



Medical Peace Work Online Course 7

Prevention of interpersonal
and self-directed violence



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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.



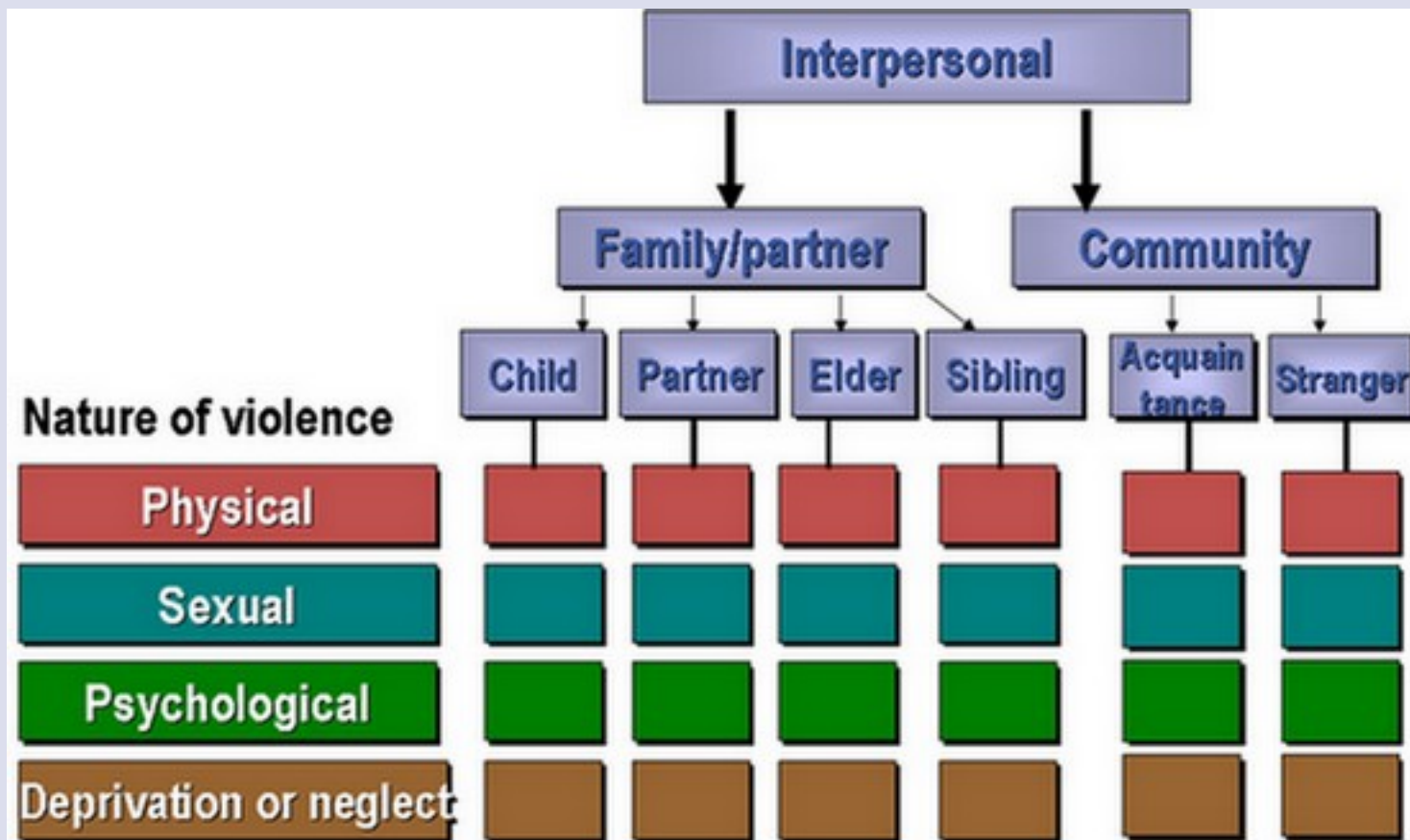
What is violence?

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)



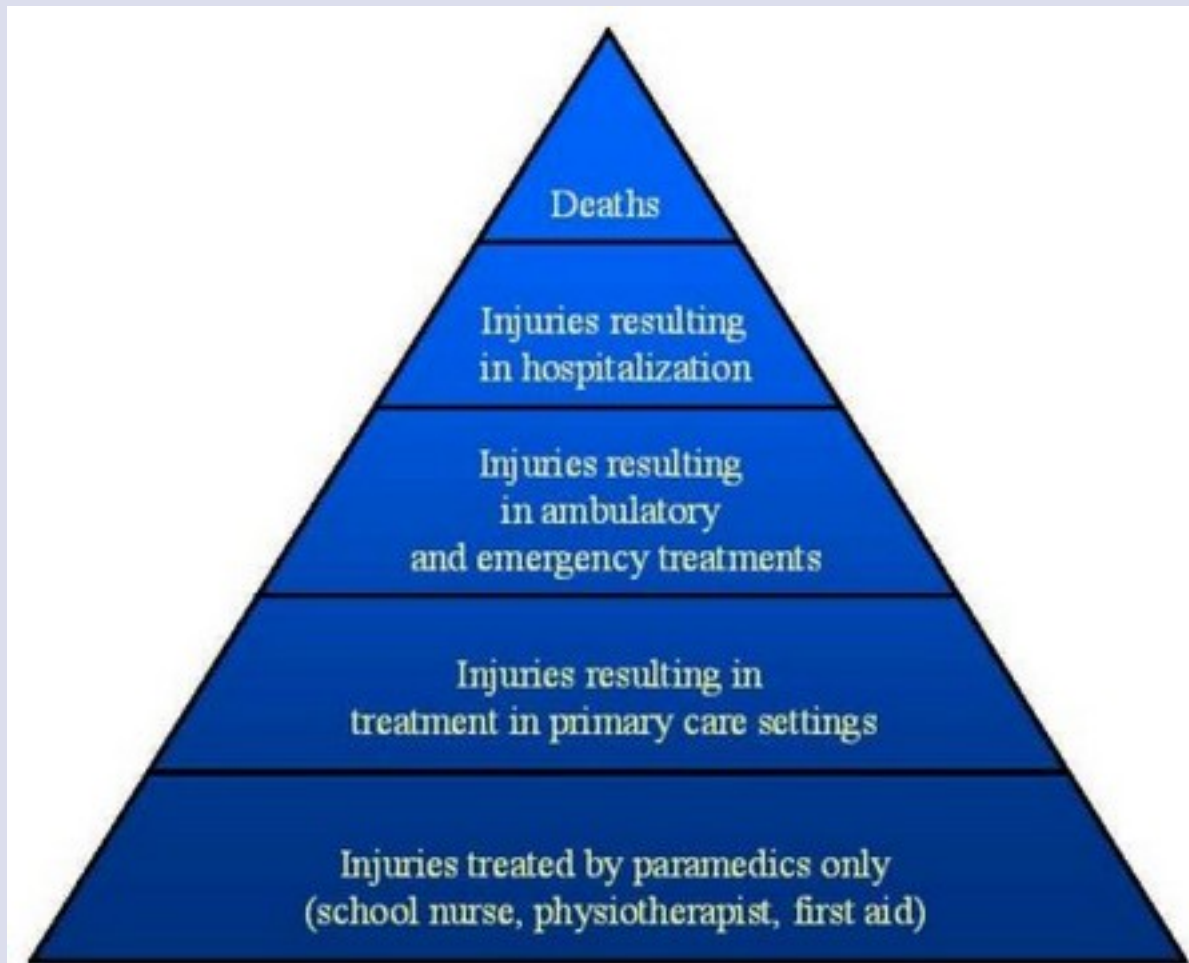
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Deaths are only the tip of the iceberg



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

(WHO 2004:2)



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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



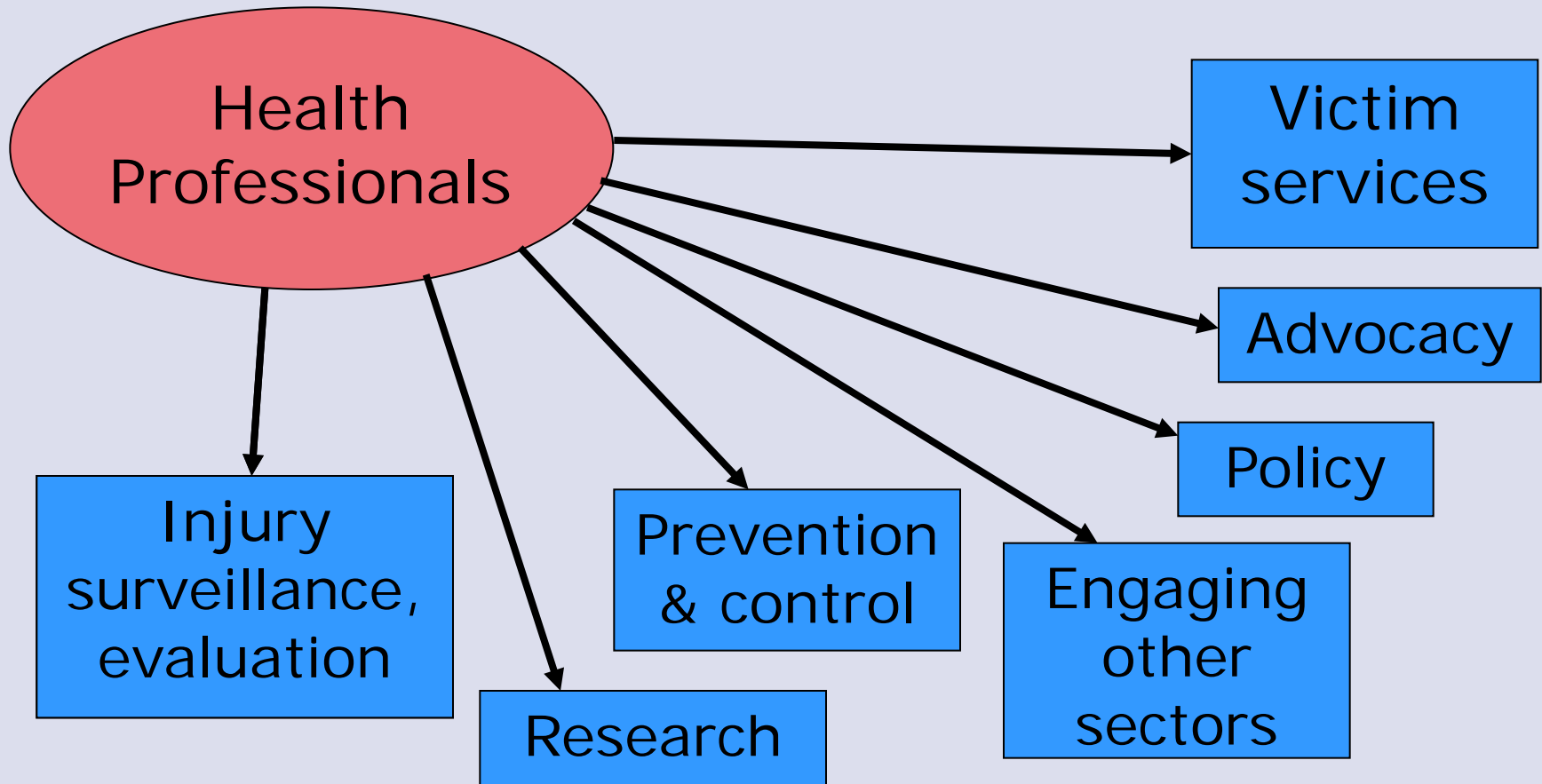
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Role of health professionals



Source: WHO-Europe



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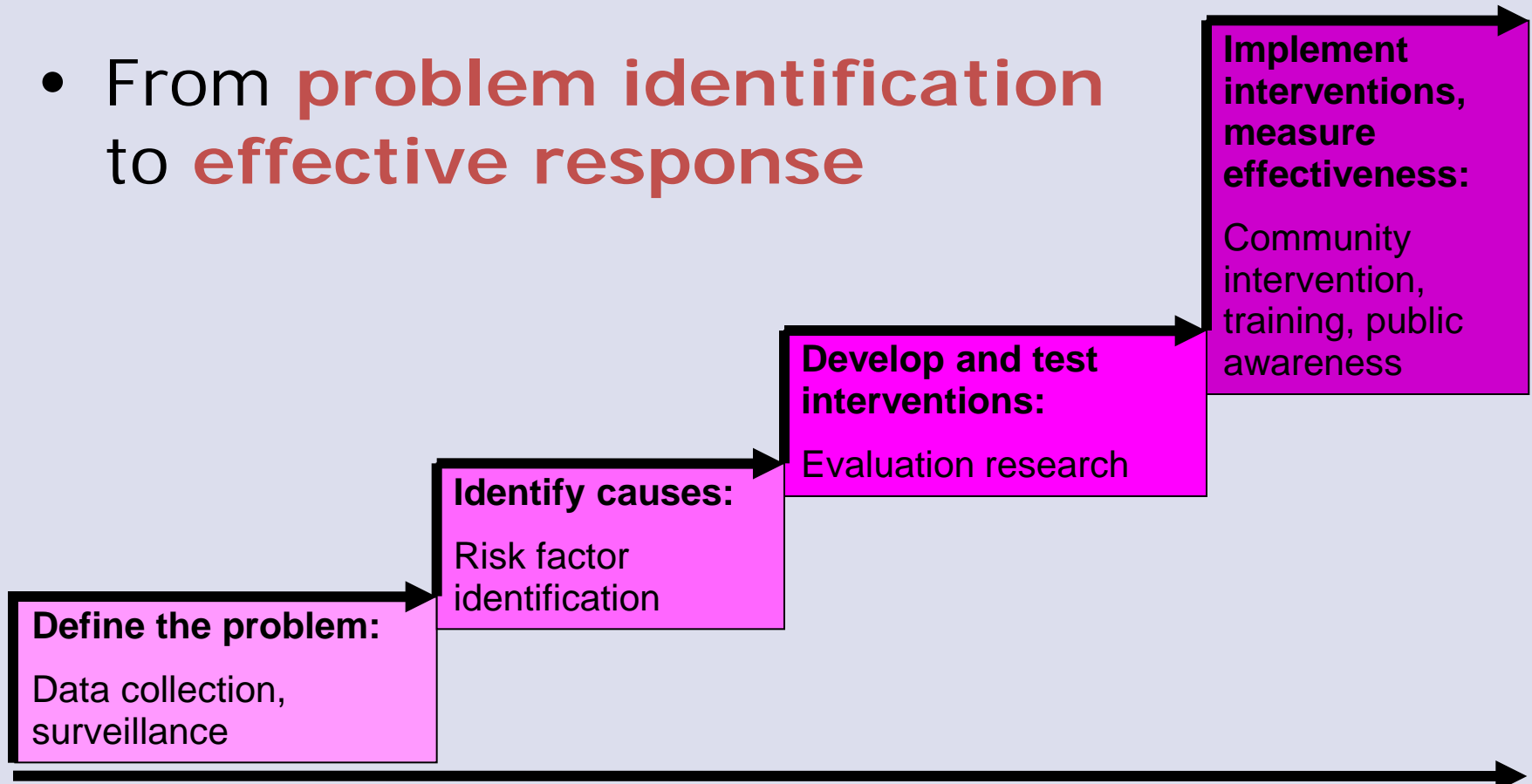


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A public health approach to violence

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



(Adapted from: Mercy et al. 1993)

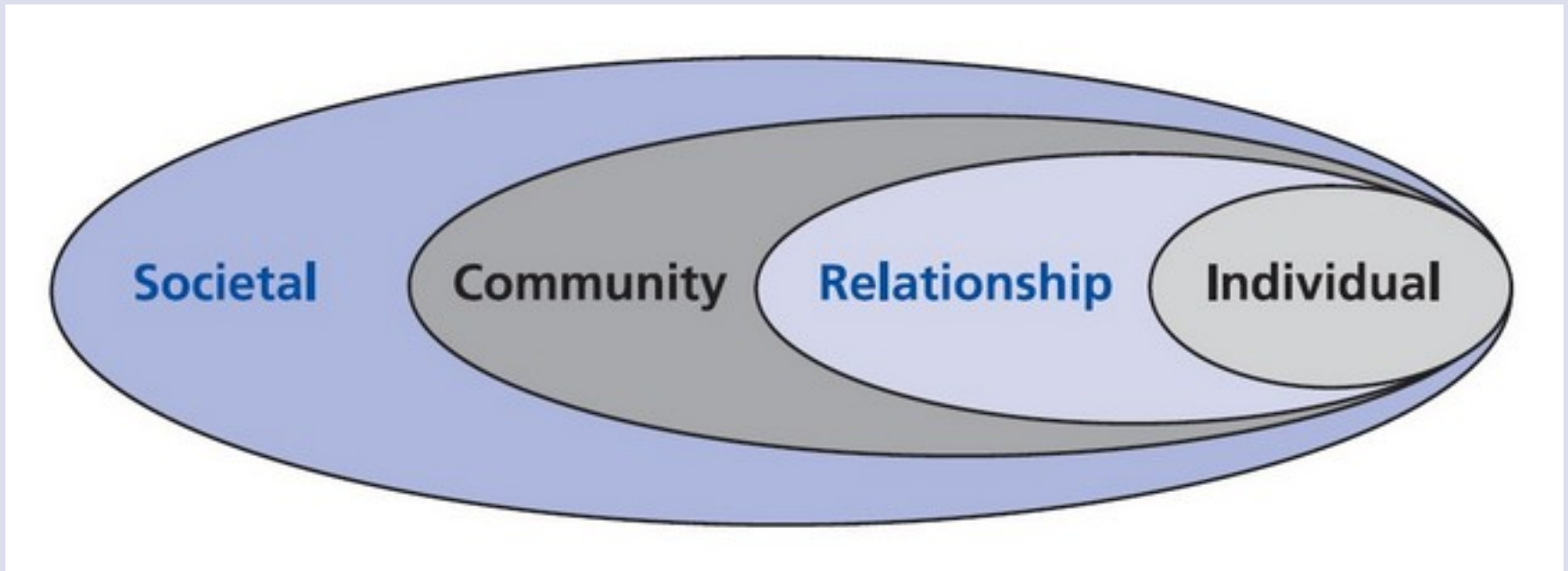
Timing of peace work

- 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

Intervention	Type of violence					
	CM	IPV	SV	YV	EA	S
1. Developing safe, stable and nurturing relationships between children and their parents and caregivers						
Parent training, including nurse home visitation	●			○		
Parent-child programmes	○			○		
2. Developing life skills in children and adolescents						
Preschool enrichment programmes				○		
Social development programmes				●		
3. Reducing the availability and harmful use of alcohol						
Regulating sales of alcohol				○		
Raising alcohol prices				○		
Interventions for problem drinkers		●				
Improving drinking environments				○		
4. Reducing access to guns, knives and pesticides						
Restrictive firearm licensing and purchase policies				○		○
Enforced bans on carrying firearms in public				○		
Policies to restrict or ban toxic substances						○
5. Promoting gender equality to prevent violence against women						
School-based programmes to address gender norms and attitudes		●	○			
Microfinance combined with gender equity training		○				
Life-skills interventions		○				
6. Changing cultural and social norms that support violence						
Social marketing to modify social norms		○	○			
7. Victim identification, care and support programmes						
Screening and referral		○				
Advocacy support programmes		●				
Psychosocial interventions				○		
Protection orders		○				

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)



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Global Campaign for Violence Prevention



www.euro.who.int/violenceinjury

www.who.int/violence_injury

www.who.int/gender

Course 7: Prevention of interpersonal and self-directed violence

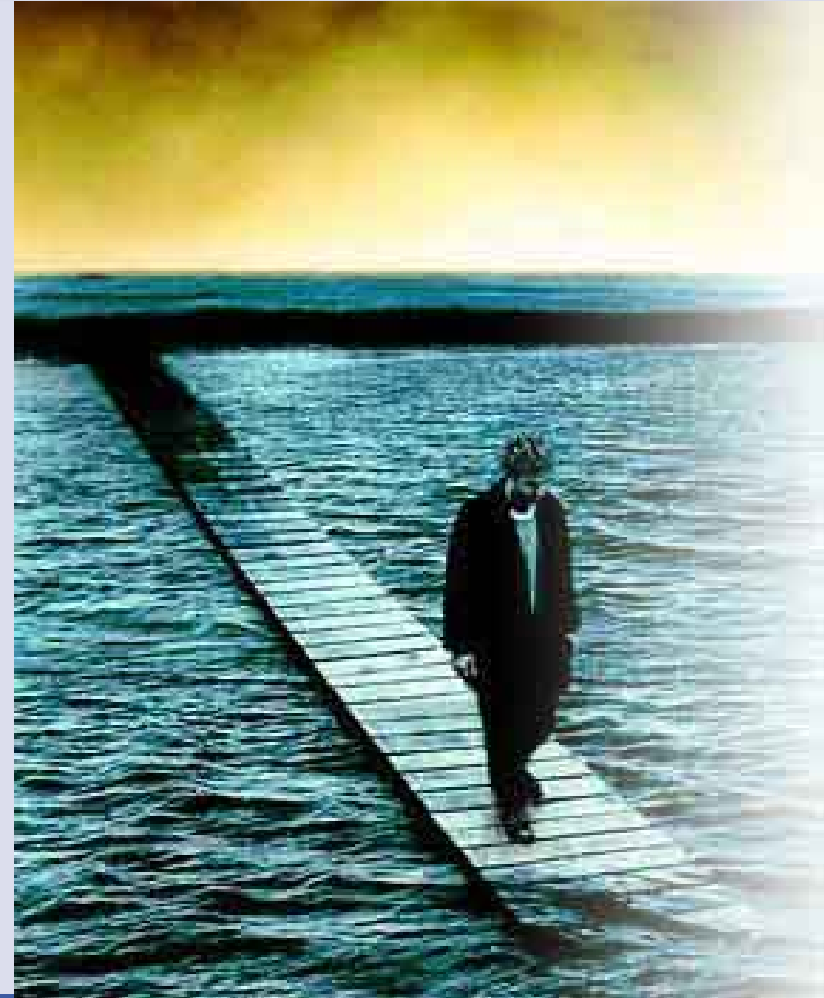
- Chapter 1: Preventing interpersonal violence
- Chapter 2: Preventing self-directed violence



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

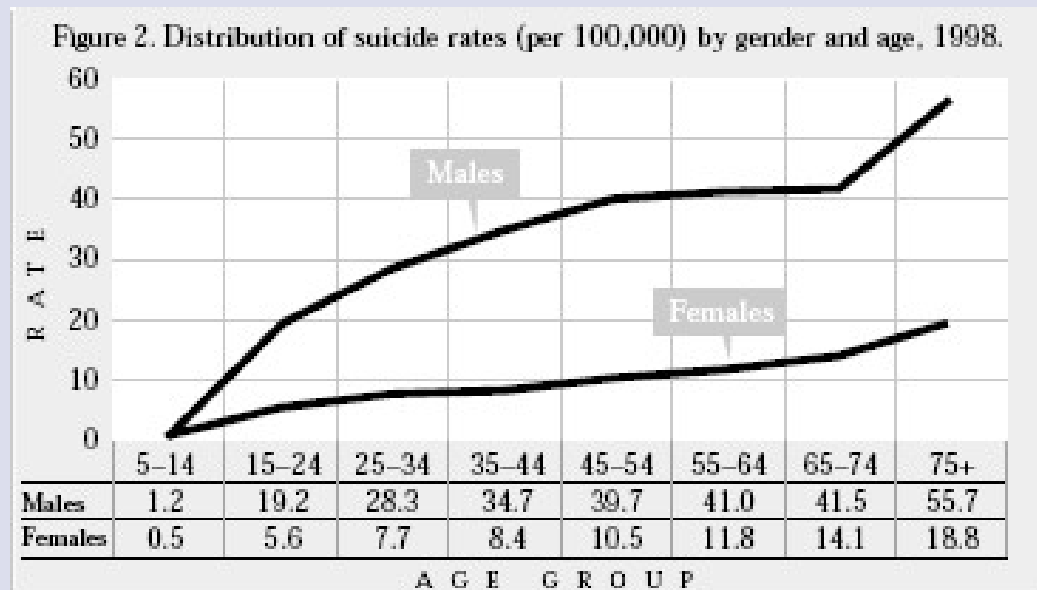
- **Deliberate self-harm**

- More than twice as common among females as males
- About 10 % of people

(Madge et al. 2008)

- **Suicide**

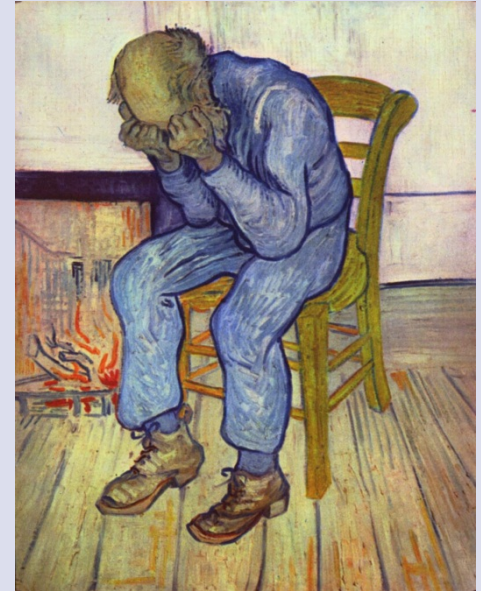
- About 1 million each year
- One each 40 sec.
- Male > female
- Atheist >
 Buddhist >
 Christian >
 Muslim



(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

DEFEAT



depression

- **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.



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Preventing suicide



- Primary prevention
 - population-wide interventions
- Secondary prevention
 - focus on high-risk groups

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)



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