

# 18 Violence prevention

## The evidence

### *World Health Organization*

As noted in the *World report on violence and health*,<sup>1</sup> violence has always been part of the human experience. Today, violence results in more than 1.5 million people being killed each year and many more suffer non-fatal injuries and chronic, non-injury health consequences as a result of suicide attempts, interpersonal violence (youth violence, intimate partner violence, child maltreatment, elder abuse and sexual violence) and collective violence (war and other forms of armed conflict). Overall, violence is among the leading causes of death worldwide for people aged 15–44 years.

Despite the fact that violence has always been present, the world does not have to accept it as an inevitable part of the human condition. As long as there has been violence, there have also been systems – religious, philosophical, legal and communal – that have grown up to prevent or limit it. None has been completely successful, but all have made their contribution to this defining mark of civilization. Since the early 1980s, the field of public health has been a growing asset in this response. A wide range of public health practitioners, researchers and systems have set themselves the tasks of understanding the roots of violence and preventing its occurrence.<sup>1</sup>

Their experience and the scientific studies they have conducted clearly demonstrate that violence can be prevented and its impact reduced, in the same way that public health efforts have prevented and reduced pregnancy-related complications, workplace injuries, infectious diseases and illness resulting from contaminated food and water in many parts of the world. The factors that contribute to violent responses – whether they are factors of attitude and behaviour or related to larger social, economic, political and cultural conditions – can be changed.

Violence can be prevented. This is not an article of faith, but a statement based on evidence. *Violence prevention: the evidence* is a set of seven briefings based on rigorous reviews of the literature which examines scientific evidence for the effectiveness of interventions to prevent interpersonal and self-directed violence.<sup>2</sup> Each briefing focuses on a broad strategy for preventing violence, and under that umbrella reviews the evidence for the effectiveness of specific interventions. The violence prevention strategies covered in the seven briefings are:

1. Developing safe, stable and nurturing relationships between children and their parents and caregivers;
2. Developing life skills in children and adolescents;
3. Reducing the availability and harmful use of alcohol;
4. Reducing access to guns, knives and pesticides;

5. Promoting gender equality to prevent violence against women;
6. Changing cultural and social norms that support violence;
7. Victim identification, care and support programmes.

This document summarizes the headline findings from each of the seven briefings and spotlights the specific interventions within each strategy that have the strongest evidence for preventing violence. Table 1 presents the overview, indicating for each intervention the strength of the evidence for its effectiveness and the types of violence it has been found to prevent.

## The interventions

The seven briefing documents themselves provide more detail about these and other interventions, additional examples of their implementation and a full discussion of the strengths and limitations of the evidence for their effectiveness.

*Table 1* Overview of violence prevention interventions with some evidence of effectiveness by types of violence prevented

| Intervention                                                                                            | Type of violence |     |    |    |    |   |
|---------------------------------------------------------------------------------------------------------|------------------|-----|----|----|----|---|
|                                                                                                         | CM               | IPV | SV | YV | EA | S |
| 1 Developing safe, stable and nurturing relationships between children and their parents and caregivers |                  |     |    |    |    |   |
| Parent training, including nurse home visitation                                                        | ●                |     |    | ○  |    |   |
| Parent-child programmes                                                                                 | ○                |     |    | ○  |    |   |
| 2 Developing life skills in children and adolescents                                                    |                  |     |    |    |    |   |
| Preschool enrichment programmes                                                                         |                  |     |    | ○  |    |   |
| Social development programmes                                                                           |                  |     |    | ●  |    |   |
| 3 Reducing the availability and harmful use of alcohol                                                  |                  |     |    |    |    |   |
| Regulating sales of alcohol                                                                             |                  |     |    | ○  |    |   |
| Raising alcohol prices                                                                                  |                  |     |    | ○  |    |   |
| Interventions for problem drinkers                                                                      |                  | ●   |    |    |    |   |
| Improving drinking environments                                                                         |                  |     |    | ○  |    |   |
| 4 Reducing access to guns, knives and pesticides                                                        |                  |     |    |    |    |   |
| Restrictive firearm licensing and purchase policies                                                     |                  |     |    | ○  |    | ○ |
| Enforced bans on carrying firearms in public                                                            |                  |     |    | ○  |    |   |
| Policies to restrict or ban toxic substances                                                            |                  |     |    |    |    | ○ |
| 5 Promoting gender equality to prevent violence against women                                           |                  |     |    |    |    |   |
| School-based programmes to address gender norms and attitudes                                           |                  | ●   | ○  |    |    |   |
| Microfinance combined with gender equity training                                                       |                  | ○   |    |    |    |   |
| Life-skills interventions                                                                               |                  | ○   |    |    |    |   |
| 6 Changing cultural and social norms that support violence                                              |                  |     |    |    |    |   |
| Social marketing to modify social norms                                                                 |                  | ○   | ○  |    |    |   |
| 7 Victim identification, care and support programmes                                                    |                  |     |    |    |    |   |
| Screening and referral                                                                                  |                  | ○   |    |    |    |   |
| Advocacy support programmes                                                                             |                  | ●   |    |    |    |   |
| Psychosocial interventions                                                                              |                  |     |    | ○  |    |   |
| Protection orders                                                                                       |                  | ○   |    |    |    |   |

**KEY**  
 ● Well supported by evidence (multiple randomized controlled trials with different populations)  
 ○ Emerging evidence  
 CM – Child maltreatment; IPV – Intimate partner violence; SV – Sexual violence; YV – Youth violence; EA – Elder abuse; S – Suicide and other forms of self-directed violence

### ***1. Developing safe, stable and nurturing relationships between children and their parents and caregivers***

Some interventions that encourage nurturing relationships between parents (or caregivers) and children in their early years have been shown to prevent child maltreatment and reduce childhood aggression. These types of interventions also have the potential to prevent the life-long negative consequences of child maltreatment for mental and physical health, social and occupational functioning, human capital and security and, ultimately, for social and economic development. There is also emerging evidence that they reduce convictions and violent acts in adolescence and early adulthood, and probably help decrease intimate partner violence and self-directed violence in later life.

High-quality trials in the United States of America and other developed countries have shown that both the Nurse Family Partnership home-visiting programme and the Positive Parenting Programme (Triple P) reduce child maltreatment. In home-visiting programmes, trained personnel visit parents and children in their homes and provide health advice, support, child development education and life coaching for parents to improve child health, foster parental care-giving abilities and prevent child maltreatment. Parenting education programmes, such as the Triple P, are usually centre-based and delivered in groups and aim to prevent child maltreatment by improving parents' child-rearing skills, increasing parental knowledge of child development and encouraging positive child management strategies. Evidence also suggests that parent and child programmes – which typically incorporate parenting education along with child education, social support and other services – may prevent child maltreatment and youth violence later in life.

As evidence for the effectiveness of these parenting and parent-child programmes in high-income countries continues to expand, the time is ripe to initiate their large-scale implementation and outcome evaluation in low-income and middle-income countries.

### ***2. Developing life skills in children and adolescents***

Evidence shows that the life-skills acquired in social development programmes (which are aimed at building social, emotional and behavioural competencies) can prevent youth violence, while preschool enrichment programmes (which provide children with academic and social skills at an early age) appear promising. Life skills help children and adolescents effectively deal with the challenges of everyday life. Such programmes that target children early in life can prevent aggression, reduce involvement in violence, improve social skills, boost educational achievement and improve job prospects. These effects are most pronounced in children from poor families and neighbourhoods. The benefits of high-quality programmes which invest early in an individual's life have the potential to last into adulthood.

Most of the research on life skills programmes has been conducted in high-income countries, particularly the United States. More evidence is needed on the impacts of preschool enrichment and social development programmes in low-income and middle-income countries.

### ***3. Reducing the availability and harmful use of alcohol***

Evidence is emerging that violence may be prevented by reducing the availability of alcohol, through brief interventions and longer-term treatment for problem drinkers and by improving the management of environments where alcohol is served. Currently, evidence for the effectiveness of such interventions is rarely from randomized controlled trials and comes chiefly from developed countries and some parts of Latin America.

Alcohol availability can be regulated by restricting the hours or days it can be sold and by reducing the number of alcohol retail outlets. Reduced sales hours have generally been found to be associated with reduced violence and higher outlet densities with higher levels of violence. Economic modelling strongly suggests that raising alcohol prices (e.g. through increased taxes, state controlled monopolies and minimum price policies) can lower consumption and, hence, reduce violence.

Brief interventions and longer-term treatment for problem drinkers – using, for instance, cognitive behavioural therapy – have been shown in several trials to reduce various forms of violence such as child maltreatment, intimate partner violence and suicide.

Some evidence is beginning to support interventions in and around drinking establishments that target factors such as crowding, comfort levels, physical design, staff training and access to late night transport.

#### ***4. Reducing access to guns, knives and pesticides***

Evidence emerging suggests that limiting access to firearms and pesticides can prevent homicides (most of which occur between young males between 15–29-years-old), suicides and injuries and reduce the costs of these forms of violence to society. More rigorous studies are, however, needed.

There is some evidence, for example, to suggest that jurisdictions with restrictive firearms legislation and lower firearms ownership tend to have lower levels of gun violence. Restrictive firearm licensing and purchasing policies – including bans, licensing schemes, minimum ages for buyers, background checks – have been implemented and appear to be effective in countries such as Australia, Austria, Brazil and New Zealand. Studies in Colombia and El Salvador indicate that enforced bans on carrying firearms in public may reduce homicide rates.

Safer storage of pesticides, bans and replacement by less toxic alternatives could prevent many of the estimated 370,000 suicides caused by ingestion of pesticides every year. International conventions attempt to manage hazardous substances; however, many highly toxic pesticides are still widely used. Research suggests, however, that bans must be accompanied by evaluations of agricultural needs and replacement with low-risk alternatives for pest control.

#### ***5. Promoting gender equality to prevent violence against women***

Though further research is needed, some evidence shows that school and community interventions can promote gender equality and prevent violence against women by challenging stereotypes and cultural norms that give men power and control over women.

School-based programmes can address gender norms and attitudes before they become deeply engrained in children and youth. Trials of the Safe Dates programme in the United States and the Youth Relationship Project in Canada, which also addresses dating violence, have reported positive results.

Outcome evaluation studies are beginning to support community interventions that aim to prevent violence against women by promoting gender equality. Evidence suggests that programmes that combine microfinance with gender equity training can reduce intimate partner violence. Some of the strongest evidence is for the IMAGE initiative in South Africa which combines microloans and gender equity training. Another intervention for which evidence of effectiveness is building up is the Stepping Stones programme in Africa and Asia

which is a life-skills training programme which addresses gender-based violence, relationship skills, assertiveness training and communication about HIV.

### ***6. Changing cultural and social norms that support violence***

Rules or expectations of behaviour-norms-within a cultural or social group can encourage violence. Interventions that challenge cultural and social norms supportive of violence can prevent acts of violence and have been widely used, but the evidence base for their effectiveness is currently weak. Further rigorous evaluations of such interventions are required.

The effectiveness of interventions addressing dating violence and sexual abuse among teenagers and young adults by challenging social and cultural norms related to gender is supported by some evidence. Other interventions appear promising, including those targeting youth violence and education through entertainment ("edutainment") aimed at reducing intimate partner violence.

### ***7. Victim identification, care and support programmes***

Interventions to identify victims of interpersonal violence and provide effective care and support are critical for protecting health and breaking cycles of violence from one generation to the next.<sup>3</sup>

Evidence of effectiveness is emerging for the following interventions: screening tools to identify victims of intimate partner violence and refer them to appropriate services; psychosocial interventions – such as trauma-focused cognitive behavioural therapy – to reduce mental health problems associated with violence, including post-traumatic stress disorder; and protection orders, which prohibit a perpetrator from contacting the victim, to reduce repeat victimization among victims of intimate partner violence. Several trials have shown that advocacy support programmes – which offer services such as advice, counselling, safety planning and referral to other agencies – increase victims' safety behaviours and reduce further harm.

## **Harnessing policies that address social determinants of violence**

Interpersonal violence is strongly associated with such macro-level social factors as unemployment, income inequality, rapid social change and access to education. Any comprehensive violence prevention strategy must not only address those risk factors targeted by the interventions outlined in these briefings, but must also be integrated with policies directed at these macro-level social factors and harness their potential to reduce the inequities which fuel interpersonal violence.

### **Next steps**

The last decades have seen a rapid growth in the awareness that violence can be prevented. In high-income countries, in particular, there has been a clear increase in the number of governments actively developing violence prevention policies and implementing programmes informed by the kinds of evidence reviewed in this document and the seven briefings. However, the challenge of scaling up violence prevention investments in low-income and middle-income countries remains. This requires encouraging wealthy donor countries to devote more development aid to the issue. Just as importantly, it also calls for getting governments to

shift more of their budget from caring for victims of violence and from detecting, prosecuting and punishing its perpetrators to preventing violence. Based on these reflections, the following next steps, if implemented, would do much to help advance the violence prevention agenda, and with it the safety, security and well being of people everywhere.

- The need to expand the evidence base in no way precludes taking action now and implementing interventions, guided by the evidence base described in these briefings, to prevent interpersonal and self-directed violence in all countries.
- Intensify and expand violence prevention awareness among decision makers in low-income and middle-income countries and leaders of high-income countries and international donor agencies.
- Increase the flow to low-income and middle-income countries of financial resources and technical support for violence prevention. Currently, the international community, through bodies such as the Global Fund to Fight AIDS, Malaria and Tuberculosis, supports disease prevention in developing countries; it could also contribute to the start-up costs of national violence prevention initiatives.
- Strengthen evidence-based, prevention-oriented collaborative work between public health and criminal justice agencies, these being the two arms of government most directly impacted by violence and with the highest stakes in its prevention.
- Enhance investment in research on violence and violence prevention, especially in low-income and middle-income countries, and particularly with a view to expanding the number of outcome evaluation studies.

*Violence prevention: the evidence* can help advocates, policy makers and programme designers and implementers to reduce the heavy burden of death and injury caused by violence. It can contribute towards reducing the far-reaching impact violence has on mental and physical health, school and job performance, people's ability to successfully relate to others, the safety of communities and, ultimately, the social and economic development of countries.

## Notes

- 1 Krug EG et al., eds. *World report on violence and health*. Geneva, World Health Organization 2002.
- 2 While these briefings and this overview draw on a wide range of literature, they are particularly indebted to the following two previous publications: (1) Rosenberg ML et al. Interpersonal violence. In Jamison DT et al. (eds.) *Disease Control Priorities in Developing Countries*, 2nd Edition. Washington, D.C.: Oxford University Press and The World Bank, 2006: 755–770; (2) Mercy JA et al. Preventing violence in developing countries: a framework for action. *International Journal of Injury Control and Safety Promotion* 2008, 15(4): 197–208.
- 3 The briefing does not cover the area of pre-hospital and emergency medical care since this is already addressed by the following guidelines: Mock C. et al. *Guidelines for trauma quality improvement*. Geneva, World Health Organization, 2009; Sasser S. et al. *Prehospital trauma care systems*. Geneva, World Health Organization, 2005; Mock C. et al. *Guidelines for essential trauma care*. Geneva, World Health Organization, 2004.