 million cases of injury severe enough to receive medical attention in hospitals, and untold suffering for tens of millions of individuals.

Although the negative impacts of violence are felt by all, violence disproportionately affects low- and middle-income countries. Furthermore, since violence slows economic growth, undermines personal and collective security, and impedes social development, the economic and social impacts of violence are ultimately more severe in poorer countries.

Magnitude of the problem

Every day, more than 4000 people, over 90% of them in low- and middle-income countries, die because of violence. This is roughly the same as the daily toll of deaths due to tuberculosis and more than the daily toll of some 3500 deaths due to malaria. Of those killed by violence, approximately 2300 die by their own hand, over 1500 because of injuries inflicted by another person, and over 400 as a direct result of war or some other form of collective violence (*1*).

For each single death due to violence, there are dozens of hospitalizations, hundreds of emergency department visits, and thousands of doctors' appointments. Much violence is not reported at all, so millions suffer untold and unaddressed harm.

Males aged 15–44 years are at many times greater risk of being involved – as victims and as perpetrators – in fatal and severe non-fatal violence. Females are at substantially higher risk than males of being victims of sexual violence and of serious physical assault in intimate partner violence. According to data from the WHO Multi-country Study on Women's Health and Domestic Violence against Women, the proportion of ever-partnered women who had experienced physical or sexual violence, or both, by an intimate partner in their lifetime, ranged from 15% to 71%, and the prevalence of violence in the past year ranges from 4% to 54% (*2*). For all types of interpersonal violence, people close to the victim – such as parents, intimate partners, friends, and acquaintances – are the most likely perpetrators.

This document is focused on interpersonal and self-directed violence (see Box 1.1). Many more people lose their lives, are injured, and suffer other negative health consequences through interpersonal and self-directed violence than through collective

Box 1.1

An internationally accepted definition of violence

Since the launch of the *World report on violence and health* in October 2002, an increasing number of global and national agencies have adopted the World Health Organization definition of violence:

> The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.

This definition covers a broad range of outcomes, going beyond physical acts. The definition reflects a growing recognition of the need to address violence that does not necessarily result in injury or death, but that nonetheless imposes a substantial burden on individuals, families, communities, and health care systems worldwide.

Accompanying the definition is a typology that subdivides violence into three broad categories according to who commits the violent act:

Self-directed violence is subdivided into suicidal behaviours including suicidal thoughts, attempted suicide, and completed suicide; and self-abuse including acts such as self-mutilation.

Interpersonal violence is subdivided into family violence (including child abuse and neglect, intimate partner violence, and elder abuse) and community violence (including youth violence, rape or sexual assault involving strangers, and violence in institutional settings such as schools, workplaces, prisons, and nursing homes).

Collective violence is subdivided into social violence including crimes of hate or terrorist acts committed to advance a social agenda; political violence including war and related violent conflicts, state violence and similar acts carried out by larger groups; and economic violence including attacks by larger groups motivated by economic gain.

Cross-cutting each of these categories is the nature of the violent acts, which can be physical, sexual, psychological, and involving deprivation or neglect.

violence. In the aggregate these forms of violence have substantial and widespread impacts. Guidance already exists for conflict resolution and peace building. However, the vast majority of violence occurs in settings that are at peace and within which the determinants of interpersonal and self-directed violence are qualitatively distinct from those of collective violence. For instance, these determinants include factors such as economic and gender inequalities, alcohol availability, illegal drug markets, access to lethal means, poor schooling and employment opportunities, experiencing parental abuse and neglect, and coming from a dysfunctional family. Addressing these determinants requires sustainable and carefully coordinated inputs from multiple sectors (e.g. education, employment, health, housing, justice, safety and security, trade and industry, welfare) directed towards population-level prevention targets, such as reduced incidence rates of homicide, suicide, rape, and child maltreatment.

A range of harms across the development spectrum

As well as the most visible physical consequences of violence such as death and injuries, there is considerable evidence showing that violence has a variety of other, less obvious consequences that can affect an individual throughout his or her life. Moreover, the impacts of violence are also felt in the wider social and economic

environments in which people live their lives. The following briefly reviews some of the health, economic, and social consequences of violence for individuals, communities, and society.

Health consequences: death, injury, mental illness, chronic disease, and overburdened health systems

Interpersonal violence and self-inflicted violence are heavy contributors to global death rates, particularly among people aged 15 to 44 years – in fact, in these age groups, suicide and homicide are among the top ten causes of death (*3*). Beyond fatalities, the damaging effects of violence on health include physical consequences such as brain injuries, bruises and scalds, chronic pain syndromes, and irritable bowel syndrome. Violence can also be a risk factor for a range of sexual and reproductive health problems, such as infertility, pregnancy-related complications, unsafe abortion, pelvic inflammatory disorders, HIV and other sexually transmitted diseases, and unwanted pregnancy. It has also been linked with various chronic diseases including cancer, ischemic heart disease, and chronic lung disease, in part through the adoption of unhealthy behaviours such as smoking, use of alcohol and drugs, and physical inactivity (*4*).

Consequently, violence places a heavy burden on health systems, particularly emergency services, consuming scarce staff time and clinical resources (blood supplies, operating theatre time, rehabilitation, etc.) that are needed to deal with other, less avoidable conditions.

Some forms of violence are strongly linked to psychological consequences such as cognitive impairment, depression, anxiety, phobias, panic disorders, and psychosomatic disorders. Both child maltreatment and intimate partner violence are associated with difficulties in social and occupational functioning such as relationship problems, poor school performance, employment difficulties, and frequent changes in place of residence. Moreover, the lifetime implications of violence may extend far beyond the actual violent incident both in time and in type of harm experienced by an individual. This has significant implications for the health of entire populations. A recent WHO study estimated that sexual abuse experienced during childhood accounts for serious health problems in the general population including 27% of post-traumatic stress disorders, 10% of panic disorders, 8% of suicide attempts, 6% of cases of depression, alcohol misuse, and illicit drug abuse (*5*).

Economic consequences: lost opportunities, reduced productivity, and inequitable growth patterns

The effects of violence place a significant burden on many national economies through increased health-care and legal costs, absenteeism from work, and lost productivity. For example, a study conducted in Cape Town concluded that serious abdominal gunshot injuries cost more than 13 times as much as the South African government's average annual per capita expenditure on health (*6*).

Although there has been no systematic attempt to quantify such costs globally, it is likely that treating victims for the immediate and long-term health consequences of violence, processing perpetrators through the courts and the jails, and compensating victims for their suffering diverts many billions of dollars from more constructive investments.

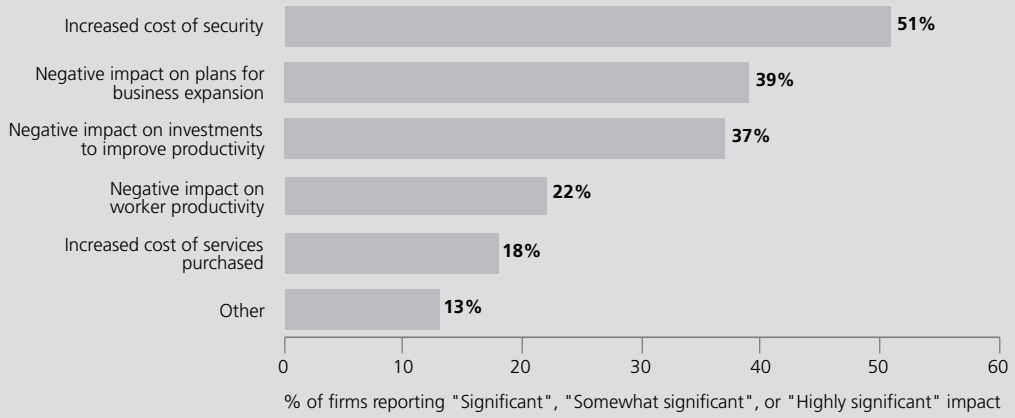
While experts agree that low- and middle-income countries are disproportionately affected by violence in terms of incidence, few data currently available permit robust estimates of its economic impact (*7*). In industrialized countries, however, it is clear

Box 1.2

Jamaica: The impact of violence on business

Violence can have a damaging effect on businesses in both short-run costs and long-run consequences for development, notably by discouraging investment and diverting scarce resources to security or crime prevention measures. A 2001 survey in Jamaica found high levels of concern about violence and crime among business managers, with many stating that violence and crime had either a significant, somewhat significant, or highly significant impact on particular business practices. More than 50% reported that violence and crime increased security costs, while 39% responded that they were less likely to expand their business because of it. Finally, 37% worried that violence and crime discourage investments that would help to improve productivity.

Figure 1.1 Impact of crime and violence on Jamaican businesses



Source: Adapted from 2001 Firm Victimization Survey (*10*)

that the public sector (and therefore society in general) pays the bulk of these costs. For example, it is estimated that between 56 and 80% of care and treatment for gunshot and stabbing injuries in the USA are either paid directly by public financing or are "not paid at all" (*8,9*) – in other words, absorbed by government, society, and ultimately the tax payer. It is probable that society in low- and middle-income countries also absorbs much of these costs through direct public expenditures.

Despite the evidence that violence has a serious impact on various aspects of development, the relationship is a complex one. Current research, particularly in middle- and low-income countries where few data are available, cannot provide clear answers to several important questions, such as: "What is the actual cost of different forms of violence on economic development?" and "What savings could be made using [a given] violence prevention programme?"

A few efforts have been made to estimate the potential benefits of violence prevention to national economies. According to a study by the United Nations Office on Drugs and Crime and the World Bank, comparison of data from Costa Rica (homicide rate 8.1 per 100,000) with four nearby countries (Haiti with 33.9; Jamaica 33.8; Dominican Republic 16.5; Guyana 16.1) suggests significant gains by the latter could be made if violence could be reduced to Costa Rican levels. Haiti and Jamaica could both increase annual economic growth per capita by an estimated 5.4 percent, while the Dominican Republic and Guyana would also benefit from growth rate increases of 1.8 and 1.7 percent, respectively (*11*).

Recently, the editor of the journal *Foreign Policy* commented on the risks faced by countries coping with rapid social, economic, and demographic change (*12*):

> It is easy to dismiss growing crime [and violence] rates as either a local problem or one that has been with us since time immemorial. But that would be a major mistake. Because, though we may have recently lost ground, the problem has the potential to be a far greater global nightmare. Consider China and India. They have growing populations of young males, growing levels of economic inequality, and rapid urbanization. And, though drugs and guns are still relatively hard to come by, they're becoming easier to obtain every day. If these two nations become more like other poor countries in this regard, too, their crime [and violence] rates could soar to unimagined levels. Suffice it to say, the crime [violence] pandemic would never be hidden from anyone again.

Bringing violence into discussions of development raises questions not only about the scale or speed of development but also about its *quality*. For example, the reality is that many countries burdened with conspicuously high violence levels (e.g. Brazil, Mexico, the Russian Federation, and South Africa) are visibly making economic progress – so long as "progress" is judged at the level of simplifying indicators such as Gross Domestic Product. The choice of indicator is, of course, key to this discussion: a different reality is revealed by more nuanced measures that take into account the substantial and sometimes growing disparities between different sectors of the population (see Box 1.3). A great deal of evidence shows that when wide economic disparities exist in a society, even a relatively wealthy one, these will be accompanied by similar disparities in levels of violence. In turn, these disparities are likely to contribute to greater *overall* levels of violence in that society than in less inequitable societies.

The gender factor

Gender equality and development effectiveness are closely interrelated. When women and men are relatively equal, economies tend to grow faster, the poor move more quickly out of poverty, and the well-being of men, women, and children is enhanced. By contrast, in low- and middle-income countries, economic growth is slowed and population well-being undermined by inequalities in the rights, resources, and influence of women and men (*13*). Accordingly, when gender relations are characterized by a high degree of men's violence against women, women's civil, political, and economic participation is limited and gender inequality perpetuated. Threatened or actual violence towards women, whether occurring in the home or the community, instils fear and insecurity in women's lives and is an obstacle to the achievement of equality and development. The fear of violence, including harassment, is a permanent constraint on the mobility of women and limits their access to resources and basic activities. High social, health, and economic costs to the individual and society are associated with violence against women (*14*).

Although less well understood, rigid gender roles that favour male domination over and discrimination against women are characteristic of some societies with very high homicide rates among youthful and young adult males, suggesting that gender inequality is also an important determinant of male-to-male violence. Research with men and boys demonstrates how gender norms related to masculinity influence not only how men interact with women and girls, but also with other males, such that inequitable gender norms may increase men's own vulnerability to violence, injury, and death (*15*). For instance, men and boys who subscribe to views about masculinity whereby men are dominant over women are more likely to have contact with police, use alcohol and drugs, and have used violence against a partner (*16*). Globally,

Box 1.3

Three country examples: the connection between unequal growth and violence

In São Paulo, Brazil's largest city, the overall homicide rate in 1999 was relatively high at 67 per 100 000. Closer analysis shows that this overall figure was driven by exceptionally high rates in a number of districts where homicide rates exceeded 100 per 100 000. The districts with the highest homicide rates were those with rapidly rising population growth, large concentrations of adolescents and pre-adolescents, high household density, limited access to public sewers, limited job availability, and low educational achievement (*17*). These findings are not surprising and are in line with those of WHO's Commission on Social Determinants of Health (*18*). At the same time, impacts were felt in other ways and in other parts of the city. For example, the number of private security personnel (many of them former police or military personnel) in São Paulo is extremely high, doubling between 2000 and 2004 from 540,334 to 1,148,568 – almost one for each twenty people in the metropolitan area. As one report put it (*19*):

> The employment of private security forces further stratifies the segregation of society based on racial, economic and social lines. The result is a city which is punctuated by highly fortified security bubbles, protected by unaccountable and under-regulated private forces…

Similarly, in Cape Town, South Africa, a citywide homicide rate of 70 per 100 000 for the year 2001 concealed a more than three-fold variance between sub-districts with the lowest rates (around 30 per 100 000) and those with the highest rates (around 120 to 130 per 100 000). In the sub-district of Nyanga, it has been estimated that a young man celebrating his fifteenth birthday has a greater than 1 in 20 chance of being shot dead by age 35. As in São Paulo, these huge disparities coincided with the pattern of inequities seen in the provision of housing, educational levels, employment, and health expenditure (*20*).

A third example is taken from a study of homicide rates and development indicators in 78 of the Russian Federation's 89 administrative regions for the year 2000. The mean homicide rate for all regions was about 30 per 100,000, while regional homicide rates varied from a low of 6.5 per 100,000 in the Kabardino-Balkaria region to a high of over 130 per 100,000 in the Tyva region. Negative socio-economic change, single-parent households, and alcohol consumption correlated with higher homicide rates, while a "polity" indicator combining measures of privatization, foreign investment, and population growth was correlated with lower rates (*21*).

These three examples are from countries where levels of interpersonal violence rose unchecked over a period of decades (since the 1980s in Brazil and South Africa, and since the early 1990s in Russia), without large-scale, evidence-based violence prevention programmes or broader development programming oriented to violence prevention. These high levels of violence are now so deeply embedded in the social and economic fabric that violence prevention is a daunting challenge, though not an impossible one. In a number of other countries where interpersonal violence appears to be rising, such extremes may yet be avoided if governments implement effective violence prevention interventions and adopt an explicit focus on the prevention of violence within development programming.

homicide and suicide rates for those aged 15 years or older are substantially greater among males than females.

Preventing intimate partner violence, sexual violence, and other more subtle types of violence by men towards women therefore has the potential to reinforce development gains for women and men alike.

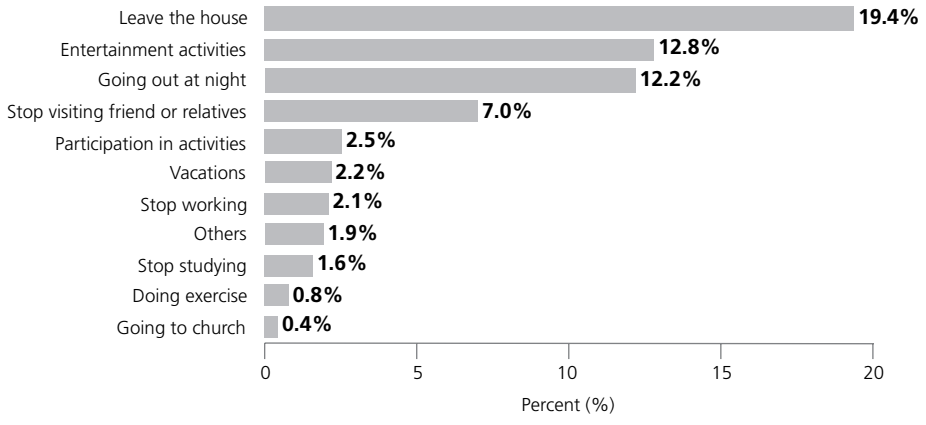
Security and safety: the fear factor

Recent years have seen an expansion of traditional concepts of "security," moving from military- and state-defined notions of security to views "that put 'humans', with their multiple range of needs and capacities, at the centre of the picture" (*22*). Because they are so visible, incidents of interpersonal violence in the community (notably youth and stranger violence) have impacts beyond the burden they place on health. In particular, people's perceptions of the safety of their local environment may be severely affected, with negative consequences for their use and enjoyment of their communities.

When an atmosphere of fear becomes pervasive, parents are afraid to let their children go to and from school unaccompanied; elderly people fear going out to their favourite meeting places; women are reluctant to walk alone after dark; young men worry about wandering into the "wrong part of town" where other young men might confront them for no particular reason; businesses and wealthier individuals hire bodyguards and install elaborate security systems. For example, Figure 1.2 shows how the fear of violence and crime has affected citizens of the Dominican Republic. Similar impacts of crime and violence on daily activities are observed among residents of South Africa, where many fear walking to town or work or using public transport (*23,24*), and Nairobi, where a majority feel unsafe during the evening hours – particularly in the city centre (*25*).

Such fears can result in changes to the physical and political environment. For example, the fear of violence may result in wealthier communities erecting physical barriers to separate them from poorer communities, and certain areas becoming deserted outside of office hours. Citizens' worries about real and perceived lack of security often result in political responses emphasizing "law and order" measures that, if they survive the "news cycle" and are actually implemented, may not be based on evidence-based approaches.

Figure 1.2 Dominican Republic, 2005: What do people stop doing because of fears of violence and crime?



Source: Adapted from UNODC and World Bank (2007), based on national ENHOGAR survey, 2005 (*26*)

Impact on the Millennium Development Goals

In September 2000, the UN Member States unanimously adopted the Millennium Declaration, agreeing to reach the Millennium Development Goals (MDGs) by the year 2015. Since the Declaration, there has been growing conviction that different aspects of violence are important obstacles to the achievement of several MDGs. A case in point is the growing recognition of the issue of armed violence, which is related to the wide availability of small arms and light weapons in many low-income countries. In June 2006, 42 governments adopted the Geneva Declaration to reduce armed violence by 2015, stating that (*27*):

> a development approach to armed violence is needed because armed violence destroys lives and livelihoods, breeds insecurity, fear and terror, and has a profoundly negative impact on human development. Whether in situations of conflict or crime, armed violence imposes enormous costs on states, communities and individuals.

Similarly, a recent WHO publication linked the MDGs to violence against women, arguing strongly that many MDG targets – not just MDG 3 on gender inequality – will be missed if violence against women is not addressed on a variety of fronts (*28*). The writers observe that:

> The relationship between sustainable development and violence against women is not explicit in the Declaration and Goals and, at first glance, none of the indicators relate directly to violence against women. Closer examination reveals, however, that violence against women – both as an extreme manifestation of gender inequality and a means of perpetuating it – is highly relevant to all of the Goals. Furthermore, the Goals provide powerful arguments and entry points for a variety of approaches to eradicating violence against women.

Efforts like these, which focus on particular types of or factors contributing to violence, are helping to push the issue of violence up the development agenda. Similar efforts to explain the links between violence and the MDGs should be carried out for other facets of violence. To help build this expanded perspective on violence and the MDGs, Table 1.1 provides a brief overview of how violence is linked to all eight of the MDGs and to the indicators of progress towards each one.

Table 1.1 How violence obstructs achievement of the Millennium Development Goals

Millennium Development Goals	Relevant indicators (numbers as listed in Millennium Declaration)	Linkages with Violence
1. Eradicate extreme poverty and hunger	1. Proportion of population below $1 per day 2. Poverty gap ratio 3. Share of poorest quintile in national consumption 4. Prevalence of underweight children under five years of age 5. Proportion of population below minimum level of dietary energy consumption	• Violence already disproportionately affects the poor, and few events throw a family into poverty more quickly than the loss of a breadwinner due to violent death or injury, particularly in places where no formal "safety nets" exist; when this occurs through collective violence, entire societies can be affected • Both interpersonal and collective violence can reduce local and national economic performance, the impact of which falls most harshly on the poorest quintile • Collective violence often disrupts production and distribution of food, contributing to prevalence of underweight children and below-minimum diet in the general population • Poverty and hunger can be exacerbating factors in competition between social or ethnic groups, leading to collective violence ranging from rioting and repression to war and genocide (see also MDG 7) • Intimate partner violence against pregnant women has been associated with poor physical outcomes including low-birth-weight infants
2. Achieve universal primary education	6. Net enrolment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8. Literacy rate of 15 to 24 year-olds	• Violence in the home, both between adults and against children, is linked with reduced attendance and non-completion of studies by children • Collective violence disrupts education systems and can rob entire generations of children of their right to an education
3. Promote gender equality and empower women	9. Ratios of girls to boys in primary, secondary and tertiary education 10. Ratio of literate females to males of 15 to 24 year-olds 11. Share of women in wage employment in the non-agricultural sector 12. Proportion of seats held by women in national parliament	• Violence against women and girls is highly variable from culture to culture, but is linked to low status of women in society (including factors such as lower access to educational and economic activities) • Violence in and around schools appears to be a major reason why some girls are kept from entering school or from completing their education • Despair due to disempowerment (lack of own income, little control over life choices) is a contributing factor to suicide among women, particularly in some rural societies • In recent years, female leaders in certain countries have been targeted for assassination to discourage women's participation in both local and national politics
4. Reduce child mortality	13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of one year-old children immunized against measles	• Women who have experienced violence as girls are at increased risk of engaging in sex at an early age; this increases their risk of early pregnancy, which is a risk factor for increased neonatal mortality • Violence against women during pregnancy increases the risk of pregnancy-related complications, damage to the fetus, and subsequent survival of the child • Under-fives are frequently (along with the elderly) the first to die when collective violence disrupts basic necessities such as food, shelter, clean water, and health care • Collective violence disrupts immunization campaigns designed to prevent common childhood diseases such as measles

Millennium Development Goals	Relevant indicators (numbers as listed in Millennium Declaration)	Linkages with Violence
5. Improve maternal health	16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel	• Violence against women, including sexual assault, is associated with an increased risk of unintended pregnancy, which is itself a risk factor in maternal mortality • While pregnancy is at times a protective factor against violence, recent research shows that in many places women experience higher levels of domestic violence while pregnant • Disruption of health care services during collective violence, particularly access to skilled birth attendants, invariably raises maternal mortality
6. Combat HIV/AIDS, malaria, other diseases	18. HIV prevalence in 15 to 24 year-olds 19. Condom use rate 21–24. Malaria and TB prevalence and death rates, and proportion of population in high-prevalence areas receiving prevention and treatment	• In areas of high HIV prevalence, violence increases risk of HIV infection directly through rape and sexual assault and indirectly through limiting ability to negotiate use of condoms • Collective violence disrupts basic public health measures designed to prevent or treat major diseases such as TB and malaria
7. Ensure environmental sustainability	25. Proportion of land area covered by forest 31. Proportion of urban population with access to improved sanitation 32. Proportion of households with access to secure tenure (owned or rented)	• Competition for resources due to environmental degradation is at least partly responsible for much violent conflict • Environmental degradation often causes population displacement, which is itself highly associated with various forms of interpersonal, self-inflicted, and collective violence • The growth of slums lacking basic services (including reliable governance and security) is associated with a variety of forms of violence, notably raised levels of interpersonal violence related to alcohol and substance misuse, as well as violence related to criminal activities and gang violence
8. Develop a global partnership for development	33. Net ODA, total and to least developed countries, as percentage of OECD/DAC donors' gross national income 34. Proportion of total bilateral, sector-allocatable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)	• Violence negates the efforts of countries and their international partners to implement effective development programmes. This is true not only in so-called "failed states" and post-conflict countries, but also in stable countries with high rates of interpersonal violence which can severely undermine the effectiveness of development programmes in the poorest communities.

II. Preventing violence: a great advance

There is a tendency worldwide for authorities to act only after cases of highly visible violence occur, and then to invest resources for a short time on programmes for small, easily identified groups of people. Periodic police ''crackdowns'' on areas with high levels of violence are classic examples of this, usually following a much-publicized incident. In contrast, public health emphasizes prevention, especially primary prevention efforts operating ''upstream'' of problems – efforts that try to stop violent incidents from occurring in the first place or that prevent violent conditions from resulting in serious injury. Primary prevention approaches operate on the basis that even small investments may have large and long-lasting benefits.

WHO, *World report on violence and health* (*29*)

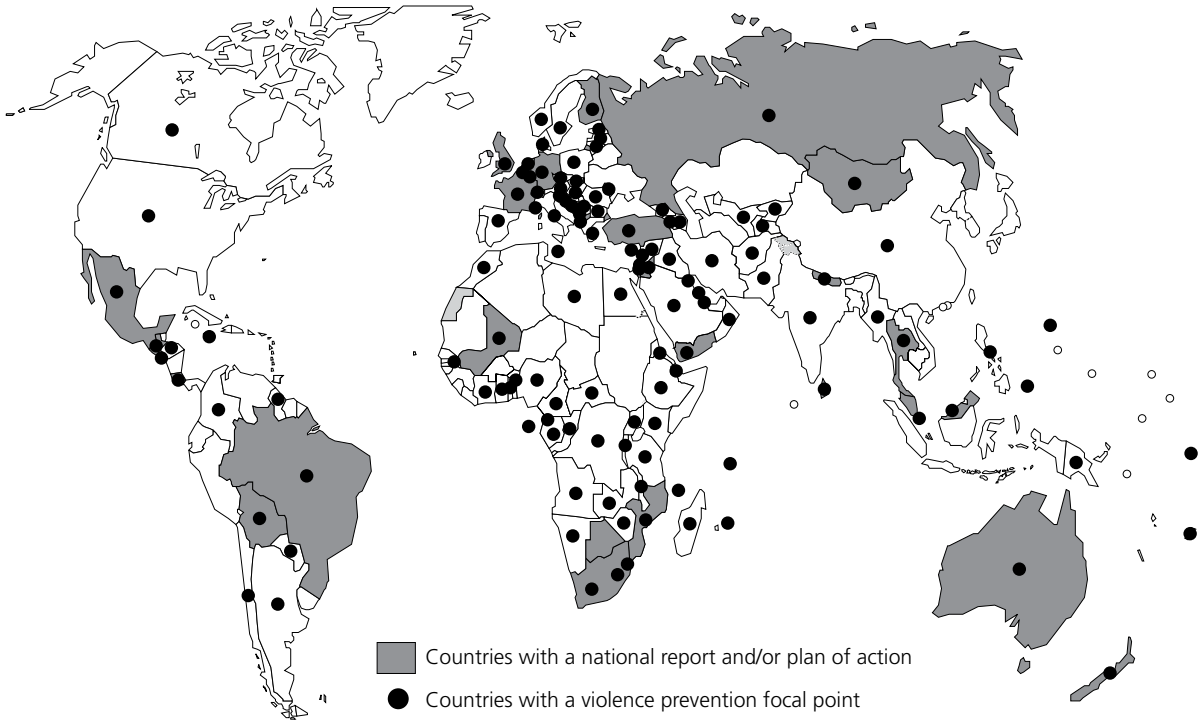
At the same time as the impact of violence on development becomes increasingly clear, decision-makers have available a growing body of evidence about what can be done to prevent various types of violence, and to reduce the harm it wreaks on people, communities, and whole societies.

Lessons of the *World report on violence and health*

Through its Global Campaign for Violence Prevention and with its Violence Prevention Alliance (VPA) partners, WHO is encouraging development agencies, donors, and recipient governments to support and implement nine recommendations published in the 2002 *World report on violence and health* (see Appendix). The report, produced with the contribution of over 160 experts from around the world, was the first comprehensive review of the problem on a global scale, covering the fundamental questions of what violence is, whom it affects, and what can be done about it. 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.

Since publication of the *World report on violence and health* much has been achieved in raising the profile of violence and its consequences. In 2002, only a handful of health ministers could say why violence should be a public health priority. As of January 2008, three out of six WHO regional committees (Africa, the Americas, and Europe) have adopted violence prevention resolutions; there are over 100 officially appointed health ministry focal persons for the prevention of violence; over 50 countries have had national launches of the *World report on violence and health*; and over 25 countries have developed reports and/or plans of action on violence and health (see Figure 2.1). At the programme level, tens of thousands of people in scores of countries have been touched by violence prevention programmes and victim services established in response to the Global Campaign for Violence Prevention. Advocacy, normative guidance, and the planting of programme seeds in many countries must now give way to scaled-up country-level implementation accompanied

Figure 2.1 Countries that have launched the *World report on violence and health* and have a designated violence prevention focal person



This map is for illustrative purposes and does not imply the expression of any opinion of the authors or WHO concerning the legal status of any country or territory or concerning the delineation of frontiers or boundaries.

Countries with a national report and/or plan of action
Australia
Belgium
Botswana
Bolivia
Brazil
Costa Rica
El Salvador
Finland
Germany
Guatemala
France
Jamaica
Jordan
Malaysia
Mali
Mexico
Mongolia
Mozambique
Nepal
New Zealand
Russian Federation
South Africa
Sri Lanka
United Kingdom
Thailand
TYFR Macedonia
Turkey
Yemen

Countries with a violence prevention focal point
Angola
Benin
Burundi
Cameroon
Central African Republic
Comoros
Congo
Cote d'Ivoire
Democratic Republic of Congo
Equatorial Guinea
Eritrea
Ethiopia
Gabon
Ghana
Kenya
Lesotho
Madagascar
Mauritius
Malawi
Mali
Mozambique
Namibia
Nigeria
Sao Tome and Principe
Senegal
Seychelles
South Africa
Swaziland
Tanzania
Togo
Uganda
Zambia
Zimbabwe
Argentina
Bolivia
Brazil
Canada
Chile
Colombia
Costa Rica
El Salvador
Guatemala
Guyana
Honduras
Jamaica
Mexico
Paraguay
United States of America
Afghanistan
Bahrain
Djibouti
Egypt
Iran
Iraq
Jordan
Kuwait
Lebanon
Libya
Morocco
Oman
Palestine
Pakistan
Quatar
Saudi Arabia
Syrian Arab Republic
Yemen
Albania
Armenia
Austria
Azerbaijan
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Israel
Italy
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Netherlands
Norway
Poland
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia and Montenegro
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
TYFR Macedonia
Turkey
United Kingdom
Uzbekistan
China
Fiji
Malaysia
Mongolia
New Zealand
Northern Marianas
Palau
Papua and New Guinea
Philippines
Singapore
Tuvalu
India
Myanmar
Nepal
Sri Lanka
Thailand

by a concerted effort to measure effectiveness using the outcomes that really matter – such as rates of violence-related deaths, non-fatal injuries, and other violence-related health conditions (*30*).

Bringing a public health approach to violence

One of the principal contributions of the *World report on violence and health* was to make a strong case that, with properly designed, adequately funded interventions, violence can be prevented and its impact reduced. This stemmed directly from its conceptual starting point: the public health approach to addressing public health issues. This is a systematic process that begins with defining the problem, investigating its causes, developing and testing interventions, implementing the most effective ones, and evaluating them once implemented.

Public health approaches to prevent violence concentrate on identifying ways to keep people from committing acts of violence. Interventions may eliminate or reduce the underlying risk factors and reinforce protective factors. Prevention strategies are conceived and implemented with reference to the interaction of risk factors among people at different stages of the life cycle and in relation to causes at the levels of the individual, family, community, and society.

Of course, the health sector also has its traditional function of treating injuries and other consequences of violence. For example, better emergency response systems and pre-hospital care can significantly reduce the risk of death or disability resulting from physical trauma (*31,32*).

Prevention roles for other sectors

A public health approach is collaborative, working with and learning from other sectors and disciplines. Such collaboration is essential in building the type of sustained, intersectoral response required to prevent violence. Potential partner sectors with valuable contributions to make include education, employment, housing, justice, safety and security, social action, sports and recreation, trade and industry, and welfare. In many countries, these sectors have both public and private (i.e. for-profit) components, as well as civil society and non-governmental organizations. For instance, civil society actors that have been involved in programming or advocating for violence prevention include victims' associations, social action organizations (many affiliated with religious groups), and community groups working with young people. There are many examples of businesses that support violence prevention initiatives, as well as local improvement associations.

Benefits of intersectoral action

While many sectors have a role to play in addressing one or more risk factors for violence, the *World report on violence and health* made it clear that the challenges of violence prevention demand an intersectoral approach that recognizes the many inter-linkages between the sectors and their collective impact on violence. The Report noted a number of potential advantages including:

- improving the effectiveness of interventions,
- avoiding the duplication of efforts,
- increasing the resources available through a pooling of funds and personnel in joint actions, and

- allowing research and prevention activities to be conducted in a more collaborative and coordinated way.

Ideally, a successful multi-sectoral prevention strategy would lessen the burden on all participating sectors, thus allowing resources to flow to new challenges and, potentially, into more effective areas of investment. Box 2.1 shows an example of convergence between efforts to reduce intimate partner violence, prevent HIV infection, and increase economic activity.

Box 2.1

Intersectoral action: preventing intimate partner violence and HIV/AIDS

South Africa experiences some of the highest rates of interpersonal violence and HIV infection in the world. The overlap between violence and HIV infection, particularly for women, has been documented. For women who face intimate partner violence, HIV preventive strategies such as insisting on fidelity from partners or negotiating condom use with them are not realistic options. Women also face increased risk of violence due to partner notification of HIV status – whether it is the woman or her male partner who tests positive, the woman may be beaten or expelled from the family home.

In a three year randomized study involving women from South Africa's Limpopo Province, the Intervention with Microfinance for AIDS and Gender Equity Study (IMAGE) examined whether (a) participation in a microfinance programme combined with (b) education of both women and men on gender and HIV/AIDS could socially and economically empower women and reduce intimate partner violence and HIV infection. The intervention provided small loans (ZAR 500 to 1000 – about US$65 to 130) to help women start up businesses (e.g. dressmaking, fruit and vegetable sales) and training sessions at loan repayment meetings over six months. The sessions explored issues such as gender roles, culture, sexuality, communication, relationships, violence, and HIV/AIDS.

Results showed that experiences of physical and/or sexual violence were reduced by half among women participating in the intervention compared to a control group of women. Levels of economic well-being improved and social changes were observed with evidence of changes in women's empowerment. The success of the programme has been recognized, attracting more funding that will enable the programme to be scaled up and implemented in 150 villages in Limpopo province (*33*).

Hilary Benn, UK Secretary of State for International Development, has commented, "The innovation of the IMAGE programme is an excellent example of a really practical way of dealing with a complex issue" (*34*). The project was a joint initiative of the University of the Witwatersrand (Johannesburg), the London School of Hygiene and Tropical Medicine, and the Small Enterprise Foundation in South Africa, with funding from South Africa's Ministry of Health, the United Kingdom's Department for International Development, and AngloAmerican Chairman's Fund Educational Trust among others.

Intersectoral cooperation is increasingly used at municipal level in industrialized countries, where police and judicial systems regularly meet with health, social services, educational authorities, and other partners under institutional arrangements such as violence and crime reduction task forces. Initially, such efforts may have to overcome a number of difficulties. For example, in most countries, different sectors such as health, law and justice systems (including the police), social services, public health, and

Box 2.2

Reducing homicide: intersectoral prevention strategies and municipal crime observatories in Colombia

In 2000, Colombia had one of the highest homicide rates in the world. Since then, a number of intersectoral prevention efforts have been successfully implemented, featuring interventions such as improved policing, reducing access to firearms, and reducing alcohol sales and consumption. The use of municipal crime observatories has been an invaluable part of this effort, both in designing and targeting the interventions and in evaluating their effectiveness.

Since 2002, the Institute for Peace Promotion and Injury/Violence Prevention in Cali and the Colombia Program at Georgetown University have implemented 21 observatories in seven cities for the documentation and prevention of violence and unintentional injury. Modelled after the mortality surveillance system developed in Cali by the mayor in 1993, the observatories were opened through a collaborative process at municipal, sub-regional, and departmental levels.

Table 2.1 shows the number of homicides for selected municipalities for the year 2002, when the crime observatories were implemented, and the two following years. The average decrease in homicides over the three years was nearly 50%, with a significant decrease in events between 2002 and 2003. The table also details the prevention strategies used in each municipality.

Table 2.1 Homicide and community response strategies in selected cities

Municipality	Total homicides			Community response strategies
	2002	2003	2004	
Turbo	87	46	49	• Collaboration between police, district attorney, technical investigation body, and army • Mobile police controls • Firearm disarmament programmes • Targeting of juvenile gangs
Apartadó	123	66	70	• Collaboration between police, district attorney, technical investigation body, and army • Mobile police controls • Firearm disarmament programmes • Restrictions on alcohol sales and consumption
Chigorodó	62	40	24	• Collaboration between police, district attorney, technical investigation body, and army • Mobile police controls • Firearm disarmament programmes
Popayan	174	89	97	• Use of surveillance data by Security Council • Collaboration between police, prosecution service, and army • Firearm disarmament programmes • Restrictions on alcohol sales and consumption
Santander de Quilichao	89	59	55	• Collaboration between police, prosecution service, and army • Firearm disarmament programmes • Restrictions on alcohol sales and consumption
Pitalito	208	120	70	• Collaboration between police, prosecution service, and army • Firearm disarmament programmes • Restrictions on alcohol sales and consumption.

Source: Gutierrez-Martinez MI, Del Villin RE, Fandiño A, Oliver RL. The evaluation of a surveillance system for violent and non-intentional injury mortality in Colombian cities. *International Journal of Injury Control and Safety Promotion*. 2007;14(2):77–84.

urban planning – all of which have contributions to make in reducing or responding to violence – have little experience of working together, and their orientations tend to be very different. Public health approaches focus on underlying causes and risk factors that give rise to new perpetrators and new victims of violence. Service-based approaches focus on victims of violence, seeking ways to reduce their vulnerability and mitigate the impact of violence on their lives. Criminal justice systems are more focused on perpetrators, and on catching and prosecuting them after violence has been committed.

Fortunately, experience shows that this divergence in professional orientation can be overcome – and indeed is being overcome. Most notably, modern criminal justice systems are increasingly integrating more evidence-based preventive approaches, and adopting public health-informed approaches to collecting and analysing data. Box 2.2 provides an example of success in reducing homicides in Colombia though intersectoral strategies.

III. Violence and the current development agenda: what is missing?

It is increasingly recognized that many of the key determinants of health and disease – as well as the solutions – lie outside the direct control of the health sector, in sectors concerned with environment, water and sanitation, agriculture, education, employment, trade, tourism, energy and housing. Addressing the underlying determinants of health is key to ensuring sustained health improvements in the long-term, and ecologically sustainable development.

WHO, Health and Sustainable Development: Addressing the Issues and Challenges (*35*)

Despite increased understanding of the role of violence as a barrier to development and growing knowledge about how to tackle it, violence prevention in almost all countries – rich, middle-income, and poor – suffers from a combination of institutional fragmentation, weak national planning, and low political status. Internationally, the situation is similar, despite a multiplicity of global action plans: overall, prevention of violence (as opposed to post facto peacekeeping and conflict resolution) appears to have a low priority within the international development agenda, including the national agencies responsible for official development assistance (ODA).

Why is this so? One explanation is simply time: the international development agenda is like the proverbial ocean liner, taking a long time to change direction. The lessons of the *World report on violence and health* are still being assimilated. Another explanation is the multiplicity of problems clamouring for attention from agencies and donors in the past few years, and possibly the increasing sophistication of the advocacy efforts on behalf of these problems. Competition for attention, let alone funding and programmes, has never been so strong. A third factor is the combination of conceptual frameworks and development goals that agencies and donors use to justify and prioritize their violence prevention programming.

This chapter explores these issues, based upon content analysis of ODA agency websites and documents (e.g. development cooperation master plans and strategic vision documents) from the 22 OECD/Development Assistance Committee (DAC) countries representing the major international development ministries and agencies. It is acknowledged that these web sites and documents may not accurately reflect the actual violence prevention activities of these ODA agencies. Nonetheless, in recent years, such websites and documents have become the "public face" of many such organizations, and as such provide a sense of their priorities and conceptual frameworks.

Current prominence of violence in Official Development Assistance web sites and documents

Overall, the ODA agency web sites and documents reviewed display a very similar pattern. Almost all give the highest prominence to *collective violence* and efforts to prevent it (although in most cases this refers to violence breaking out *again*). Most include prominent mentions of interpersonal violence, with the highest visibility accorded to gender-based violence and more specifically violence against *women and girls*. This is closely followed by violence against *children* and, much less prominently, *youth* violence.

Most mentions of gender-based violence occur within the framework of gender violence as a weapon of war, or within discussions of HIV/AIDS. References to youth and other forms of interpersonal violence are most frequent in the context of cross-cutting issues such as social development and crime prevention. Whereas all the development agency web sites and documents we reviewed address multiple types of violence, most address each type of violence without connecting it to the other types of violence mentioned, and without reference to causes that cut across different types of violence.

The prominence accorded gender-based violence in international development agency web sites and documents is consistent with the evidence that women and girls are at substantially higher risk than males for being victims of sexual violence and of serious physical assault in intimate partner violence. Similarly, the prominence of violence against children is consistent with findings that violence against children has significant life-long impacts on health and social development, including the increased likelihood of becoming a perpetrator or victim of multiple types of violence, crime, and antisocial behaviour.

What do the web sites and documents overlook?

Even to the limited extent that ODA agency web sites and documents address violence, they do not prioritize the forms of violence that put the greatest numbers of people at risk. Whereas suicide accounts for 54% of all deaths directly due to violence, homicide for 35%, and collective violence 11%, international development agency web sites and documents accord the greatest prominence to collective violence, limited prominence to homicide, and almost no visibility to suicide.

The type of interpersonal violence with least prominence is abuse of elders – a serious gap given the rapid growth of this part of the population and the fact that, globally, an estimated one in 20 elderly people experience abuse. Another clear gap is visible along gender lines. Although males are victims of nearly 80% of all homicides, 60% of suicides, and 80% of violence-related injuries severe enough to warrant medical attention, international development web sites and documents pay limited attention to male suicide or to male-to-male interpersonal violence per se.

Intersectoral approaches receive little attention, with mentions of programming tending to concentrate on one sector at a time. Finally, there is little reference to evidence-based approaches, and only a few visible examples of support for data collection or research into violence.

What informs current priorities?

In linking violence prevention and development, the development agency web sites and documents appear to have drawn largely upon three conceptual frameworks and their related development goals and international instruments: the MDGs, human rights, and human security.

Millennium Development Goals

The most frequent link made by the agencies between the MDGs and violence prevention was for violence against women. Most justified this link by citing MDG 3 ("Promote gender equality and empower women"), often in tandem with the 1993 UN Declaration on the Elimination of Violence Against Women, and the September 2000 UN Millennium Declaration's reminder of this commitment "to combat all forms of violence against women and to implement the Convention on the Elimination of All Forms of Discrimination against Women".

As discussed in Chapter 1, the MDGs provide a wide-ranging framework from which to analyse the influence of violence on development and to consider a similarly wide range of interventions. However, it is clear that the agencies are currently missing some of the potential power of the MDGs to work against violence. In concentrating on only two MDGs (3, and to a lesser extent 6), they do not make the connection with the other six Goals, each of which can profitably be applied to violence prevention with potential benefits for both males and females (see Table 1.1).

Human rights-based approaches

Human rights are most frequently invoked in agency arguments for addressing violence against "vulnerable groups", most notably children and women. The UN Convention on the Rights of the Child is widely mentioned as providing a moral obligation to address the general well-being of children, and to protect children from violence. The Convention on the Elimination of All Forms of Discrimination against Women, and the associated Beijing Declaration and Platform for Action, are the frequently cited cornerstones of arguments for addressing violence against women, along with the MDGs.

In the ODA web sites and documents reviewed, these rights-based arguments appear most strongly in relation to development activities centred upon legal and criminal justice sector reforms and assisting countries to enact and enforce laws against violence towards children and women. Much of the focus appears to be on (a) ending the impunity of individuals who perpetrate such violence and (b) gaining acceptance among decision-makers and civil servants that such violence is unacceptable and – for States which are signatory to the main human rights instruments – unlawful.

Promoting and monitoring adherence to international treaties, laws, and other mechanisms to protect human rights is a critical component of violence prevention, and an important source of its moral authority. However, if applied narrowly – as the ODA web sites and documents suggest may be the case – to protection of victims and punishment of perpetrators, rights-based approaches risk ignoring the need to invest resources in preventing perpetration by male youths and adults (other than through hoped-for deterrence), or to deal with key factors such as alcohol and easy access to firearms. By enabling violence, these factors reduce the human rights of vulnerable and less vulnerable groups alike (see Box 3.1).

Box 3.1

The need to include victims and perpetrators

During the last decade, several initiatives aimed at protecting women against domestic violence have been instituted in Nicaragua. Strongly rights-based, these initiatives have included:

- creation of a network of police stations for women (Comisaria de la Mujer), where abused or beaten women can find psychological, social or judicial advice and help for their problems;
- a new ministry for family affairs (Mi Familia), which, among other things, ensures that shelter is available to women and children who have been victims of domestic violence;
- integration of gender issues and sexual abuse into the national reproductive health programme.

At the same time, civil activist groups have campaigned to promote the rights of women and to empower them to make a stand against all forms of domestic abuse.

These efforts coincided with a dramatic increase in the reported number of violent acts against women (physical and sexual violence): the number of reports of sexual abuse received by the Comisaria de la Mujer rose from 4174 (January–June 2003) to 8376 (January–June 2004). According to researchers from the Social Sciences Department of the Universidad Centroamericana and from the Institute for Gender Studies, there are two main reasons for the increase:

- better reporting of cases, as women are encouraged to do so by activist organizations;
- increased consciousness among women that the cultural tradition of gender inequality, including its expression through violence, is no longer acceptable according to international laws. It is hypothesized that increased consciousness has resulted in more active resistance by women against inequality, which in turn has led to an increase in the number of domestic conflicts and violent responses from men.

These findings suggest that the national response to violence needs to be expanded. As well as focusing on women, interventions must also target men (for instance by addressing attitudes and beliefs that it is acceptable for men to use violence as a means of solving conflicts) and cross-cutting risk factors such as the hazardous and harmful use of alcohol. If increasing the capabilities of resistance among women is not linked to interventions for men, acts of violence will not diminish (*36*).

Human security-based approaches

In a world where most wars take place within rather than between states, the "national security" paradigm may be less and less relevant to governance (although it remains an important part of rhetoric). In contrast, the concept of "human security", which concerns itself with threats to the safety of the individual and society rather than the defence of borders, has been increasingly embraced by development agencies.

Although almost as difficult to define as "sustainable development" (*37*), the term "human security" is almost invariably used by ODA agency web sites and documents in the context of collective violence. Violent conflict and instability within and

between failed and failing states and their potential threat to global peace and individual security are central concerns. Conflict prevention and mitigation, peace building, and peacekeeping are frequently cited primary objectives. There is also a secondary emphasis on addressing the indirect links between collective violence and development programmes in general, which are portrayed as having the potential to both exacerbate and diminish the threat of collective violence (*38*).

In contrast to the ODA agency web sites and documents, most theorists and practitioners of the human security approach apply it to a wider range of objectives taking in broader development objectives. For example, the human security framework offers much in applying evidence-based approaches (some of them inherently cross-sectoral) to preventing violence through improvements in policing, urban governance, building social capital, and the built environment.

Box 3.2

Prevention programming growing – but what is it based on?

As part of a multi-country study to document interpersonal violence prevention efforts, some 600 programmes in seven countries were reviewed during the course of 2005, according to published WHO guidelines (*39*). In all of the participating countries (Brazil, India, Jamaica, Jordan, Mozambique, South Africa, and the Former Yugoslav Republic of Macedonia) most of the programmes were found to be community-based and staffed mainly by non-professionals. Most focused on training and counselling individuals, and on raising awareness in the community. However, despite the wealth of violence prevention activity, the study found that in all settings very few programmes had been designed systematically, i.e. had been based on data that defined the nature of the violence problem, its causes, and the interventions most likely to work. Moreover, programmes that attempted to measure the effects of interventions on known risk factors for violence and/or the frequency of new acts of violence were very rare indeed (*40*).

IV. Strengthened agenda: strategies that work

This review suggests that there is much that is right with the current agenda of ODA agencies, but also that significant potential benefits are being missed and there are important gaps that need to be filled. The benefits can be realized and the gaps filled by re-focusing or expanding current priorities, by adding new funding to neglected violence prevention areas, and by efforts to expand the evidence base. Drawing on the analysis in the preceding chapter, a strengthened agenda would:

Expand programming to include types of violence and groups at high risk of victimization or perpetration that are currently inadequately addressed in programming.

The current agenda prioritizes violence against women and children and collective violence. A much lower level of attention is paid to the more lethal and equally socially destructive problems of interpersonal violence among youth and young adult males, and suicide in young and older adults; nor is much attention paid to the widely prevalent but little-researched problem of violence against elders. In the absence of programming for these high-risk groups, prevention efforts are unlikely to reduce national rates of violence-related mortality or rein in violence-related health service expenditures, and will do little to assist low- and middle-income countries to bring down high homicide rates or reduce suicides. A strengthened agenda would increase attention to interpersonal violence among youth and young adult males (i.e. in addition to programming focused on collective violence), self-directed violence, and violence against elderly people.

Utilize sectoral entry points that are not currently supported.

Too great a reliance on narrowly-defined human rights and human security frameworks seems to restrict violence prevention entry points to sectors that directly address human rights and human security. This creates difficulties in drawing attention to the relationships between violence prevention and sectors such as education, employment, health, and social and economic development, and in creating a mandate for such sectors' involvement in violence. Expanding decision-makers' understanding of the range of possible sectoral entry points should help break down the vertical barriers between funding and programming streams and encourage cooperation between them at all levels.

Increase support for data collection, and for research on violence prevention, in particular evaluation research to provide for scaling-up of proven practices.

Few agencies indicated support for improving surveillance or data collection efforts related to violence, nor for violence-related research. Where research is supported (and we know of examples that were not mentioned on the web sites, but which were supported by ODA agencies), it appears to be *ad hoc*, more likely the result of a worthy proposal rather than a comprehensive plan to systematically investigate violence on a scale that would make an important difference. More evidence makes for interventions of greater effectiveness, better programming, and more powerful advocacy – and creates a "virtuous circle" in which interventions have robust data gathering included in their design as a means of quality assurance and ongoing

Box 4.1

Does development assistance in itself prevent violence?

To the extent that current approaches to development assistance aim to strengthen effective governance, counteract unemployment, foster education, enhance social security, and improve general levels of health, they address some of the factors that contribute to violence. However, while these development activities will undoubtedly help reduce violence, development assistance can also cause negative by-products which can increase violence – such as social and economic inequalities, access to alcohol, illegal drugs and firearms, and the erosion of social capital.

In addition, efforts to provide developmental opportunities for people (e.g. by facilitating access to primary school education) may be undermined by the violence that people experience in their day-to-day lives (e.g. when children's learning ability is compromised by exposure to violence at home and in the community). Development assistance for programmes explicitly designed to address the underlying causes of violence is therefore essential for effective violence prevention and for ensuring that violence does not undermine the benefits of traditional developmental activities.

improvement. To this end, the strengthened agenda would encourage collaboration in implementing and evaluating pilot interventions in developing countries – ideally as part of a coordinated, well-funded initiative – as a way of building support for evidence-based approaches at national level.

Support efforts that take into account commonalities in risk factors, and interventions that simultaneously address different types of violence or different victim/perpetrator populations.

The current trend is for a piecemeal approach to prevention: country, regional, and international efforts tend to consist of disconnected waves of highly similar activities, which are applied to each individual form of violence as if it were a stand-alone problem. This can result in overlap and duplication between initiatives, waste of resources, or simply a loss of potentially valuable synergies. Support for countries' efforts to develop intersectoral policies, systems, and services would provide each country with the means to better pursue its own violence prevention programming, and would help to reduce duplication and save resources.

These general guidelines are in line with the *World report on violence and health* recommendations (see Appendix), and ODA agencies can make a significant contribution to supporting their practical application. In the sections below, we frame these guidelines in terms of:

- Ten key strategies for violence prevention
- Four key strategies for reducing the consequences of violence.

The following chapter discusses the institutional frameworks necessary to implement these strategies.

Ten key strategies for violence prevention

As discussed in Chapter 2, there are a number of interventions in different sectors whose effectiveness in preventing violence and reducing its burden on health are relatively well established. WHO and its VPA partners recommend that ODA agencies support:

- interventions for which there is evidence from one or more countries showing that they have led to benefits in reduced levels of violence, and
- which have the potential to simultaneously decrease different forms of violence because they address underlying risk factors common to multiple types of violence.

Box 4.2

Preventing multiple types of violence through a single set of interventions

In response to increasing suicide rates among US Air Force personnel in the early 1990s, a population-based prevention programme was implemented to (a) reduce risk factors for suicide and (b) strengthen protective factors. This was done through community-wide efforts targeting social support networks, coping skills, the need for change in institutional policies and norms, and the education of persons about the availability of mental health resources for those in need. The programme reached over five million individuals, 84% of whom were men. Following implementation of the prevention programme in 1996, substantial reductions were observed in suicide (relative risk reduction 33%), homicide (relative risk reduction 51%), moderate family violence (relative risk reduction 30%), severe family violence (relative risk reduction 54%), and unintentional injury deaths (relative risk reduction 18%) (*41*).

Although this is not a developing country example, it clearly illustrates the dramatic prevention gains across multiple types of violence that can be achieved through interventions directed towards shared underlying risk factors. Were such a programme to be successfully replicated in low- and middle-income countries, it would have major implications for improving health, safety, and security.

Based upon these considerations (and consistent with the strategies prioritized in a 2007 workshop on violence prevention in low- and middle-income countries, held by the United States Institute of Medicine, National Academies of Science (*42*)), the following are 10 key strategies for violence prevention. The strategies are scientifically credible, can potentially impact multiple forms of violence, and represent areas where developing countries and funding agencies can make reasonable investments.

1. Increase safe, stable, and nurturing relationships between children and their parents and caretakers
2. Reduce availability and misuse of alcohol
3. Reduce access to lethal means
4. Improve life skills and enhance opportunities for children and youth
5. Promote gender equality and empower women
6. Change cultural norms that support violence
7. Improve criminal justice systems
8. Improve social welfare systems
9. Reduce social distance between conflicting groups
10. Reduce economic inequality and concentrated poverty.

1. Increase safe, stable, and nurturing relationships between children and their parents and caretakers

Violence prevention programmes targeting children and those close to them (i.e. those who influence children in the early stages of the life cycle) are among the most effective approaches available – in fact, there is more evidence about their success than for interventions aimed at reducing violence among adults. In addition to the goal of directly reducing child maltreatment (i.e. violence against children, predominantly by adults but also by other children), early interventions have the potential to affect individuals' behaviour over the course of their lifetimes, particularly as regards intimate partner violence and youth violence (*43*).

Instilling safe, stable, and nurturing relationships – through, for instance, the *education of parents in child rearing* (*44,45*) – is a proven approach. The health sector has much to offer through *home visitation* by nurses, and by *increasing staff ability to recognize child maltreatment*, including through *hospital-based "shaken baby prevention" programmes* (*46*). These have an advantage in low-income settings given that antenatal clinics and community nurses are widely in place, and the necessary investment – primarily in training and supervision – would be relatively low. Being an unwanted child is a consistent risk for violence in childhood (*47*). *Preventing unintended pregnancy* through family planning and reproductive health services is a promising "upstream" intervention; unintended pregnancies are also associated with intimate partner violence.

2. Reduce availability and misuse of alcohol

Although levels of alcohol consumption, patterns of drinking, and rates of interpersonal violence vary widely between countries, across all cultures there are strong links between the two. Central to preventing alcohol-related violence is creating societies and environments that discourage risky drinking behaviours and do not allow alcohol to be used as an excuse for violence. *Increased alcohol prices through higher taxation* can reduce levels of violence (*48*), although it can also encourage unregulated production of alcohol. Locally, *minimum price policies* can reduce access to cheap alcohol in licensed premises if adhered to by all vendors (*49*). *Reducing the availability of alcohol* can reduce consumption levels and related violence. In Diadema, Brazil, prohibiting the sale of alcohol after 23:00 helped prevent an estimated 273 murders over 24 months (*50*). Drinking venues that are uncomfortable, crowded, and poorly managed are associated with higher levels of violence (*51,52,53*). Interventions to *improve management practice* include training programmes for managers and staff, use of licensing legislation to enforce change (e.g. door supervisor training), and implementation of codes of practice (*54,55*).

3. Reduce access to lethal means

The lethality of interpersonal, self-directed, and collective violence is affected by the means people use to carry out this violence. *Restricting access to common methods of suicide* (insecticides, firearms, gas appliances) has proved effective in reducing rates in many countries, generally through a mixture of government regulation and cooperation by industry (*56,57*). Firearms are a common means for committing both homicide and suicide. A wide variety of strategies have been employed to restrict access to firearms, such as *mandating waiting periods before purchase, promoting safe storage, and limiting where firearms can and cannot be carried* (see Box 4.3 below). However, the evidence to determine whether such strategies are effective in reducing firearm-related homicides is currently insufficient (*58*), although several hold promise (*59,60*).

Box 4.3

Reducing firearm-related fatalities

Policies and programmes to reduce the availability of lethal weapons or change their patterns of use can make a difference. In the mid-1990s, Colombian officials in Bogota and Cali noted that homicide rates increased during weekends following paydays, on national holidays, and near elections. After carrying handguns during these times was banned, a 14 percent reduction in homicide rates occurred (*61*). In the Australian state of Victoria, firearm-related suicides, assaults, and unintentional deaths decreased following the 1988 implementation of legislation that required the registration of all firearms, strengthened licensing regulations, and imposed a mandatory waiting period for firearm purchases (*62*).

4. Improve life skills and enhance opportunities for children and youth

Impulsiveness and low empathy are important individual risk factors for various forms of violence. *Cognitive-behavioural skills training programmes* and *social development programmes* to increase empathy, and reduce impulsiveness, antisocial and aggressive behaviour in children are thus promising strategies for preventing violence (*63,64*). Interventions within this category commonly include *improving competency and social skills with peers* and generally promoting behaviour that is positive, friendly, and cooperative (*65*). Such programmes can be provided universally or just to high-risk groups and are most frequently carried out in school settings (*66*). Typically, they focus on one or more of the following (*67*): managing anger, modifying behaviour, adopting a social perspective, moral development, building social skills, solving social problems, and resolving conflicts. There is evidence that life skills and social development programmes such as these can be effective in reducing youth violence and improving social skills (*68,69,70*), and they show promise in reducing sexual and dating violence among adolescents and young adults (*71,72*). Programmes that emphasize *building social and competency skills* appear to be among the most effective among youth violence prevention strategies (*73*). They also appear to be more effective when delivered to children in preschool and primary school environments rather than to secondary school students. For instance, a systematic review of the effectiveness of skills training with children showed that, overall, there was a significant 10% decrease in delinquency (including violence) in follow-up studies for children who received skills training compared with controls. The greatest effect was for cognitive-behavioural skills training, where there was an average 25% decrease in delinquency in seven follow-up studies (*74*).

Other interventions in this category aim at *strengthening academic performance* and *enhancing vocational opportunities* through academic enrichment programmes, *providing incentives for youths at high risk for violence to complete secondary schooling* and to pursue courses of higher education, and *providing vocational training for underprivileged youths and young adults*. However, while these show promise in reducing various forms of violence among youth and young adults (*75*), further evidence is needed to confirm their preventive effects on violence and aggressive behaviour.

5. Promote gender equality and empower women

Inequality related to gender is strongly associated with interpersonal and self-directed violence (*76,77,78*). Cultural traditions that favour male over female children, early marriage for girls, male sexual entitlement, and female "purity" place women and girls in a subordinate position relative to men and make them vulnerable to violent victimization (*79,80*). More subtle cultural attitudes and beliefs about female roles may also contribute to violence and exist in every part of the world (*81*). An ethnographic study of wife-beating in 90 societies concluded that it occurs most often in societies where men hold the household economic and decision-making power, where divorce is difficult for women to obtain, and where violence is a common conflict resolution tactic (*82*). Rape is also more common in societies where cultural traditions favouring male superiority are strong (*83*).

Gender-based violence – of which intimate partner violence and sexual violence are probably the most prevalent forms – receives a great deal of attention from ODA agencies, yet relatively few interventions appear to be based on prevention strategies shown to be successful in actually reducing death or injury due to violence. Examples of effective programmes to prevent violence against women by direct, single-focus efforts to promote gender equality and empowering women are limited. More success seems to be demonstrated by *intersectoral efforts*.

For example, in South Africa, Stepping Stones is an HIV prevention programme aimed at improving sexual health through building stronger, more gender-equitable relationships with better communication and less violence between partners (*84*). A randomized controlled trial found that, in addition to reducing HIV infection, the men in the programme were less likely to perpetrate severe intimate partner violence at 12 and 24 months post intervention (*85*). See also Box 2.2. on the IMAGE intervention in South Africa's Limpopo Province (*86*).

6. Changing cultural norms that support violence

Social and cultural norms that promote or glorify violence towards others, including physical punishment, norms that diminish the child's status in parent-child relationships, and norms that demand rigid gender roles for males and females, can increase the incidence of violence (*87,88,89*). Cultural norms can also protect against violence such as in the case of traditions that promote equality of women or respect for the elderly. While evidence for the effectiveness of modifying cultural norms and values as a violence prevention strategy is limited, this approach has been an important dimension of addressing other public health issues such as smoking and drunk driving in many high- and middle-income countries.

Public awareness campaigns against certain forms of violence have been used throughout the world to try to influence individuals' attitudes and cultural norms, with objectives such as reducing the acceptability of such violence, breaking the silence that surrounds them, and building political will to address the problem (*90*). While these campaigns have the potential to reach large numbers of people and increase political will for action, the link between public awareness campaigns and intimate partner and sexual violence behaviour change is not well-established (see Box 4.4) (*91*).

Box 4.4

South Africa's Soul City: can it work elsewhere?

One of the best-known interventions against intimate partner violence in developing countries is South Africa's "Soul City" programme. Developed in the late 1990s by the Institute for Health and Development Communication, it has won acclaim for using mass media to change attitudes and basic social norms around intimate partner violence. The multi-level intervention was launched over six months and consisted of the broadcast series itself, print materials, a helpline, partnership with a national coalition on intimate partner violence, and an advocacy campaign directed at the national government with the aim of achieving implementation of the Domestic Violence Act of 1998. The strategy aimed for impact at multiple levels: individual knowledge, attitudes, self-efficacy and behaviour; community dialogue; shifting social norms; and creating an enabling legal and social environment for change.

A complex independent evaluation included a national survey pre- and post-intervention and focus groups and in-depth interviews with target audience members and stakeholders at various levels. It found that the programme had a positive impact on implementation of the Domestic Violence Act of 1998, brought about positive changes in social norms, individual knowledge of where to go for help, and beliefs that intimate partner violence is a private matter. Attempts were made to measure impact on violent behaviour but numbers were not sufficient to determine the impact (*92*).

7. Improving criminal justice systems

Cross-national studies show that the efficiency and reliability of its criminal justice institutions are associated with lower rates of homicide (*93,94,95*). From a violence prevention perspective, maintaining a *fair and efficient criminal justice system* contributes to the general deterrence of violence. While much police practice necessarily focuses on dealing with violence after it has happened, and improved rates of detection and prosecution undoubtedly have a deterrent effect on some forms of violent crime, increasingly sophisticated forms of policing emphasize the prevention of problems before they happen. Evidence-based approaches are increasingly used in this regard, using the disciplines of *criminology and sociology.* Finally, penal institutions are important parts of criminal justice systems that are both (a) locations where violence can be highly prevalent and (b) venues where a range of violence prevention strategies have considerable potential (*96*).

8. Improving social welfare systems

Similarly, *social welfare institutions* that provide basic supports for individuals and families in dire economic circumstances may serve to mitigate the effects of income inequality (*97*). The provision of basic social services such as *child protection, social housing, and welfare benefits* (particularly for the most vulnerable families such as those headed by women) may be important in violence prevention, particularly in societies experiencing rapid transition. Improvements and reforms in these systems should be considered as potentially important dimensions of national violence prevention policies and programmes (*98*).

9. Reduce social distance between conflicting groups

There is evidence that hate-motivated violence flourishes in places where racially or ethnically distinct groups maintain negative beliefs and stereotypes about each other. The social distance that separates such groups may be a factor in such violence (*99,100*). Social distance is manifest in indicators such as the frequency of interaction, the level of functional independence, and degree of cultural disparity between two groups. The greater the social distance between groups, the greater the frequency and severity of collective violence (*101,102*). This theory is supported by research into communal violence between Hindus and Muslims in India, which suggests that *the presence of strong associational forms of civic engagement* (e.g. integrated business organizations, trade unions, political parties, and professional associations) is protective against ethnic violence. In relatively peaceful communities, the existence of these associational forms helped reduce the social distance between ethnic groups. Violence came to be perceived as a threat to business and political interests shared by both ethnic groups, thereby increasing the motivation to prevent the spread of rumours, small clashes, and tensions. Interventions and policies that *support the creation and maintenance of associational structures between potentially antagonistic social groups* may help prevent hate-motivated violence, particularly where conflicting groups are in close geographic proximity.

10. Reduce income inequality and concentrated poverty

One risk factor that appears to be universally associated with interpersonal and collective violence is income inequality (*103,104,105*). Poverty itself does not appear to be consistently associated with violence, but the juxtaposition of extreme poverty with extreme wealth appears to be a key ingredient in the recipe for violence. *Economic programmes or policies that reduce or minimize the impact of income inequality* may be strategic in violence prevention, although the evidence base for such interventions has not been established (*106*).

Four key strategies for reducing the consequences of violence

While an emphasis on prevention is essential for reducing rates of violence in the long term, services for victims and programmes to reduce recidivism in perpetrators of interpersonal violence are necessary for mitigating its more immediate consequences. These interventions are also valuable for intervening in the cycle of violence. Violence in families and other relationships is often repetitive and can recur over long time periods. In youth violence, retaliation for prior violent acts is often a motive. Moreover, children may learn to engage in violence by observing the use of such behaviour by other important persons in their lives. Drawing upon the evidence base, WHO and its VPA partners recommend that ODA agencies support four key strategies for addressing the consequences of violence and for reducing its impact:

1. Engage the health sector in violence prevention
2. Provide mental health and social services for victims of violence
3. Improve emergency response to injuries from violence
4. Reduce recidivism among perpetrators.

1. Engage the health sector in violence prevention

Physicians and other health professionals are key gatekeepers in efforts to monitor, identify, treat, and intervene in cases of interpersonal and self-directed violence. In fact, studies show that many more cases of interpersonal violence come to the attention of health care providers than to police (*107*), a finding that has been put to good effect in programmes that use information from hospital emergency departments to target policing and prevention programmes and monitor their effectives (see Box 4.5). The potential role of health care providers in these efforts is not widely understood or embraced and there are many institutional and educational barriers limiting the effectiveness of even committed providers (*108*).

Programmes to educate health care providers are an essential first step in this process and a variety of such efforts are under way around the world (*109*). *Screening programmes* to identify victims of intimate partner violence, child maltreatment, sexual violence, elder abuse or suicidal behaviour are also being used in many emergency departments, doctors' offices, and clinic settings around the world, although the effectiveness of these interventions in reducing subsequent violence is not well understood. Despite limited understanding of the effectiveness of various strategies for engaging the health care sector in violence prevention, activities in this area should be carefully considered as potentially important components of comprehensive efforts to prevent interpersonal violence.

Box 4.5

Constructive links between health care providers and police

In the UK, a three-year experiment in cooperation between hospital emergency departments and local police has reported good results in reducing violence-related injuries in licensed drinking establishments. This was achieved through (a) establishment of data collection systems electronically in hospital emergency departments and (b) a "data delivery chain" to share this data with public services responsible for reducing violence, particularly police services. Without compromising patient confidentiality, a data analyst combines emergency departments and police data, and produces summaries that multisectoral violence prevention task groups can use to target violence and those who are most vulnerable (*110*).

2. Provide mental health and social services for victims of violence

Beyond death and injury, the consequences of violence include seriously damaging effects on the physical and mental health and development of victims (*111,112,113,114*). Studies indicate that exposure to violence can lead to risk-taking behaviours (e.g. depression, smoking, obesity, high-risk sexual behaviours, unintended pregnancy, alcohol and drug use) and mental and physical health problems (e.g. heart disease, cancer, suicide, sexually transmitted diseases) (*115,116,117*). Violence also begets violence. Suicidal behaviour, for example, is a well-documented consequence of intimate partner violence, child maltreatment, and sexual violence (*118,119,120*). Given the potential for violence to impact upon a broad range of costly health outcomes, *services to intervene and reduce these non-injury health effects and their associated costs* should be important components of efforts to reduce the consequences of violence.

3. Improve emergency response to injuries from violence

Unless death occurs immediately, the outcome of a violence-related injury depends on its severity and the speed and appropriateness of treatment (*121*). The establishment of *trauma systems designed to more efficiently and effectively treat and manage injured victims*, including those injured in violence, is an important factor in reducing the health burden of violence that does occur (*122,123*). Research has suggested that reductions in the lethality of criminal assaults in the United States, for example, are largely explained by improvements in medical technology and medical support services (*124*).

4. Reduce recidivism among perpetrators

Data from the United States indicates that a minority of serious violent offenders are responsible for a majority of serious violent crime (*125*). Whether this is also true in developing countries has yet to be determined, but it suggests that strategies which reduce the risk that a perpetrator will repeat acts of violence are a potentially important part of addressing this problem. Meta-analyses of recidivism reduction programmes, particularly among delinquent and violent youth, suggest that effective programmes can divert a significant proportion of violent youth from future violence (*126*). Those programmes that have been found to be most effective in developed countries include *multimodal, behavioural, and skills-oriented interventions; family clinical interventions* such as Family Functional Therapy and Multisystemic Therapy; *therapeutic foster care*; and *wraparound services* used by justice systems to intensively supervise and provide tailored services to delinquent youth (*127,128,129*).

V. Strengthened agenda: the necessary foundations

Interventions not only need to be well designed and correctly targeted, they also need to be properly implemented and supported. While the previous chapter sets out the substantive part of the agenda (i.e. the specific evidence-based strategies that can reduce violence and its consequences), the sections below lay out the institutional building blocks necessary to make these strategies both effective and sustainable over time. They focus on action at two levels:

- Foundation building at national level
- Enhancing international support for work in countries

Foundation building at national level

To systematically design, implement, and evaluate the strategies outlined above for preventing violence and reducing its consequences, countries need to build an institutional foundation that can provide sustained support for such activities. In line with the *World report on violence and health* recommendations (see Appendix), and consistent with the US Institute of Medicine workshop mentioned above, WHO and its VPA partners recommend that ODA agencies support countries to:

1. Develop a national action plan and identify a lead agency
2. Enhance the capacity for collecting data on violence
3. Increase collaboration and the exchange of information
4. Implement and evaluate specific violence prevention actions
5. Strengthen victim care and support systems.

1. Develop a national action plan and identify a lead agency

Developing a national plan is a key step towards effective violence prevention. Depending on their influence and actual programming within a given country, ODA agencies can help support the creation of a national plan and ensure that it:

- includes objectives, priorities, strategies, and assigned responsibilities, as well as a timetable and mechanism for evaluation,
- draws input from a wide range of governmental and non-governmental actors,
- is coordinated by an agency with the capacity to involve multiple sectors in a broad-based implementation strategy.

2. Enhance capacity for collecting data on violence

Data are necessary to set priorities, guide the development of interventions, programmes, and policies, and monitor progress. A basic goal of enhancing data collection should be to create a system that routinely obtains descriptive information on a small number of key indicators that can be accurately measured.

Information systems for the population-wide registration and recording of deaths and non-fatal injuries due to violence are less complicated and less costly to establish than similar systems for monitoring infectious and communicable diseases such as polio, HIV/AIDS, and tuberculosis. Development agencies already provide substantial support for the latter, and are now showing interest in strengthening information systems for monitoring violence-related deaths and cases seen in hospital emergency departments and other heath services. Such systems are critical to demonstrating commonalities between different types of violence in terms of factors such as the groups at greatest risk, the occurrence of violent victimization by time and place, and the involvement of alcohol, illegal drugs, and weapons. Furthermore, they are essential for monitoring trends in violent victimization in response to direct violence prevention efforts and the indirect impact on violence of traditional development activities in sectors such as employment, education, economic development, and urban development.

Box 5.1

International support for violence and injury surveillance in South Africa

As part of a bi-lateral agreement in the late 1990s, the United States government provided political, financial, and technical support for the establishment in South Africa of a national injury mortality surveillance system designed to register basic information about the "who, what, how, when, and where" of violence-related deaths subject to medico-legal investigation by the government forensic pathology services (*130*). The US support was instrumental in piloting the system and subsequently obtaining South African government funding to scale the system up. As of 2007, the system was in its eighth consecutive year of data collection. The information collected is being used by many government and nongovernmental agencies in the design, planning, and monitoring of prevention programmes. In addition, the results have been used to inform a variety of broader criminal justice, health, and development initiatives. These include assessing the completeness and sensitivity of national vital statistics and police crime-information systems, and preparing national and municipal-level "burden of disease" estimates to inform health policy and planning.

3. Increase collaboration and exchange of information for violence prevention

Given the large body of lessons learned about violence prevention over the last decades, it is important that existing mechanisms for collaboration and exchange of information be supported (and where necessary new mechanisms be developed) both inter- and intra-nationally. ODA agencies can help promote the two-way flow of information between international and national actors, including researchers and practitioners engaged in violence prevention, in a variety of ways. These include providing support for national workshops and colloquiums and for national experts to attend international gatherings, underwriting the translation and publishing costs of information into national languages or for international dissemination, and support for national researchers and their institutions.

4. Implement and evaluate specific violence prevention actions

While there are no simple solutions to the problem of violence, the 10 key violence prevention strategies reviewed in Chapter IV are scientifically credible approaches that can be adapted to and implemented in developing countries. However, it is critical that such efforts be carefully evaluated to ensure that they are working and to build the prevention evidence base. The promotion of evidence-based programming using the results of scientific research has, for many years, been normal development agency practice in relation to the prevention of infectious diseases (e.g. tuberculosis, malaria, HIV/AIDS), and non-communicable diseases (e.g. cardiovascular disease, mental illness). However, in relation to violence prevention, it remains the exception rather than the norm, and this has resulted in a paucity of outcome evaluation studies from low- and middle-income countries. Increased development agency support for research projects that can produce evidence for violence prevention will help rectify this imbalance and, by showing its preventability, strengthen support for violence prevention.

5. Strengthen victim care and support systems

Victims of violence need health, social, and legal support systems to treat and mitigate the psychological, medical, and social consequences of violence. These can help to prevent future acts of violence, reduce short- and long-term disabilities, and help victims cope with the impact of violence on their lives.

Enhancing international support for work in countries

The analysis in earlier chapters suggests that international actors increasingly understand the importance of evidence-based interventions to prevent violence, but have not yet widely integrated this understanding in their work. Doing so can strengthen the ability of ODA agencies to support countries in their efforts to prevent violence, reduce its consequences, and build the foundations for sustainable programming. As an approach, evidence-based violence prevention programming refers to the development of violence prevention policies, plans, and programmes based on current best evidence from systematic research and informed by professional scientific expertise. Our analysis suggests that the integration of evidence-based violence prevention in the international development agenda could be accelerated and strengthened by:

1. developing common criteria for "upstream", evidence-based violence prevention programming,
2. expanding entry points to include those sectors (including public health) with the ability to influence risk factors,
3. including violence indicators in routine poverty and development surveys.

1. Common criteria for "upstream," evidence-based programming

There are encouraging signs of convergence between violence prevention guidelines developed by international agencies representing some of the most important sectors that should be involved in violence prevention (see Box 5.2). At national level, a number of countries have published authoritative reviews recommending the adoption of an evidence-based approach to violence prevention. This convergence is in part due to explicit efforts at ensuring cross-fertilization between the different efforts, and in part to a broader shift in many fields towards the adoption of an evidence-

based approach for development and social policy programming, internationally and nationally. By consolidating this trend towards common criteria for evidence-based violence prevention programming, development agencies would do much to strengthen violence prevention in their own countries and internationally.

Box 5.2

Support growing for evidence-based guidelines

In line with the recommendations of the *World report on violence and health*, acceptance of the value of evidence-based violence prevention is becoming much more widespread. This can be seen in the multiplicity of guidelines issued internationally and within countries. United Nations and other international agency documents reflecting convergence around an evidence-based approach to violence prevention include the following:

— UN Guidelines for the Prevention of Crime (ECOSOC Resolution 2002/13 of 2002).

— Inter-American Development Bank, Guidelines for the Design of Violence Reduction Projects (Washington D.C., 2003).

— World Health Organization, Preventing violence: how to implement the recommendations of the *World report on violence and health* (Geneva, 2004).

National government documents that advocate for the adoption of an evidence-based approach to violence prevention include documents by:

— Australia's National Committee on Violence;

— Canada's Standing Committee on Justice, and the Solicitor General;

— the UK's Audit Commission, Home Office and Treasury, and HM Inspectorate of Constabulary;

— the United States Congress, Surgeon General, and Washington State Public Policy Institute.

2. Expand entry points

It is important that international discussions about how to prevent violence include all sectors with the ability to influence the underlying causes and risk factors. While the public health sector is now an accepted participant and at times takes the lead in coordinating, implementing, and monitoring violence prevention programmes, a "place at the table" should also be made for such sectors as education, housing, welfare, sports and recreation, and authorities responsible for laws concerning access to alcohol and firearms. Each of these sectors has an international level that may include UN agencies, multi- and bilateral structures, regional bodies, and civil society and non-governmental organizations. Their involvement will depend on the specific type of violence or set of risk factors being addressed. For example, discussions of ways to deal with alcohol and firearms could include not only police and the judiciary and the public health sector, but also organizations or authorities dealing with commercial regulation, customs and import, and trade policy.

3. Include violence indicators in routine poverty and development surveys

Development indicators serve as one means to measure progress towards development objectives and help to provide an evidence base for the effectiveness of development programmes and policy decisions. The absence of data on key indicators is often an obstacle to tracking progress towards development objectives such as the MDGs. Development agencies can strengthen their violence prevention contributions by expanding the current set of development indicators to include measures of violence related mortality (e.g. homicide rates, rates of emergency department visits and admissions for injuries due to violence, self-reported rates of exposure to different types of violence). This will also allow agencies to connect indicators for violence and violence prevention to traditional sectors such as economic development, education, employment, governance, social services, trade and industry, and urban development. It is important that as many indicators as possible be gender-specific, and that greater attention be paid to collecting data on the age of both victims and perpetrators.

Box 5.3

Finding the "missing dimensions": a call for internationally comparable indicators of violence

At its June 2007 launch, the Oxford Poverty and Human Development Initiative identified violence as one of four "missing dimensions" of poverty data. The goal of the Initiative is to build an economic framework for reducing poverty, which would be grounded in people's experiences and values.

Following an extensive literature review and consultation with experts from a wide range of development sectors, four dimensions that are often valuable to poor people and instrumentally important to poverty reduction but not reported internationally were identified. In addition to violence, these dimensions are employment, empowerment and agency, and shame and humiliation. The proposed indicators for violence were designed with reference to the WHO definition of violence, and include questions about the threat of violence, exposure to physical and sexual violence, involvement of weapons, circumstances of the violent incident (including the place of occurrence and victim-perpetrator relationship), efforts to report the incident, and perceptions of safety from violence. The Initiative is field-testing the proposed indicator questions in a variety of culturally distinct settings. Once a final set of indicators has been developed, the Initiative will lobby for their regular inclusion in major household surveys, such as the World Bank's Living Standards Measurement Study and USAID's Demographic and Health Surveys.

Conclusion

The suggestions contained in this document for a strengthened ODA violence prevention agenda would do much to advance health and safety for billions of people living in low- and middle-income countries.

Scaled-up investment in proven and promising violence prevention strategies, coupled with adequate support for rigorous outcome evaluation and monitoring, would conclusively demonstrate the preventability of violence in these countries. It is in these low- and middle-income countries that the problem is greatest and the stakes in getting violence prevention right are highest. This would in turn lead to further investments in violence prevention as part of ODA, and the gains for health, security, and growth would justify still further investments.

Experience, in both industrialized and developing countries, shows that there are real benefits to be gained from cross-cutting, intersectoral approaches that target different factors and sub-populations in a coordinated way, using evidence-based interventions. This can be challenging, as much for organizational reasons (getting different ministries, agencies, or disciplines to work together) as technical ones; clearly, each country will have to make its own decisions about what is possible in its specific political and organizational context. Nonetheless, the discussion in Chapter 2, with its examples of successful intersectoral interventions in Africa and Latin America, strongly supports efforts to implement comprehensive, cooperative approaches in which different sectors contribute according to their "comparative advantages" – i.e. what they do best.

Different sectors can and will work together, but they need to be convinced of the benefits, both to society as a whole and to their own area of work. It is hoped that this paper will encourage ODA agencies to support such cooperation – as well as specific evidence-based interventions – and in doing so pave the way for successful prevention of violence in countries around the world.

Appendix

Recommendations of the *World report on violence and health*

The nine recommendations of the *World report on violence and health* include six country level recommendations and three international level recommendations.

These constitute the bedrock for WHO violence prevention activities and provide a guiding framework for the coordination of violence prevention work with partners at the global, regional and national levels. All WHO Member States have committed themselves to supporting and implementing these recommendations in resolutions adopted by the World Health Assembly and several WHO regional Committees.

The recommendations call on countries to:

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. Integrate violence prevention into social and educational policies, and promote gender and social equality
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 response to the global drugs trade and the global arms trade

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Building global commitment for violence prevention

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