



Course 7: Prevention of interpersonal and self-directed violence

Chapter 1: Preventing interpersonal violence

Exercise 1: Different forms of interpersonal violence - brainstorming

In groups: the participants are asked to write down different forms of interpersonal violence, taking into consideration where it takes place, who is the perpetrator and the victim, and the nature of the violence.

Exercise 2: Typology of interpersonal violence

In plenary: the trainer presents WHO's figure on typology of violence. Each group of students adds their identified forms of violence, and reflects where these forms would fit into the typology.

Exercise 3: Interpersonal violence as a human rights problem

In plenary: discuss why interpersonal violence is seen as a human rights problem, and discuss what the implications for states are of seeing interpersonal violence as a human rights problem.

Exercise 4: Scale of interpersonal violence

In groups: discuss which forms (see typology presented in exercise 2) and which outcomes of violence get attention in media and which not.

Try to answer the question: Why is fatal outcome (homicide) only the tip of the iceberg and why are the real figures of non-fatal outcomes little known?

In plenary: the issues you raised in groups are discussed. The trainer will also present relevant figures on interpersonal violence.

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Exercise 5: Costs of inter-personal violence

In groups: read through the 'One Bullet Story' and answer the questions below. The following is a real story:

One Bullet Story: Nairobi, Kenya

Authors: Dr. Walter Odhiambo, Prof. Symon Guthua, and Paul Saoke, IPPNW Kenya

We present the story of a 17-year old Congolese boy referred to Nairobi University Hospital for surgical treatment and management of a gunshot injury to the face ...The son of a diamond prospector, he was suspected to have diamonds by rebel soldiers, who shot him in the face in anger after they failed to get any from him. He was fortunate to receive first aid treatment, but had to travel to Nairobi for proper medical care - a journey of 300 km through Uganda by road!



It took him over one year to raise the money from family and friends for travel and treatment. During this period he kept his mouth, which was disfigured by the bullet, covered with a handkerchief in public. His mandible and maxillary bones were shattered by the bullet. An implant was required to replace the lost jaw fragment. Dr. Odhiambo and his colleagues spent 9 hours in the operating theater. A stainless steel bone plate needed to be inserted into the mandible. After 9 hours of surgery, the initial damage of the bullet had been repaired - at least the physical damage...

Total costs of one bullet:

Travel expenses from injury site in Congo
Pre-admission hotel expenses
Surgeon and nurses
9 Hours of theatre time
9 Hours of theatre drugs
Reconstruction plate
Post-operative care
=\$6,000

+ psychological & social costs...like post-traumatic stress disorder

\$6,000 = 1 bullet Injury or...

...One year of primary education for 100 children in Kenya

...Full immunizations for 250 Kenyan children

...1.5 years education for a medical student in Kenya

...10 years of daily Ugali meal for an average Kenyan family of six

- What kinds of economic cost exist for individual victims of inter-personal violence in your country?
- What kinds of economic consequences for society?
- How might the health care sector be affected by inter-personal violence?

In plenary: each group presents their answer to all these questions.



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Exercise 6: Primary prevention of inter-personal violence

In groups: imagine you are working in a team of health professionals in a suburban area, and you were asked by the health authorities to take measures to reduce the existing high level of domestic violence. Discuss the following questions.

- What risk factors and protective factors for domestic violence could typically be found in this particular context?
- What could you as health professional do for effectively prevent domestic violence in this particular context?

In plenary: the trainer presents the table which shows WHO's overview of violence prevention interventions with evidence of effectiveness by type of violence prevented. Discuss the preventive interventions that the groups have found, and reflect about what could work in your own local/regional context.



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Chapter 2: Preventing self-induced violence

Exercise 7: Different forms of self-induced violence - brainstorming

In groups: the participants are asked to write down different forms of self-induced violence, taking into consideration the intention, the outcome, and the nature of the violence.

In plenary: the trainer presents the definitions of suicide, attempted suicide and deliberate self-harm. The groups allocate their collected forms of self-induced violence under these three different headings.

Exercise 8: Variations of incidents

In plenary: the trainer gives the statistical picture of deliberate self-harm and suicide.

In groups: The participants are asked to reflect about the differences between males and females, and by religions. They can check the suicide rates of their own and other countries of interest, trying to confirm or disprove the statistical picture presented earlier.

(See: Suicide rates by country, year, and gender

www.who.int/mental_health/prevention/suicide_rates/en/index.html)

In plenary: discussion about the findings of the groups.

Exercise 9: Vulnerability to suicidal behaviour

In groups: different factors make people more vulnerable to suicide, depending on family structure and history, economic factors, health status, or life stress. Each group tries to identify if there exist a general vulnerability in their own society, and which group of people are in particular at risk for committing suicide.

In plenary: the group findings are presented and discussed in plenary.

Exercise 10: Interventions to prevent suicides

In groups: design a preventive intervention campaign which intends to reduce suicidal behaviour. What are the obstacles and what are the possible solutions to overcome them? Who might you choose as partners in your campaign?

In plenary: the groups present their campaigns and discuss whether their suggestions focus on population-wide intervention or on high-risk groups.