On 3 October 2002, WHO launched the first *World report on violence and health*. The launch was organized in collaboration with the Government of Belgium, and was attended by His Majesty King Albert II of Belgium; the Prime Minister of Belgium; the Director-General of WHO; the European Union Commissioner for Employment and Social Affairs; the Mayor of Bogotá, Colombia; and ministers, ambassadors, and leading members of NGOs and other organizations from around the world.
The World report on violence and health is the result of three years of work, involving more than 170 experts from approximately 60 countries, led by an Editorial Committee composed of Drs Etienne Krug, Linda Dahlberg, James Mercy, Anthony Zwi and Rafael Lozano. The report shows that, in the year 2000, an estimated 815,000 people died by suicide, 520,000 people by homicide, and 310,000 people as a direct result of war-related injuries. Among people aged 15-44, violence accounted for 14% of male deaths and 7% of female deaths. Keeping in mind that one of the most common settings for violence is the home, studies suggest that approximately:

- 40-70% of female murder victims are killed by their husband or boyfriend,
- 545 children and young people aged 10-29 years die violently each day,
- 4-6% of older people experience some form of abuse in the home,
- 20% of women and 5-10% of men have suffered sexual abuse as children.

A major finding of the report is that no single factor explains why one individual, community or society is more or less likely to experience violence. Instead, it shows that violence is rooted in the interaction of factors, ranging from the biological to the political. The report captures this in an ecological model that organizes the risk factors for violence into four interacting...
levels: the individual, close relationships, community contexts and societal factors. Individual-level risks include demographic factors such as age, income and education, psychological and personality disorders, alcohol and substance abuse, and a history of engaging in violent behaviour or experiencing abuse. Relationship-level risk factors include poor parenting practices and family dysfunction, marital conflict around gender roles and resources, and associating with friends who engage in violent or delinquent behaviour. At the community level, some of the risk factors are poverty, homelessness, unemployment, and the social isolation resulting from these issues and also affecting people who have to move frequently and thus have little sense of belonging to a community. The existence of a local drug trade, and weak policies and programmes within institutions are also risk factors at this level. Societal level risks include economic, social, health, and education policies that maintain or increase economic and social inequalities, social and cultural norms which support the use of violence, the availability of firearms and other weapons, and weak criminal justice systems that leave perpetrators immune to prosecution. Interventions at all levels of the model are needed to prevent violence.

This report makes a major contribution to our understanding of violence and its impact on societies. It illuminates the different faces of violence, from the “invisible” suffering of society’s most vulnerable individuals to the all-too-visible tragedy of societies in conflict. It advances our analysis of the factors that lead to violence, and the possible responses of different sectors of society. And in doing so, it reminds us that safety and security don’t just happen: they are the result of collective consensus and public investment.

– Nelson Mandela, Former President of South Africa
The report reviews a large number of prevention programmes and groups them according to the ecological model. Approaches targeting individual behaviour include pre-school enrichment and social development programmes, vocational training and incentives to complete secondary schooling. Among the most effective approaches described in the report are those directed at influencing close relationships and those delivered in early childhood, such as parenting programmes, the provision of support and advice through home visits in the first three years of a child’s life, and family therapy for dysfunctional families. Community-level interventions that seem promising include reducing the availability of alcohol, modifying the physical environment (for instance by improving street lighting), identifying and helping people at risk of violence, and improving trauma care and access to health services.

At the societal level, the provision and dissemination of accurate public information about the causes of violence, its risks and its preventability is key to raising awareness and stimulating action. It is equally important to strengthen law enforcement and judicial systems, implement policies and programmes to reduce poverty and inequalities of all kinds, and improve support for families. It is also necessary to reduce access to weapons and promote educational reform and job creation programmes.

As long as humanity continues to rely on violence to resolve conflicts, the world will enjoy neither peace nor security, and our health will continue to suffer. This report is an important resource for opening our eyes to the reality of violence as a public health problem, and for providing a source of hope for the future. Perhaps only when we realize that violence is destroying both our bodies and our souls will we begin to collectively address its roots and consequences. This report is an important step in that direction.

Oscar Arias, Former President of Costa Rica, Nobel Peace Laureate, 1987

To stimulate more systematic and effective violence prevention programmes everywhere, the World report on violence and health makes nine recommendations to governments and policy makers:

1. Create, implement and monitor a national action plan for violence prevention
2. Enhance capacity for collecting data on violence
3. Define priorities for, and support research on, the causes, consequences, costs and prevention of violence
4. Promote primary prevention responses
5. Strengthen responses for victims of violence
6. Integrate violence prevention into social and educational policies, and thereby promote gender and social equality
7. Increase collaboration and exchange of information on violence prevention
8. 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.

The full report as well as its summary can be found at: www.who.int/violence_injury_prevention/violence/world_report/wrvh1/en/
Translating the report

Since its launch in October 2002, the full report has been translated from the original English into Arabic, Chinese, French, Portuguese, Russian, and Spanish, and the summary has been made available in these languages as well as in German and Macedonian. Translation of the report into Finnish, Italian, Korean and Turkish is currently under way.

Translation and dissemination was provided by:

- the WHO Regional Office for the Eastern Mediterranean (Arabic),
- the WHO Regional Office for Europe (German summary),
- the People’s Medical Publishing House (Chinese),
- the Macedonian Ministry of Health (Macedonian summary),
- the Brazilian Ministry of Justice (Portuguese),
- Bes Mir Publishing House (Russian),
- the WHO Regional Office of the Americas (Spanish), and
- WHO wishes to thank the California Wellness Foundation, The Global Forum for Health Research, the Governments of Belgium, Brazil, Japan, Sweden and the United Kingdom, the Rockefeller Foundation and the United States Centers for Disease Control and Prevention, for their generous financial support for the development, publication, and dissemination of the World report on violence and health, and their support to the Global Campaign for Violence Prevention.

Disseminating the report

Following the launch of the report, 18,000 copies of the World report on violence and health and the summary were distributed to Ministries of Health, Interior, Justice, Education and Social affairs; WHO offices; permanent missions; national authorities; NGOs; and libraries around the world. Throughout the year, additional reports have been disseminated at regional and national launches, and sold through WHO and commercial suppliers, leading to a distribution of some 22,000 copies of the report in the seven languages mentioned above.

Awards

A number of prominent awards have been presented to those who worked on the World report on violence and health.

- In September 2003, the World report on violence and health was awarded the British Medical Association’s “Highly Commended” Certificate in the Public Health category of its 2003 competition for scientific publications.
- In December 2002, WHO’s Department of Injuries and Violence Prevention, and Ageing and Life Course Programme, were presented with the “Rosalie Wolf Memorial Elder Abuse Prevention Award” for their dedication and commitment to preventing and reducing the incidence of elder abuse. A driving force behind the elder abuse prevention movement, the late Dr Wolf was a lead contributor to the World report on violence and health’s chapter on Elder Abuse, founded and served as the President of NCPEA, edited the Journal of Elder Abuse & Neglect, conducted groundbreaking research, and served as the founding Chairperson of INPEA.
- In July 2003, the group dedicated to working on the World report on violence and health received an award for Distinguished Service from the United States National Center for Injury Prevention and Control. The award was presented for advancing public health and future directions for violence prevention efforts around the world.

MILESTONES OF A GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION
Bringing the report to countries

In collaboration with WHO Regional and Country Offices, over 40 governments from all continents have organized regional or national launches of the report. The launches provided a unique opportunity to introduce the report and bring together, often for the first time, representatives of a variety of sectors including health, human rights, justice, education, and police. Participants discussed the impact of violence in their country or region, violence prevention activities at national and community levels, and how best to further implement the report’s recommendations at a multisectoral level.

The WHO Department of Injuries and Violence Prevention website

The WHO Department of Injuries and Violence Prevention website will be regularly updated in order to include national reports and publications on violence and health.


Yerevan, Armenia –
Sydney, Australia –
Baku, Azerbaijan –
Brussels, Belgium –
Nassau, Bahamas –
Gaborone, Botswana –
Brasilia & Rio de Janeiro,

Brazil – Bogotá, Colombia – Vancouver, Canada – San José, Costa Rica – Zagreb,

Croatia – Quito, Ecuador – European Parliament – Skopje, The former Yugoslav Republic of Macedonia – Tbilisi, Georgia – Berlin, Germany – Tegucigalpa,

Honduras – Bangalore & New Delhi, India – Kingston, Jamaica – Antananarivo,

Madagascar – Kuala Lumpur, Malaysia – Bamako, Mali – Mexico City, Mexico – Maputo, Mozambique – Kathmandu, Nepal – Managua, Nicaragua –

Panama City, Panama – Port Moresby, Papua New Guinea – Lima, Peru –

Manila, Philippines – San Juan, Puerto Rico – Port Shepstone, South Africa –


United Nations (New York) – Los Angeles & Washington DC,

United States of America
Regional and National reports on violence and health

During these national launches, a number of governments undertook to develop a national report on violence and health. The reports will serve as a valuable tool, at the national level, for advancing violence prevention initiatives, and help governments identify gaps and develop action plans to address them.

The Ministry of Health for Belgium developed a State of the Art report on violence and health. The authors of the report used the World report on violence and health as a template to review data and knowledge about youth violence, child abuse and neglect, intimate partner violence, elder abuse, sexual violence, and suicide in Belgium. The last chapter is devoted to the public health structure for the prevention of violence which is currently in place in Belgium. This report will serve as foundation to develop a national multisectoral “Plan of Action for violence prevention” in Belgium.

In Brazil a policy-oriented summary of the epidemiological profile of armed violence within the country was compiled and discussed during an inter-ministerial meeting convened by the Ministry of Health at the end of 2003.

The Ministry of Health in Costa Rica launched a national report on violence and health in December 2003. The report includes chapters on violence as a public health issue, the increasing burden which it represents in Costa Rica, the numerous risk factors for violence in the country, the different forms it takes, and prevention initiatives taking place in the different sectors.

France’s Minister of Health, Jean-François Mattei, invited the Haut Comité de Santé Publique to develop a national report. A first draft of the document was completed in July 2003 and is currently being revised.

At the occasion of the International Day for the Elimination of Violence against Women in November 2003, Dr Jose Maria Martin Moreno, Director General for Public Health in Spain announced that, as a follow up to the launch of the World report on violence and health the Spanish Society for Public Health would, as a priority activity, develop a national report on violence and health.

Jordan’s National Council for Family Affairs, in collaboration with the WHO Country Office, has drafted a 100 page national report on violence and health. The report focuses strongly on violence within the family and gives an overview of the burden of the problem and initiatives being undertaken in Jordan towards the prevention of violence in the family.

At the national launch in Mexico, Dr Julio Frenk, Secretary of Health, welcomed the World report on violence and health as a strong scientific document and made a commitment to develop a national report on violence and health.

In Russia, the Ministry of Health developed a research document: “Violence and health in Russia, a Statistical Review”. It was launched in July 2003, jointly with the Russian version of the World report on violence and health. The document presents statistics on the different types of violence in Russia.

In Mozambique, the WHO Country Office, in collaboration with the Ministry of Health has committed to launching a national report for 2004.

WHO Regional Office for South-East Asia published a report entitled “Violence Prevention in South-East Asia: A Challenge for Public Health”. The publication includes chapters entitled Key Facts on Violence and Health; Violence and Public Health; Drugs, Alcohol and Violence; Violence and Youth; Child Sexual Abuse; Intimate Partner Violence; Abuse of the Elderly; and Self-Directed Violence.
Impact on the Media

To date, more than 600 major newspapers and wire services – from the New York Times in the United States to El Pais in Spain, from The Independent in the United Kingdom to The Observer in Jamaica, from Clarin in Argentina to the Angola Press, and from Jordan Times to The Statesman of India – have featured stories about the World report on violence and health, its findings and recommendations.

The report has also been featured in hundreds of national radio and television programmes, including:

- **Australia**: During the launch of the World report on violence and health in Sydney, ABC Breakfast Radio dedicated programming time to the issue of violence as a public health problem.
- **Georgia**: In the context of “Caucasus: 16 days of activism against gender violence”, television and radio talk shows were held, as well as a radio phone-in discussion programme.
- **India**: Following the report’s regional launch, the national TV channel, Doordarshan, broadcasted an exclusive half-hour programme focusing on the report and links between violence and health. This programme was broadcast to all major cities in India, and included three TV spots prepared by WHO Regional Office for South-East Asia.
- **Papua New Guinea**: Following the national launch of the report, a two-hour radio talkback show on violence and health was aired through PNG FM 100 station. In addition, the National EMTV Insait programme broadcasted an item on “Violence and Health” for six consecutive Mondays.
- **Thailand**: Upon launching the report, public health specialists were interviewed by TV Channel 11 and Radio Thailand.
- **United States**: Ahead of the launch of the World report on violence and health in October, the report was presented on all major television stations, national public radio and dozens of local radio stations.


Since the global launch of the report, the media continues to refer to the World report on violence and health on a regular basis when examining the subject of violence and its prevention.

Violence or Health?

“The examples provided in this issue of the Journal, as well as in the WHO World report on violence and health and this year’s violence issue of the journal Health and Human Rights, make it clear that the perspectives offered by our various fields build upon complimentary values, ideologies, and practical applications. Implicitly or explicitly, drawing upon a range of approaches may also provide a coherent framework for linking violence to other broad societal determinants of health, such as economic, social, and gender inequalities, which, in turn, have been understood to define the levels of vulnerability of individuals, communities, and populations to a wide array of communicable and non-communicable diseases.”


Sofia Gruskin, JD, MIA, Associate Editor
Implementing the Report’s Recommendations

Tackling violence requires political commitment. Since its global launch in October 2002, the World report on violence and health has been reviewed and discussed in prominent policy fora such as the World Health Assembly, the European Parliament, the African Union Summit, and the World Medical Association General Assembly.

At the 56th World Health Assembly, Member States Unanimously Adopted Resolution WHA56.24 on “Implementing the Recommendations of the World Report on Violence and Health”

The World Health Assembly is the annual meeting of Ministers of Health. The Resolution, adopted by Member States, recognizes that urgent government intervention is needed to prevent all forms of violence. It encourages Member States to appoint focal points for violence prevention in Ministries of Health and to prepare national reports on violence prevention. Specifically, it requests the Director-General of WHO to help Member States to set up policies and programmes for violence prevention, encourage research, develop guidelines on violence prevention, strengthen services for victims of violence, and continue advocacy efforts. The Resolution specifies that a report be given at the 58th WHA in 2005, on the progress in implementing the recommendations of the World report on violence and health.

The World Medical Association's General Assembly Adopted a Policy Document on Violence and Health

This document, tabled by the South African Medical Association and adopted in September 2003, encourages national medical associations to contribute to more systematic approaches to dealing with violence. The statement encourages the medical profession to contribute to advocacy, data collection, medical training, prevention, research and the co-ordination of victim assistance.

In the Executive Council of the African Union, 52 Heads of States Endorsed All Nine Recommendations Made in the World Report on Violence and Health

The declaration urges all states to prioritise the development and implementation of multi-sectoral plans of action for violence prevention and enhanced systems for the collection of data on violence. It also declares 2005 African Year of Violence Prevention, aiming to increase and coordinate prevention policies and activities. Finally, it requests the international community to increase collaboration and exchange of information on the prevention of violence.
In September 2003, the Regional Committee for Africa endorsed Resolution AFR/RC53/R3 “Injury Prevention and Control in the African Region”, which urges countries in the region to continue advocacy for peace and non-violent resolution of conflicts, make the wider public more aware of the importance of public health hazards posed by injury and violence, adopt and implement programmes on injury and violence prevention, improve national programmes on pre-hospital care, develop an information system for injury and violence prevention, and encourage research that will bridge the information gap in matters concerning injury and violence. Additionally, it requests the Regional Director to report to the 57th session of the Regional Committee (2007) on the progress made in implementing the resolution.

The Directing Council of the Americas discussed a paper on the “Impact of Violence on the Health of the Populations in the Americas”. The paper reviews issues such as AMRO’s commitment to violence prevention, the magnitude of the problem in the region and proposed actions for violence prevention.

The Regional Committee for South-East Asia noted that the results of injuries and violence constituted a major burden for the countries of the Region. The Committee urged the establishment of a regional forum for intensifying efforts in this regard and for greater budgetary allocation in this area. Countries were also requested to implement the recommendations contained in the World report on violence and health.

The American Medical Association endorsed the World Report on Violence and Health

The Association recognized the value of the report’s global perspective on all forms of violence, promised to disseminate the findings of the report, and expressed support for investment in primary prevention activities related to violence.

The Public Health Association of Australia endorsed the Recommendations of the World Report on Violence and Health

In October 2003, the Association endorsed the recommendations of the report and called on public health professionals to respond more directly and explicitly to issues of violence in the country.

Vice-Ministers of Health for Colombia, Peru and Venezuela, signed the “Declaración de Bogotá”

The Declaration recognizes the importance of the World report on violence and health as an essential contribution to the existing knowledge about the problem; commits the governments to strengthening and combining efforts for violence prevention; and pledges them to act upon the 49th World Health Assembly resolution declaring violence a leading worldwide public health problem.

Photo: National launch of the World report on violence and health in Jordan attended by Her Royal Highness Queen Rania of Jordan, pictured here with Dr Ala Alwan, WHO Representative for Jordan.