Dear Colleagues:

Attached is the latest issue of *Prevent: the Newsletter for the Global Campaign for Violence Prevention*.

If you no longer wish to receive the newsletter, please send a message with the words "SIGNOFF GCVP-PREVENT" in the message body (not in the subject line) to the address: listserv@who.int

**HEADLINES**

**5th Milestones Meeting, Cape Town, South Africa, 6-7 September 2011**
The 5th Milestones in a Global Campaign for Violence Prevention Meeting will take place in Cape Town, South Africa, on 6-7 September 2011. It will include state-of-the-science presentations by some of the world's leading experts on the primary prevention of interpersonal violence in general, and of child maltreatment, intimate partner and sexual violence, and youth violence in particular; and policy discussions involving high-level political officials and representatives of several UN agencies and international foundations. Speakers who have confirmed their participation include Dr Luis Fernando Duque, PREVIVA, Medellin, Colombia; Professor David Finkelhor, University of New Hampshire, USA; Dr Rachel Jewkes, Medical Research Council, South Africa; Dr Keith Krause, Small Arms Survey, Switzerland; Dr Bernadette Madrid, University of the Philippines; Ms Aadielah Maker, Soul City Institute for Health Development and Communication, South Africa; and Professor Harriet MacMillan, McMaster University, Canada. If you are interested in attending, please contact Ms Claire Scheurer (scheurerc@who.int). More information, including the draft programme, is available at: [http://www.who.int/violence_injury_prevention/violence/5th_milestones_meeting/en/index.html](http://www.who.int/violence_injury_prevention/violence/5th_milestones_meeting/en/index.html)

**World Health Assembly resolution on youth and health risks adopted**
At the recent World Health Assembly, the annual gathering of the world's health ministers, a resolution on youth and health risks was adopted. This resolution acknowledges the fact that one quarter of all people living in the world are aged 10-24 years. It highlights the immediate and long-term effects of health risks on young people and emphasizes the importance of addressing social determinants of youth health. The resolution includes recommendations to accelerate action to better protect young people from "sexual exploitation and violence". This resolution is yet another important expression of the growing global political support for addressing violence from a life-course perspective. For more information, please see: [http://apps.who.int/ebwha/pdf_files/WHA64/A64_25-en.pdf](http://apps.who.int/ebwha/pdf_files/WHA64/A64_25-en.pdf)
Towards a global network on safer cities workshop

UN-HABITAT’s Safer Cities programme organized a three-day workshop in Nairobi, Kenya, on 8-10 April 2011, entitled "Towards a global network of safer cities" to create a Global Network on Safer Cities (GNSC). The aim of the GNSC will be to increase the number of municipalities that develop and implement safer cities strategies and that explicitly include urban violence prevention in their policies. In total, there were some 50 participants from UN and other international agencies (e.g. UN-Women, UN-HABITAT, World Bank), NGOs, municipalities, development agencies, and private foundations. For more information on UN-HABITAT’s Safer Cities programme, see: http://www.unhabitat.org/categories.asp?catid=375

Featured outcome evaluation

UK-Wales: Effectiveness of anonymised information sharing for preventing violence-related injury

Interventions by police focused specifically in areas with high rates of violence or crime – "targeted policing" – depends on knowledge of precisely when and where violence occurs. A team led by Professor Jonathan Shepherd at Cardiff University investigated whether using information about the precise location and times of injury derived from injured patients in emergency rooms can prevent more violence than police effort alone. Sharing this information with police and using it to target violence ‘hot spots’ was associated with a 42% reduction in violence-related hospital admissions relative to the comparison cities. Please read the following abstract for more details on this important new study.


Abstract

Objective: To evaluate the effectiveness of anonymised information sharing to prevent injury related to violence.

Design: Experimental study and time series analysis of a prototype community partnership between the health service, police, and local government partners designed to prevent violence.

Setting: Cardiff, Wales, and 14 comparison cities designated “most similar” by the Home Office in England and Wales.

Intervention: After a 33-month development period, anonymised data relevant to violence prevention (precise violence location, time, days, and weapons) from patients attending emergency departments in Cardiff and reporting injury from violence were shared over 51 months with police and local authority partners and used to target resources for violence prevention. Processes for data capture, sharing and use consist of anonymised information about precise violence location (name of bar, nightclub, school, street etc.), captured electronically in the emergency department when patients first attend. The information is then shared by the hospital with a crime analyst who combines these data with police intelligence to generate constantly updated maps of violence ‘hotspots’ and summaries of weapon use and violence type. Integrated violence prevention is then based on this combined, continuously updated information. Interventions included changing the routes of police patrols, moving police resources from suburbs to the city centre at weekends, targeting problematic licensed premises and informing public space Closed Circuit Television (CCTV) deployment.
Main outcome measures: Health service records of hospital admissions related to violence and police records of woundings and less serious assaults in Cardiff and other cities after adjustment for potential confounders.

Results: Information sharing and use were associated with a substantial and significant reduction in hospital admissions related to violence. In the intervention city (Cardiff) rates fell from seven to five a month per 100 000 population compared with an increase from five to eight in comparison cities (adjusted incidence rate ratio 0.58, 95% confidence interval 0.49 to 0.69). Average rate of woundings recorded by the police changed from 54 to 82 a month per 100 000 population in Cardiff compared with an increase from 54 to 114 in comparison cities (adjusted incidence rate ratio 0.68, 0.61 to 0.75). There was a significant increase in less serious assaults recorded by the police, from 15 to 20 a month per 100 000 population in Cardiff compared with a decrease from 42 to 33 in comparison cities (adjusted incidence rate ratio 1.38, 1.13 to 1.70).

Conclusion: An information sharing partnership between health services, police, and local government in Cardiff, Wales, altered policing and other strategies to prevent violence based on information collected from patients treated in emergency departments after injury sustained in violence. This intervention led to a significant reduction in violent injury and was associated with an increase in police recording of minor assaults in Cardiff compared with similar cities in England and Wales where this intervention was not implemented.

WHO hosts finalization meeting for Adverse Childhood Experiences International Questionnaire
On 4-5 April 2011, experts from seven countries that had piloted a draft of the Adverse Childhood Experiences International Questionnaire (ACE-IQ) convened in Geneva, Switzerland to review their findings and make recommendations for a first version of ACE-IQ and how to proceed with its validation in large-scale trials. The countries were China, Lithuania, Philippines, South Africa, Thailand, The former Yugoslav Republic of Macedonia, and Viet Nam. Developed by WHO and the US Centers for Disease Control and Prevention, ACE-IQ is designed to measure exposure to childhood adversities (such as physical and sexual abuse, witnessing intimate partner violence, and growing up in a home where a parent or caregiver has a major mental disorder) by asking adults if they experienced these up until they were 18 years of age. The goal of the ACE-IQ project is to develop a short set of questions that can be integrated into population-based surveys about broader health issues. This would thus enable measurement of the relationships between childhood adversities and later life outcomes such as smoking, alcohol and drug misuse, and unsafe sex, and via these behaviours, diseases such as cancers, cardiovascular disease, depression and HIV/AIDS. For further information, please contact Dr Alexander Butchart (butcharta@who.int).

Violence prevention media monitoring
WHO has started to monitor the media for stories on violence and violence prevention. Results are disseminated monthly to participants of the Violence Prevention Alliance and others. Only online media are monitored. The main sources are WHO's media monitoring service, which monitors the media daily, and Google News Alerts (for about 40 keywords). Given the high number of articles identified through Google Alert, feeds are usually filtered. Particular attention is paid to those articles on international events and initiatives, legislation, outcome evaluations and good practices, and the release of new data and studies. To receive the results of the violence prevention media monitoring, please contact Dr Christopher Mikton (miktonc@who.int).
REGIONAL

Africa

Regional report on violence and health released in Africa
The report *Violence and health in the WHO African Region* was launched in April 2011 in Brazzaville, Congo, by Dr Luis Gomes Sambo, the WHO Regional Director, in the context of the Regional Ministerial Consultation on Noncommunicable Diseases. The report is the first comprehensive assessment on violence and health in Africa. Developed by a team of 25 authors, 22 reviewers and 60 contributors from across the globe, the report contains chapters on child maltreatment, intimate partner violence and elder abuse; community violence; collective violence and population health in Sub-Saharan Africa; and self-directed violence. The last chapter makes cross-cutting recommendations and describes prevention strategies that apply to all forms of violence. For further information, please contact Dr Martin Ekeke Monono (ekekem@afro.who.int). The full report can be downloaded at: [http://www.afro.who.int/en/clusters-a-programmes/dpc/mental-health-violence-and-injuries/mvi-publications.html](http://www.afro.who.int/en/clusters-a-programmes/dpc/mental-health-violence-and-injuries/mvi-publications.html)

Sub-regional workshop on preventing intimate partner and sexual violence
On 6-8 June 2011, in Lukenya near Nairobi, Kenya, WHO convened a workshop on the primary prevention of intimate partner and sexual violence (IPV-SV) against women. The workshop used materials developed for a short course on IPV-SV prevention (see Publications, Training, and Advocacy Materials section below). The 14 participants were from government ministries and WHO country offices in Kenya, Namibia, Swaziland and Tanzania, and the Open Society Institute's Crime and Violence Prevention Initiative. The course helped participants to develop the idea of primary prevention, and to become familiar with strategies for which there is some evidence of effectiveness. For more information please contact Dr Alexander Butchart (butcharta@who.int), Dr Claudia Garcia Moreno (garciamorenoc@who.int) or Dr Martin Ekeke Monono (ekekem@who.int). The VIP short course on intimate partner and sexual violence prevention, is available at: [http://www.who.int/violence_injury_prevention/capacitybuilding/courses/intimate_partner_violence/en/index.html](http://www.who.int/violence_injury_prevention/capacitybuilding/courses/intimate_partner_violence/en/index.html)

Europe

Workshop on training the trainer on violence and injury prevention
The first workshop in Turkey on training the trainer in violence and injury prevention using the TEACH-VIP curriculum was held in Afyon on 9-11 March 2011. There were 20 participants, including academics, health officials, and staff from emergency services, from Afyon and the adjoining provinces of southwestern Turkey. Turkish versions of the TEACH-VIP materials were used. For further information, please contact Dr Dinesh Sethi (din@ecr.euro.who.int) or Dr Serap Sener (serens@euro.who.int).

Capacity building in alcohol, violence and injury prevention
An inter-sectoral capacity building workshop was organized in Moldova using TEACH-VIP on 2-3 March 2011 by the WHO Regional Office for Europe in partnership with the Ministry of Health of the Republic of Moldova. In total 34 people participated, from the ministry of health and other ministries, institutions of higher education, NGOs, and UN Moldova representatives of various international organizations. The workshop aimed to support national efforts to strengthen capacity in violence and injury prevention. Special attention was given to alcohol consumption as an important risk factor. This was followed by a discussion on the integration of components of the TEACH-VIP curriculum in undergraduate and postgraduate medical schools in the
country and other higher education institutions. For further information, please contact Mr Francesco Mitis (mit@ecr.euro.who.int).

**Adverse Childhood Experiences survey in Lithuania**
The results of the first Adverse Childhood Experiences (ACE) survey in Lithuania, based on a sample of 1500 students in higher education, were presented at a national policy dialogue on child maltreatment prevention on 20 January 2011 in Vilnius. The prevalence of ACEs was found to be high in this population and there were strong correlations with health risk behaviours such as suicidal behaviour, drink driving, tobacco smoking, and illicit drug use. It was agreed that child maltreatment prevention should be included as a key area in the new 10-year health strategy being developed for Lithuania. For further information, please contact Dr Dinesh Sethi (Din@ecr.euro.who.int).

**Americas**

**Training course on preventing intimate partner and sexual violence against women in El Paso, USA**
The Pan American Health Organization (PAHO) and WHO held a three-day training course in El Paso, Texas, USA on 25-27 May 2011 with 24 participants from government and civil society organizations from the US/Mexico border, Costa Rica, El Salvador, Dominican Republic, and Guatemala. The course was based on the VIP short course on intimate partner and sexual violence prevention (see Publications, Training, and Advocacy Materials section below). For further information, please contact Ms Alessandra Guedes (guedesal@paho.org). The VIP short course is available at:

**Second meeting of the Preventing Violence Across the Lifespan Research Network**
On 10-12 May 2011, some 60 violence prevention researchers and policy-makers attended the second meeting of the Preventing Violence Across the Lifespan Research Network (PreVAiL) in Toronto, Canada. PreVAiL is an international research collaboration funded by the Canadian Institutes of Health Research's Institute for Gender and Health. Its goal is to bring together researchers and decision-makers to produce and share knowledge that will help children, women and men exposed to child maltreatment and intimate partner violence. The meeting focused on updating participants on recent PreVAiL activities; identifying research priorities within PreVAiL’s main areas of focus, namely, child maltreatment prevention, intimate partner violence prevention, and resilience; and PreVAiL’s strategy for knowledge translation and exchange. For further information, please contact Dr Christopher Mikton (miktonc@who.int) or visit http://www.prevailresearch.ca

**International seminar on home visitation held in Brazil**
From 9-11 May 2011 the University of São Paulo’s Centre for the Study of Violence, with financial support from the Open Society Institute’s Crime and Violence Prevention Initiative and the Bernard Van Leer Foundation, organized this seminar which convened over 230 child maltreatment prevention researchers, policy makers, and programme directors from Brazil and several other Latin American countries, the USA and Africa. Participants shared experiences around the implementation and evaluation of home visitation programmes, and discussed key challenges to working with high-risk families, such as those with intimate partner violence, alcohol and substance misuse, and mental health problems. Approaches to programme replication and taking model programmes to scale in developing countries were also addressed. High-level support for the seminar was expressed by senior officials from the State of São Paulo’s Secretariat for Health and Secretariat for Justice. For further information, please contact Dr Alexander Butchart (butcharta@who.int)
PUBLICATIONS AND TRAINING AND ADVOCACY MATERIALS

**New VIP short course on intimate partner and sexual violence prevention**

WHO, the Education Development Center, and the Violence Prevention Alliance have developed a three-day classroom-based course on preventing intimate partner and sexual violence (IPV-SV) which aims to promote better understanding of the field of IPV-SV prevention. The course includes facilitator's notes, PowerPoint slides, and student handouts and notes. It describes the public health approach to IPV-SV; provides an overview of the scale of the problem, its consequences and costs; and reviews the evidence base for the effectiveness of IPV-SV prevention strategies. It also outlines a six-step approach to improve programme planning and evaluation. It is largely based on the manual *Preventing intimate partner and sexual violence against women: taking action and generating evidence* ([http://www.who.int/violence_injury_prevention/publications/violence/9789241564007_eng.pdf](http://www.who.int/violence_injury_prevention/publications/violence/9789241564007_eng.pdf)) The full three-day course can be downloaded from: [http://www.who.int/violence_injury_prevention/capacitybuilding/courses/intimate_partner_violence/en/index.html](http://www.who.int/violence_injury_prevention/capacitybuilding/courses/intimate_partner_violence/en/index.html) For more information, please contact Dr Christopher Mikton (miktonc@who.int).

**New European report on preventing elder maltreatment**

The new European report on preventing elder maltreatment was launched by the WHO Regional Office for Europe at the 3rd European Conference on Injury Prevention and Safety Promotion, in Budapest, Hungary on 16 June 2011. The report shows that elder maltreatment is pervasive in all countries in the region. It estimates that at least four million people in the Region experience elder maltreatment in any one year, and that about 2500 older people may lose their lives annually from elder maltreatment. The report highlights the risk and protective factors of being a victim or perpetrator of elder maltreatment and reviews the evidence for the effectiveness of prevention programmes. Although the evidence base needs to be strengthened, much can be done by implementing interventions while, at the same time, making every effort to rigorously evaluate their effectiveness. For further information, contact Dr Dinesh Sethi ([Din@ecr.euro.eho.int](mailto:Din@ecr.euro.eho.int)). The report can be downloaded from: [http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/violence-and-injuries/publications/2011/european-report-on-preventing-elder-maltreatment](http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/violence-and-injuries/publications/2011/european-report-on-preventing-elder-maltreatment)

**WHO/VIP violence and injury prevention webinars**

Violence and Injury Prevention (VIP) Webinars are given by experts from around the world on a range of injury and violence prevention topics. The objective is to provide a series of high quality, interactive lectures in a webinar format that are widely available through the Internet, and archived and available for later viewing. VIP Webinars to date have addressed child injury, injury surveillance, suicide prevention, intimate partner and sexual violence and several other topics in the injury and violence field. Recent webinars on violence prevention have included "Violence prevention: the evidence" by Dr Karen Hughes and “Sexual and intimate partner violence” by Dr Rachel Jewkes. For more information, see: [http://www.who.int/violence_injury_prevention/capacitybuilding/webinars/en/index.html](http://www.who.int/violence_injury_prevention/capacitybuilding/webinars/en/index.html)

**Fact sheets describing links between violence and chronic diseases, mental illness and poor learning**

These factsheets from the Prevention Institute's Urban Networks To Increase Thriving Youth (UNITY) describe how violence affects other health problems and community concerns, such as chronic diseases, mental illness and poor learning. For example, children who are scared at school cannot focus on learning, and people are less likely to be active if the local park is not safe. These fact sheets were designed to persuade educators and those in health, public health and mental health that violence can undermine the work of all sectors and to include violence...
prevention in their efforts. Backed by the latest research, these fact sheets make the case that preventing violence is a key aspect of any healthy community. For more information, see: http://www.preventioninstitute.org/press/highlights/638-unity-fact-sheets-links-between-violence-and-chronic-diseases-mental-illness-and-poor-learning.html