The way forward: recommendations for action

Background

Violence leaves no continent, no country and few communities untouched. Although it appears everywhere, violence is not an inevitable part of the human condition, nor is it an intractable problem of ''modern life'' that cannot be overcome by human determination and ingenuity.

Earlier chapters of this report have supplied considerable detail about specific types of violence and the public health interventions that may be applied in an attempt to reduce both their occurrence and their consequences. This final chapter highlights a number of global patterns and themes that cut across the various types of violence. It reiterates the case for a public health approach and provides a set of recommendations for decision-makers and practitioners at all levels.

Responding to violence: what is known so far?

Major lessons to date

Although important gaps exist in the information base, and much research needs to be done, useful lessons have been learned about preventing and reducing the consequences of violence.

Predictable and preventable

Violence is often predictable and preventable. As this report has shown, certain factors appear to be strongly predictive of violence within given populations, even if direct causality is sometimes difficult to establish. These range from individual and family factors – such as impulsivity, depression, poor monitoring and supervision of children, rigid gender roles and marital conflict – to macro-level factors, such as rapid changes in social structures and sharp economic downturns, bringing high unemployment and deteriorating public services. There are also local factors, specific to a given place and time, such as an increased presence of weapons or changing patterns of drug dealing in a particular neighbourhood. Identifying and measuring these factors can provide timely warning to decision-makers that action is required.

At the same time, the array of tools with which to take action is growing as public health-oriented research advances. In each category of violence examined in this report, examples have been cited of interventions that show promise for reducing violence and its consequences. These range from small-scale individual and community efforts to country-level policy changes that have achieved reductions in violence. While the majority of such interventions that have been documented and formally evaluated are to be found in wealthier parts of the world, many innovative interventions also exist in developing countries.

Upstream investment, downstream results

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.

Understanding the context of violence

All societies experience violence, but its context – the circumstances in which it occurs, its nature and its social acceptability – varies greatly from one setting to another. Wherever prevention programmes are planned, the context of violence must be understood in order to tailor the intervention to the targeted population.

Chapters 4 (intimate partner violence) and 6 (sexual violence) provide a wealth of examples in which the cultural context exacerbates the consequences of violence, creating formidable problems for prevention. One example is the belief in many societies that men have the right to discipline their wives – including through the use of physical force – for a variety of reasons, including the refusal to have sex. Behaviour resulting from such a belief puts these

women at risk not only of immediate physical and psychological violence, but also of unwanted pregnancy and sexually transmitted diseases. Another example is the approval of harsh, physical punishment in child-rearing, which is deeply ingrained in some societies. Interventions are unlikely to be successful unless they take into account the strength of these beliefs and attitudes, and the way they relate to other aspects of local culture.

At the same time, cultural traditions can also be protective; researchers and programme designers must be prepared to identify and make use of them in interventions. For example, Chapter 7 (self-directed violence) describes the contribution that religious affiliation appears to make in reducing the risk of suicide, and discusses the reasons – such as identification with a religion and specific prohibitions against suicide – why this may be so.

Exploiting linkages

Different types of violence are linked to each other in many important ways, often sharing similar risk factors. An example can be seen in Chapter 3 (child abuse and neglect by parents and other caregivers), where the list of common risk factors overlaps to a large degree with those for other types of violence. Some of these factors include:

- Poverty – linked with all forms of violence.
- Family or personal histories marked by divorce or separation – a factor also associated with youth violence, intimate partner violence, sexual violence and suicide.
- Alcohol and substance abuse – associated with all interpersonal forms of violence, as well as suicide.
- A history of family violence – linked to youth violence, intimate partner violence, sexual violence and suicide.

The overlap between the set of risk factors for different types of violence suggests a strong potential for partnerships between groups with a major interest in both primary and secondary prevention: local government and community officials, social housing planners, the police, social workers, women's and human rights groups, the medical profession and researchers working in each specific field. Partnerships may be advantageous in a variety of ways, including:

- — improving the effectiveness of interventions;
- — avoiding a duplication of efforts;
- — increasing the resources available through a pooling of funds and personnel in joint actions;
- — allowing research and prevention activities to be conducted in a more collective and coordinated way.

Unfortunately, research and prevention efforts for the various types of violence have often been developed in isolation from one another. If this fragmentation can be overcome, there is considerable scope in the future for more comprehensive and effective interventions.

Focusing on the most vulnerable groups

Violence, like many health problems, is not neutral. While all social classes experience violence, research consistently suggests that people with the lowest socioeconomic status are at greatest risk. More often it is the factors related to poverty, rather than poverty itself, that increase the risk for violence. Chapter 2, for instance, discusses the roles of poor housing, lack of education, unemployment, and other poverty-related conditions in youth violence – and how these factors place some young people at heightened risk of being influenced by delinquent peers and participation in criminal activities. The rate at which people enter into poverty – losing resources that were previously available – and the differential way in which they experience poverty (that is, their relative deprivation within a particular setting rather than their absolute level of poverty) are also important.

Chapter 6 (sexual violence) describes how poverty exacerbates the vulnerability of women and girls. In carrying out everyday tasks such as working in the fields, collecting water alone or walking home from work late at night, poor women and girls in rural or economically depressed areas are often at risk of rape. The conditions of poverty make them vulnerable to sexual exploitation in situations as diverse as seeking employment, engaging in trade or obtain-

ing an education. Poverty is also a leading factor that pushes women into prostitution and forces families to sell children to sexual traffickers. Chapter 8 (collective violence) broadens the discussion further, pointing out that poverty and inequality are among the driving forces in violent conflict and that long periods of conflict may increase poverty – in turn creating the conditions that give rise to other forms of violence.

The neglect of poor people is not new: the poorest people in most societies are generally those least served by the state's various protection and care services. However, the fact that violence is linked with poverty may be an additional reason why policy-makers and government authorities have neglected public health approaches to violence – approaches that would mean a greater proportion of services and resources going to poor families and communities – in favour of policing and prisons. This neglect must be corrected if violence is to be prevented.

Combating complacency

Something that greatly encourages violence – and is a formidable obstacle in responding to it – is complacency. This is particularly true of the attitude that regards violence – like the closely related problem of gender inequality – as something that has always been present in human society and will therefore always continue to be so. Often, this complacency is strongly reinforced by self-interest. The social acceptance, for instance, of the right of men to ''correct'' their wives clearly benefits men more than it does women. The drug trade thrives on its illegal status, in which violence is an acceptable way for those involved to settle disputes or increase their market share.

In describing some of the elements that create a culture of violence, several chapters in this report emphasize that such a culture is often supported by both laws and attitudes. Both may be at work in factors such as the glorification of violence by the media, the tolerance of sexual assault or violence against intimate partners, harsh physical disciplining of children by parents in the home, bullying in schools and playgrounds, the use of unacceptable

levels of force by police, and the prolonged exposure of children and adolescents to armed conflict. Achieving significant reductions in both interpersonal and collective violence will be difficult unless the complacency surrounding such issues is abolished.

Gaining commitment from decision-makers

While much can be achieved by grassroots organizations, individuals and institutions, much of the success of public health efforts ultimately depends on political commitment. Support from political leaders is not only necessary to ensure proper funding and effective legislation, but also to give prevention efforts increased legitimacy and a higher profile within the public consciousness. Commitment is as important at national level – where policy and legislative decisions are made – as at provincial, district and municipal levels, where the day-to-day functioning of many interventions is controlled.

Gaining the strong commitment necessary for addressing violence is often the result of sustained efforts by many sectors of society. Public health practitioners and researchers have an important contribution to make to this process by providing decision-makers with solid information on the prevalence, consequences and impact of violence, and by carefully documenting the proven and promising practices that can lead to its prevention or management.

Why should the health sector be involved?

Until recently, the responsibility for remedying or containing violence in most modern societies fell on the judicial system, police and correctional services, and in some cases the military. The health sector, both public and private, was relegated to the role of providing care after the event, when the victims of violence came forward for treatment.

Assets and comparative advantages

Today, the health sector is an active and valuable ally in the global response to violence and brings a variety of advantages and assets to this work. One such asset is its closeness to, and therefore

familiarity with the problem. The personnel of hospitals and clinics, and other health care providers dedicate a great amount of time to the victims of violence.

Another important asset is the information that the health sector has at its disposal to facilitate research and prevention work. Possession of data means that the sector is uniquely placed to draw attention to the health burden imposed by violence. When combined sensitively with the human stories the health sector witnesses every day, such information can provide a powerful tool both for advocacy and for action.

A special responsibility

The health sector's role in preventing violence stems from its responsibility to the public – the people who ultimately pay for services and for the governmental structures that organize them. With this responsibility and its various assets and advantages, the health sector has the potential to take a much more proactive role in violence prevention – ideally, in collaboration with other sectors – than it has done in the past. On a day-to-day basis, doctors, nurses and other health care personnel are well placed to identify cases of abuse, and to refer victims to other services for follow-up treatment or protection. At the programme level, hospitals and other health care facilities can serve as useful settings for interventions, using their resources and infrastructure for prevention activities. Equally important, the design and implementation of interventions can be enhanced by the close cooperation of health care professionals and institutions with other institutions or sectors concerned with violence, including nongovernmental organizations and research bodies.

These functions of the health sector are already being carried out in many parts of the world, though sometimes in a tentative or piecemeal fashion. The time has now come for more decisive and coordinated action, and for extending efforts to places where they do not yet exist, despite being sorely needed. Anything less will be a failure of the health sector.

Assigning responsibilities and priorities

Given the multifaceted nature of violence and its complex roots, governments and relevant organizations at all levels of decision-making – local, national and international – must be engaged in its prevention. Complementary and coordinated action across sectors will enhance the effectiveness of violence prevention activities.

In addition to working at their own level of government or authority, decision-makers and practitioners can and must work together across levels for significant progress to be made. The various components of civil society – such as the media, community organizations, professional associations, labour organizations, religious institutions and traditional structures – may contain a great volume of relevant knowledge and experience.

Each country has its own particular governing structure, from a highly centralized unitary state to a federal system that divides powers between local, regional and national governments. Whatever the structure, however, strategic planning processes – usually led by national governments but including other levels and sectors – may be useful for creating consensus, setting objectives and timetables, and assigning responsibilities to all those with something to contribute. Certain United Nations organizations and bilateral development agencies have considerable expertise in strategic planning for public health issues in developing countries, which could profitably contribute to violence prevention.

Recommendations

The following recommendations aim to mobilize action in response to violence. All recommendations need to be addressed by a range of sectors and stakeholders if they are to achieve their objectives.

These recommendations must obviously be applied with flexibility and with proper understanding of local conditions and capacities. Countries currently experiencing collective violence, or with scarce financial and human resources, will find it difficult or impossible to apply some of the national and local recommendations on their own. Under such circumstances, they may be able to work with international organizations or nongov-

ernmental organizations operating within their borders that are able to support or implement some of the recommendations.

Recommendation 1.
Create, implement and monitor a national action plan for violence prevention

The development of a multisectoral national action plan is a key element for sustained violence prevention efforts. It may not always be easy to achieve, given understandable public demands for immediate action to deal with the more visible effects of violence. National leaders, though, must understand that the benefits of a sustained public health approach will be more substantial and longer-lasting than short-term, reactive policies. Such an action plan will require visible political commitment and the investment of moral authority.

A national action plan to prevent violence should include objectives, priorities, strategies and assigned responsibilities, as well as a timetable and evaluation mechanism. It should be based on a consensus developed by a wide range of governmental and nongovernmental actors, including appropriate stakeholder organizations. The plan should take into account the human and financial resources that are and will be made available for its implementa-tion. It should include elements such as the review and reform of existing legislation and policy, building data collection and research capacity, strengthening services for victims, and developing and evaluating prevention responses. To ensure that the plan moves beyond words to action, it is essential that a specific organization be mandated to monitor and report periodically on progress made in these and other elements of the plan.

Coordinating mechanisms at the local, national and international level will be required to enable fruitful collaboration between such sectors as criminal justice, education, labour, health, social welfare, and others potentially involved in the development and implementation of the plan. Mechanisms such as national task forces, inter-ministerial committees and United Nations work-ing groups may be able to facilitate such coordina-tion. At the local level, councils, community-based

task forces and networks can be created or utilized to help build and implement the plan.

Recommendation 2.
Enhance capacity for collecting data on violence

The national action plan for violence prevention must include establishing or enhancing national capacity to collect and analyse data covering the scope, causes and consequences of violence. These data are necessary in order to set priorities, guide programme design, and monitor the progress of the action plan. As described throughout the report, in all countries at least some data collection efforts are under way, but the quality and the sharing of the data could be strengthened.

In some countries, it may be most efficient for the national government to designate an institution, agency or government unit to be responsible for collating and comparing information from health, law enforcement and other authorities that maintain regular contact with the victims and perpetrators of violence. Such an institution could be a ''centre of excellence'', with responsibility for documenting the extent of violence within the country, promoting or carrying out research, and training people for these functions. It should liaise with other compar-able institutions and agencies in order to exchange data, research tools and methods. In countries with limited resources, it may also assume the monitoring function described under Recommendation 1.

Data collection is important at all levels, but it is at the local level that the quality and completeness of data will be determined. Systems must be designed that are simple and cost-effective to implement, appropriate to the level of skills of the staff using them, and conforming to both national and international standards. In addition, there should be procedures to share data between the relevant authorities (such as those responsible for health, criminal justice and social policy) and interested parties, and the capability to carry out comparative analysis.

At the international level, the world currently lacks internationally accepted standards for data collection on violence to enhance the comparison of data across

nations and cultures. This is serious, not least because current gaps in information make it difficult to quantify the magnitude of violence worldwide, and therefore to undertake global-level research or develop interventions. While many of these gaps are simply the result of missing data, others result from differences in the way data are classified by different countries (and sometimes by different agencies within individual countries). This can and should be remedied by the development and propagation of internationally accepted standards for data collection. The *International classification for external causes of injuries* (*1*) and the *Injury surveillance guidelines* developed by the World Health Organization and the United States Centers for Disease Control and Prevention (*2*) are steps in that direction.

Recommendation 3.
Define priorities for, and support research on, the causes, consequences, costs and prevention of violence

Although the report has shown that progress has been made in understanding violence among different population groups and in various settings, additional research is urgently needed. There are many reasons to undertake such research, but a main priority is to gain a better understanding of the problem in different cultural contexts so that appropriate responses can be developed and evaluated.

At the national level, and as part of the plan of action, a research agenda can be advanced by government policy, by direct involvement of government institutions (many social service or interior ministries, as well as criminal justice agencies, have in-house research programmes), and by funding to academic institutions and independent researchers.

Research can and should also be undertaken at the local level. Local research is first and foremost valuable for its use in local violence prevention activities, but it is also an important component in the larger research effort required to tackle violence on a global scale. For maximum benefit, local authorities should involve all partners possessing relevant expertise, including university faculties (such as medicine, social sciences, criminology and

epidemiology), research facilities and nongovernmental organizations.

While the bulk of research required to prevent violence must be carried out at the local level, in response to local conditions and needs, some high-priority issues of global importance call for cross-national research at the international level. These issues include: the relationship between violence and various aspects of globalization, including economic, environmental and cultural impacts; risk and protective factors common to different cultures and societies; and promising prevention approaches applicable in a variety of contexts.

Some aspects of globalization have an important impact on different types of violence in different settings, but little is known about precisely what factors cause the violence or how these might be mitigated. Not enough research has been done about risk factors that are shared across different settings, and even less has been done on the potentially highly rewarding area of protective factors. In addition, although there is considerable information about individual interventions from a variety of countries (some of the most promising are described in this report), few have been evaluated.

Recommendation 4.
Promote primary prevention responses

The importance of primary prevention is a theme echoed throughout this report. Research suggests that primary prevention is most effective when carried out early, and among people and groups known to be at higher risk than the general population – though even efforts directed at the general population can have beneficial effects. Yet as the various chapters in this report indicate, not enough emphasis is being given at any level to primary prevention. This situation must be redressed.

Some of the important primary prevention interventions for reducing violence include:

— prenatal and perinatal health care for mothers as well as preschool enrichment and social development programmes for children and adolescents;

— training for good parenting practices and improved family functioning;

— improvements to urban infrastructure (both physical and socioeconomic);

— measures to reduce firearm injuries and improve firearm-related safety;

— media campaigns to change attitudes, behaviour and social norms.

The first two interventions are important for reducing child abuse and neglect as well as violence perpetrated during adolescence and adulthood.

Important contributions can also be made through improvements to infrastructure (both physical and socioeconomic). Specifically, this means addressing environmental factors within communities: identifying locations where violence frequently occurs, analysing the factors that make a given place dangerous (for example, bad lighting, isolation, or being near an establishment where alcohol is consumed), and modifying or removing these factors. It also calls for an improvement to the socioeconomic infrastructure of local communities through greater investment and improved educational and economic opportunities.

Another issue for both national and local interventions is prevention of firearm injuries and improvement of firearm-related safety measures. Firearms are an important risk factor in many types of violence, including youth and collective violence and suicide. Interventions to reduce injuries from guns – whether accidental or intentional – include, for example, legislation on gun sales and ownership, programmes to collect and decommission illegal weapons in areas of frequent gun-related violence, programmes to demobilize militia and soldiers after conflicts, and measures to improve safe storage of weapons. Further research is needed to determine the effectiveness of these and other types of interventions. This is a prime area in which multisectoral collaboration between legislative, policing and public health authorities will be important in achieving overall success.

The media have considerable potential as both negative and positive forces in violence prevention. While no conclusive research results are yet available on how exposure to violence through the media affects many types of violence, there is evidence for a relationship between reporting of suicides and subsequent suicides. The media can be used to change violence-related attitudes and behaviour as well as social norms by printing or broadcasting anti-violence information, or by incorporating anti-violence messages into entertainment formats such as soap operas (see Box 9.1).

Depending on conditions in specific locations, most of these primary interventions can also have important mutual reinforcing effects.

Recommendation 5.
Strengthen responses for victims of violence

The health, social and legal services provided to victims of violence should be strengthened in all countries. This requires a review of services currently provided, better training of staff, and improved integration of health, social and legal support.

The health system as a whole should have as a national goal to strengthen the capacity and funding to provide high-quality care to victims of all types of violence, as well as the rehabilitation and support services needed to prevent further complications. Priorities include:

— improvements to emergency response systems and the ability of the health care sector to treat and rehabilitate victims;

— recognition of signs of violent incidents or ongoing violent situations, and referral of victims to appropriate agencies for follow-up and support;

— ensuring that health, judicial, policing and social services avoid a renewed victimization of earlier victims, and that these services effectively deter perpetrators from re-offending;

— social support, prevention programmes, and other services to protect families at risk of violence and reduce stress on caregivers;

— incorporation of modules on violence prevention into curricula for medical and nursing students.

Each of these responses can help minimize the impact of violence on individuals and the cost to health and social systems. Emergency response systems and pre-hospital care can significantly

> ### BOX 9.1
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> ## Health promotion, violence prevention and the media: the *Soul City* campaign
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> In South Africa, the Institute for Health and Development Communication (IHDC) has won acclaim for the innovative way in which it uses the power of the mass media to promote health and development. The nongovernmental organization's project intertwines social and health issues into prime-time television and radio dramas, reaching audiences of millions throughout the country. By closely involving its viewers and listeners on an emotional level, the format of the programmes aims to change basic attitudes and social norms, and ultimately to change behaviour. One broadcast series, called *Soul City*, targets the general public, while a second, *Soul Buddyz*, is for children aged 8–12 years. *Soul City* is one of the most popular programmes on South African television, reaching almost 80% of its target audience of some 16 million people, and *Soul Buddyz* is viewed by two-thirds of all children in South Africa.
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> To accompany the broadcast programmes, IHDC has produced booklets providing further information on the topics covered, with illustrations of popular characters from the television dramas. The project has also produced audio and video tapes for use in a variety of formal and informal educational settings.
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> Violence is a major public health priority in South Africa, and the broadcast series have dealt with this issue in most of their programmes. Particular topics covered have included general interpersonal violence, bullying, gang violence, domestic violence, rape and sexual harassment. The project aims to prevent violence by:
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> — making audiences fully aware of the extent of violence in their society and its consequences;
> — persuading people that they are in a position to do something about violence, both as individuals and as members of the community;
> — encouraging better parenting, through the use of role models, and better communications and relationships between parents and children.
>
> The IHDC project also runs a toll-free telephone helpline for audiences of the programmes, providing crisis counselling and referring people where necessary to community-based support services. It has also developed training materials on violence against women for counsellors and health workers, the police and legal officials.
>
> An evaluation of the first series of *Soul Buddyz* is currently being conducted. Evaluations of the adult *Soul City* series have found increased knowledge and awareness, and shifts in attitudes and social norms concerning domestic violence and gender relations. Furthermore, there has been a significant increase in the willingness to change behaviour and take action against violence, both in urban and rural areas and among both men and women.

reduce the risk of death or disability resulting from physical trauma. Less tangible but equally important are measures such as changing the attitudes of the police and other public officials, educating them about intimate partner and sexual violence, and training them to recognize and respond to cases of violence.

Where health ministries provide guidelines for curricula within medical and nursing schools, national policy should see that all health personnel – while they are students – receive training on violence, its consequences and its prevention. Having graduated, health personnel should be able to recognize signs of violence and should be intent on doing so. Such measures can be particularly helpful to people who are unable to communicate what has happened to them, such as small children or incapacitated elderly people, or else are afraid to do so – for instance, victims of domestic violence, sex workers or undocumented migrants.

The practical application of these policies must be carefully implemented and evaluated in order to avoid creating renewed victimization of victims of violence. For example, if staff ascertain that a patient has suffered violence, procedures to pursue that evidence should not place the patient at risk of further violence from the perpetrator, censure from his or her family or community, or other negative consequences.

Recommendation 6.
Integrate violence prevention into social and educational policies, and thereby promote gender and social equality

Much violence has links with gender and social inequalities that place large sections of the population at increased risk. The experience of countries that have improved the status of women and reduced social discrimination suggests that an array of interventions will be required. At the national level, these will include legislative and legal reforms, communications campaigns aimed at public awareness of the problem, training and monitoring of the police and public officials, and educational or economic incentives for disadvantaged groups. Cultural and social research will be necessary in developing these interventions, so that they will be feasible and effective.

At the same time, social protection policies and programmes, both for the general population and for disadvantaged groups, need to be strengthened. These measures are under considerable strain in many parts of the world as a result of a range of factors, including the impacts of globalization, debt and structural adjustment policies, the transformation from planned to market economies, and armed conflicts. Many countries have seen real wages fall, basic infrastructure deteriorate – particularly in urban areas – and steady reductions in the quality and quantity of health, education and social services. Because of the established links between such conditions and violence, governments should do their utmost to keep social protection services operational, if necessary reordering the priorities in their national budgets.

Recommendation 7.
Increase collaboration and exchange of information on violence prevention

Working relations and communications between international agencies, governmental agencies, researchers, networks and nongovernmental organizations engaged in the prevention of violence should be assessed in order to achieve better sharing of knowledge, agreement on prevention goals, and coordination of action. All have important roles to play in violence prevention (see Box 9.2).

A number of international agencies, regional institutions and United Nations bodies are either currently working in violence prevention or have mandates or activities highly relevant to reducing violence, including those dealing with economic matters, human rights, international law and sustainable development. To date, coordination across all these agencies is still insufficient. This should be remedied in order to avoid much needless duplication and to benefit from the economies of pooling expertise, networks, funding and in-country facilities. Mechanisms to improve cooperation should be explored, possibly starting on a small scale and involving a small number of organizations with both a mandate and practical experience in violence prevention (see Box 9.3).

The vastly improved communications technology of recent years is a positive aspect of globalization, which has permitted thousands of networks in a whole variety of fields. In violence prevention and related fields, networks of researchers and practitioners have greatly enhanced the world's knowledge base by proposing a range of prevention models, discussing methodologies and critically examining research results. Their exchange of information and ideas is crucial to future progress, alongside the work of government authorities, service providers and advocacy groups.

Advocacy groups are also important partners in public health. Advocacy groups concerned with violence against women and abuses of human rights (notably torture and war crimes) are prime examples. These groups have proved their ability to mobilize resources, gather and convey information

Responding to the threat of violence: the Inter-American Coalition for the Prevention of Violence

In countries on the American continent, as throughout the world, public safety is an issue of urgent concern for governments. From a national economic standpoint, violence affects foreign and domestic investment, impeding long-term growth and development. Violence also causes citizens to feel insecure and to lose faith in their criminal justice and political systems.

As a response to this concern, five international and regional bodies and one national organization joined forces in June 2000 to set up an initiative called the Inter-American Coalition for the Prevention of Violence. The participating organizations were:

— the Inter-American Development Bank;
— the Organization of American States;
— the Pan American Health Organization;
— the United Nations Educational, Scientific and Cultural Organization;
— the United States Centers for Disease Control and Prevention;
— the World Bank.

The Coalition believes that it can give effective support to national initiatives — whether by governments, civil society or the private sector — in preventing violence, particularly by mobilizing new partners and resources. While its activities are based on the principle of cooperation, it respects the freedom of individual countries to make their own decisions regarding the prevention of violence.

The main actions planned by the Coalition include:

— sponsoring campaigns to raise public awareness of the importance of violence prevention;
— supporting efforts to gather and publish reliable data on violence and crime, at local and national levels;
— setting up a web site on violence prevention, with a database of best practices;
— providing information on violence prevention to policy-makers and decision-makers throughout the region;
— organizing regional seminars and workshops on violence prevention, as well as study tours and initiatives between twinned cities;
— working with the media;
— working with government ministers and city mayors, and other national and local officials;
— working with the private sector, nongovernmental organizations, and ethnic and religious communities;
— providing technical support in the design, implementation and evaluation of national programmes to prevent violence.

This is the first violence prevention effort of its kind on the American continent, and it may provide a model for similar regional initiatives in other parts of the world.

about important problems, and mount campaigns that have had an impact on decision-makers. Groups focusing on other issues, notably abuse of the elderly and suicide, have also become prominent in recent years. The value of advocacy groups should be recognized. This can be achieved by practical measures such as offering them official status at key international conferences and including them in official working groups.

Another important area where progress could be made is in the sharing of information between experts working on the different types of violence. Experts working on issues such as child abuse, youth violence, violence against intimate partners,

> **BOX 9.3**
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> ## United Nations efforts to prevent interpersonal violence
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> Much work is currently being done by United Nations agencies to prevent interpersonal violence, particularly through initiatives addressing specific types of violence in particular settings. However, until recently, a large proportion of this work was being carried out in isolation.
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> In November 2001, representatives from ten United Nations agencies met in Geneva, Switzerland, to discuss their work on interpersonal violence and to find ways to coordinate future efforts in this field. Although United Nations agencies had previously collaborated successfully on conflict-related violence, little interagency work had been done to prevent everyday acts of violence and crime — incidents that affect individuals, families, communities and institutions such as schools and workplaces. Considerable benefits were envisaged if greater collaboration could take place on this complex problem, within and particularly between United Nations agencies. The meeting was the first step in that direction.
>
> In a message to the representatives, United Nations Secretary-General Kofi Annan stated: ''Men and women everywhere have the right to live their lives and raise their children free from the fear of violence. We must help them enjoy that right by making it clearly understood that violence is preventable, and by working together to identify and address its underlying causes.''
>
> Participants outlined a range of collaborative activities they would undertake. For the short term, these include the preparation of a guide to United Nations resources and activities for the prevention of interpersonal violence, highlighting the core competencies of each agency in preventing interpersonal violence and identifying areas not currently addressed by United Nations organizations. Based on this guide, a web site will be developed to help participating agencies exchange information and to serve as a resource for other United Nations agencies, governments, nongovernmental organizations, researchers and donors. For the medium and longer term, collaborative efforts will include advocacy work, data collection and analysis, research and prevention initiatives.

abuse of the elderly or suicide prevention often collaborate closely with experts working on the same type of violence, but much less successfully with those working on other types of violence. As this report has shown, the different types of violence share common risk factors and prevention strategies. Therefore, much could be gained by developing platforms that will facilitate the exchange of information, as well as joint research and advocacy work.

Recommendation 8.
Promote and monitor adherence to international treaties, laws and other mechanisms to protect human rights

Over the past half-century, national governments have signed a variety of international legal agreements that have direct relevance to violence and its prevention. Such agreements set standards for national legislation and establish norms and limits of behaviour. Some of the most important in the context of this report are:

- The Convention on the Prevention and Punishment of the Crime of Genocide (1948).

- The Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others (1949).

- The Convention on the Elimination of All Forms of Racial Discrimination (1965).

- The International Covenant on Economic, Social and Cultural Rights (1966).

- The International Covenant on Civil and Political Rights (1966).

- The Convention on the Elimination of All Forms of Discrimination against Women (1979).

- The Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984).
- The Convention on the Rights of the Child (1989) and its two Optional Protocols on the Involvement of Children in Armed Conflict (2000) and on the Sale of Children, Child Prostitution and Child Pornography (2000).
- The Rome Statute of the International Criminal Court (1998).

There are also other important agreements that are highly pertinent to various aspects of violence, such as the African Charter on Human and Peoples' Rights (1981) and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women (1994).

While many national governments have made progress in harmonizing legislation with their obligations and commitments, others have not. Some do not have the resources or expertise to put the provisions of such international instruments into practice. Where the obstacle is the scarcity of resources or information, the international community should do more to assist. In other cases, strong campaigning will be necessary to bring about changes in legislation and practice.

Recommendation 9.
Seek practical, internationally agreed responses to the global drugs trade and the global arms trade

The global drugs trade and the global arms trade are integral to violence in both developing and industrialized countries, and come within the purview of both the national and the international levels. From the evidence provided in various parts of this report, even modest progress on either front will contribute to reducing the amount and degree of violence suffered by millions of people. To date, however – and despite their high profile in the world arena – no solutions seem to be in sight for these problems. Public health strategies could help reduce the health impacts of both in a variety of settings at the local and national levels, and should therefore be allotted a much higher profile in global-level responses.

Conclusion

Violence is not inevitable. We can do much to address and prevent it. The individuals, families and communities whose lives each year are shattered by it can be safeguarded, and the root causes of violence tackled to produce a healthier society for all.

The world has not yet fully measured the size of this task and does not yet have all the tools to carry it out. But the global knowledge base is growing and much useful experience has already been gained.

This report attempts to contribute to the knowledge base. It is hoped that the report will inspire and facilitate increased cooperation, innovation and commitment to preventing violence around the world.

References

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