



Why Invest in Violence Prevention?

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Executive Summary

Scope of violence. Violence affects a significant proportion of the population. It threatens the lives and physical and mental health of millions of people, overburdens health systems, undermines human capital formation, and slows economic and social development.

Alongside the deaths it causes are the significant consequences of non-fatal violence: injuries and disabilities, mental health and behavioural consequences, reproductive health consequences, other health consequences, and the impact of violence on the social fabric. While violence affects people everywhere, those living in low and middle-income countries are at substantially greater risk for most forms of violence, and over 90% of violent deaths occur in these countries.

Preventability of violence. Violence is predictable and therefore preventable. The World Health Organization (WHO) has identified strategies for evidence-based interventions to prevent interpersonal and self-directed violence: developing safe, stable, and nurturing relationships between children and their parents and caregivers; developing life skills in children and adolescents; reducing availability and harmful use of alcohol; reducing access to guns, knives and pesticides; promoting gender equality; changing cultural norms that support violence; and ensuring victim identification, care, and support. Most violence prevention programmes have yet to be systematically implemented and monitored for their impact in low- and middle-income countries where the problem is the largest and the potential prevention gains are the greatest.

Why invest in violence prevention? There are several moral, public health, societal, economic, and business reasons for investing in violence prevention. Specifically, violence prevention:

- Supports basic human rights
- Reduces death and disease
- Addresses underlying societal factors and so intersects with other ongoing initiatives that address macro-level factors
- Can accelerate economic development
- Can improve revenues

What sorts of activities should be supported? WHO, CDC, and others have developed a substantial body of high-quality, science-based technical and normative guidance on how to better understand and prevent violence. Within this context, donor options for investment in violence prevention include:

- Direct prevention programming activities
- Surveillance and data work
- Research
- Meetings
- Coordination and secretariat functions

Conclusion. The moral, health, and business reasons for scaling up investments in violence prevention are compelling. By reducing the inequities in prevention investments between violence and related conditions, donors can safeguard against the likelihood that health gains achieved through their investments in disease prevention will be erased by the subsequent violent victimization of those whose lives are saved.

Value Proposition Statement

This document has been prepared by the Funders' Connect project group of the Violence Prevention Alliance (VPA). The Funders' Connect group is led by staff from the Education Development Center in Massachusetts, USA, and includes VPA participants from Brazil, the UK, the USA, and the World Health Organization's headquarters in Switzerland. It aims to connect violence prevention practitioners with potential funders, and to connect donors that already fund violence prevention with one another. In this way, the Funders' Connect group hopes to increase the amount and quality of funding available to public health oriented violence prevention programmes everywhere.

This document aims to make the case for increasing financial investment in the public health approach to the prevention of violence, and by doing so to strengthen the effectiveness of prevention programming, with the ultimate goal of preventing new acts of violence and averting their consequences for individuals, families, communities and societies.

We encourage readers to draw upon the text of this document when preparing your own proposals and presentations aimed at making the case for increased violence prevention funding. You may use the text in part or as a whole, but in so doing please acknowledge this document as the source (see suggested citation on the cover page).

Scope of violence

Violence represents a major health, criminal justice, human rights, and development challenge. It threatens the lives and physical and mental health of millions of people, overburdens health systems, undermines human capital formation, and slows economic and social development.¹

Violence affects a significant proportion of the population. Globally, 1 in 5 women and up to 1 in 10 men are victims of sexual violence in childhood.² The *WHO Multi-country Study on Women's Health and Domestic Violence Against Women* found that the proportion of ever-partnered women who had ever experienced physical or sexual violence, or both, by an intimate partner in their lifetime, ranged from 15% to 71%, with most sites falling between 29% and 62%.³ Each year, over 16 million people receive medical treatment for a violence-related injury.⁴ For people aged 15–44 years, homicide and suicide are among the top five causes of death. The annual toll of 1.6 million violence-related deaths is about half as many as those due to HIV/AIDS, roughly the same as those due to tuberculosis, and more than the annual number of deaths due to malaria or road traffic injuries.⁵ While violence affects

¹ Violence Prevention Alliance. (2010). *Violence Prevention Alliance: Conceptual framework* (p. 1). Geneva: World Health Organization.

² WHO-ISPAN. (2006). *Preventing child maltreatment: A guide to taking action and generating evidence* (p. 11). Geneva: World Health Organization.

³ Garcia-Moreno, C. et al. (2005). *WHO multi-country study on women's health and domestic violence against women* (p. 55). Geneva: World Health Organization.

⁴ World Health Organization. (2008). *The global burden of disease: 2004 update*. Geneva: Author. Retrieved from <http://www.who.int/evidence/bod> (Annual incidence (000s) for selected causes, in WHO Regions (a), estimates for 2004).

⁵ World Health Organization. (2008). *The global burden of disease: 2004 update*. Geneva: Author. Retrieved from <http://www.who.int/evidence/bod> (Summary: Deaths (000s) by cause, in WHO Regions (a), estimates for 2004).

people everywhere, those living in low and middle-income countries are at substantially greater risk for most forms of violence, and over 90% of violent deaths occur in these countries. When violence does occur in these countries, people there have extremely limited access to adequate emergency medical services, psychosocial help, and legal assistance.

Most deaths due to violence occur in settings that are at peace, and most perpetrators are victims themselves or people who are close to the victim, such as parents, intimate partners, friends, and acquaintances.⁶ Alongside the deaths it causes are the significant consequences of non-fatal violence: injuries and disabilities, mental health and behavioural consequences, reproductive health consequences, other health consequences, and the impact of violence on the social fabric. Together, these account for a substantial proportion of the global burden of disease, and in countries and regions where violence is highly prevalent, they erode social and intellectual capital and undermine human and economic development.⁷

Preventability of violence

Violence is predictable and therefore preventable.

The World Health Organization (WHO) published in 2009 a series of briefings that reviewed the evidence for interventions to prevent interpersonal and self-directed violence. The seven briefings provided guidance for the following violence prevention strategies: developing safe, stable, and nurturing relationships between children and their parents and caregivers; developing life skills in children and adolescents; reducing the availability and harmful use of alcohol; reducing access to guns, knives and pesticides; promoting gender equality to prevent violence against women; changing cultural norms that support violence; and ensuring victim identification, care and support.⁸ The briefings showed how programmes that address underlying causes and risk factors can reduce the frequency of violence-related outcomes by up to 50%. For example, studies cited in the briefings included:

- The Nurse Family Partnership home-visiting programme in the United States, which has been shown to reduce child maltreatment by nearly 50%.⁹
- The Seattle Social Development Programme, also in the United States, which reduced violent delinquency and saved US\$3 for every US\$1 invested.¹⁰
- In Australia's Northern Territories, the Living with Alcohol Programme was associated with a 36% decrease in deaths due to alcohol-related violence and unintentional injuries, compared with a 16% decrease in a control area.¹¹

⁶Violence Prevention Alliance. (2010). *Violence Prevention Alliance: Conceptual framework* (p. 1). Geneva: World Health Organization.

⁷Violence Prevention Alliance. (2010). *Violence Prevention Alliance: Conceptual framework* (p. 2). Geneva: World Health Organization.

⁸World Health Organization. (2009). *Violence prevention. The evidence. Overview*. Geneva: Author. Retrieved from http://whqlibdoc.who.int/publications/2009/9789241598507_eng.pdf

⁹Olds, D. et al. Long-term effects of home visitation on maternal life course and child abuse and neglect: 15-year follow-up of a randomized trial. *Journal of the American Medical Association*, 278, 637–643.

¹⁰Botvin, G. J., Griffin, K. W., Nichols, T. D. (2006). Preventing youth violence and delinquency through a universal school-based prevention approach. *Prevention Science*, 7, 403–408.

¹¹Stockwell, T. et al. (2001). The public health and safety benefits of the Northern Territory's Living with Alcohol program. *Drug and alcohol review*, 20, 167–180.

- In Brazil, legislation, which included raising the minimum purchase age of firearms to 25 and prohibiting the carrying of firearms outside the home or workplace, led to an 8% decrease in homicides and suicides.¹²
- In South Africa, the Intervention with Microfinance for AIDS and Gender Equity, which combined micro-loans with gender equity training, reduced intimate partner violence by 55%.¹³
- Child Advocacy Centers in the United States, which assess and provide care and treatment for abused children and young people, have been found to be effective and help reduce costs: For every US\$1 invested, there is a US\$3 saving in reduced costs of investigation and associated support.¹⁴

With some notable exceptions, violence prevention programmes such as those illustrated above have yet to be systematically implemented and monitored for their impact in low- and middle-income countries where the problem is the largest and the potential prevention gains are the greatest.

Why invest in violence prevention?

There are several moral, public health, societal, business, and economic reasons for investing in violence prevention:

- ***Violence prevention supports basic human rights.***

Morally, the case for investing in violence prevention rests upon the almost universal ratification by countries of human rights instruments that commit governments to doing everything they can to secure for their citizens a life free from violence. These include the Convention on the Rights of the Child, the Convention on the Elimination of Discrimination against Women, and The Universal Declaration of Human Rights.

A 2002 assessment of initiatives to end violence against women, conducted by the United Nations Development Fund for Women (UNIFEM), provided significant evidence supporting the idea that “violence against women is not only a crime; it is a violation of women’s human rights. Rape, for example, is not an ‘affront to a woman’s chastity’ but rather a profound violation of her bodily integrity and her right to dignity, security, and freedom from discrimination.”¹⁵ In Senegal, a basic education programme also had effects on violence prevention as it “significantly increased the awareness of women and men about human rights, gender-based violence, FGC [female genital mutilation], and reproductive health, [...] [A]wareness of human rights, violence, and FGC also increased in the comparison site.”¹⁶

- ***Violence prevention reduces deaths and disease.***

¹² De Souza, M.d.F. et al. (2007). Reductions in firearms related mortality and hospitalizations in Brazil after gun control. *Health Affairs*, 26, 575–584.

¹³ Pronyk, M. P. et al. (2006). Effect of a structural intervention for the prevention of intimate partner violence and HIV in rural South Africa: A cluster randomized trial. *Lancet*, 368, 1973–1983.

¹⁴ Shadion, A. et al. Executive summary. Findings from the MCAC cost-benefit analysis of community responses to child maltreatment. Retrieved December 7, 2010, from <http://www.nationalcac.org/professionals/research/CBA%20Executive%20Summary.pdf>

¹⁵ Fried, S. (2002). Violence against women. *Health and Human Rights: An International Journal*, 6(2), 88–111. Retrieved from <http://www.hhrjournal.org/archives-pdf/4065431.pdf.bannered.pdf>

¹⁶ http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Senegal_Tostan%20FGC.pdf

From a public health and social development perspective, investing in violence prevention can help reduce not only the burden of disease associated with deaths and non-fatal injuries, but even more importantly, it can help reduce the substantial burden of violence-related behavioural, mental health, and physical health outcomes.

All forms of violence, but particularly child maltreatment, intimate partner violence, and sexual violence, have been shown to have a range of other health consequences, such as depression, smoking, obesity, high-risk sexual behaviours, unintended pregnancy, alcohol and drug misuse, and increased risk of involvement in violence as a victim or perpetrator. For instance, a recent WHO study estimated that sexual abuse experienced during childhood accounts for serious health problems in the general population, including 27% of post-traumatic stress disorders, 10% of panic disorders, 8% of suicide attempts, and 6% of cases of depression, alcohol misuse, and illicit drug abuse.¹⁷ Via these behavioural and mental health consequences, these types of violence can also contribute to heart disease, cancer, suicide, and sexually transmitted infections.

A series of linked studies carried out jointly by the U.S. Centers for Disease Control and Prevention (CDC) and Kaiser Permanente have shown strong correlation between adverse childhood experiences, including experiencing or being exposed to violence, and a wide variety of adult physical and mental health conditions. These studies, collectively known as the Adverse Childhood Experience (ACE) studies, suggest that there are substantial and costly lifelong health and behavioural consequences of child maltreatment and argue for the importance of seeking to prevent violence through initiatives aimed at improving parenting and reducing childhood abuse and neglect.¹⁸

Violence and the threat of violence against women also contribute to the spread of HIV/AIDS. Numerous studies indicate that violence dramatically increases the vulnerability of women and girls to HIV/AIDS by making it difficult or impossible for them to abstain from sex, get their partners to be faithful, or use a condom.¹⁹

Developing life skills is one of the evidence-based strategies for violence prevention. A randomized controlled trial in the Eastern Cape province in South Africa analyzed the outcomes of the Stepping Stones programme, a life-skills training intervention developed for HIV prevention. It found that “a lower proportion of men who had participated in the programme committed physical or sexual intimate partner violence in the two years after the programme,”²⁰ compared with the control group.

- ***Violence prevention addresses underlying societal factors and thus intersects with other ongoing initiatives that address macro level factors.***

From a societal perspective, violence prevention initiatives also address the sociocultural factors that underlie violence prevention. The high sensitivity of violence to macro-level factors such as unemployment, income inequality, rapid social change, and access to

¹⁷ World Health Organization. (2008). *Preventing violence and reducing its impact: How development agencies can help*. Geneva: Author.

¹⁸ Adverse Childhood Experiences (ACE) Study. Retrieved December 13, 2010, from <http://www.cdc.gov/ace/index.htm>

¹⁹ The Global Coalition on Women and AIDS. (2006). Quick Facts. Retrieved November 14, 2010, from <http://womenandaids.unaids.org/>.

²⁰ World Health Organization. (2009). *Violence prevention the evidence: Promoting gender equality to prevent violence against women*. Geneva: Author.

education means that any comprehensive violence prevention strategy must include policies directed at these macro-level social factors and harness their potential to reduce the inequities that fuel interpersonal violence. For instance, in Bangladesh, a microfinance programme offered to women reduced women's vulnerability to men's violence by strengthening their economic roles and making their lives more public.²¹

In the United States, as pointed by Greenwood: "The Nurse Home Visitation programme produced significant savings in welfare costs for the mothers, healthcare costs for the children; increased tax receipts from the mothers' employment; and decreased arrests for both mothers and children. [T]he savings in future government spending produced by investments in [this programme] exceeds their costs by more than a factor of two."²²

- ***Violence prevention can accelerate economic development.***

From an economic perspective, investing in violence prevention can accelerate overall economic development. For example, a study by the United Nations Office on Drugs and Crime and the World Bank, comparing data from Costa Rica (homicide rate 8.1 per 100,000) with four nearby countries (Jamaica with 33.8; Haiti, 33.9; Guyana, 16.1; and Dominican Republic, 16.5) suggests significant gains by the latter could be made if violence could be reduced to Costa Rican levels. Haiti and Jamaica could both increase annual economic growth per capita by an estimated 5.4%, while Guyana and the Dominican Republic would also benefit from growth rate increases of 1.7% and 1.8%, respectively.²³

- ***Violence prevention can improve revenues.***

From a business perspective, violence prevention can also improve development revenues by reducing the direct and indirect costs of violence. In São Paulo, Brazil, the Federation of Industries estimate that the costs for security (private security, insurance, electronic surveillance, armoured vehicles, transportation of goods, etc.) for the private sector have come to represent a sizable portion of production and distribution.²⁴ Over a six-year period, in transportation alone, these costs escalated from representing 3% of the value of the cargo to 10% to 12% of this value.²⁵ Not accounted here are other costs such as that of greater stress for higher earning personnel due to fear and less willingness to be relocated to high violence contexts.

In Jamaica, a 2001 survey found high levels of concern about violence and crime among business managers, with many stating that violence and crime had either a significant, somewhat significant, or highly significant impact on particular business practices. More than 50% reported that violence and crime increased security costs, while 39% responded

²¹ Schuler, S., Hashemi, S., & Badal S.(1998). Men's violence against women in rural Bangladesh: Undermined or exacerbated by microcredit programs? *Development in Practice*, 8(2), pp. 148–57. doi: 10.1080/09614529853774

²² Greenwood, P.W. (2004). Cost-effective violence prevention through targeted family interventions [Youth violence: Scientific approaches to prevention: Part II. Secondary prevention: Tactics that apply to individuals at risk] *Annals of the New York Academy of Sciences* (Vol. 1036), pp 201–214.

²³ United Nations Office on Drugs and Crime and the World Bank. (2007). *Crime, violence, and development: Trends, costs, and policy options in the Caribbean*. Washington/Vienna: United Nations Office on Drugs and Crime and the Latin America and the Caribbean Region of the World Bank.

²⁴ Verbal communication by Cel Paulo Roberto de Souza, security consultant for the Brazilian Federation of Transportation and their representative at the Institute São Paulo against Violence and (see #25)

²⁵ de S.Paulo, F. (2002, May 26). *O preço da segurança* [The price of security], p. 1.

that they were less likely to expand their business because of it. Finally, 37% worried that violence and crime discouraged investments that would help to improve productivity.²⁶

Furthermore, violence prevention initiatives in the workplace can help reduce costs with workplace-related violence. In the European Union, between 40% and 50% of women reported some form of sexual harassment in the workplace. According to a 2000 study in India, a woman lost an average of at least five paid work days for each incident of intimate partner violence, while in Uganda, a 2009 survey reported that 9% of violent incidents caused women to miss approximately 11 days of paid work.²⁷

What sorts of activities should be supported?

A substantial body of high-quality, science-based technical and normative guidance on how to better understand and prevent violence has been developed by organizations such as WHO, the World Bank, and CDC. For instance, WHO has developed the ecological framework, which is based on evidence that no single factor can explain why some people or groups are at higher risk of interpersonal violence while others are more protected from it. This framework views interpersonal violence as the outcome of interaction among many factors at four levels—the individual, the relationship, the community, and the societal. This framework is useful to identify and cluster intervention strategies based on the ecological level in which they act.²⁸ CDC has published research that summarizes risk factors and protective factors for the perpetration of youth violence. Risk factors increase the likelihood that a young person will become violent and include factors at the individual, family, peer/school, and community levels. Protective factors buffer young people from the risks of becoming violent and include factors at individual/family and peer/school levels.²⁹ Addressing these factors guides the development of interventions. The International Centre for the Prevention of Crime has developed an *International Compendium of Crime Prevention Practices* to inspire action across the world. It contains crime prevention and community safety practices gleaned from North America, Europe, Africa, the Caribbean, Central and Latin America, Oceania, and South Asia “to inspire action across the world.”³⁰

Often working in concert, some of these organizations have also developed global networks of government focal points and technical assistance partners in research institutes, non-governmental organizations, and civil society organizations that, with the currently sparse financial resources available, are slowly advancing the global violence prevention agenda. For instance, the Violence Prevention Alliance is a network of WHO member states, international agencies, and civic society organizations working to prevent violence.

²⁶ World Health Organization. (2008). *Preventing violence and reducing its impact: How development agencies can help*, p. 7. Geneva: Author.

²⁷ United Nations. (2010, March 8). On International Women’s Day, strong recommendations to the business community to advance women’s empowerment and inclusion [website article]. Retrieved from <http://www.unglobalcompact.org/news/13-03-08-2010>

²⁸ World Health Organization. (n.d.). The ecological framework. Retrieved November 23, 2010, from <http://www.who.int/violenceprevention/approach/ecology/en/index.html>

²⁹ Centers for Disease Control and Prevention. (2008, August 7). Youth violence prevention. Scientific information: Risk and protective factors. Retrieved November 23, 2010, from <http://www.cdc.gov/ncipc/dvp/yvp/YVP-risk-p-factors.htm>

³⁰ International Centre for the Prevention of Crime. (2008). *International compendium of crime prevention practices*. Montreal: Author. Retrieved from http://www.crime-prevention-intl.org/uploads/media/pub_202_1.pdf

Participants of the Alliance share an evidence-based public health approach that targets risk factors leading to violence and promotes multi-sectoral cooperation.³¹

Donors wanting to boost this work therefore have a ready-made set of violence prevention tools and resources that they can help market and disseminate alongside a skilled network of implementation partners standing by to scale up their prevention activities. Within this context, donor options for investment in violence prevention include:

- Direct prevention programming activities (includes investing in ongoing or new violence prevention initiatives and building on scientific evidence and programme experience targeted to specific populations and/or settings)
- Surveillance and data work (includes investing in surveys and data analysis to better and consistently map the scope of violence)
- Research (includes investing in studies to better understand violence and its underlying factors)
- Meetings (includes investing in gatherings of experts and practitioners to share experience and expertise about violence and prevention and to map out strategies for the way forward)
- Coordination and secretariat functions (includes investing in a body that coordinates the ongoing activities and makes resources available to those who need them)

Conclusion

The moral, health, and business reasons for scaling up investments in violence prevention are compelling, and by reducing the inequities in prevention investments between violence and related conditions, donors can safeguard against the likelihood that health gains achieved through their investments in disease prevention are being erased by the subsequent violent victimization of those whose lives are saved.

³¹ World Health Organization. Violence Prevention Alliance. Retrieved November 23, 2010, from <http://www.who.int/violenceprevention/en/>

Annex: Overview of Violence and Violence Prevention

Based on the typology of violence in the *World Report on Violence and Health*,³² the three main forms of violence are self-directed violence (suicide, suicide attempts, and self-abuse), interpersonal violence (youth violence, intimate partner violence, sexual violence, child maltreatment, and elder abuse) and collective violence (war and other forms of armed conflict and state perpetrated genocide, repression, and torture). In 2004, together they accounted for 1.6 million deaths or 2.8% of the overall global burden of mortality (GBM). This can be broken down as follows:³³

- Self-directed violence: 844,000 deaths (1.4% of GBM)
- Interpersonal violence: 600,000 deaths (1% of GBM)
- Collective violence: 184,000 deaths (0.3% of GBM)

Overall, violence is among the leading causes of death for people 15–44 years of age. By 2030, violence overall is projected to rise in the ranking of leading causes of death. In 2004, interpersonal violence was the 22nd leading cause of death but is projected to be the 16th by 2030, while suicide was the 16th leading cause of death in 2004 but will be the 12th by 2030.³⁴

Violence prevention is commonly undertaken using an evidence-based public health approach that targets the root causes and risk factors underlying the likelihood of an individual becoming involved in violence, and that recognizes the need for improved services to mitigate the harmful effects of violence when it does occur. The approach consists of four steps:

1. Defining the problem
2. Identifying causes and risk factors
3. Designing and testing interventions aimed at minimizing the risk factors
4. Disseminating information about the effectiveness of interventions and increasing the scale of proven effective interventions

This approach is science-driven, population-based, interdisciplinary, and intersectoral. It emphasizes primary prevention that aims to prevent violence before it occurs; is based on the ecological model that views violence not as the outcome of any single risk factor but of multiple risk factors and causes that interact at all four levels of a nested hierarchy comprising the individual, family/close relationship, community and society; and adopts a life-course perspective based upon understanding how influences early in life can act as risk factors for problems at later stages.

³² World Health Organization. (2002). *World report on violence and health*. Geneva: Author.

³³ World Health Organization. (2008.) *The global burden of disease. 2004 update*. Geneva: Author. Retrieved from http://www.who.int/healthinfo/global_burden_disease/2004_report_update/en/index.html

³⁴ World Health Organization. (2010). *Injuries and violence: The facts*, p. 4. Geneva: Author. Retrieved from: http://www.who.int/violence_injury_prevention/key_facts/en/index.html