Medical Peace Work
Online Course 7
Prevention of interpersonal and self-directed violence
Course 7: Prevention of interpersonal and self-directed violence

General objectives:
• Analyse the origin and extent of different types of violence at the micro level.
• Describe risk factors and prevention strategies for each type.
Course 7: Prevention of interpersonal and self-directed violence

- Chapter 1: Preventing interpersonal violence

- Chapter 2: Preventing self-directed violence
Ch. 1: Preventing interpersonal violence

In this chapter you will learn:

• Outline the magnitude.
• Describe the ecological model for understanding and preventing violence.
• Describe the roles that health professionals can play.
What is violence?

**Definition by World Health Organization:**

Violence is 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, mal-development or deprivation.

(WHO, 2002:5)
Typology of interpersonal violence

(Source: WHO-Europe, adapted from WHO 2002:7)
Fatal interpersonal violence: Homicide

- 500,000 per year
- 1,400 every day
- Victims and perpetrators mostly between 15-44 years

Differences within regions:
- Colombia: 146,5/100,000
- Cuba: 12,6

Differences within countries: (urban/rural, rich/poor, ethnic group)
- USA: Homicide of youth (15-24 years)
  - African-American: 38,6
  - Hispanic: 17,3
  - Caucasian: 3,1

(WHO 2002)
Deaths are only the tip of the iceberg

“For every death due to interpersonal violence there are perhaps hundreds more victims that survive.”

(WHO 2004:2)
Levels of non-fatal interpersonal violence

- Tens of millions of children
  - abused and neglected each year worldwide
- Up to 10% of males and 20% of females
  - report having been sexually abused as children
- For every case of homicide among young people
  - 20-40 non-fatal cases that require hospital care
- Rape and domestic violence
  - account for 5-16% of healthy years of life lost among women of reproductive age
- 10-50% of women
  - experience physical violence at the hands of an intimate partner during their lifetime

(WHO 2002:9-11)
Estimates of non-fatal interpersonal violence

- Physically assaulted by an intimate partner:
  - Paraguay: 10%
  - Philippines: 10%
  - USA: 22%
  - Canada: 29%
  - Egypt: 34%

- Ever been sexually assaulted (including attempts):
  - Toronto: 15%
  - London: 23%

- Involvement in physical fighting in the past year (adolescent males in secondary schools):
  - Sweden: 22%
  - USA: 44%
  - Jerusalem/Israel: 76%

(WHO 2002)
Magnitude and impact

**Direct Costs**
- Medical
- Mental health
- Emergency response services
- Law enforcement services
- Judicial services

**Indirect Costs**
- Premature deaths
- Lost productivity
- Absenteeism
- Economic development
- Quality of life
- Other intangible losses

Source: WHO-Europe
Role of health professionals

- Health Professionals
  - Victim services
  - Advocacy
  - Policy
  - Engaging other sectors
  - Prevention & control
  - Research
  - Injury surveillance, evaluation

Source: WHO-Europe
A public health approach to violence

- From **problem identification**
- to **effective response**

**Define the problem:**
Data collection, surveillance

**Identify causes:**
Risk factor identification

**Develop and test interventions:**
Evaluation research

**Implement interventions, measure effectiveness:**
Community intervention, training, public awareness

(Adapted from: Mercy et al. 1993)
Timing of peace work

• Primary prevention
  – Risk factors ↓
  – Protective factors ↑

• Secondary prevention
  – Early warning
  – De-escalation
  – Conflict handling

• Tertiary prevention
  – Reconstruction
  – Resolution
  – Reconciliation
Ecological model for understanding and preventing interpersonal violence

Interpersonal violence as complex interplay of factors

(Dahlberg and Butchart 2005:99)
Shared risk factors for interpersonal violence

- **Individual:**
  Victim of child maltreatment, personality disorder, alcohol/substance abuse, history of violent behaviour

- **Relationship:**
  Poor parenting, marital discord, low socioeconomic household, violent friends

- **Community:**
  Poverty, high crime levels, high residential mobility, high unemployment, local illicit drug trade, weak institutional policies, inadequate victim care

- **Societal:**
  Rapid social change, economic inequality, gender inequality, policies that increase inequalities, poverty, weak economic safety nets, poor rule of law, high firearm availability, war/post-war situation, cultural violence
Violence prevention interventions with some evidence of effectiveness

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Type of violence</th>
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<tbody>
<tr>
<td></td>
<td>CM</td>
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<tr>
<td>1. Developing safe, stable and nurturing relationships between children and their parents and caregivers</td>
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<td>Parent training, including nurse home visitation</td>
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<td>Parent-child programmes</td>
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<td>2. Developing life skills in children and adolescents</td>
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<tr>
<td>Preschool enrichment programmes</td>
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<td>Social development programmes</td>
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<td>3. Reducing the availability and harmful use of alcohol</td>
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<td>Regulating sales of alcohol</td>
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<td>Raising alcohol prices</td>
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<td>Interventions for problem drinkers</td>
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<tr>
<td>Improving drinking environments</td>
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<td>4. Reducing access to guns, knives and pesticides</td>
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<tr>
<td>Restrictive firearm licensing and purchase policies</td>
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<td>Enforced bans on carrying firearms in public</td>
<td>○</td>
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<tr>
<td>Policies to restrict or ban toxic substances</td>
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<td>5. Promoting gender equality to prevent violence against women</td>
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<tr>
<td>School-based programmes to address gender norms and attitudes</td>
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<tr>
<td>Microfinance combined with gender equity training</td>
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<tr>
<td>Life-skills interventions</td>
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<td>6. Changing cultural and social norms that support violence</td>
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<tr>
<td>Social marketing to modify social norms</td>
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<td>7. Victim identification, care and support programmes</td>
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<tr>
<td>Screening and referral</td>
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<td>Advocacy support programmes</td>
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<td>Psychosocial interventions</td>
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<td>Protection orders</td>
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Key:
- Well supported by evidence (multiple randomized controlled trials with different populations)
- Emerging evidence

Type of violence:
- 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

(WHO 2009:2)
Global Campaign for Violence Prevention

www.euro.who.int/violenceinjury
www.who.int/violence_injury
www.who.int/gender
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Ch. 2: Preventing self-directed violence

Learning objectives:

• Outline the extent of suicide around the world and variations in its incidence.
• Describe what makes people vulnerable to suicidal behaviour.
• Evaluate interventions to tackle suicide.
Defining important concepts

• **Suicide**
  Deliberately initiated act of killing oneself, performed in full knowledge or expectation of its fatal outcome
  (Wasserman and Wasserman 2009)

• **Attempted suicide**
  Action where the person intentionally hurts him-or herself, with a non-fatal outcome, and the intention was to die.

• **Deliberate self-harm**
  Act where the person intentionally causes self-injury, and the act has a non-fatal outcome.
  -Motivation: suicide attempt or no intention of killing oneself
  (Hawton et al. 2006)
**Statistical picture**

- **Deliberate self-harm**
  - More than twice as common among females as males
  - About 10% of people
  (Madge et al. 2008)

- **Suicide**
  - About 1 million each year
  - One each 40 sec.
  - Male > female
  - Atheist > Buddhist > Christian > Muslim
  (Bertolote and Fleischman 2002)
Vulnerability to suicidal behaviour

- Family structure and history
- Economic factors
- Health status
- Life stress
- Interaction of genetic and environmental factors
Treating suicidal people and people who self-harm

• Problem-solving therapy
• Intensive psychological therapy
• Community outreach and increased intensity of care
• Pharmacological treatment

Other important resources:
  – Care and support of family, friends, social networks and social care professionals
  – Health professionals can help to access these resources.
Preventing suicide

1. Education and awareness programmes for the public and professionals
2. Screening programmes for those at high risk
3. Treatment of psychiatric disorders
4. Restrictions on access to lethal means
5. Media reporting guidelines for suicide

(Mann et al. 2005)
References


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