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This paper is an invitation to enter into a new way of thinking about violence and about how it is addressed. It may not be an easy invitation to accept: we have grown accustomed to working in certain ways; changing those ways can be difficult, but change we must if we are ever to make any headway in reducing violence.

Purpose

Many individuals and organizations across the world have already taken this step. They have realized that the keys to achieving short-term violence reductions lie in interventions that successfully reduce immediate causes such as alcohol misuse, carrying of guns and knives in public, and retaliatory violence. They have also realized that more sustained long-term reductions require interventions that reach down to the root causes of violence within society. communities, and families. Fundamental to this realization is an acknowledgment of the need for all agencies involved to work together more effectively. Accustomed to working within our own areas, the idea of collaboration and information sharing on a permanent basis can seem unfamiliar. But, as long as this mindset persists, we will never make significant progress in reducing violence. Success requires meaningful alliances founded on positive and specific agreed outcomes - such as decreased rates of homicide and of non-fatal injury and emergency room visits due to violence in the urban and rural communities across our countries.

This invitation, like any other, can be rejected. But turn it down and our agencies turn down the opportunity to make a real difference to the problem of violence.

Violence is often viewed as an unshakeable and inevitable part of the human condition. The police see manifestations of this every day.

Introduction

Using everything at their disposal – forensic science, investigative techniques, and their own experiences – they try to fight it. They cannot cure it by themselves; they can merely try to limit it, including by incarcerating perpetrators. Incarceration, however, does not address the affliction. And offenders, released from jail or prison into the environments they left behind, find themselves again surrounded by the people, places and circumstances in which violence erupts. With no new opportunities to improve their lives, they return to what they know best – which includes violence.

The problem of violence begins early. A child born into a household where violence is used to resolve conflict will copy that behaviour. The child carries these violent behaviour patterns into adolescence and adulthood, where he or she encounters others who grew up in the same blighted places with the same propensity to engage in violent and anti-social behaviours, to misuse alcohol or illicit drugs, and to carry weapons. Wherever it has been studied, the true extent of violence is shown to be much greater than suggested by the statistics that politicians use to demand action.

Many instances of violence never come to the attention of the police or medical personnel who could attend to those involved and perhaps direct them to services to change their lives.

Violence in some communities is so rife that it has become a normal way of life. Victims and perpetrators often come from the same communities, and one family will end up in the prison visiting room, while the other is at the graveside.

Yet violence is not inevitable. A growing body of scientific studies shows that it can be prevented. Law enforcement and criminal justice agencies cannot achieve this alone. They cannot be in every home where a child witnesses domestic violence; they cannot be in every room where someone is self-harming; they cannot be on every street corner to stop a fatal stabbing or a gun being fired. To affect real change, we need to increase our proactive efforts and tackle the root causes of the problem, the issues that turn a child into an adolescent or adult perpetrator or victim.

Definition of violence prevention

Violence prevention refers to the reduction in the frequency of new cases of violent victimization or perpetration through direct efforts to remove or reduce the underlying causes and risk factors, and by harnessing the indirect effects of other policies and programmes that may contribute to reducing exposure to underlying causes and risks.

Violence prevention can only be achieved fully by uniting police and public safety professionals with professionals from healthcare, education, welfare, liquor licensing authorities, and other sectors who can take the actions needed to remove or reduce the underlying causes and risk factors. In addition to actions that can have immediate violence reduction effects, a commitment to longer-term initiatives is imperative, initiatives that will show results in five, 10 or 15 years.

Background

In 2002, the World Health Organization (WHO) published The world report on violence and health that described violence as a public health issue. This report is a powerful tool to show how big a challenge violence presents to communities and countries worldwide. It also spotlights opportunities for working on prevention that involve collaborative activities across different sectors. This report is the foundation for the WHO-led Violence Prevention Alliance (VPA), a network of WHO Member States, international agencies and civil society organizations working to prevent violence. Alliance members are committed to promoting the uptake and implementation of an evidence-based public health approach that targets the risk factors leading to violence and promotes cooperation across all fields.

The VPA has a number of working groups, including the Criminal Justice Liaison Group made up of members from law enforcement, criminal justice and health. This group argues that in many sectors, violence has been defined only in terms of law-breaking, implying that the responsibility for dealing with it is solely that of the criminal justice, police, and public safety sectors.

However, alongside the criminal justice, police and public safety sectors, the public health approach brings to the table expertise in developing and evaluating evidence-based programmes that address the root causes of violence. Public health, criminal justice, police and public safety are therefore natural partners, and the VPA's Criminal Justice Liaison Group argues that:

- Law enforcement and criminal justice agencies should work in partner -ship with health agencies to identify a shared violence prevention agenda, common values, and a single vision.
- The focus should be on prevention by delivering strategies that address the immediate risk factors for and root causes of violence.
- There should be a commitment to policies, strategies, programmes and actions that are based on scientific evidence for their effectiveness.
- Further research is needed to continue finding out what works to prevent violence, developing and evaluating new interventions, and defining priorities for action.

Familiar stories?

Where a woman is physically attacked, this will "typically" be at the hands of someone intimately acquainted with or well known to the victim, such as a spouse, lover or friend. For instance, in Johannesburg, South Africa, a woman told how: "It was the festive season and I was in a very happy mood, so I had gone to the local shebeen (tavern) to enjoy myself and had quite a lot to drink. I was sitting with this other guy who was my friend from another place. Then my boyfriend with whom I have a child came there and didn't ask any questions. He assumed that it was my boyfriend I was sitting with, so he grabbed me from there, he took me back to our place, and then he started hitting me with the handle of a pick". This is not the first time she is beaten, and will not be the last. She depends on her boyfriend for money and a place to live, and does not even think of reporting the incident to the police. On the contrary, she tells the local clinic nurse where she goes for help that she was attacked by a stranger, and hopes that no one else will ever know the truth.

The "typical" murder on the street in Glasgow will be committed by a young man. The weapon will be a lock knife, which he carries because he feels he has to for his own protection - he thinks that most of his peers carry knives too. He will have left school and he will likely be unemployed. He will meet with friends, and, with them, will consume alcohol. At this point, he will meet another young man of a similar background. There will be some disagreement, a perceived insult, or a breach of territorial boundary. A fight breaks out, which, but for the weapons, would amount to little more than fisticuffs. However, knives are drawn and a stabbing occurs. One of these young men becomes the victim, the other an offender who took a life and who will receive a mandatory life sentence.

The scenarios described in Box 2, or events very similar to them, are repeated in communities around the world every second of every day different protagonists, different locations, identical outcomes. Those involved make choices before the violence unfolds. They choose to drink alcohol; they choose to act aggressively; they choose to carry weapons; and, in the end, they choose to use weapons or act with violence. These are not good choices, neither well reasoned nor carefully considered. The choices draw upon the experiences and the lessons learned in environments where violence is accepted, and where the possession, carrying, and use of weapons and harmful use of alcohol are all considered the norm.

Both the police and medical professionals respond to the outcomes of such incidents repeatedly, day in, day out. Both have their dedication, skill and knowledge that can help them to achieve great things. But in only responding to these incidents, each is for the large part only a passive actor in these scenarios, exercising little influence over the behaviours and choices that first lead individuals to resort to violence or the circumstances that foster such behaviour.

The case for doing it differently

Science has proven that violence is preventable. Therefore, instead of waiting for something to happen, we can begin to build robust strategies to prevent violence before it occurs and increase the wellbeing and safety of individuals, communities and societies. Yet in most countries, agencies including health, criminal justice, law enforcement, and voluntary groups continue to spend their limited budgets on responding to violence after it has occurred. Nonetheless, despite these often hugely expensive programmes, in many areas levels of violence remain unacceptably high, health poor, educational attainment low, and prisons full of violent offenders. Persistence of violence despite these investments has led more and more criminal justice and law enforcement professionals to question the continuing reliance on systems of justice founded primarily on the principle of punitive reaction to individual behaviour.

Instead, many now believe that collective energies and resources should be dedicated far more to prevention, along the lines of the homicide prevention programme carried out in Diadema, Brazil (see Box 3). The focus is broadening, with increasing emphasis on addressing the root causes of violence. In successfully tackling violence, the benefits of investing in violence prevention will be far-reaching: they will improve national image, enhance the well-being of communities, and significantly reduce costs of violence that can drain public resources. Scientific evidence provides some important lessons about preventing violence and mitigating its consequences.

Fig.1

From Dualibi Set al., The effect of restricting opening hours on alcohol-related violence. Am J Public Health. 2007; 97:2276-2280

NOTE. Homicide rate for July 2005 is on the basis of a half-month of data.

Preventing homicides by reducing alcohol sales times in Diadema, Brazil

Crime data in the city of Diadema, Brazil, indicated that 60% of murders and 45% of complaints regarding violence against women occurred between 23:00 and 06:00. Many murders took place in areas with high concentrations of drinking establishments, while violence against women was often linked to alcohol. In response, in 2002, a municipal law was implemented that prevented alcohol retailers from selling alcohol after 23:00. Adoption of the law was followed by a public information campaign informing residents about the law. Alcohol retailers received two visits by the municipal civil guard six months and three months prior to the implementation of the law, during which the law and its implications were discussed and retailers were asked to sign a declaration indicating their knowledge of the law and its legal consequences. Following implementation, the law was strictly enforced by a dedicated multi-agency unit supporting the municipal civil guard. These measures led to a 44% reduction in homicides and prevented an estimated 319 homicides over three years.

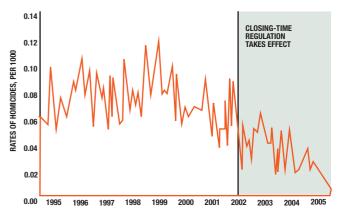


Fig.1 MONTHLY RATES OF HOMICIDES PER 1000 RESIDENTS BEFORE AND AFTER NEW BAR CLOSING-TIME REGULATIONS: DIADEMA, BRAZIL, JANUARY 1995-JULY 2005

First, science shows that violence is highly predictable when viewed at the population level of entire communities, cities and countries. Although it is unlikely we will ever be able to forecast which individuals will behave violently, statistical studies show that occurrences of almost every form of violence are highly patterned in respect of where and when they take place, the involvement of weapons, alcohol and drugs, the age and sex of the groups most likely to be involved, and indicators such as income, employment and education. Because they are so predictable, all forms of violence are therefore highly preventable.

Second, upstream investment brings downstream results. Investing in prevention – especially primary prevention activities that operate "upstream" of problems before they occur – has been shown to be more costeffective than responding to problems after they occur and to have large and sustained benefits.

Third, resources should be focused on the most vulnerable groups in the most vulnerable places. While all social classes experience violence, research shows that people with the lowest socioeconomic status and higher rates of unemployment are at greatest risk.

Fourth, political commitment to violence prevention is vital. While much can be achieved by grassroots organizations, individuals and institutions, the success of public health efforts ultimately depends on political commitment – including at the national level.

These and other key violence prevention lessons are captured in the public health model that the VPA and its Criminal Justice Liaison Group invite you to adopt.



What is the public health approach?

The focus of public health is on dealing with problems affecting health. But, by definition, it is not about individual people, but about populations. It aims to provide the maximum benefit for the largest number of people. This does not mean that public health ignores the care of individuals. Rather, the concern is to prevent health problems and to extend better care and safety to entire populations.

The public health approach is interdisciplinary and science-based. It draws upon knowledge from many disciplines, including medicine, epidemiology, sociology, psychology, criminology, education and economics. This has allowed the field of public health to be innovative and responsive to a wide range of diseases, illnesses and problem behaviours around the world.

The public health approach also emphasizes collective action. It has proved time and again that cooperative efforts from such diverse sectors as health, education, social services, justice and policy are necessary to solve what are usually assumed to be purely "criminal" problems. Each sector has a role to play in addressing the problem of violence and, collectively, the approaches taken by each have the potential to produce important reductions in violence.

In moving from the problem of violence to its solution, the public health approach comprises four key steps:

First, Uncovering as much basic knowledge as possible about all the aspects of violence through systematically collecting data on the magnitude, scope, characteristics and consequences of violence at local, national and international levels.

Second, Investigating why violence occurs – that is, conducting research to determine the causes and correlates of violence; the factors that increase or decrease the risk for violence; and the factors that might be modifiable through interventions.

Third, Exploring ways to prevent violence, using the information from the above, by designing, implementing, monitoring and evaluating interventions.

Fourth, Implementing interventions that appear promising, widely disseminating information and determining the cost-effectiveness of programmes.

Above all, public health is characterized by its emphasis on prevention. Rather than merely reacting to violence, its starting point is the scientific fact that violent behaviour and its consequences can be prevented. Public health identifies three levels of prevention:

Primary prevention seeks to stop violent behaviours from occurring in the first place. Activities may be focused on children from pre-birth through school age to adolescence, and their parents or principal caregivers. Interventions may include parenting initiatives, life and social skills training for children, and efforts to harness the violence-reducing effects of policies that address wider causal factors such as social and economic inequality, social and cultural norms that support the use of violence, and access to guns, alcohol and illicit drugs.

Secondary prevention aims to halt the progression of violence once it is established. This is achieved by early detection followed by prompt, effective treatment. This may include a focus on children and young people aged between 10 and 21 years. Activities might include diversion from the criminal justice system and positive opportunities for young people, mentoring schemes and social education, or alcohol treatment.

Tertiary Prevention involves the rehabilitation of people with an established violent behaviour or affected as a victim. Activities might include programmes for violent offenders within prisons and with victims in the community to minimize the impact of violence on them.

Ten credible evidence based strategies for preventing violence

- 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, such as guns, knives, and pesticides (often used to commit suicide, especially in low-and middle-income countries);
- 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.

In designing and implementing violence prevention programmes, the public health approach organizes the causes of violence into four levels of influence, each of which is also an entry point for interventions.

Individual level influences

are biological and personal factors that increase the likelihood of an individual becoming the victim or perpetrator of violence. These include factors such as alcohol and drug use, impulsive behaviour, a childhood history of maltreatment or witnessing domestic violence. Proven individual prevention strategies include pre-school enrichment programmes during early childhood (ages 3-5 years) and life skills training and social development programmes for children aged 6 to 18 years.

Relationship level influences

are factors within the family, and in friendship and peer networks that increase the risk of violence. Proven family prevention strategies include providing training for parents on child development, non-violent discipline and problem -solving skills and mentoring programmes to develop attachments between high risk youth and caring adults in order to build social skills and provide a sustained relationship.

Community level influences

include factors at school, in neighbourhoods and in workplaces that increase risk. They include a lack of education, a lack of vocational opportunities, and cultural norms that legitimize violence. Proven and promising community prevention strategies include increasing the availability and quality of childcare facilities and increasing the availability and quality of pre-school enrichment programmes.

Societal level influences

are the larger, macro level factors that influence violence such as gender equality, societal norms, economic or social conditions that support general inequalities. In society, strategies that are proven and promising include reducing alcohol availability and misuse through enactment and enforcement of liquor licensing laws, taxation and pricing; reducing access to lethal means, including firearms, sedatives and pesticides; and promoting gender equality through strategies such as supporting the economic empowerment of women.

Working together to prevent violence – what we can do now

For some time now, recognizing that they complement each other, the criminal justice and public health approaches to addressing violence have been converging. For instance, the criminal justice system has taken an increasing interest in preventing violence before it occurs. Much of community and problem-oriented policing aims to reduce crime and violence by altering the conditions that foster it – and not to increase the number of arrests. Juvenile justice systems – an important component of criminal justice systems – are largely based on the belief in prevention and rehabilitation.

These two sectors also converge in the increasing importance they attach to evidence-based programmes and interventions. Since its inception, evidence-based practice has been a fundamental tenet of the public health approach to violence prevention. In the criminal justice system, evidence-based approaches have in the last decade been rapidly gaining in prominence. Evidence-based policing and crime prevention is rapidly gaining ground in Australia and New Zealand, Germany, North America, Scandinavia and the United Kingdom. Their aim is more effective efforts to reduce crime in the community - including violent crime - by using scientific evidence about what works, what doesn't and what's promising.

To enhance collaboration between criminal justice, health, and other sectors with a role to play in preventing violence and to build on the existing convergence between these sectors, we suggest the following strategies – which have proven useful in establishing other existing collaborative prevention programming:

Th<mark>e Ca</mark>rdiff Model

Developed by Professor Jonathan Shepherd in Cardiff in Wales, the Cardiff model has shown that emergency departments can contribute distinctively and effectively to violence prevention by working with Crime and Disorder Reduction Partnerships (CDRPs) and by sharing, electronically wherever possible, simple anonymized data about precise location of violence, weapon use, assailants and day/time of violence. These data, and the contributions of doctors in CDRP meetings, enhance effectiveness of targeted policing significantly and have resulted in reductions in violence in drinking establishments and on the street and in overall accident and emergency violence-related attendances - in Cardiff, by 40% since 2002. The city has moved from the middle to the very top of safety rankings for similar cities, a position it has maintained for over three years.

The health sector was included in UK legislation which mandated the formation of CDRPs because research found that a great deal of violence which results in emergency department treatment was not known to the police (mainly because it is not reported, or picked up on public space CCTV). Hence, there is much to be gained from pooling emergency department and police data to get a true picture of all violence which results in serious harm and, more importantly, from organising violence prevention on the basis of this more complete picture.

Identify existing

and potential areas of collaboration between these sectors at local, national, regional and international levels, and draw attention to them via means such as conferences, talks, the media, journal articles, schools, and parental support systems.

Establish partnerships

between health and international law enforcement /criminal justice agencies and organizations so that each group of agencies can learn from one another.

Establish demonstration projects

which showcase successful examples of collaboration between the law enforcement /criminal justice, health and other sectors at national and municipal levels.

Engage with key decisionand policy-makers to:

- Raise awareness of the shared agenda that exists between public health and law enforcement/criminal justice approaches to violence prevention;
- Raise awareness of evidence-based approaches to preventing violence and reducing its consequences;
- Obtain a commitment from decision and policy-makers to formulate policy jointly in areas of violence prevention where the public health and law enforcement/criminal justice sectors can collaborate.

Increase cooperation between the sectors by encouraging, facilitating, and/or organizing:

- Joint meetings of public health and law enforcement/criminal justice professional organizations;
- Theme issues of specialist periodicals on collaboration between the public health and law enforcement/criminal justice sectors;
- Joint training and cross-fertilization in training, i.e. incorporating public health approaches to violence prevention in the curriculum of police academies and including law enforcement/criminal justice approaches in public health training.



Conclusion

Violence is not an intractable social problem, nor is it an inevitable part of the human condition. We can do much to address and prevent it. The largest part of the burden of violence falls upon the law enforcement /criminal justice and health sectors. Enhanced collaboration between these sectors could make a critical contribution towards reducing the violence—related burden on communities and reducing the number of victims of violence, thus improving the lives of individuals and families and strengthening communities and societies.

An evidence-based and multi-sectoral approach — in which the law enforcement/criminal justice and public health sectors play leading roles — can go a long way towards preventing all forms of violence and mitigating their consequences. So please accept this invitation to participate in a new collaborative approach to the prevention of violence. Changing from the path of reaction to the road of prevention will not be easy, but change we must if we are ever to make any headway in reducing violence.

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Additional information

-The World Report on Violence and Health (WHO,2002)

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

- -The Violence Reduction Unit, www.actiononviolence.org.uk
- -Cardiff Crime and Disorder Reduction Partnership (CDRP)

www.cardiff.ac.uk/dent1/contactsandpeople/academicstaff/shepherd-jonathan-prof.html

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