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Governments must do more to address interpersonal violence

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The *Global status report on violence prevention 2014*,[1] jointly published by WHO, UNDP, and the UN Office on Drugs and Crime, was launched on Dec 11, 2014. For the first time, it assesses national efforts to address interpersonal violence, which includes child maltreatment, youth violence, intimate partner violence, sexual violence, and elder abuse. It identifies gaps in violence prevention and suggests how to fill them. It does so by describing the extent to which 133 participating countries covering 88% of the world's population are collecting data on interpersonal violence, implementing violence-prevention programmes, enacting and enforcing relevant laws, and providing victim services. This report aims to gauge countries' progress in implementing the recommendations of the 2002 World report on violence and health[2] and the linked World Health Assembly resolution of 2003.[3]

Globally, interpersonal violence affects hundreds of millions of people. Of all adults, one in four report having been physically abused as children;[4] one in five women and one in ten men report having been sexually abused as children;[5] one in three women report having been victims of physical or sexual intimate partner violence in their lifetime;[6] and one in 17 people aged 65 years and older report being abused in the past month.[7] Hundreds of thousands of victims receive emergency medical care every year.[1] Interpersonal violence contributes to lifelong ill health and to leading causes of death such as heart disease, cancer, and HIV/AIDS, largely due to victims' increased risk of adopting health-risk behaviours such as smoking, alcohol and drug misuse, and unsafe sex.[2]

New estimates in the report show that interpersonal violence resulted in some 475 000 homicides in 2012, of which 82% were males.[1] Additionally, they reveal that, from 2000 to 2012, homicide rates fell by 16% globally (from 8·0 to 6·7 per 100 000 population). This decrease was particularly marked in high-income countries (ie, a decrease of 39%, from 6·2 to 3·8 per 100 000 population), but falls of 10–13% also occurred in low-income and middle-income countries. For 2012, the estimates also show that, globally, 48% of all homicides involved a firearm, whereas in low-income and middle-income countries in the Americas this figure was 75%.

Although more than half of participating countries report having national population-based survey data

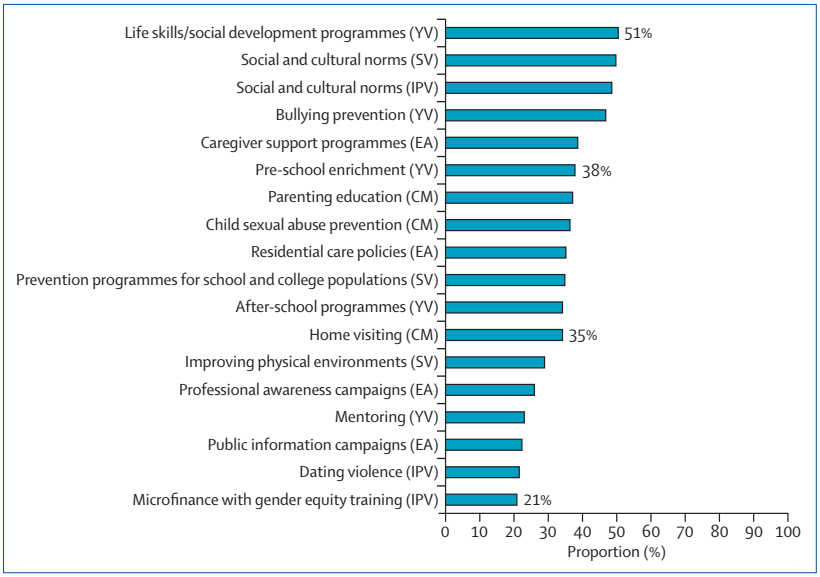

Figure: **Proportion of countries reporting implementation of violence prevention programmes on a larger scale, by type of programme**
Although each programme is shown as relevant to a particular type of violence, some of the programmes listed in the figure have shown preventive effects on several types of violence. CM=child maltreatment. YV=youth violence. EA=elder abuse. IPV=intimate partner violence. SV=sexual violence.

for intimate partner and sexual violence, well under half report conducting such surveys on child maltreatment, youth violence, and elder abuse. The report also finds that national action plans are often present when national survey data are not, suggesting that planning is relying on smaller-scale studies or is done without the necessary data.

The report shows that countries are starting to invest in prevention, but not on a scale commensurate with the burden. On average, each of the 18 types of prevention programmes surveyed was reported to be implemented on a larger scale (ie, across many schools or communities, or reaching >30% of the target population) in about a third of the countries (figure).

Specific violence prevention programmes should be complemented by policies addressing the social determinants of violence. However, only a quarter of countries report having national-level housing policies to prevent violence by reducing concentrations of poverty. More countries report tackling harmful alcohol use, although patterns of risky drinking behaviour remain high in many countries.

Enactment and enforcement of a broad range of laws relevant to violence prevention is crucial to deter violence and establish non-violent behavioural norms. On average, the laws surveyed were reported to exist by 80% of countries but to be fully enforced by slightly more than half. Nearly all countries report measures regulating firearm access, although the laws and populations covered vary widely.

Despite strong evidence linking violent victimisation to subsequent mental health problems, less than half of countries reported having mental health services to address victim needs, with only 15% in the African region. More than two-thirds of countries indicated that child protection services and medicolegal services for sexual violence victims were available.

The report's strengths include the comprehensiveness of its coverage and the use of a standardised method. A limitation is the possibility that countries overestimated the extent and quality of national violence-prevention activities. Additionally, although the survey assessed the existence and reach of national action plans, policies, prevention programmes, laws, and victim services, it was not designed to assess their quality. Finally, the survey covered only those violence-prevention measures best supported by evidence and judged by experts to be the most important. It will be useful to draw lessons from the process of compiling this first report for any subsequent reports.

The good news is that the evidence that violence can be prevented is strong and growing, and the importance of addressing interpersonal violence is increasingly recognised. Many countries are making progress in tackling the problem, and international resolutions that commit governments to taking measures to prevent and respond to interpersonal violence have been adopted. The resources, however, are not nearly equal to the burden and some types of violence, such as elder abuse and—to a lesser extent—youth violence, remain particularly neglected. This situation is unacceptable.

The *Global status report on violence prevention 2014* should be used by governments to fill these gaps by guiding policy, and by non-governmental organisations and experts to assist governments in doing so. The international community should use the report to increase attention to violence prevention as a health and development issue. This and subsequent reports can inform and help monitor implementation of the global plan of action called for by the 2014 World Health Assembly resolution on strengthening the role of the health system in addressing violence,[8] and

progress towards the violence-prevention targets likely to be included in the post-2015 development agenda. The *Global status report on violence prevention 2014* shows that efforts to implement the recommendations of the 2002 *World report on violence and health* are under way in many countries. But serious gaps remain. To achieve the ambitious violence-prevention targets being proposed for the global agenda, efforts will have to be stepped up.

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2014 Wakley Prize Essay winner: a good year for the Roses

Earlier this year we invited readers to submit entries for the 2014 Wakley Prize Essay. We were rewarded by a rich selection of submissions that ranged from memorable encounters with patients to personal experiences of illness. The winning essay, "On seeing Roses", by Johanna Riesel, a Paul Farmer Global Surgery Research Fellow in the Program in Global Surgery and Social Change at Harvard Medical School and a General Surgery Resident at Massachusetts General Hospital, is published in this issue. Riesel reflects on how the experience of helping a neighbour in cardiac arrest, and the subsequent friendship she formed with him and his wife, Rose, revitalised her interest in patient care.

Riesel had, she writes, reached a moment in her career when "I was burnt out, wondering why I had ever committed myself to such a gruelling, unrewarding, and debilitating life". All doctors, on honest reflection, will admit to having had such thoughts at least once in their lives. Her developing relationship with Rose, however, reminds her that patients are "individuals whose existence is often intricately woven into the lives of others". The experience leads Riesel to think about the idea of accompaniment in medicine. This idea—that physician and patient forge a partnership, a mutual community, as they journey together through good times and bad—is potentially transformative. But Riesel thinks it is rarely espoused in practice. She asks "would this change if all patients were treated as if they were our neighbours? As if they were those close to us both in location and commonality? As if they were one of 'us', a part of our communities?" This winning essay reflects on a way to achieve the best of both worlds: science and humanity working together for better health for patients and doctors alike.

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