WHO's global strategy for preventing violence and the role of research and evidence within it

Violence Research Centre, Cambridge 20 April 2015



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Structure of presentation



1. Background

- WHO
- The field of global violence prevention
- Preliminary comments on research and evidence

2. WHO's strategy

- → The role of research and evidence within it
- 3. Key assumptions, challenges, & research gaps
- 4. Conclusion

1. Background 1: WHO



Directing & coordinating authority for health within the UN system

6 core functions:

- Providing leadership on global health matters
- Shaping the health research agenda
- Setting norms and standards
- Articulating evidence-based policy options
- Providing technical support to countries, and
- Monitoring and assessing health trends

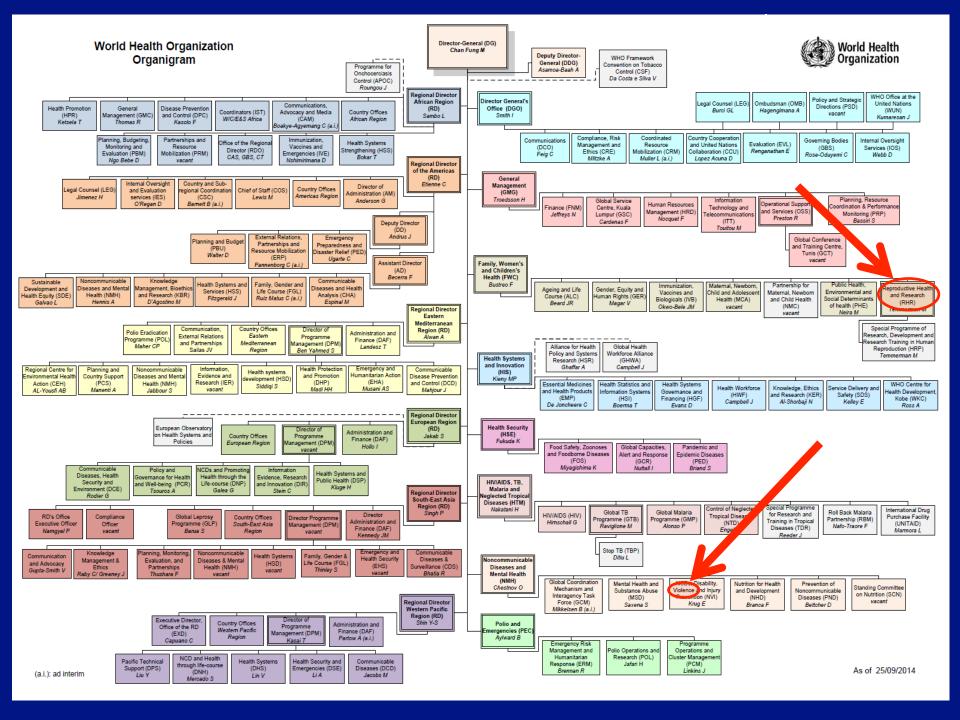


WHO Governance









WHO Violence Prevention Staff & Budget



- WHO Headquarters
 - In PVL 3 full time technical staff, 1 administrator
 - In Reproductive Health and Research, 2 full time technical staff
- WHO Regional Offices
 - AFRO 20% of one regional adviser
 - AMRO 1.5 full time advisers
 - EMRO 1 full time regional adviser
 - EURO 50% of one regional adviser
 - SEARO 20% of one regional adviser
 - WPRO 50% of one regional adviser



- Total budget = approx. US\$ 4 million per year
- ~ 0.2% of WHO's annual budget of 2 billion





- WHO Collaborating Centres
- 100+ Ministry of Health focal points for VIP
 - → Ministries of Health are main counterparts
- NGOs in official relation (e.g. ISPCAN, ICRC)
- Violence Prevention Alliance (60+ participants)

Why WHO decided to tackle violence



- Violence also the concern of the health sector:
 - Healt Injury deaths compared to other leading causes of mortality, world, 2012.
 - How injuries and violence claim lives Causes of injury deaths, world, 2012.

475 OC

SINCE 2000

4 out of 5 are male

ies per aths

Source: WHO Global Health Estimates,

ences

homicide deaths per year

children has been 1 in 3

Hundreds of thousands

of young victims of violence receive emergency medical care each year

women has been a victim of physical/ sexual intimate partner violence in her lifetime

olence

older people has been abused in past month

Why WHO decided to tackle violence



- Violence also health problem because:
 - Health care personnel deal with victims of violence
 - Violence has lifelong health consequences
 - Information and capacity to do prevention work
 - Well-placed to identify victims of violence
- GBD/GHE 1st estimates in 1990 included violence
- Violence defined as a PH issue in the US and by CDC
- →1996 WHA resolution: "WHA49.25 Prevention of violence: a public health priority"
- → Setting up Department of VIP in 1999

Background 2: The field of global VP



The global violence prevention field

 International actors which are financially, intellectually, institutionally, and personally inter-linked to varying degrees and share a common focus on preventing violence.

Role of international actors

- Interest articulation and aggregation;
- Changing norms, systems of belief, and patterns of behaviour;
- Generating information, e.g. statistical data;
- Operational activities such as providing funding, policy advice and assistance
- Some of the main players: UNICEF, UNODC, UNDP, WB, UNWomen, WHO, ISPCAN, ICPC, US-CDC, & academic institutions.

Three phases of development



- The Formative Phase: 1975–1999:
 - UNESCO: violence not genetic, therefore preventable (1986);
 - UN Convention on Child (1989), Declaration on the Elimination of Violence against Women (UNGA 1994), WHO resolution (1996)
 - Approaches: human rights, criminal justice and emergence of PH
- The Normative Phase: 2000–2010
 - Normative/technical guidance & establishment of VP programmes
 - WHO's WRVH (2002), SVRI (2003), World report on violence against children (2006)
- The Operational Phase: 2011 to Date
 - Sufficient knowledge about how to prevent violence now exists;
 - Funding from private foundations;
 - VAC surveys, Children and Violence Evaluation Challenge Fund, GSRVP

Background 3: Comments on research & evidence

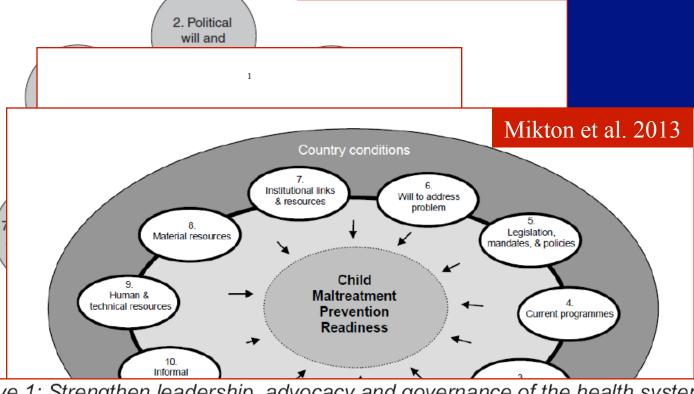


Evidence = data that are systematically collected, to minimize bias, pertaining to judgements and decisions about prevalence, incidence, consequences, risk factors, causes, effectiveness, and cost-effectiveness of violence and its prevention.

- Mainly applied research
- •Distinguish between:
 - Research & evidence we draw on
 - Research & evidence we produce
 - Promoting further research as an aim of our strategy
- Research in WHO's core functions "shaping the research agenda and stimulating research"
- •WHO is not a research institution, but many links with world of research

WHO's violence prevention strategy since 2002 World Health Organization Political support Policies & plans AIM: reduce burden of mortality & morbidity due to violence FOCUS: Low- and middle-income countries programmes & victim services Capacity development Scientific & technical support WHO – Prevention of Violence Unit & Partners

Mikton & Butchart 2013



Objective 1: Strengthen leadership, advocacy and governance of the health system in addressing violence

Objective 2: Strengthen the capacity of health services and health-care providers to respond to violence.....

Objective 3: Strengthen the role and capacity of the health sector in programming to prevent violence.....

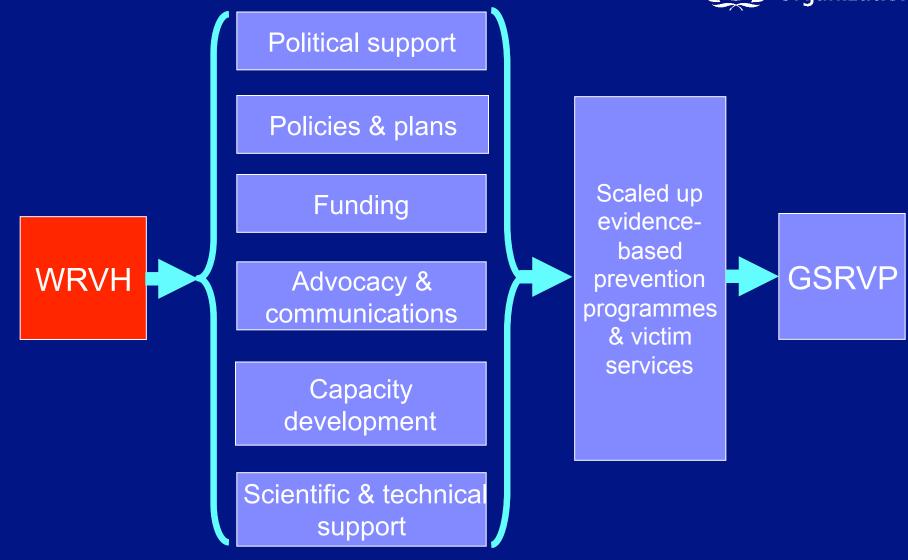
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Objective 4: Improve research and evidence on violence.....

GPAV 2016



WHO's violence prevention strategy





WHO – Prevention of Violence Unit & Partners

World report on violence and health - 2002





- First comprehensive review of the problem on a global scale
 - Definition & typology
 - Magnitude and impact
 - Key risk factors
 - Interventions and policy responses
 - Recommendations

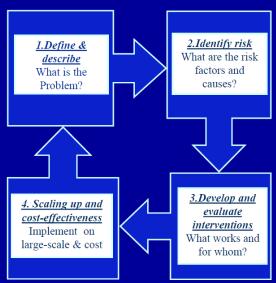
Violence can be prevented and its impact reduced

→ Public health approach

The public health approach



- Integrated approach to violence prevention
- Population-based
- Emphasizes primary prevention
- Multidisciplinary and multi-sectoral in nature
- Systematic, evidence-based approach with 4 steps
- Based on ecological model



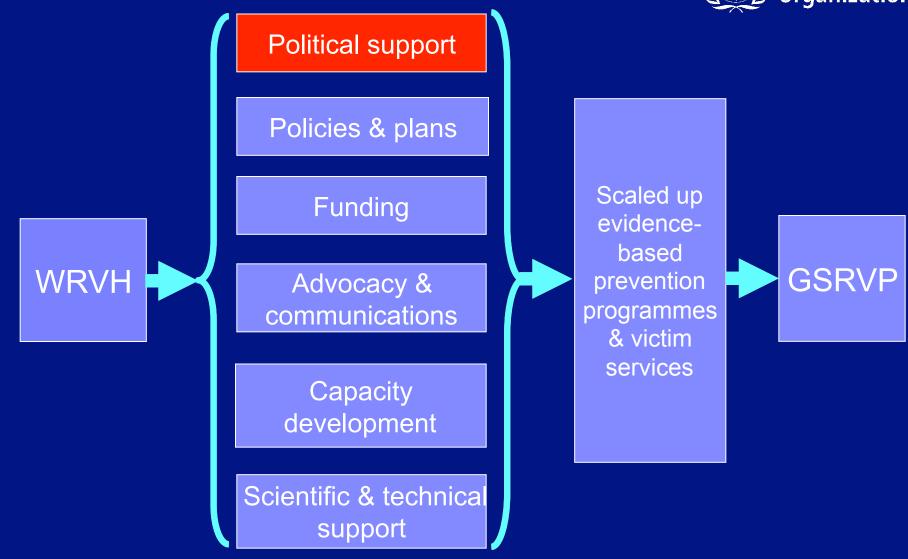
The role of research & evidence



- Establishing of department of VIP product of GBD estimates
- PH approach: draws on methodological research and provides clear framework for VP
- WRVH includes extensive reviews drawing on research on prevalence, risk factors, effectiveness of interventions, policies etc.
- Rec. 3 of WRVH: "Define priorities for, and support research on the causes, consequences, costs & prevention of violence"
- Dozens of researchers were involved in it

WHO's violence prevention strategy since 2002





WHO – Prevention of Violence Unit & Partners

Political support



1996 - Pres priority WI 2003 - Impi World repo 2003 - WH 2004 – WH 2005 & 20

SIXTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA67.15

Agenda item 14.3

24 May 2014

Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children

The Sixty-seventh World Health Assembly

Having considered the report on addressing the global challenge of violence, in particular against women and girls, and against children;

Recalling resolution WHA49.25 (1996), which declared violence a leading worldwide public health problem, resolution WHA56.24 (2003) on implementing the recommendations of the World report on violence and health, and resolution WHA61.16 (2008) on the elimination of female genital mutilation;

Cognizant of the many efforts across the United Nations system to address the challenge of violence, in particular against women and girls, and against children including the International Conference on Population and Development, the Beijing Declaration and Platform for Action, and all relevant United Nations General Assembly and Human Rights Council resolutions, as well as all relevant Commission on the Status of Women agreed conclusions;

Noting that violence is defined by the WHO as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation";

Noting also that interpersonal violence, distinguished from self-inflicted violence and collective violence, is divided into family and partner violence and community violence, and includes forms of violence throughout the life course, such as child abuse, partner violence, abuse of the elderly, family members, youth violence, nandom acts of violence, rape or sexual assault and violence in institutional settings such as schools, workplaces, prisons and nursing homes;³

Recalling the definition of violence against women as stated in the 1993 Declaration on the Elimination of Violence against Women;⁴



Document A67/22

² World report on violence and health. Geneva: World Health Organization; 2002.

³ Page 6 of World report on violence and health. Geneva: World Health Organization; 2002.

⁴ United Nations General Assembly resolution A/RES/48/104.



GOAL 16

PROMOTE PEACEFUL AND INCLUSIVE SOCIETIES FOR SUSTAINABLE DEVELOPMENT, PROVIDE ACCESS TO JUSTICE FOR ALL AND BUILD EFFECTIVE, ACCOUNTABLE AND INCLUSIVE INSTITUTIONS AT ALL LEVELS

- 16.1 Significantly reduce all forms of violence and related death rates everywhere
- 16.2 End abuse, exploitation, trafficking and all forms of violence and torture against children
- 16.3 Promote the rule of law at the national and international levels, and ensure equal access to justice for all



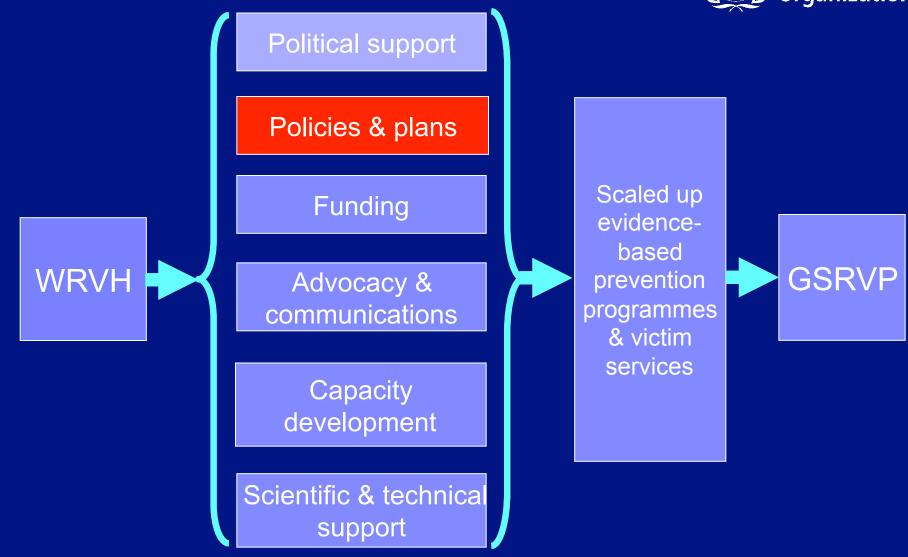
The role of research & evidence



- Making case: drawing on evidence about burden, consequences, cost, and preventability & costeffectiveness
- But we don't draw on research in political science etc., in our efforts to mobilize political support
- We also try to mobilize political support for further research

WHO's violence prevention strategy





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Policies and plans

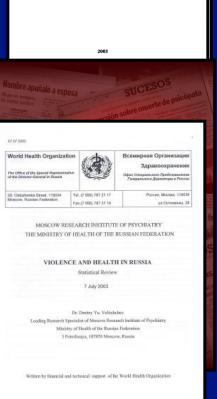


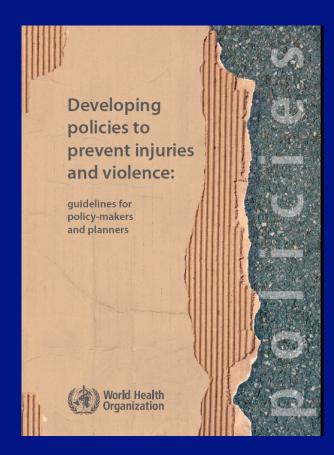


Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children, building on existing relevant WHO work

> First Discussion Paper containing Draft Zero (NOT FOR CITATION) 20 March 2015







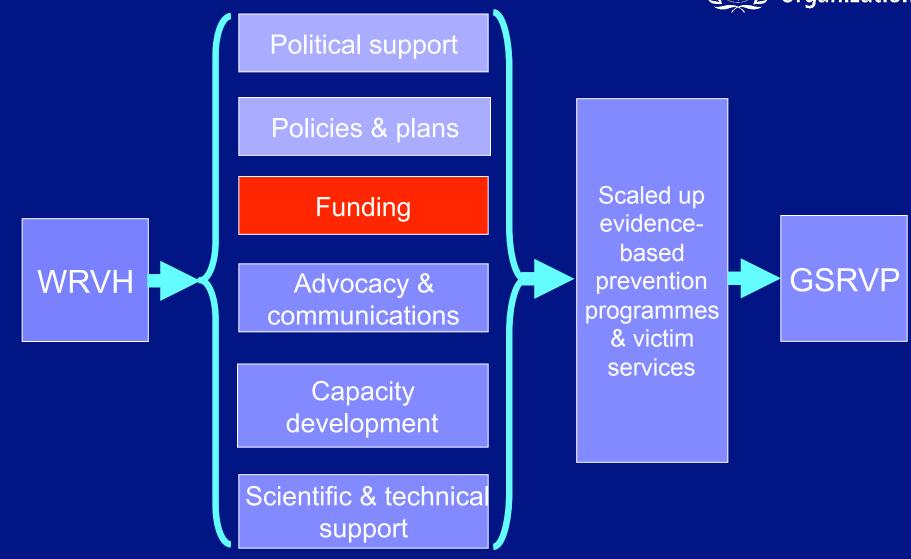
The role of research & evidence



- Emphasis on using data to develop plans and policies and to monitor their effects
- Guide on policy development draws on public policy development research and provides useful guide for VP
- Most of us are not experts on public policy research and policy analysis – but have used some of this research – e.g. Shiffman & Smith 2009, Morris et al. 2008.

WHO's violence prevention strategy





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Funding



- Funding not commensurate with burden of violence
- Development agencies and large foundations reluctant, so far
- Smaller private foundations more active
- And a few governments (eg. US, Belgium, Norway)
- Global fund for violence prevention?

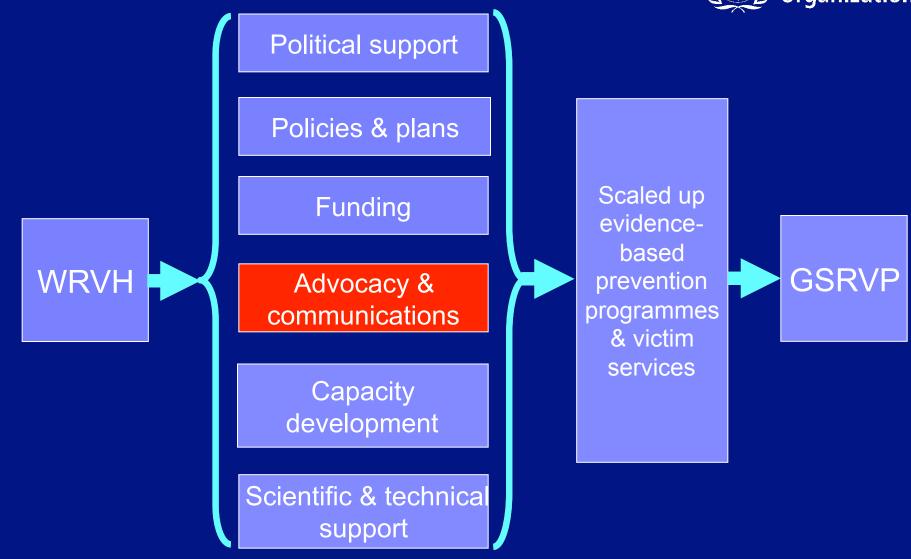
The role of research & evidence



 Making case: importance of research on costs (including opportunity costs), preventability and cost-effectiveness

WHO's violence prevention strategy





WHO – Prevention of Violence Unit & Partners

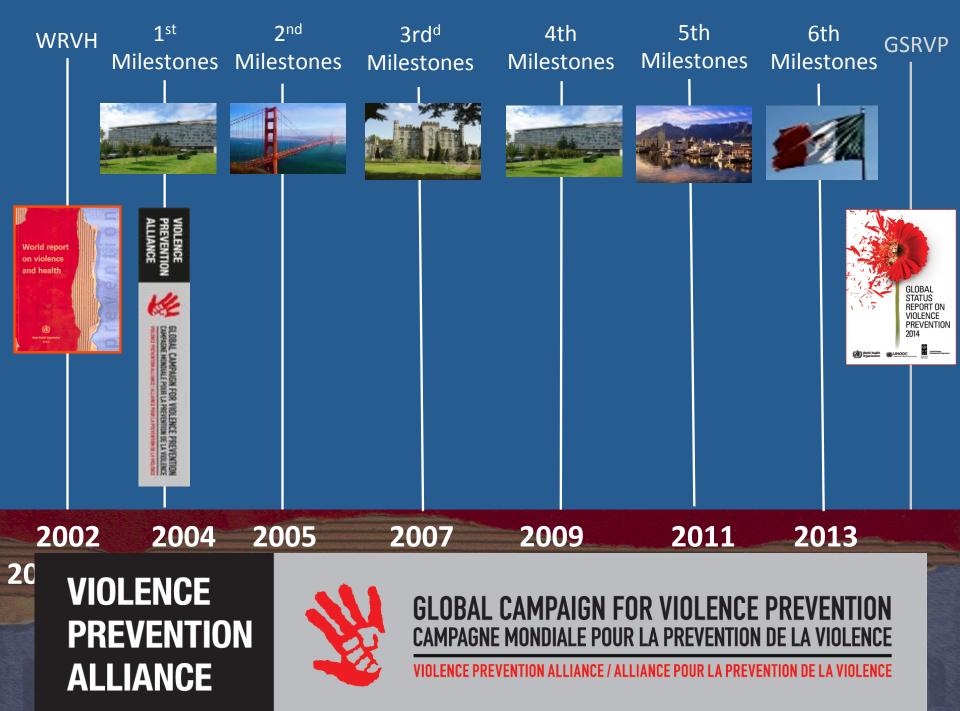
The Violence Prevention Alliance



- Informal network of governmental, nongovernmental, international & private organizations and research institutions
- 2015 Over 60 participants
 - All dedicated to promoting the prevention of interpersonal violence using an evidenceinformed approach

VIOLENCE PREVENTION ALLIANCE





Advocacy and communications





WHO Bi-Weekly Briefing on Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention: an e-update for WHO staff and partners
9 February - 6 March 2015

Summaries of meetings and events: global

Bloomberg Philanthropies announces new five-year road safety programme
Announced on 12 February, the Bloomberg Initiative for Global Road Safety (BIGRS)
represents a new commitment from Bloomberg Philanthropies of US\$ 125 million over five

Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies

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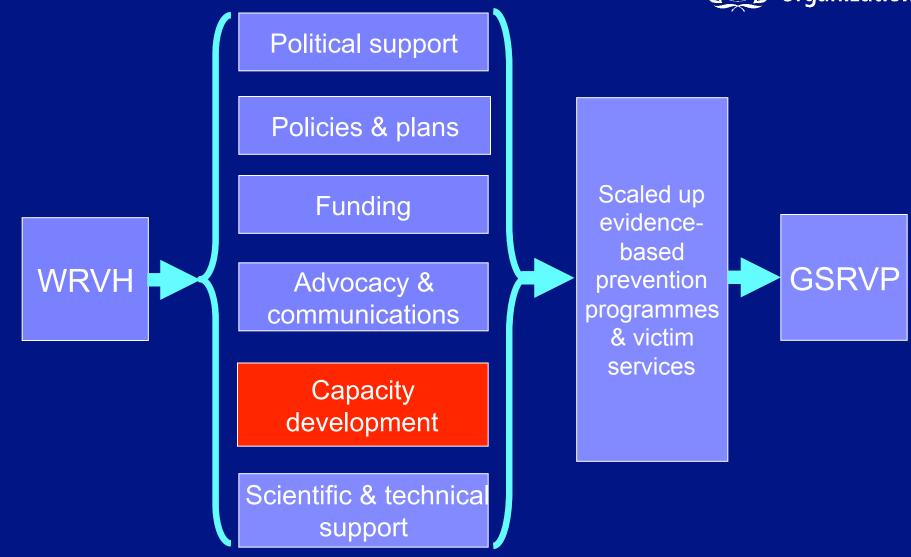
The role of research & evidence



- Draw on research findings related to burden, consequences, costs, and preventability and costeffectiveness when making the case for increasing the political priority of violence prevention
- But draw only in a limited way on research in the area of advocacy research and research on "knowledge translation and exchange" and research on "transfer of knowledge to action" (or policy and practice).

WHO's violence prevention strategy





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Capacity development: lacking in many LMICs

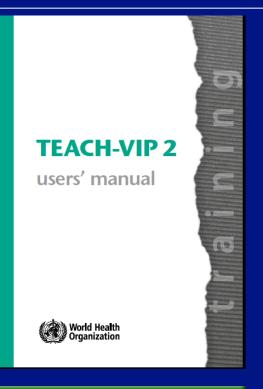


Total health expenditure per capita & workforce in mental health (MH) sector (World Bank and World Mental Health Atlas, 2011 - latest figures on mental health sector workforce)

	Health expenditure	•	ychiatrists working in Psyc MH sector		ts working in sector	Nurses working in MH sector		Social workers working in MH sector		Total population	
	per capita (US\$)	Rate per 100'000	Number	Rate per 100'000	Number	Rate per 100'000	Number	Rate per 100'000	Number	(millions)	
Switzerland	9248	41.42	3314	40.78	3262	NA	NA	NA	NA	8	
USA	8467	7.79	24772	29.03	92315	3.07	9763	17.93	57017	318	
Brazil	1019	3.07	6140	9.6	19200	1.6	3200	1.02	2040	200	
Vietnam	93	1.01	899	0.03	27	75.34	67053	0	0	89	
Bangladesh	26	0.07	115	0.01	16	0.2	328	0.002	3	164	
Malawi	30	0.01	2	0.02	3	0.22	35	0.01	2	16	

Capacity development: materials











VIP Short Courses

3 levels of capacity development



- 1. Human resources: people & the knowledge & skills they require:
- → TEACH-VIP, MENTOR-VIP, courses, webinar
- 2. Institutional and infrastructural capacity:
- → CC, NGOs in official relation, World Injury Conferences, embedding TEACH-VIP in curricula, establishing Injury Centres (e.g. Uganda and Mozambique).
- 3. Networks and partnerships:
- → VPA, CC, focal points, & other partners

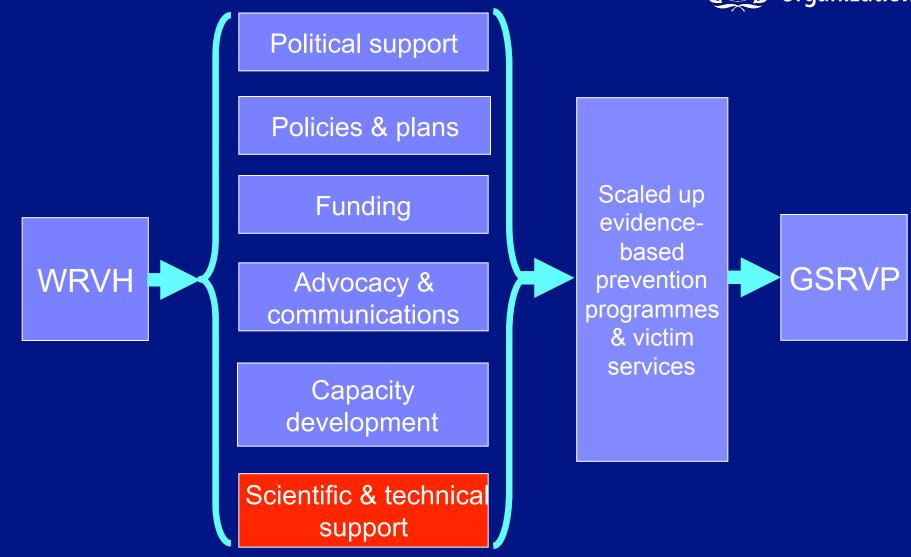
The role of research & evidence



- All content based on research findings
- On occasion we have drawn on educational research, particularly adult educational research when developing:
 - Our facilitator's guide for TEACH-VIP
 - The e-learning version of TEACH-VIP, where we did extensive piloting, analysis of screen use, through a screen sharing software etc.

WHO's violence prevention strategy





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Scientific and technical support



- Aim: promote adoption of evidence-based approaches
- Includes:
 - Providing data on prevalence and burden
 - Providing standards for data collection (e.g. ICD)
 - Publishing guides and manuals to prevent and respond to violence & evidence summaries
 - Global information system on VP "V-Info"
 - Programme development Parenting for Lifelong Health
 - Instrument development (ACE-IQ, readiness)
 - Scientific papers
 - Site visits

Data on prevalence and burden: GBD/GHE



Renk	1-4	5-14	15-29	30-44	45-59	50-69	79-79	20+	Allaser
1	Perinatal caurer 2602520	Lawerrespiratory infections 171362	Road traffic accidents 330163	HIV/AIDS 812119	Irchaemicheart direare 1111800	Irchaemicheart direare 1375715	Irchaomichoart diroaro 2079091	Irchaemicheart direare 2357554	Urchaomichoart diroaro 7254444
2	Lawer respiratory infections 1460788	Diarrhae al dire ares 114546	HIV/AIDS 293659	Tuborcularir 337361	Corobravarcular diroaro 734660	Corobravarcular diroaro 1114476	Corobravarcular diroaro 1930019	Corobravarcular diroaro 2146934	Corobravarcular diroaro 6151884
3	Diarrhaeal direarer 1235885	Road traffic accidents 92307	Tuborcul arir 233127	Road traffic accidents 288695	HIV/AIDS 340166	Chronic obstructive pulmonary disease 655001	Chronic obstructive pulmonary disease 1119316	Chronic obstructive pulmonary disease 1132742	Lowerrespiratory infections 3463294
4	Malaria 711191	HIV/AIDS 78567	Suicide 231491	Urchaomichoart diroaro 262141	Chronic obstructive pulmonary disease 327818	Trachea, bronchur, lung cancers 368905	Trachea, bronchus, lunq cancers 447536	Laworrospiratory infoctions 690900	Chronic obstructive pulmonary disease 3278168
5	Congenital anomalies 358373	Malaria 66135	Hamicide 218343	Suicido 188573	Tubercularir 321785	Diabotor mollitur 291869	Lowerrospiratory infections 445672	Hyportonzivo hoart dizoaro 423921	Perinatal caurer 2603140
6	Whooping cough 194930	Drawnings 57210	Diarrhooal diroarer 89832	Corobravarcular diroaro 159661	Trachoa, branchur, lung cancors 297039	Lawerrespiratory infections 288038	Diabotormollitur 375790	Alzheimer and other dementiar 396340	Diarrhuoal diroaror 2464425
7	HIV/AIDS 194175	Moningitir 57019	Lawerrespiratory infections 77764	Hamicide 158871	Cirrharir of the liver 284085	Diarrhooal diroarer 208852	Hyportonrivo hoart diroaro 335684	Diabotormollitur 302137	HIV/AIDS 1776270
*	Moningitir 157575	Tuborcul arir 34836	Drownings 68467	Cirrharir of the liver 112438	Road traffic accidents 240759	Hypertonrive heart direare 199735	Diarrhooal diroaror 316857	Diarrhooal diroaror 264009	Trachea, bronchur, lung cancers 1387460
9	Protoin-onorgy malnutrition 133570	Moarlor 29121	War-rolatod 66779	Laworrospiratory infoctions 104585	Lawerrospiratory infections 224185	Tubercularir 189017	Stomach cancor 226624	Trachoa, bronchur, lunq cancors 220535	Tubercularir 1341771
10	Moarlor 119348	Loukaomia 20523	Urchaomichoart diroaro 62952	Diarrhoeal direarer 83901	Diabotor mollitur 218695	Cirrharir of the liver 183616	Calan and roctum cancors 189349	Nophritir and nophrœir 200708	Diabotor mollitur 1255585
11	Syphilir 80339	Conqonital anomalios 19908	Matornal haomarrhago 59030	Livor cancor 67500	Livor cancor 210726	Stamach cancer 179931	Nophritir and nophrærir 177286	Calan and roctum cancors 170656	Read traffic accidents 1208691
12	Totanur 62509	Protein-energy malnutrition 19114	Corobravarcular diroaro 49312	Nophritir and nophresir 65489	Suicida 166329	Livor cancor 158812	Livor cancor 168303	Fallr 155155	Hyportonzivo hoart dizoazo 1153308
13	Tuborcul arir 62314	Epilopry 18767	Burnz 47828	Paironingr 63692	Stomach cancer 163972	Calan and roctum cancers 136786	Cirrharir of the liver 148011	Stomach cancer 140254	Cirrharir of the liver 848682
14	Drownings 46921	Trypanaromiarir 18574	Epilopry 45664	Matornal haomarrhago 63673	Broart cancor 162341	Nophritir and nophrarir 134348	Tuborcularir 121951	Inflammatory heart direares 131938	Malaria 826908
15	Upper respiratory infections 30303	Burnz 18460	Pairaningr 45222	Broart cancor 63304	Diarrhae al director 150543	Oerophagur cancer 112554	Oerophagur cancer 121733	Prestate cancer 105981	Suicide 782014
16	Road traffic accidents 30264	Fallr 18189	Nophritir and nophrarir 38683	War-rolated 56859	Hyportonzivo hoart dizoaro 149876	Road traffic accidents 104402	Fallr 112227	Endacrino disardors 78760	Nophritir and nophrarir 775192
17	Burnz 28723	War-rolated 13869	Moningitir 38298	Trachea, bronchur, lung cancers 49401	Nophritir and nophresis 136618	Broart cancor 97095	Alzhoimor and othor domontiar 109430	Livor cancor 74824	Stomach cancer 758192
18	Endacrino disardors 27119	Hamicide 13139	Loukaomia 34896	Diabotor mollitur 47682	Calan and roctum cancors 112981	Suicida 77013	Prærtato cancor 102861	Broart cancor 74148	Liver cancer 695245
19	Iran-doficioncy anaomia 19883	Suicide 11725	Abortion 33624	Arthma 46928	Corvix utori cancor 104413	Mouth and oropharynx cancors 70917	Inflammatory heart direares 97452	Cirrharir of the liver 68355	Calan and roctum cancors 647121
20	Epilopry 18206	Lymphamar, multiplo myolama 11519	Cirrharir of the liver 32203	Drownings 45245	Ooraphaqur cancor 103806	Pancroar cancor 65493	Road traffic accidents 81999	Pancroar cancor 62846	Alzheimer and other dementiar
21	Fallr 15996	Corobravarcular diroaro 9879	Falls 31275	Fallr 44257	Mouth and oropharynx cancers	Fallr 62774	Broart cancor 81853	Parkinson disease 60246	Hamicide 535380
22	Vitamin A doficioncy 14775	Nophritir and nophresis 9657	Rhoumatichoart diroaro 24795	Stamach cancer 40495	Hamicide 87564	Lymphomar, multiplo myoloma 59102	Pancroarcancor 81751	Lymphomar, multiplo myoloma 57446	Fallr 510349
23	Nophritir and nophrerir 12402	Endacrino disardors 9179	Endacrino disardors 22400	Popticulcordiroaro 40443	Arthma 73680	Corvix utori cancor 57702	Lymphomar, multiple myeloma 70750	Owaphagur cancor 55708	Broart cancor 482485
24	Cirrharir of the liver 12101	Paironingr 8840	Congenital anomalies 22314	Corvix utori cancor 39656	Pairaning 72490	Inflammatory hoart diroaros 56922	Suicida 68061	Popticulcor diroaro 55246	Congenital anomalies 428161
25	Loukaomia 11531	Cirrharir of the liver 7873	Hyportonsivo disardors 21474	Burnz 35339	Fallr 70476	Popticulcor diroaro 51611	Popticulcor diroaro 63894	Bladdor cancor 50873	Ovraphagur cancor 413743

Data on prevalence and burden: GBD/GHE



Table A3. Reported homicide numbers and rates by source^a, estimated homicide numbers and rates by sex, and estimated proportion of homicides by mechanism

	HOMICIDES													
Country/area	Number of homicides (latest year available) as reported by countries in the Global status report on violence prevention 2014 survey		Number and rate of homicides (for 2012) according to criminal justice statistics as reported by UNODC*		WHO estimated number and rate of homicides per 100 000 (2012) ^s			Homicide rate by sex (2012)		WHO estimated proportion of homicides by mechanism (2012)				
	Police homicide number	Civil or vital registration homicide number	UNODC criminal justice homicide number	UNODC criminal justice homicide rate	Number	95% confidence intervals	Rate	95% confidence intervals	Male homicide rate	Female homicide rate	Percentage firearms	Percentage sharp force	Percentage other mechanisms	
Afghanistan			1948	6.5	2180	516 - 9030	7.3	1.7 - 30.3	11.7	2.8	45%	27%	28%	
Albania	142	63	157	5.0	159	130 - 188	5.0	4.1 - 5.9	7.6	2.4	66%	16%	18%	
Algeria	631				1701	390 - 6998	4.4	1.0 - 18.2	7.4	1.4	27%	34%	39%	
Andorra					1		0.8		1.2	0.5	32%	39%	29%	
Angola					2232	526 - 9140	10.7	2.5 - 43.9	17.1	4.4	55%	23%	22%	
Antigua and Barbuda			10	11.2	4		4.4		6.0	2.7	31%	39%	30%	
Argentina					2445		6.0		10.5	1.6	58%	32%	10%	
Armenia	62	39	54	1.8	62		2.1		2.6	1.5	10%	25%	65%	
Australia	244	190	254	1.1	254		1.1		1.4	0.8	17%	34%	48%	
Austria	165	36	77	0.9	77		0.9		0.9	1	14%	37%	49%	
Azerbaijan	231	231			225		2.4		3.4	1.4	16%	53%	32%	
Bahamas			111	29.8	120		32.1		48.0	16.9	75%	18%	8%	
Bahrain	13				10	7 - 15	0.8	0.5 - 1.1	1.0	0.3	18%	27%	55%	
Bangladesh	3988		4169	2.7	4794		3.1		3.5	2.7	11%	41%	48%	
Barbados			21	7.4	28		9.8		16.2	3.4	40%	60%	0%	
Belarus	429	478			581		6.2		9.0	3.7	2%	51%	47%	
Belgium	72	134	182	1.6	117		1.1		1.3	0.8	38%	26%	36%	
Belize	124		145	44.7	145		44.7		80.8	8.7	69%	21%	10%	
Benin					633	156 - 2521	6.3	1.5 - 25.1	8.5	4.1	27%	39%	34%	
Bhutan					14		1.9		1.8	1.9	13%	47%	41%	
Bolivia (Plurinational State of)	3505 ^d	2586 ^d	1270	12.1	1461		13.9		21.8	6.1	45%	35%	20%	
Bosnia and Herzegovina					132	32 - 566	3.4	0.8 - 14.8	4.7	2.3	30%	33%	37%	
Botswana	220				249		12.4		17.1	7.8	36%	43%	22%	
Brazil	47136		50108	25.2	64357		32.4		60.0	5.6	73%	17%	10%	
Brunei Darussalam	2	4			9	2 - 35	2.1	0.5 - 8.4	2.2	2.1	4%	43%	53%	
Bulgaria	104	104	141	1.9	141		1.9		3.0	0.9	17%	51%	32%	
Burkina Faso	117	115			1613	404 - 6274	9.8	2.5 - 38.1	13.0	6.7	22%	42%	35%	
Burundi	478				657	138 - 2844	6.7	1.4 - 28.9	9.8	3.6	47%	31%	22%	
Cabo Verde			51	10.3	43	10 - 195	8.8	1.9 - 39.4	13.5	4.1	42%	41%	17%	

Data on prevalence and burden: other



Global and regional estimates of violence against women:

prevalence and health effects of intimate partner violence and non-partner sexual violence









Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies



Karen Hughes, Mark A Bellis, Lisa Jones, Sara Wood, Geoff Bates, Lindsay Eddley, Ellie McCoy, Christopher Mikton, Tom Shakespeare, Alana Office

Background About 15% of adults worldwide have a disability. These individuals are frequently reported to be at Lance 2012; 2/9:1621-29 increased risk of violence, yet quantitative syntheses of studies of this issue are scarce. We aimed to quantify violence against adults with disabilities.

Methods In this systematic review and meta-analysis, we searched 12 electronic databases to identify primary research studies published between Jan 1, 1990, and Aug 17, 2010, reporting prevalence estimates of violence against adults (aged mainly ≥18 years) with disabilities, or their risk of violence compared with non-disabled adults. We included only studies reporting violence occurring within the 12 months before the study. We assessed studies with six core quality criteria, and pooled data for analysis.

Findings Of 10.663 references initially identified, 26 were eligible for inclusion, with data for 21.557 individuals with disabilities. 21 studies provided data suitable for meta-analysis of prevalence of violence, and ten for meta-analysis of pegariment of violence and ten for meta-analysis of risks of violence. Pooled prevalence of any (physical, sexual, or intimate partner) recent violence was 24-3% (95% CI injury Prev. 18-3-31-0) in people with mental illnesses, 6-1% (2-5-11-1) in those with intellectual impairments, and 3-2% (2-5-4-1) in those with non-specific impairments. We identified substantial heterogeneity in most prevalence estimates (P>75%). We noted large uncertainty around pooled risk estimates. Pooled crude odds ratios for the risk of violence in disabled compared with non-disabled individuals were 1.50 (95% CI 1.09-2.05) for all studies combined, 1.31 (0.93-1.84) for people with non-specific impairments, 1-60 (1-05-2-45) for people with intellectual impairments, and 3-86 (0-91-16-43)

Interpretation Adults with disabilities are at a higher risk of violence than are non-disabled adults, and those with mental illnesses could be particularly vulnerable. However, available studies have methodological weaknesses and gaps exist in the types of disability and violence they address. Robust studies are absent for most regions of the world, particularly low-income and middle-income countries.

Funding WHO Department of Violence and Injury Prevention and Disability.

prevalence is predicted to increase because of ageing populations, the increased risk of disability in elderly people, and the worldwide rise in chronic diseases such as cancer, diabetes, cardiovascular disease, and mental illnesses. 33 Approaches to disability increasingly emphaneed for personal assistance with daily living, reduced sise environmental and social factors, with recognition that "disability results from the interaction between that hamper the reporting of violence, societal stigma, persons with impairments and attitudinal and environ- and discrimination.⁵⁶ Furthermore, rising numbers of mental barriers that hinders their full and effective participation in society on an equal basis with others".4 Protection of the rights of individuals with disabilities, and enablement of their full participation in society other settings." Mowever, whether this increase indicates has become a major global priority, underpinned by the UN Convention on the Rights of Persons with Disabilities.4 To support action on this priority, the World Report on Disability gathered evidence about the magnitude of disability worldwide, its effect on well-being, and how the barriers faced by individuals with disability can be overcome.

About half a million adults die every year because of Roughly 15% of adults worldwide have a disability. This interpersonal violence: millions more suffer non-fatal violence and the resulting health and socio-occupational consequences. People with disabilities seem to be at an increased risk of interpersonal violence1 because of several factors: exclusion from education and employment, the physical and emotional defences, communication barriers media reports emphasise cases of physical violence, sexual abuse, and hate crime inflicted on individuals with disabilities in homes, institutions, communities, and a rising prevalence of violence against individuals with disabilities, more consistent reporting to authorities, or greater media coverage than previously is unclear.

Although an increasing amount of research has been done to quantify violence against individuals with disabilities, study methods and the definitions of disability and violence vary widely, and no quantitative syntheses of

February 28, 2012 6/36(11)61851-5

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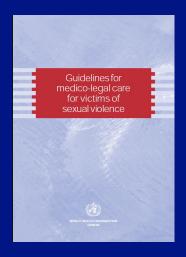
Prof M.A. Bellis DSc, L. Jones BSc, S Wood MSc, G Bates MSc, L Eckley PhD, EMcCoy MSc); and Switz erland (C Mikson PhD

Public Health, Liverpool

www.thelancet.com Vol 379 April 28, 2012

Guides and manuals

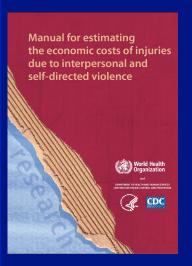






Preventing youth
violence: taking
action and
generating evidence
September 2015





Global information system on VP



	Child maltreatment	Youth violence	Intimate partner	Sexual violence	Elder maltreatment	Cross-c	utting
			violence			Poly- victimization	Homicide
1. Definitions							
2. Main survey instruments							
3 Prevalence							
4. Consequences							
5. Risk factors							
6. Prevention and response strategies and programmes							
7. Evidence-based programmes that have been scaled-up							
8. Measures countries are taking to prevent and respond to violence							

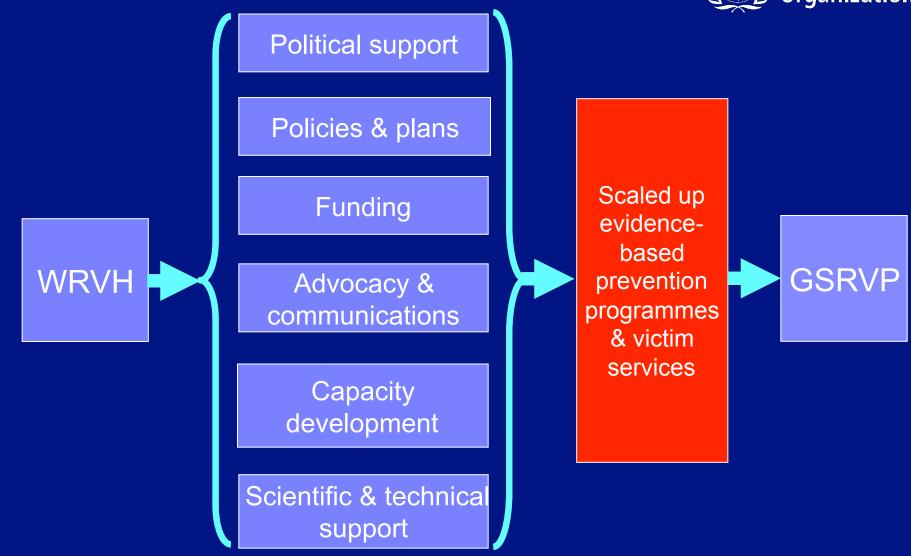
The role of research & evidence



- We produce:
 - Data on prevalence and burden
 - Standards
 - Syntheses of evidence, drawing on relevant studies
- Global information system on VP-V-Info
 - Evidence syntheses: review, SR, MA, SRs of SRs
- We are involved in programme development
 - Development, testing, and adaption of PLH
- Instrument development
 - ACE-IQ
 - Readiness assessment
- RAPG research priority setting exercise

WHO's violence prevention strategy

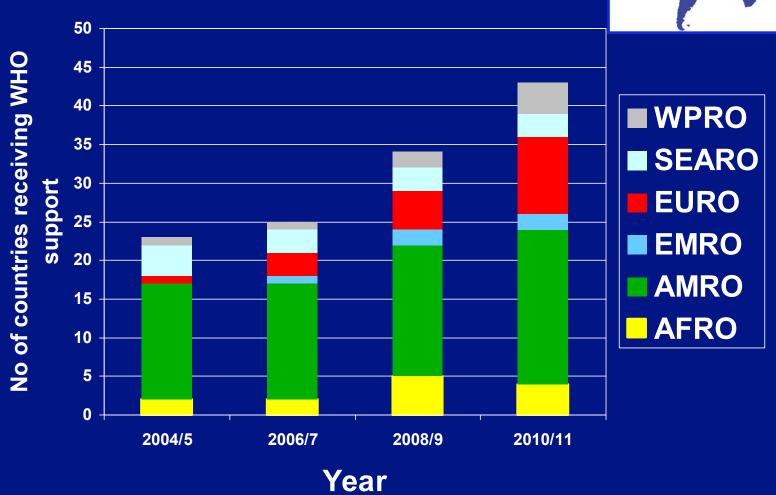




WHO – Prevention of Violence Unit & Partners

Increasing country-level demand for WHO violence prevention support





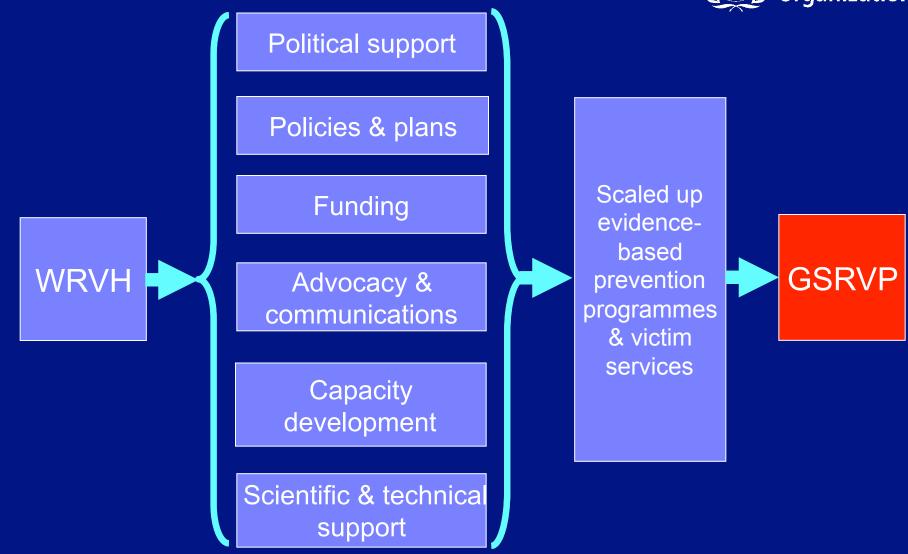
The role of research & evidence



 Although aware of the field of implementation research, we have not drawn on it to date in our country work.

WHO's violence prevention strategy



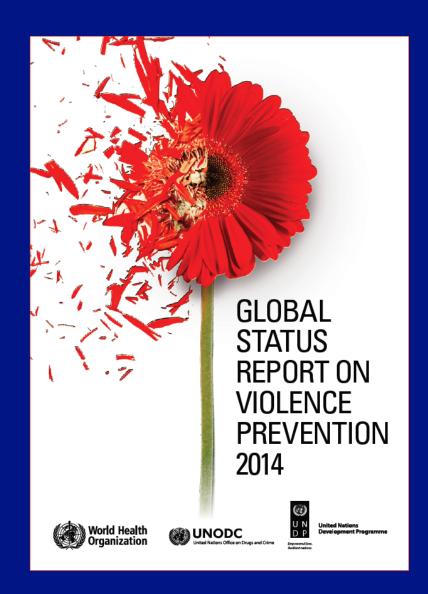


WHO – Prevention of Violence Unit & Partners

Global status report on violence prevention



- Assess how far countries have implemented recommendations of WRVH
- Describe the state of the problem of interpersonal violence worldwide
- Document what countries are doing to prevent and respond to violence
- Identify gaps in national and international responses and stimulate action to address these gaps



Global status report on violence prevention 2014

Violence remains widespread

475 000



homicide deaths per year

children has been 1 in 3 physically abused

Hundreds of thousands of young victims of violence receive emergency medical care each year

been a victim of physical/

sexual intimate

partner violence

older people has been abused in past month

On average, just a third of 133 countries are implementing each of 18 'best buy' prevention programmes

51% offer life skills development to prevent youth violence

49% promote change in social and cultural norms to prevent intimate partner violence

39% give support to caregivers to prevent elder abuse

38% provide education to parents to prevent child maltreatment

22% invest in dating violence prevention programmes



On average, 80% of 133 countries have enacted each of 12 laws relevant for violence prevention; however, only half of countries report that these laws are fully enforced

> Enacted Fully enforced

Scale up prevention programmes

Ensure that existing laws are fully enforced

Ensure that victim services are widely available and accessible

Strengthen data collection and use

Set baselines and targets for violence prevention – track progress















3. Assumptions



- Wide-spread programme implementation should be our main goal
 →"From programmes to systems"
- 1. An integrated approach to violence prevention is the best
- We have enough evidence of the effectiveness of programmes to take action globally, and where this is not the case, we can produce more evidence in the next few years
- 3. The opportunity costs of investing in violence prevention are not prohibitive
- 4. While declines in violence may mainly be by-products of wider social and technological changes and policies, trying to prevent violence by programmes that directly target violence is nonetheless worthwhile
- 5. Addressing social determinants is key, but other sectors have more influence over them
- 6. Combining advocacy and science into "advocacy science" does not result in bias
- 7. Low- and middle-income countries are ready and have the capacity or soon will to implement evidence-based programmes on a wide-scale
- 8. Evidence is one of the key determinants of the political priority of health issues
- 9. Greater investments should be made in preventing violence than responding to it
- 10. The health sector has an important role to play in preventing and responding to violence
- 11. An international organization, such as WHO, has a useful role to play

Challenges



- Priority of VP in global health not commensurate with burden, though that might change with SDGs.
- 2. More attention to war, when in fact, other forms of violence are greater
- 3. Persuading policy-makers that violence has serious long-term consequences
- 4. Persuading policy-makers that a criminal justice response is not sufficient
- 5. Sub-types of interpersonal violence addressed separately
- 6. Multiple sectors with divergent approaches claim violence prevention as their own
- 7. No single UN agency mandated to lead on violence prevention
- 8. Prevention involves expensive and complex behaviour change/social intervention few "passive" prevention strategies
- 9. Evidence-base for prevention consists almost wholly of HIC studies
- 10. Very limited funding, large funders wary so far
- 11. Prevention of violence not seen as a discipline or sector
- 12. Ensuring that a focus on gender, also includes males

Summary of role of research and evidence

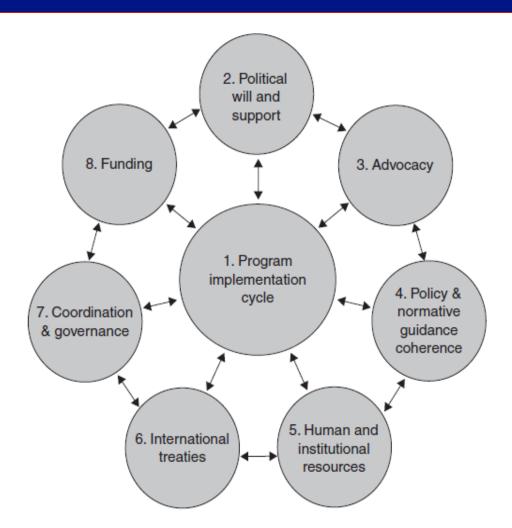


FIGURE 18.1 Strategy for World Health Organization's global response to child maltreatment and intimate partner violence.

Research gaps



- 1. Research from, and capacity for research in, LMICs and trying what has worked in HICs in the first instance
- 2. Standard or at least comparable survey instruments and case definitions
- 3. Studies on youth violence prevalence and consequences
- 4. Elder maltreatment
- 5. Empirical work leading to consensus on cross-cultural adaptation
- 6. Guidance on standards of evidence and on research syntheses
- 7. Methods to identify essential components of interventions
- 8. Evaluating system-wide change
- 9. GSRVP: Developing better methods for assessing, in an affordable and feasible way, what countries are doing to address violence
- 10. Readiness and capacity assessment
- 11. Knowledge translation
- 12. Standardized and comparable way of evaluating costs of violence, costeffectiveness of interventions and reporting on them

4. Conclusion





- 1. create, implement and monitor a national action plan for violence prevention;
- enhance capacity for collecting data on violence;
- 3. define priorities for, and support research on, the causes,



- promote and monitor adherence to international treaties, laws and other mechanisms to protect human rights;
- 9. seek practical, internationally agreed responses to the global drugs trade and the global arms trade.





http://www.who.int/violence_injury_prevention/violence/en/



http://www.facebook.com/whoviolenceprevention



http://twitter.com/WHOviolencenews



Expenditure of US\$ 1 each on:	Savings (US
Smoke alarms	65
Child restraints	29
Bicycle helmets	29
Prevention counselling by paediatricians	10
Poison control services	7
Road safety improvements	3

Source: reference 186.

Costs and Benefits of Selected Early Childhood Programs

Age at Last Follow-up	Program Costs (\$)	Total Benefits to Society (\$)	Net Benefits (\$)	Benefit-Cost Ratio
5	37, 388	-9	-37,397	-
6	1,681	3,032	1,351	1.80
8	49,021	0	-49,021	_
15	9,118	26,298	17,180	2.88
Varies	4,892	10,969	6,077	2.24
21	42,871	138,635	95,764	3.23
21	6,913	49, 337	42,424	7.14
40	14,830	253,154	238,324	17.07
Varies	6,681	15,742	9,061	2.36
	5 6 8 15 Varies 21 21 40	Follow-up (\$) 5 37,388 6 1,681 8 49,021 15 9,118 Vartes 4,892 21 42,871 21 6,913 40 14,830	Follow-up (\$) to Society (\$) 5 37,388 -9 6 1,681 3,032 8 49,021 0 15 9,118 26,298 Varies 4,892 10,969 21 42,871 138,635 21 6,913 49,337 40 14,830 253,154	Follow-up (S) to Society (S) (S) 5 37,388 -9 -37,397 6 1,681 3,032 1,351 8 49,021 0 -49,021 15 9,118 26,298 17,180 Varies 4,892 10,969 6,077 21 42,871 138,635 95,764 21 6,913 49,337 42,424 40 14,830 253,154 238,324

SOURCE: Adapted from Karoly, Kilburn, and Cannon (2005, Table 4.4).
NOTE: All dollar values are 2003 dollars per child and reflect the present value of amounts over time, where future values are discounted to age 0 of the participating child, using a 3 percent annual real discount rate.

Violence is "the intentional use of physical force or power, threatened or actual, against oneself, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation."

Source: WHO global consultation on violence and health, 1996 (4).