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Global Health Education Consortium



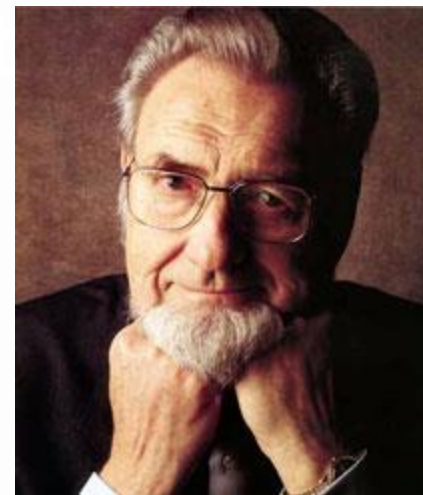
The Causes of Violence and the Effects of Violence On Community and Individual Health

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September, 2007

Prepared as part of an education project of the Global Health Education Consortium and collaborating partners

“The professions of medicine, nursing, and the health-related social services must come forward and recognize violence as their issue and one that affects the public health.”



-C. Everett Koop, M.D., Sc.D.
Former Surgeon General
United States Public Health
Service

Violence in America: A Public
Health Approach by Mark
Rosenberg M.D. 1991

Learning objectives

- Understanding violence from a Public Health perspective
- Understanding the global impact of violence
- Awareness of types of violence and consequences on health
- Understanding the epidemiology of and trends in violence

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Section 1:

Defining and Categorizing Violence

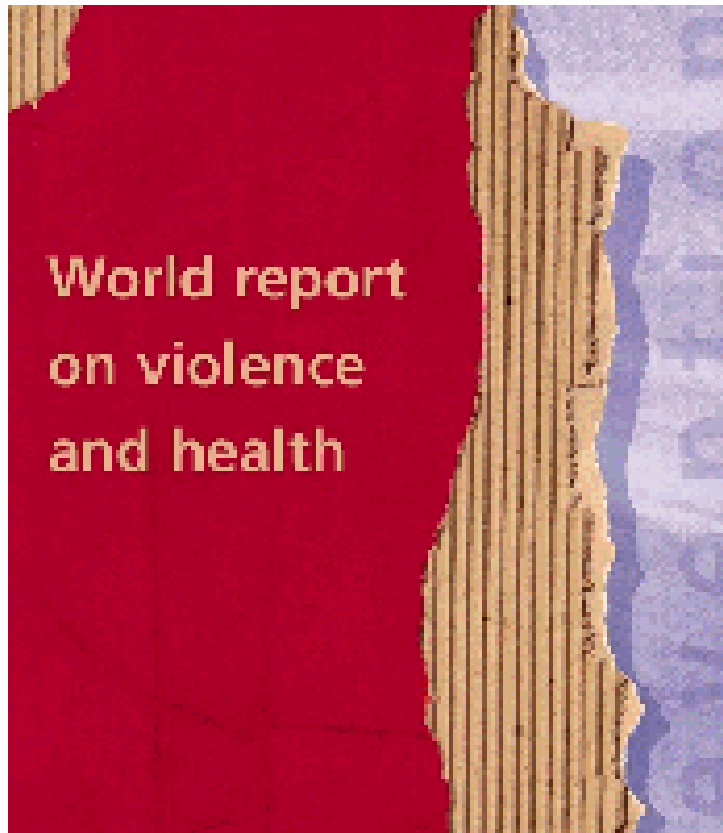
Violence defined

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

- World Health Organization, 1996



Global Campaign for Violence Prevention



Resolution WHA49.25 of 49th World Health Assembly (1996)

“...declares that violence is a leading worldwide public health problem.”

The resolution included an outline of actions to address the problem.

WHO World Report on Violence and Health, 2002

Image: World Health Organization

Examples of Violence



- Violence is heterogeneous
 - Gender
 - Age
 - Individual and family
 - Community
 - Cultural, ethnic, or religious group
 - Country or region

Section 2:

Classification of Violence

Classification of Violence

- Violence may be categorized in many ways:
 - Types of violent acts: assault, verbal abuse, sexual abuse, etc.
 - Precipitating factors: war, robbery, mental illness
 - Contributing factors: drugs and alcohol, poverty, culture, emotion, psychosis, etc.
 - Impact of violence: death or disability, economic, mental illness, etc.
 - Those affected by violence: individuals, children, community, ethnic or minority group, etc.

Classification of Violence

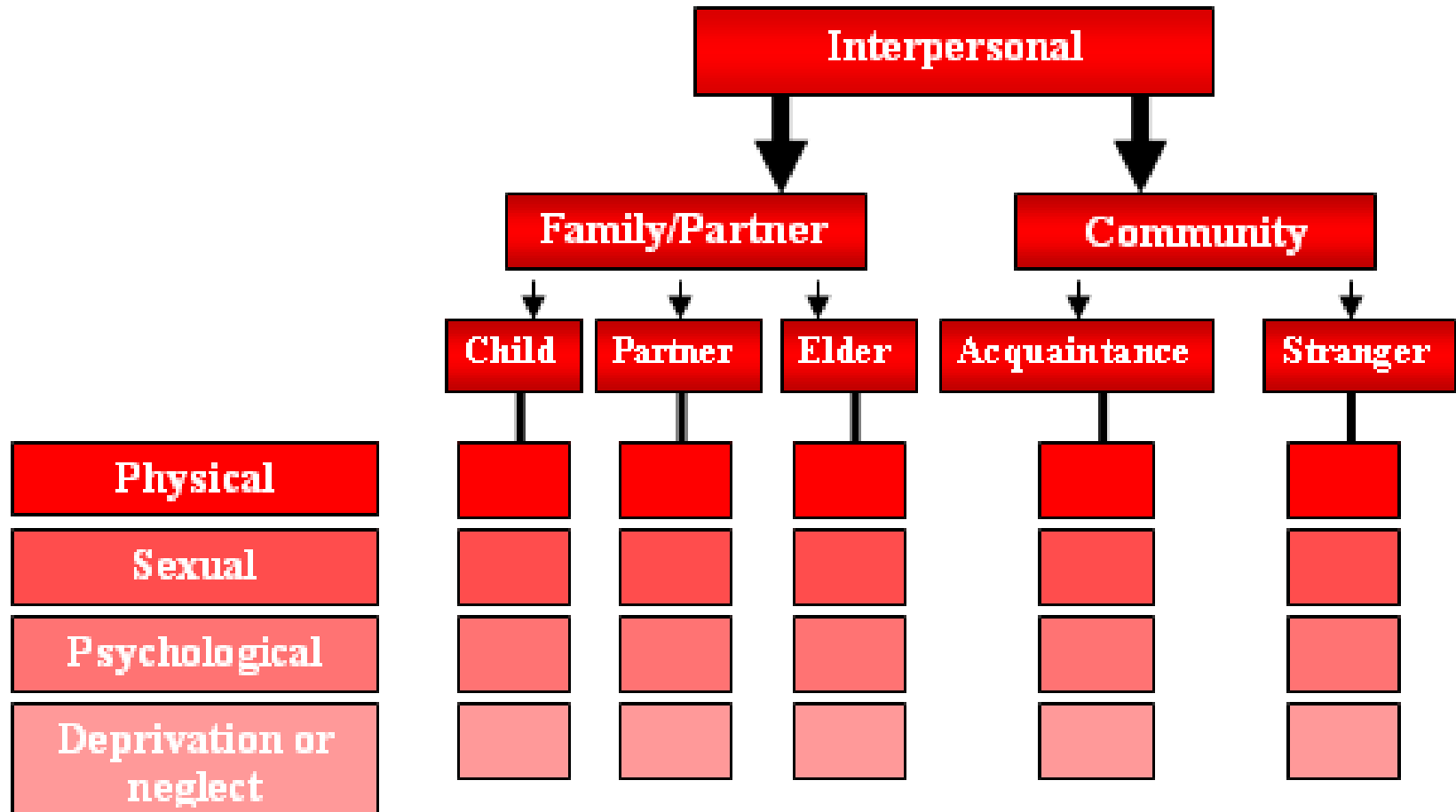
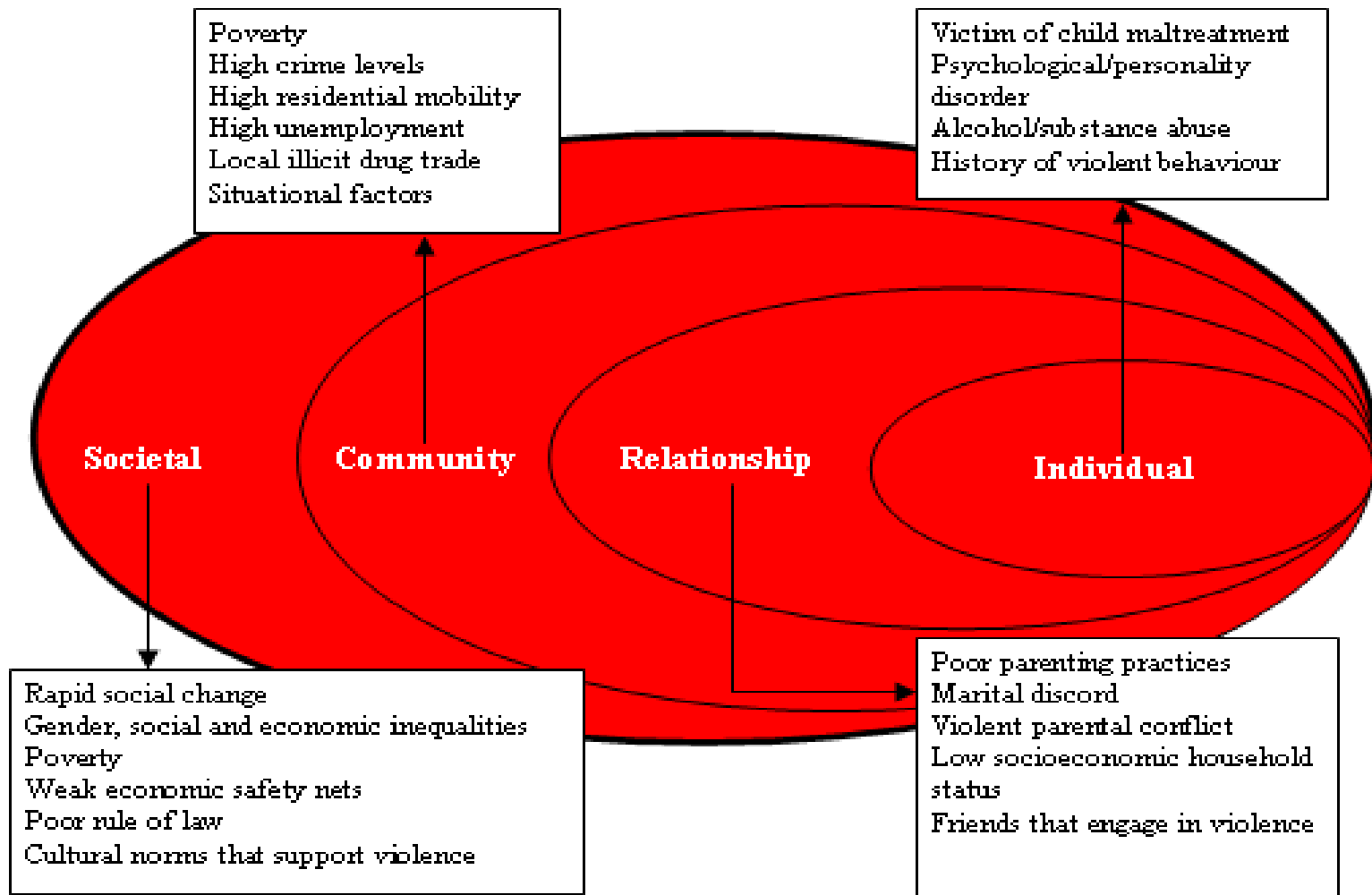


Image: World Health Organization

Classification of Violence: Ecological Model

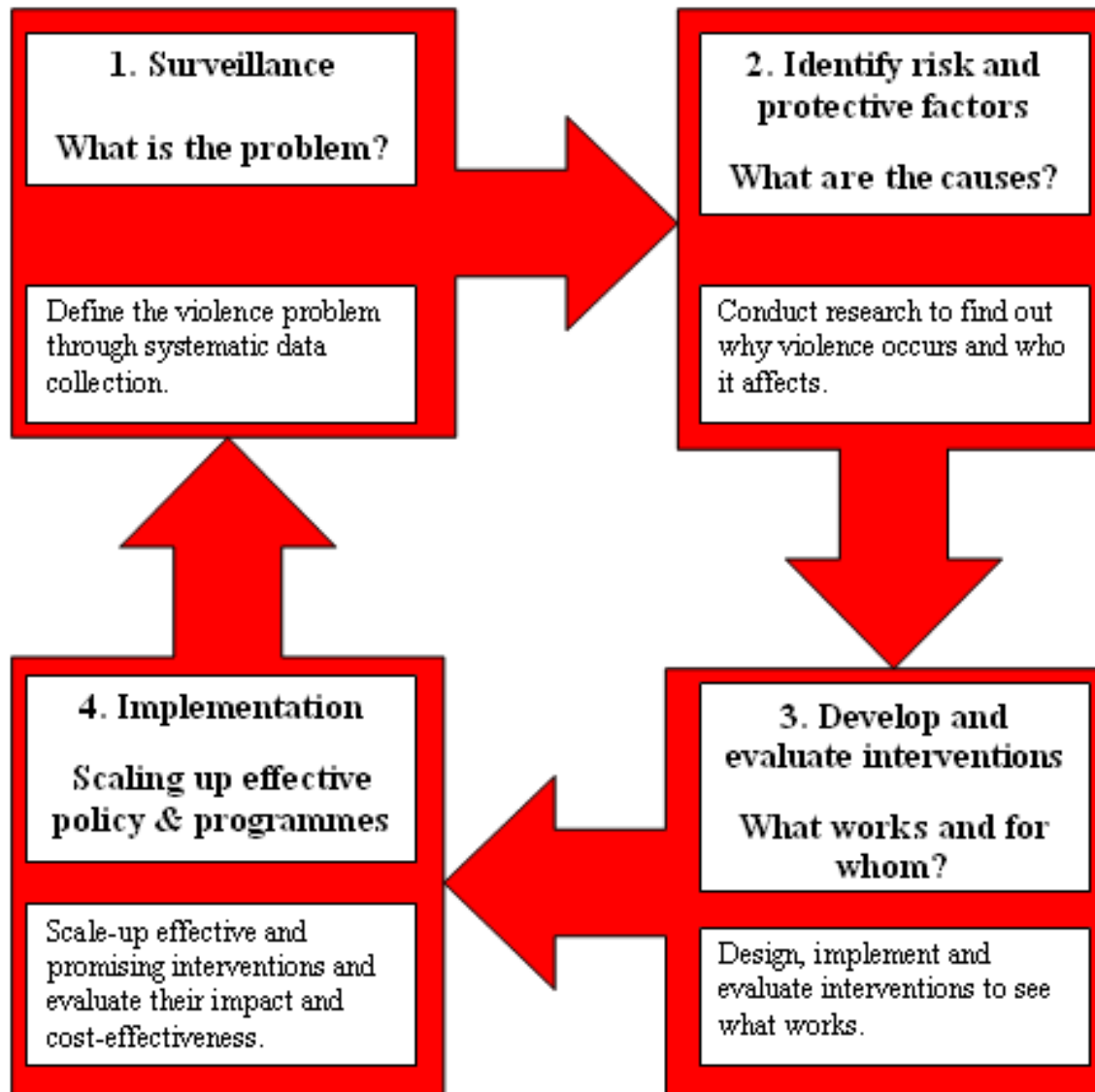
A Context for Roots of Violence:

- **Individual factors** - biological and demographic factors- history of abuse, education, substance abuse
- **Relationships** - family and partners, proximity to and acceptability of violence
- **Community** - institutions of violence- neighborhood, transient communities, loss of social fabric/ cultural support, social isolation
- **Societal** - cultural acceptance of violence, social power discrepancy, loss of cultural restraints
- **Complex interactions** - war, sectarian violence, societal collapse, famine, disaster



Classification of Violence: Public Health/Health Systems Model

- Data collection and analysis
- Determining root causes
- Determining affects and consequences
- Prevention strategies, mitigation and programs
- Health Systems Approach: planning and resource allocation, training, context-appropriate response and contingency plans, evaluation
- Healthcare provider role in prevention and treatment



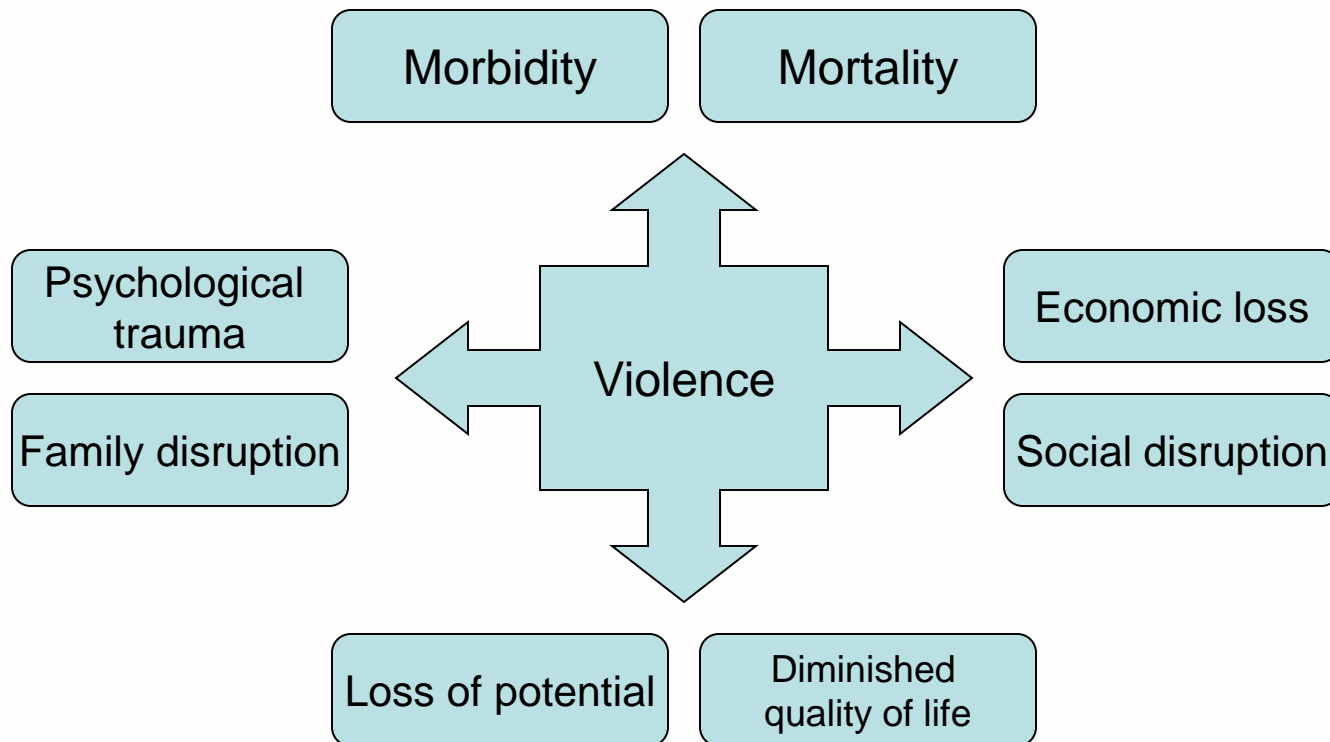
Public Health/ Health Systems Approach to Violence

Image: World Health Organization

Section 3:

Global Impact of Violence on Public Health

Consequences of Violence



Example of Global Health Burden: Mortality

Mortality is only the tip of the iceberg

- 1.66 million violence-related deaths (28.8/100,000)
 - 520,000, Homicide
 - 815,000, Suicide
 - 310,000, War-related
- Of these 1.66 million deaths:
- 1.51 Low and middle income countries (32.1/100,000)
 - 0.15 High-income countries (14.4/100,000)

Data source: WHO

Example of Global Health Burden: Morbidity

Morbidity: non-fatal violence

- Hard to quantify:
 - Stress and psychological impacts
 - Loss of work, potential and quality of life
 - Physical injury not requiring medical care
 - Culturally “acceptable” violent acts

Measuring the Global Impact of Violence

- Sources of data:
 - Individual organizations and directed research
 - Agency, institutional and government records
 - Population surveys
- Inconsistent data quality and limited availability due to obstacles to data collection:
 - Limited reporting and cultural restraints/repercussions to reporting, inadequate public health infrastructure
 - Incompatible measures
 - Loss of normal data sources/social disruption during times of violence (eg, war)
 - Ethical considerations
 - Political and cultural bias

Section 4:

**Examination of the roots of violence
and the impact on individual and
community health**

**Example 1: Youth Violence and
Street Crime**

Youth Violence/ Street Crime: Overview

- Conspicuous and socially disruptive.
- Significant community health consequences: social burden, loss of productivity, expense (policing, infrastructure).
- Most victims are youth and adolescents.
- Psychological impact: loss of safety, societal stress.
- Shares roots and links with other violent crime (sexual abuse, armed conflict, drug trafficking).
- Prevention approaches and changing social paradigm.

Youth Violence/ Street Crime: Selected epidemiology

- Among youth (age 10-29) worldwide, ~200,000 youth homicides in 2000
 - For every homicide, there are ~20-40 non-fatally violent events requiring hospital attention
- For youth (age 10-24) in the US, homicide is the leading cause of death for African Americans, the second leading cause of death for Hispanics, and the third leading cause of death for American Indians, Alaska Natives, and Asian/Pacific Islanders

Data: WHO 2000, CDC 2006

Youth Violence/ Street Crime: Selected epidemiology

- Highly variable by region, country, ethnicity, poverty level, level of concomitant social disruption (war), substance abuse
- Gender (consistent male predominance)
- Firearm/ weapon availability
- Strong cultural and development factors
- Gangs and organized crime patterns

Youth Violence/ Street Crime: Risk and protection are related

Risk Factors

- Individual Risk Factors
- Family Risk Factors
- Peer/ School Risk
- Community Risk
- Substance Abuse
- Criminal Activity

Protective Factors

- Individual Protective Factors
- Family Protective Factors
- Peer/ School Protective Factors

Youth Violence/ Street Crime: Prevention and Intervention Strategies

General principles:

- Increase education and opportunities, poverty reduction
- Reduce social disruption, teen pregnancy, improved parenting
- Greater community involvement and security
- Decreased access to guns and alcohol
- Educational , enrichment, extracurricular and vocational activities

For example, preschool has been shown to be particularly effective, likely secondary to improved social and academic skills and increased involvement in school and society.

Notes on Youth Violence/ Street Crime: Prevention and Intervention Strategies

The links between substance abuse and violence are numerous and well documented. One may consider the problem in a contextual setting (drug trafficking and criminal activity, unemployment as a result of substance abuse, loss of trust in relationships, and social and family disruption) as well as a situational problem, like increased likelihood of committing a violent offence while under the influence of drug and or alcohol.

The WHO's Injuries and Violence Prevention website has a series of fact sheets and policy briefings covering the well documented relationship between alcohol and violence. The alcohol and violence fact sheets are divided by type of violence, and have supporting data and references.

http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/index.html

Youth Violence/ Street Crime: Public Health and Research Goals

- Standardize research
 - Compare and adapt successful prevention programs
- Improve communication of ideas about prevention
- Change social paradigm
 - Youth violence should be perceived as a preventable public health problem

Youth Violence/ Street Crime: Gang Violence

- Gang violence is often considered a facet of generalized youth violence. However, it has distinctive elements and concerns:
 - A disproportionate level of health consequences
 - Violent acts directed at youth
 - High level of community disruption
 - Often target of highly directed intervention and prevention programs

Notes on Youth Violence/ Street Crime: Gang Violence

Youth gangs are present in all areas of the world and represent a unique social structure, usually based solely on affiliation or common belief such as ethnic or religious principles, or by shared needs as in organized crime or prison gangs. Youth gangs have a high affiliation with criminal activity and violence. In some communities gang crime and violence may represent a high proportion of all violence related health effects. As with other forms of youth violence extreme heterogeneity exists in understanding youth gangs influences, operation and prevention. Some sources of more information on gang violence are list below.

Video Documentary on Gangs in Brazil

<http://video.google.com/googleplayer.swf?docId=2123143195237706973>

Statistics on gang violence in the United States from the U.S. Bureau of Justice

<http://www.ojp.usdoj.gov/bjs/abstract/vgm03.htm>

A surge in street violence (homicides increased five times between 1985-1992) resulted in a structured response.

The city developed the DESEPAZ initiative: Development, Security, and Peace Program. Under the leadership of an epidemiologist, the city coordinated efforts of local and national policing, education and public health institutions.

A 'systemic investigation' of the problem with a unified surveillance program was established.



Image: DESEPAZ Initiative

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00039091.htm>

Jama article on the relationship between firearms and homicide in Columbia

<http://jama.ama-assn.org/cgi/content/full/283/9/1205>

Prevention of Violence in Columbia Website

[http://www.prevencionviolencia.org.co/intervencion/experiencias/valle del cauca/cali/cali medidas.htm](http://www.prevencionviolencia.org.co/intervencion/experiencias/valle_del Cauca/cali/cali_medidas.htm)

City of Cali: Development, Security, and Peace Program (DESEPAZ) website

<http://www.cali.gov.co/Desepaz.php>

Youth Violence/ Street Crime: Cali - Colombia

DESEPAZ:

- Enactment of laws and programs included:
 - Limited hours of alcohol sales (weekends and holidays in particular)
 - Gun control (again during high violence times)
 - Educational and extracurricular programs
 - Public media campaigns to unite community against violence and decrease acceptance
 - Children encouraged to exchange toy guns for another toy
 - Pacts of truce between street gangs
- Overall the project resulted in a 30% decrease in homicide rates.

Youth Violence/ Street Crime: The Role of Firearms

Access to guns has a direct affect on youth violence, and in particular, homicide rates:

- In the United States in 2003, 5,570 young people ages 10 to 24 were murdered—an average of 15 each day.
- Of these victims, 82% were killed with firearms.

Data: CDC 2006

Section 4:

Examination of the roots of violence and the impact on individual and community health

Example 2: Child Abuse and Neglect

Child Abuse and Neglect : Definition

From the 1999 WHO Consultation on Child Abuse Prevention:

“Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.”

Child Abuse and Neglect : Overview

- Culturally defined ideas of abuse are being replaced by national and international mandate and law.
- Different categories of child abuse:
 - physical abuse (including infant abuse and battery)
 - sexual abuse
 - neglect (including physical and psychological)
- Extent of abuse is difficult to quantify. Some indication is gained through extrapolation of data about medical visits, criminal records, surveys, and fatalities attributed to abuse.
- Underestimation and under-reporting is common.

Child Abuse and Neglect : Gender Differences

There is significant gender variance by type of abuse:

- Infanticide: Females > Males
- Sexual Abuse: Females > Males (1.5-3x or more)
- Harsh Physical Abuse: Male > Females
- Educational Neglect: Females > Males

Worldwide, 60% of the 130 million 6-11 year olds not in school are female

Child Abuse and Neglect: Selected epidemiology of Physical Abuse

- WHO estimates 57,000 children were fatally abused (homicide) in 2000
- Research demonstrates what is generally acknowledged: the actual number of deaths is much greater due to under-reporting and misclassification
- Varying definitions and unreliable data collection hamper an understanding of the extent of non-fatal abuse. Case reports and population based surveys (questioning of parents, children and adults about their personal history of abuse) illuminate the scope of the problem.

Child Abuse and Neglect : WorldSAFE

World Studies of Abuse in Family Environments

- A report on public health research on violence by WorldSAFE, a part of the International Clinical Epidemiology Network (INCLLEN)
- A protocol-driven surveillance and research network to “survey population-based samples of mothers, aged 15-49, about their experiences with domestic violence...and discipline practices (of their children).”
- Documents extensive global use of harsh corporal punishment.

International Clinical Epidemiology Network (INCLLEN)

WorldSAFE -- World Studies of Abuse in Family Environments

A group of physicians and researchers conducting parallel studies of domestic violence and child abuse in 33 countries. <http://www.inclen.org/research/ws.html>

Child Abuse and Neglect : WorldSAFE

World Studies of Abuse in Family Environments

- Of mothers responding to international WorldSAFE inquiry about discipline of their child in the previous 6 months:
 - 36% reported severe physical punishment (hitting with object, beating etc.)
 - 60% reported moderate physical punishment (spanking, pinching etc.)
- Physical abuse is not limited to the home and may take place in public space, work areas, or institutions like schools.
- While moderate physical abuse (corporal punishment) maybe culturally and legally acceptable it is condemned by the UN Convention on Rights of the Child.

Child Abuse and Neglect: Selected epidemiology of Sexual Abuse

- Sexual abuse of a child is considered morally abhorrent in most cultures
 - Numerous strong cultural taboos
 - Widespread support for legal and social interventions.
- Incidence varies widely on definition and inadequacy of data is underscored by stigma and potential adverse consequences of reporting in some cultures.

Child Abuse and Neglect: Selected epidemiology of Sexual Abuse

- A summary by WHO of **adults** reporting retrospectively on personal sexual victimization as children demonstrated prevalence:

	Narrow Definition Of Sexual Abuse	Broad Definition Of Sexual Abuse
Males	1% (sexual contact under force)	19%
Females	0.9% (forced rape)	45%

Notes on Child Abuse and Neglect:

Selected Epidemiology of Sexual Abuse

Sexual Abuse

Another international study from the 1980s has broadly placed prevalence of childhood sexual abuse at 5-10% for boys and 20% for girls. Data: WHO

Overall, comprehension of sexual victimization is a major problem; understanding of the problem is hampered by underreporting, stigma and cultural constraints.

End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes (ECPAT) is a network of organizations and programs focused on the elimination of sexual exploitation of children. Their website offers information on their activities and research, educational tools, training manuals, current related news and treaties as well as links to further information.

<http://www.ecpat.net/>

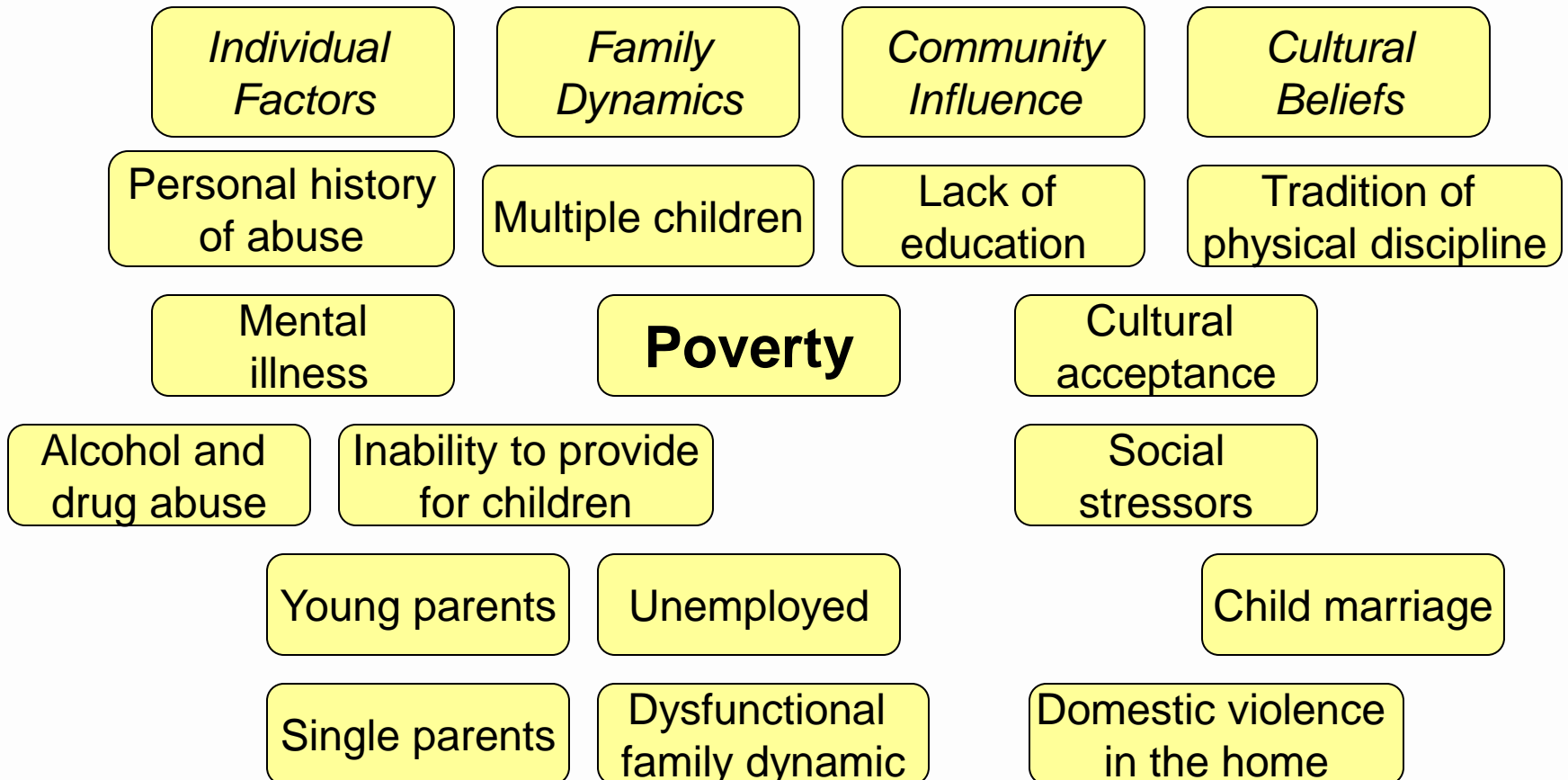
Child Abuse and Neglect: Trafficking and Forced Labor

- Approximately 8.4 million children are currently enslaved, trafficked, held in debt bondage or involved in other forms of forced labor, including:
 - Forced recruitment for armed conflict (“child soldiers”)
 - Dangerous or onerous work
 - Caring for younger children
 - Service in a house or business
 - Prostitution, pornography or other illicit sexual activities

Child Abuse and Neglect: Neglect

- Various forms of child neglect:
 - Physical neglect, including inadequate nutrition, shelter, or clothing
 - Abandonment
 - Educational neglect
 - Neglectful parenting: failure to appropriately supervise
 - Psychological neglect and abuse

Child Abuse and Neglect: Predisposing Factors – A Spectrum



Child Abuse and Neglect: Impacts

Other resources on the impact of child abuse and neglect:

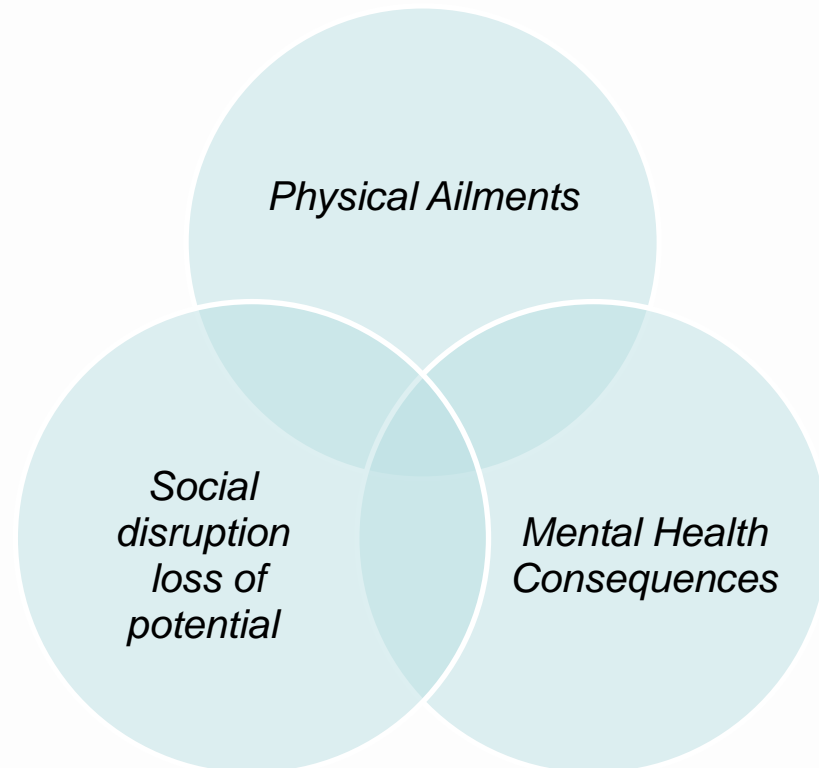
UNICEF's Child Protection from Violence, Exploitation and Abuse division has extensive information and resources available on their website.

<http://www.unicef.org/protection/index.html>

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN), a large international organization that publishes a journal on the subject and offers many resources and links.

<http://www.ispcan.org/wp/index.htm>

The Economic Burden of Hospitalizations Associated with Child Abuse and Neglect
Rovi, Chen, & Johnson
American Journal of Public Health, 94(4), 2004



Child Abuse and Neglect: Impacts

The significant costs of child abuse and neglect are borne by the victim, the family, the local community, and the nation.

Physical Ailments	Mental Health Affects	Social Disruption
<ul style="list-style-type: none"> Acute injury Direct trauma Chronic pain Chronic illness Disability Death 	<ul style="list-style-type: none"> Psychological distress Depression and anxiety disorders Substance abuse Loss of esteem and shame Death 	<ul style="list-style-type: none"> Increased child and infant mortality Diminished or unrealized potential Loss of social involvement Disrupted family unit Demand on health and social services

Child Abuse and Neglect: Impacts

An example
of the societal
costs of
child abuse
and neglect:

In the United States in 1996,
child abuse and neglect
resulted in
\$12.4 billion in total costs and
\$1.2 billion in direct costs,
mostly welfare and legal
expenses.

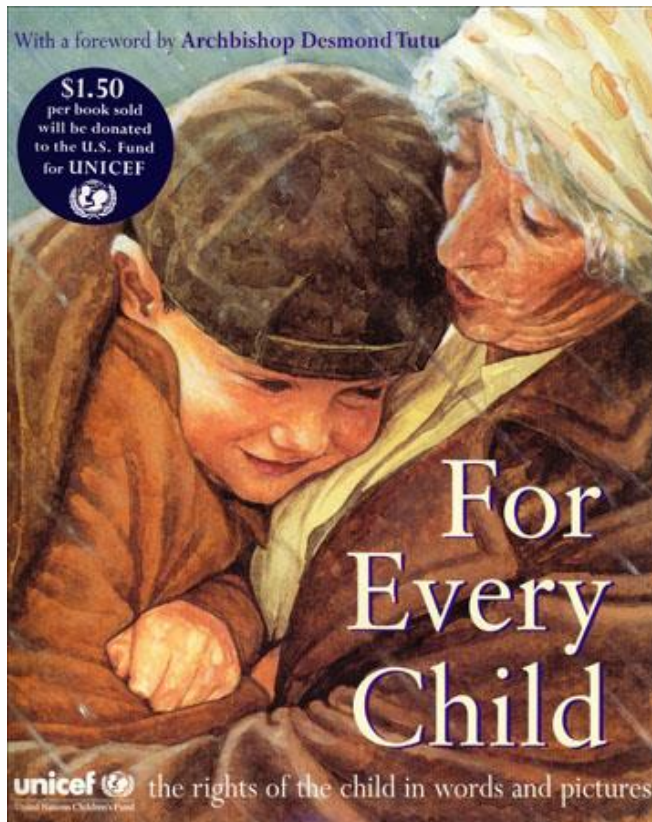
Child Abuse and Neglect: Prevention Current and Potential Public Health Programs

- Primary Prevention: education, teaching parenting skills, public awareness campaign, changing paradigm/ cultural acceptance
- Secondary Prevention (bulk of programs): law enforcement, home visitation (proven effective)
- Detection: mandatory reporting, health and school based screening, education/ licensure programs, fatality reviews

Child Abuse and Neglect : Prevention Current and Potential Public Health Programs

- Services: emotional, behavioral and educational therapies (e.g., teaching children strategies to self-protect, teaching parenting and coping skills)
- Child Protective Services (CPS): reporting, monitoring and investigation, as well as removal of child, mandatory treatment of offenders

Child Abuse and Neglect : United Nations Convention on the Rights of The Child



Adoption of this accord in country and local law has provided new awareness, as well as a framework for child protective services.

Image: Unicef

Section 4:

Examination of the roots of violence and the impact on individual and community health

Example 3: Intimate Partner Violence (IPV)

Intimate Partner Violence (IPV)

- Also known as domestic violence, domestic abuse, domestic assault, and battering (chronic, episodic events).
- “Physical, sexual or psychological harm by current or former partner or spouse... does not require sexual intimacy.” – CDC

Intimate Partner Violence

- While IPV can occur between same sex partners and includes violence against men, it is overwhelmingly directed towards women.
- IPV accounts for a disproportionate amount of violence towards and injury of women.
 - Multiple country-level studies show 40-70% of murders of women result from IPV, whereas 4-9% of murders of men result from IPV in the US and Australia

Intimate Partner Violence: Cultural Context and Patterns of Abuse

- Some evidence of two patterns of abuse: chronic (battering) vs. discrete episodes, following a period of escalation
- Significant cultural acceptance of IPV
 - Approval and justification of physical violence
 - Concept of male honor often cited as a driving force behind IPV and murder
- Overlap of physical, sexual and psychological abuse
- IPV is completely absent in some pre-industrial societies

Intimate Partner Violence: Cultural Context and Patterns of Abuse

- Women's reaction to abuse is not passive but often involves complex coping, survival and defense strategies
- Limited options for safety, social support and economic freedom limit ability of female to break from the abuse
- Women often choose to leave only when her children are affected or new social or emotional support becomes available
- Leaving the relationship has been associated with increases in physical violence and murder in some studies

Intimate Partner Violence: Current Research and Understanding

- Variable research quality secondary to secrecy
- Cultural influences (failure to identify IPV as a form of violence): stigma and repercussions against reporting and monitoring, lack of awareness.
- Data collection inadequate or skewed (e.g., only women disclosing to authorities may be recorded - which represents only a small fraction of IPV).
- Personal definitions will affect data collection – a women may not responded affirmatively to being raped but will admit to being force to have intercourse against her will.

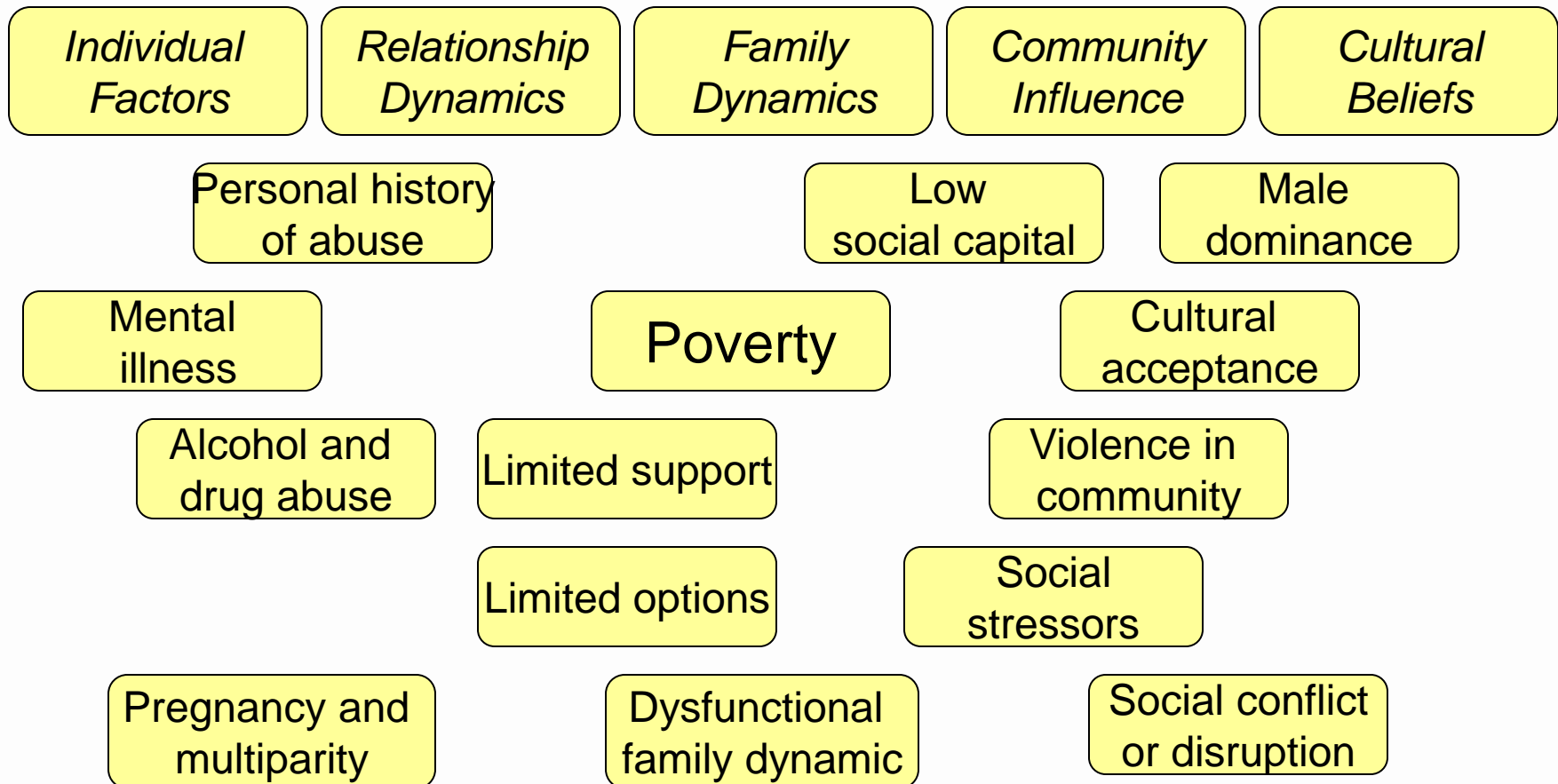
Intimate Partner Violence: Current Research and Understanding

- WHO summary of selected population based IPV studies of physical violence against women from 1982-1999
- Up to 69% reported violence over lifetime and 52% in last year.

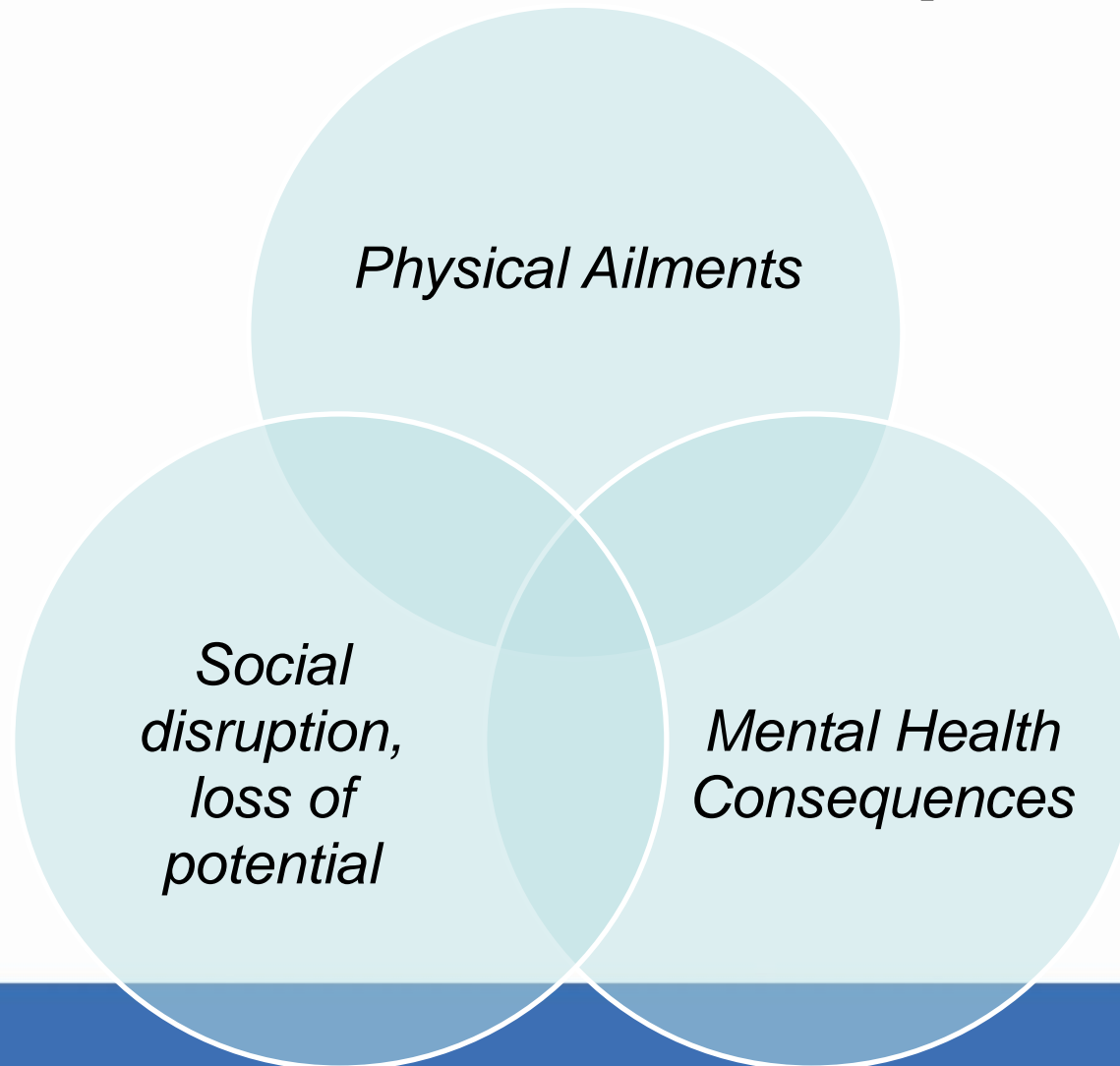
An example of cultural acceptance of abuse was a study of rural Egyptian women showed that 81% approved of a husband using violence against his wife if she refused to have sex with him.

Study of risks for IPV have historically focused on characteristics of the individuals and the relationship dynamics. New evidence indicates that family dynamics, community and cultural influences clearly play a role. Hence, larger, environmental influence must be considered as well individual and relationship factors

Intimate Partner Violence: Risk Factors – A Spectrum



Intimate Partner Violence: Impacts



Intimate Partner Violence: Impacts

Being a victim of IPV constitutes a significant risk factor for acute and chronic disease (on average, controlling for confounding factors,) victims of IPV have greater than average lifetime use of doctor visits, pharmacies, surgery, mental health visits and inpatient hospital stays.

Physical Ailments	Mental Health Affects	Social Disruption
<ul style="list-style-type: none"> Acute injury Chronic pain Chronic illness Disability Infertility, sexual dysfunction, unwanted pregnancy Death 	<ul style="list-style-type: none"> Depression and anxiety disorders Substance Abuse Loss of esteem and shame Death 	<ul style="list-style-type: none"> Inadequate child rearing increased infant mortality Loss of social roles/ productivity and income Disrupted family unit Impact on health and social services Economic disruption

Intimate Partner Violence : Interventions

Level of involvement	Programs	Objectives
<p>National and local involvement of all sectors of society:</p> <ul style="list-style-type: none"> - Government - Law enforcement - Health care professionals -Social services - Educators 	<ul style="list-style-type: none"> - Awareness and education (primary prevention) - Law and enforcement - Protective services - Social support 	<ul style="list-style-type: none"> - Changing paradigms - Addressing root causes - Empowerment - Protective services

Notes on: Intimate Partner Violence: Interventions

- Most interventions are related to education, awareness and detection, legal reform, law enforcement, and support for victims.
- Most efforts are focused in developed countries. However, there has been recent expansion in the developing world.
- Interventions are largely driven by women's and advocacy groups and political pressure for reform.
- Healthcare professionals' interventions primarily include raising awareness, screening and referral.
- Community-based outreach programs often increase use of services.
- Prevention campaigns and educational programs demonstrate increased awareness.

Intimate Partner Violence: Public Health Role

- IPV is a poorly understood phenomena with global consequences.
- Two arms of research:
 - Understanding the roots and nature of IPV
 - Evaluation of prevention and intervention programs
- Strategic interventions:
 - Linking IPV and other social concerns and violence prevention programs
 - Focus on primary prevention

Section 5:

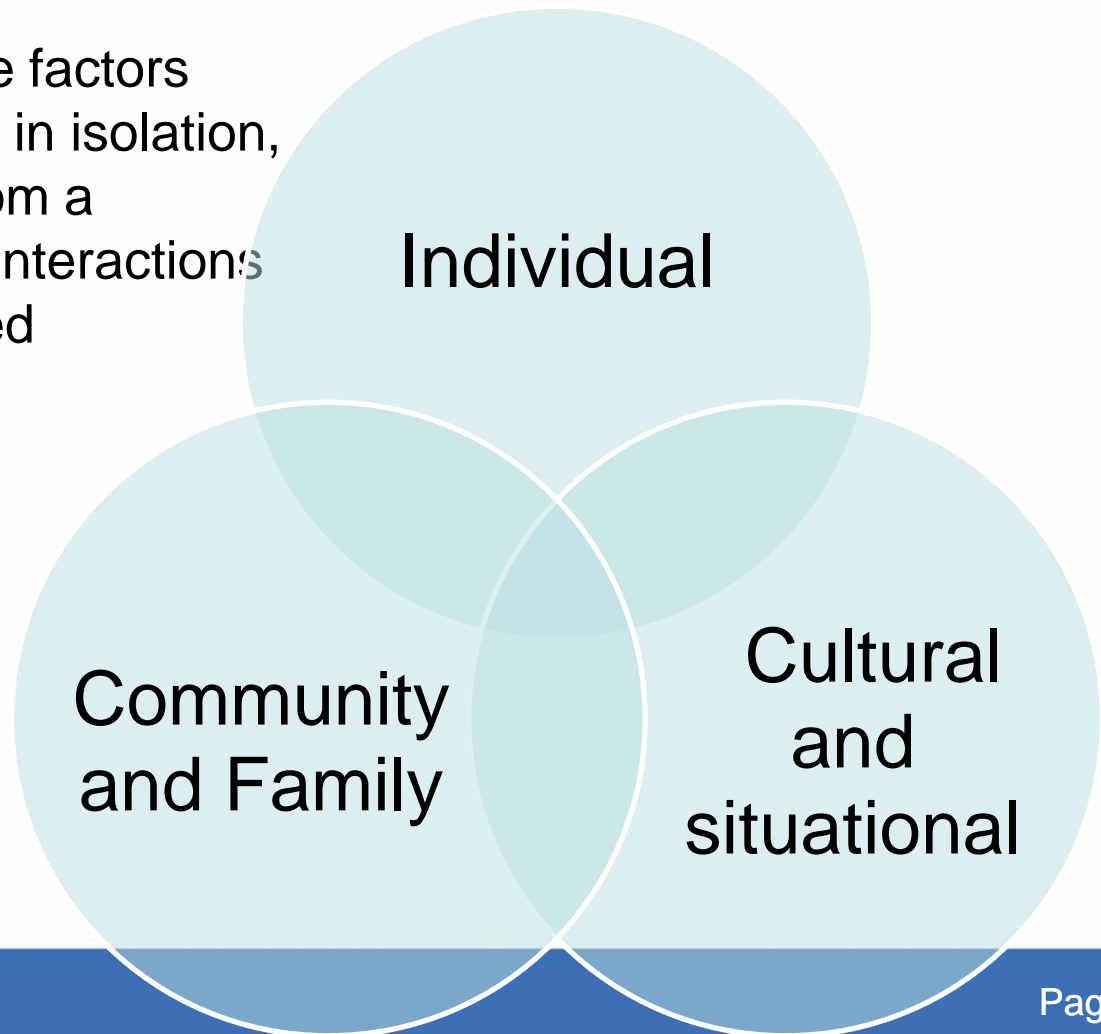
Summary of Trends

Trends: Dominant Risk Factors



Trends: Risk Factors

- Risk and protective factors can never be seen in isolation, violence results from a complex series of interactions and must be viewed holistically.



Trends: Effective Violence Mitigation Strategies



- Effective programs to help curb violence act on supporting individuals, families and communities.
- This includes increasing education and opportunities, vesting individuals in society and poverty reduction.

Noticing the Trends : Understanding Violence and Public Health

- All aspects of violence are inadequately understood and would benefit from the rigor and thoroughness of a public health approach.
- Addressing violence as a public health concern will result in greater research, understanding and improved antiviolence interventions.
- Health care providers and public health workers have a mandate and opportunity to accept their role in violence prevention and mitigation

On May 23, 2007, the World Health Assembly adopted resolution WHA60.22 Resolution on Emergency Trauma Care System, which calls for the WHO to support member states to “strengthen the trauma and care services to survivors or victims of violence.”

http://www.who.int/violence_injury_prevention/media/news/23_05_2007/en/index.html

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Other references cited in Supplementary Notes



GHEC

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