# GLOBAL STATUS REPORT ON VIOLENCE PREVENTION 2014

**World Health Organization**

**UNODC**
United Nations Office on Drugs and Crime

**UNDP**
*Empowered lives.*
*Resilient nations.*

**United Nations Development Programme**

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# Executive summary

The *Global status report on violence prevention 2014* focuses on interpersonal violence,[1] which is violence that occurs between family members, intimate partners, friends, acquaintances and strangers, and includes child maltreatment, youth violence, intimate partner violence, sexual violence and elder abuse. Interpersonal violence is a risk factor for lifelong health and social problems. It is both predictable and preventable, and responsibility for addressing it rests clearly with national governments.

## Aims of the report

The *Global status report on violence prevention 2014* represents the progress countries have made in implementing the recommendations of the 2002 *World report on violence and health*. The specific aims of the report are to:

- describe the state of the problem of interpersonal violence worldwide and the extent to which countries are collecting data on fatal and non-fatal violence to inform planning and action;
- assess the current status of programme, policy and legislative measures to prevent violence;
- evaluate the availability of health care, social and legal services for victims of violence;
- identify gaps in tackling the problem of interpersonal violence and stimulate national action to address them.

By giving an assessment of violence prevention efforts globally and a snapshot of these efforts by country, the report provides a starting point for tracking future progress and offers a benchmark that countries can use to assess their own progress.

## Method

Data for this report were systematically gathered from each country in a four-step process which was led by a government-appointed National Data Coordinator. First, within each country a self-administered questionnaire was completed by respondents from ministries of health, justice, education, gender and women, law enforcement and police, children, social development and the interior, and, where relevant, nongovernmental organizations. Second, these respondents held a consensus meeting and agreed on the data best representing their country. Third, WHO regional and global violence prevention technical staff validated the final data submitted for each country by checking them against independent databases and other sources. Finally, permission to include the final data in the status report was obtained from country government officials.

## Coverage

This report highlights data from 133 countries, covering 6.1 billion people and representing 88% of the world's population. Response rates by region varied, covering 63% of the population in the Eastern Mediterranean Region, 70% in the African Region, 83% in the European Region, 88% in the Region of the Americas and 97% in both the South-East Asia and Western Pacific Regions.

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[1] Interpersonal violence is distinct from self-directed violence and collective violence, which are not covered in the report.

## Violence affects the lives of millions, with long-lasting consequences

There were an estimated 475 000 deaths in 2012 as a result of homicide. Sixty percent of these were males aged 15–44 years, making homicide the third leading cause of death for males in this age group. Within low- and middle-income countries, the highest estimated rates of homicide occur in the Region of the Americas, with 28.5 homicides per 100 000 population, followed by the African Region with a rate of 10.9 homicides per 100 000 population. The lowest estimated rate of homicide is in the low- and middle-income countries of the Western Pacific Region, with 2.1 per 100 000 population. Over the period 2000–2012, homicide rates are estimated to have declined by just over 16% globally (from 8 to 6.7 per 100 000 population), and, in high-income countries, by 39% (from 6.2 to 3.8 per 100 000 population). By contrast, homicide rates in low- and middle-income countries have shown less decline over the same period. For both upper and lower middle-income countries the decline was 13%, and for low-income countries it was 10%.

Nevertheless, deaths are only a fraction of the health and social burden arising from violence.

Women, children and elderly people bear the brunt of non-fatal physical, sexual and psychological abuse:

- A quarter of all adults report having been physically abused as children.
- One in five women reports having been sexually abused as a child.
- One in three women has been a victim of physical and/or sexual violence by an intimate partner at some point in her lifetime.
- One in 17 older adults reports abuse in the past month.

Such violence contributes to lifelong ill health – particularly for women and children – and early death. Many leading causes of death such as heart disease, stroke, cancer and HIV/AIDS are the result of victims of violence adopting behaviours such as smoking, alcohol and drug misuse, and unsafe sex in an effort to cope with the psychological impact of violence.

Table 1: Estimated numbers and rates of homicide per 100 000 population, by WHO region and country income status, 2012

| WHO region and country income level | Number of homicides | Homicide rate per 100 000 population |
|---|---|---|
| African Region, low- and middle-income | 98 081 | 10.9 |
| Region of the Americas, low- and middle-income | 165 617 | 28.5 |
| Eastern Mediterranean Region, low- and middle-income | 38 447 | 7.0 |
| European Region, low- and middle-income | 10 277 | 3.8 |
| South-East Asia Region, low- and middle-income | 78 331 | 4.3 |
| Western Pacific Region, low- and middle-income | 34 328 | 2.1 |
| All regions, high-income | 48 245 | 3.8 |
| **Global** | 474 931[a] | 6.7 |

[a]Includes 1604 homicides estimated for non-member states.

Figure 1: Behavioural and health consequences of violence

| Physical | Mental health and behavioural | Sexual and reproductive health | Chronic disease |
|---|---|---|---|
| Abdominal injuries | Alcohol and drug abuse | Unintended pregnancy | Arthritis and asthma |
| Thoracic injuries | Depression and anxiety | Pregnancy complications | Cancer |
| Brain injuries | Post-traumatic stress disorder | Unsafe abortions | Cardiovascular disorders |
| Burns/scalds | Eating and sleep disorders | Gynaecological disorders | Diabetes |
| Fractures | Attention deficits | Complex pain syndromes | Kidney problems |
| Lacerations | Hyperactivity | Chronic pelvic pain | Liver disease |
| Disability | Externalizing behaviour | HIV | Stroke |
| | Smoking | Other sexually transmitted infections | |
| | Suicidal thoughts | | |
| | Suicidal behaviour | | |
| | Unsafe sex | | |

## Key data on violence are often lacking

Despite the magnitude of deaths resulting from violence and the massive scale on which the non-fatal consequences of violence affect women, children and elderly people, there are important gaps in data that undermine violence prevention efforts. Fully 60% of countries do not have usable data on homicide from civil or vital registration sources. For many of the countries where these data do exist, they often lack specific information such as the sex and age of the victim, the relationship of victim to perpetrator, and the mechanism of homicide – all of which are needed to design and monitor prevention efforts. Most instances of violence against women, children and elderly people do not come to the attention of authorities or service providers, making population-based surveys a critical source of information to document the nature and extent of these problems. More than half of countries surveyed reported gathering such data on intimate partner and sexual violence; however, less than half of countries reported conducting population-based surveys on other types of violence such as child maltreatment, youth violence and elder abuse.

## National action planning is underway in most countries, but is not always informed by data

The different types of violence share many underlying risk factors and important inter-relationships. For example, economic inequality, alcohol misuse and inadequate parenting all increase the likelihood of child maltreatment, youth violence and intimate partner and sexual violence against women. Children who suffer rejection, neglect, harsh physical punishment and sexual abuse – or witness violence at home or in the community – are at greater risk of engaging in aggressive and antisocial behaviour at later stages in their development, including violent behaviour as adults. Only about half of countries reported having integrated plans that address multiple types of violence. This suggests that planning may be driven more by efforts to address specific types of violence than the need to create synergies across types of violence.

The survey found that national action plans were often present when national survey data were not, suggesting that much planning and policy-making is done in the absence of data. While for some countries this may reflect a lag between calls for data collection and actual data collection improvements, future work should prioritize filling this gap by ensuring that national plans of action are firmly anchored in data on the scale and causes of the different types of violence.

## Countries are beginning to invest in prevention, but not on a scale that matches the burden

A growing number of scientific studies demonstrate that violence is preventable. Based on systematic reviews of the scientific evidence for prevention, WHO and its partners have identified seven "best buy" strategies – six focusing on preventing violence and one focusing on response efforts. These strategies can potentially reduce multiple types of violence and help decrease the likelihood of individuals perpetrating violence or becoming a victim. The strategies are:

1. developing safe, stable and nurturing relationships between children and their parents and caregivers;
2. developing life skills in children and adolescents;
3. reducing the availability and harmful use of alcohol;
4. reducing access to guns and knives;
5. promoting gender equality to prevent violence against women;
6. changing cultural and social norms that support violence;
7. victim identification, care and support programmes.

Figure 2: Proportion of countries with national survey data and national action plans, by type of violence (n = 133 reporting countries)
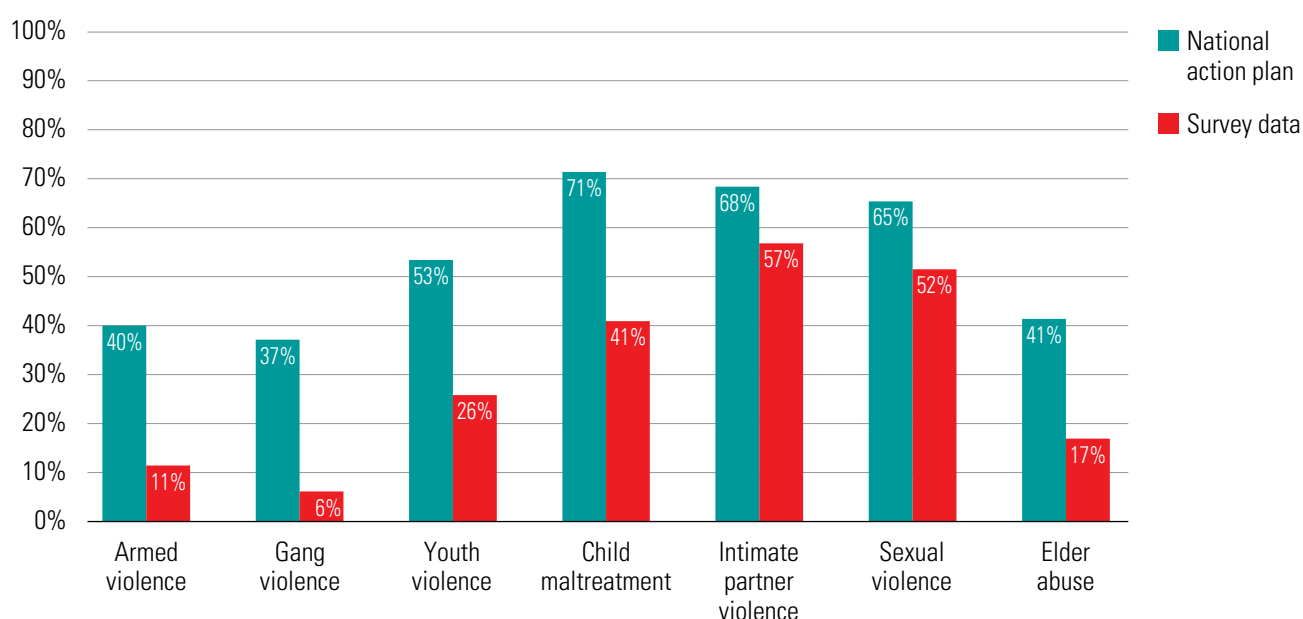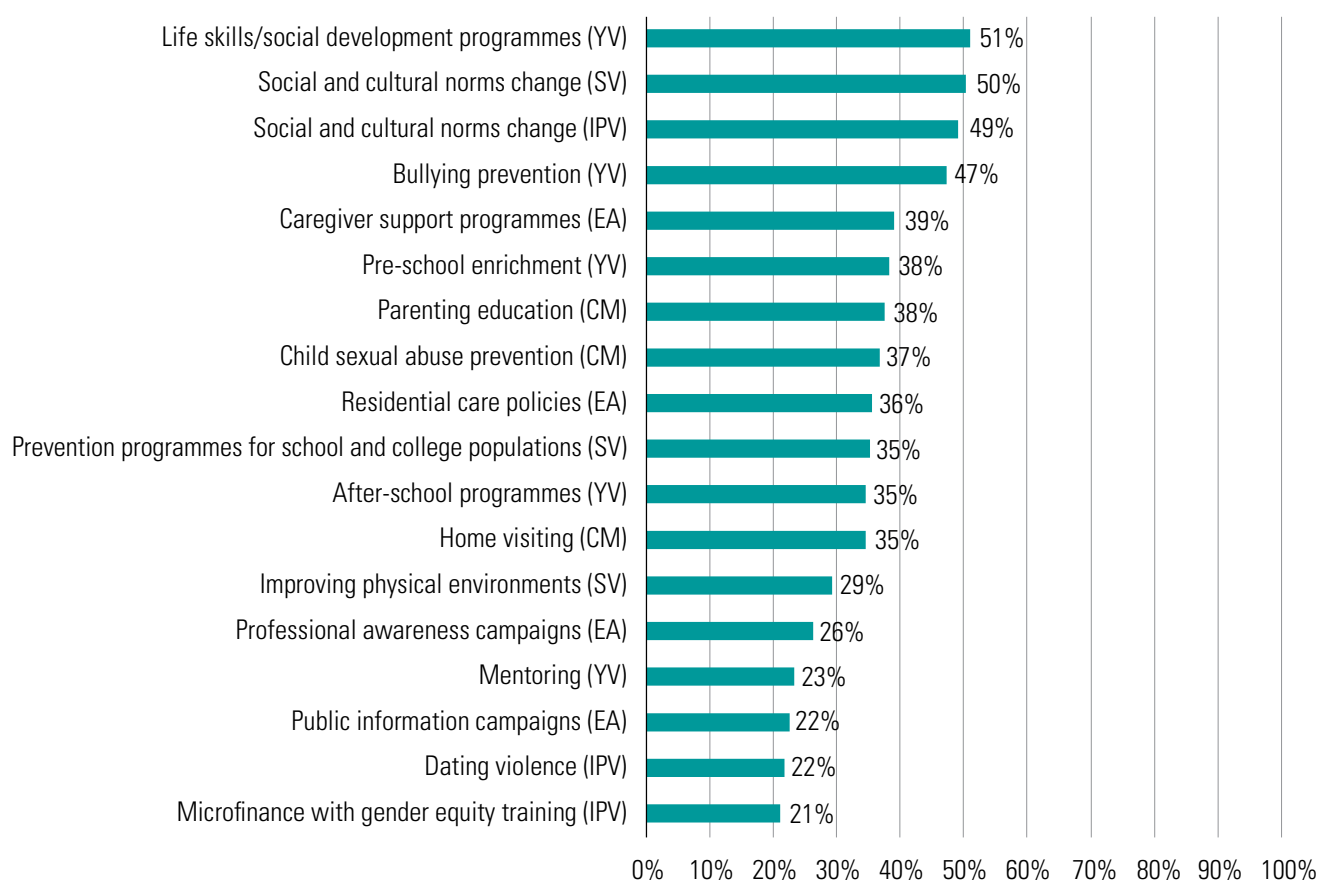
Figure 3: Proportion of countries reporting implementation of violence prevention programmes on a larger scale by type of programme (n = 133 reporting countries)[a]
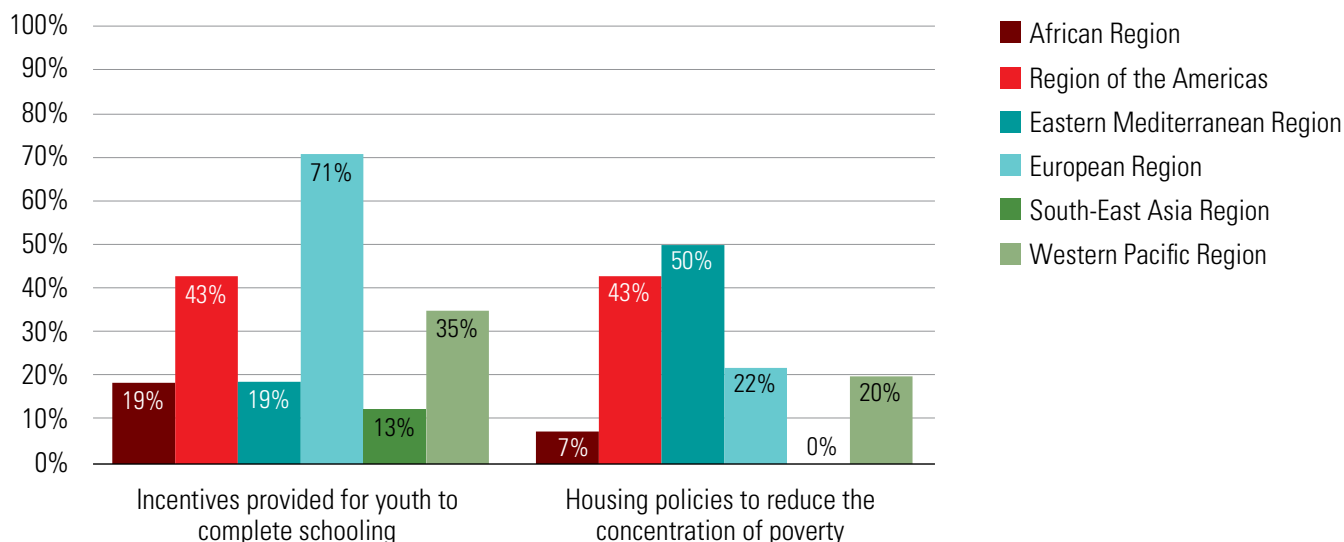


ᵃ Key: CM=child maltreatment; EA=elder abuse; IPV=intimate partner violence; SV=sexual violence; YV=youth violence. While each programme is shown as relevant to a particular type of violence, some of the programmes listed in the figure have shown preventive effects on several types of violence.

The survey found that while countries are investing in prevention programmes representative of these strategies, it is not on a level commensurate with the scale and severity of the problem.

Across the 18 types of programme asked about in the survey, about a third of countries are implementing them on a larger scale (i.e. across many schools or communities or with a reach to over 30% of the intended target population). Social and cultural norm-change strategies were the most common approach reported to address violence against women, while life skills training and bullying prevention were the most common strategies reported to address youth violence.

Countries also reported implementing strategies such as home visits and other parenting education approaches designed to improve parent-child relationships and prevent child maltreatment and the developmental pathways that lead to later violent behaviour. Implementation of strategies to prevent elder abuse was limited at best. Less than a third of the countries surveyed (26%) reported implementing campaigns aimed at educating professionals to recognize the signs and symptoms of elder abuse and improve their problem-solving and case management skills on a larger scale, and only 23% reported implementing public information campaigns on elder abuse.

Figure 4: Proportion of countries with schooling and housing policies to reduce the risk of violence, by WHO region (n = 133 reporting countries)



Legend:
- African Region
- Region of the Americas
- Eastern Mediterranean Region
- European Region
- South-East Asia Region
- Western Pacific Region

Incentives provided for youth to complete schooling: 19%, 43%, 19%, 71%, 13%, 35%

Housing policies to reduce the concentration of poverty: 7%, 43%, 50%, 22%, 0%, 20%
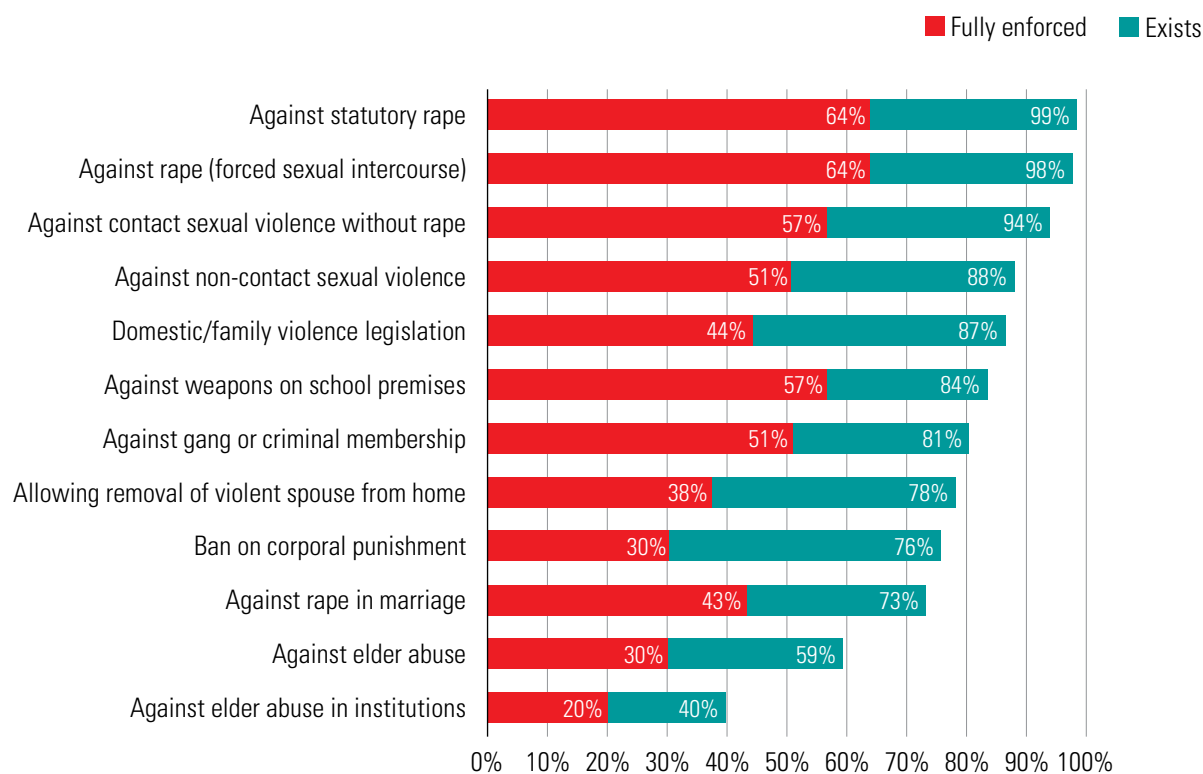
## More can be done to address key risk factors for violence through policy and other measures

Violence of all types is strongly associated with social determinants such as weak governance; poor rule of law; cultural, social and gender norms; unemployment; income and gender inequality; rapid social change, and limited educational opportunities. Cross-cutting risk factors such as ease of access to firearms and other weapons and excessive alcohol use are also strongly associated with multiple types of violence. Together these factors create a social climate conducive to violence, and in the absence of efforts to address them, sustained violence prevention gains are difficult to achieve. Any comprehensive violence prevention strategy must therefore identify ways to mitigate or buffer against these risks.

However, few countries are implementing social and educational policy measures to do so. For example, only 40% of countries surveyed report national policies providing incentives for youth at risk of violence to complete secondary schooling. Meanwhile, national level housing policies to reduce the concentration of poverty in urban areas (and explicitly aimed at reducing violence) were reported by just 24% of countries. More countries say they are tackling the harmful use of alcohol, although patterns of risky drinking behaviour remain very high in several countries. Nearly all countries report measures to regulate access to firearms, although the laws themselves and the populations covered vary widely.

Figure 5: Proportion of countries with laws to prevent violence and the extent to which countries report these laws as being fully enforced (n = 133 reporting countries)



Legend: ■ Fully enforced ■ Exists

| Law | Fully enforced | Exists |
|---|---|---|
| Against statutory rape | 64% | 99% |
| Against rape (forced sexual intercourse) | 64% | 98% |
| Against contact sexual violence without rape | 57% | 94% |
| Against non-contact sexual violence | 51% | 88% |
| Domestic/family violence legislation | 44% | 87% |
| Against weapons on school premises | 57% | 84% |
| Against gang or criminal membership | 51% | 81% |
| Allowing removal of violent spouse from home | 38% | 78% |
| Ban on corporal punishment | 30% | 76% |
| Against rape in marriage | 43% | 73% |
| Against elder abuse | 30% | 59% |
| Against elder abuse in institutions | 20% | 40% |

## Violence prevention laws are widely enacted, but enforcement is often inadequate

The enactment and enforcement of legislation on crime and violence are critical for establishing norms of acceptable and unacceptable behaviour, and creating safe and peaceful societies. On average each of the laws surveyed was reported to exist by 80% of countries but to be fully enforced by just 57%. The biggest gaps between the existence and enforcement of laws related to bans on corporal punishment (reported to exist in 76% of countries but with only 30% of countries indicating ful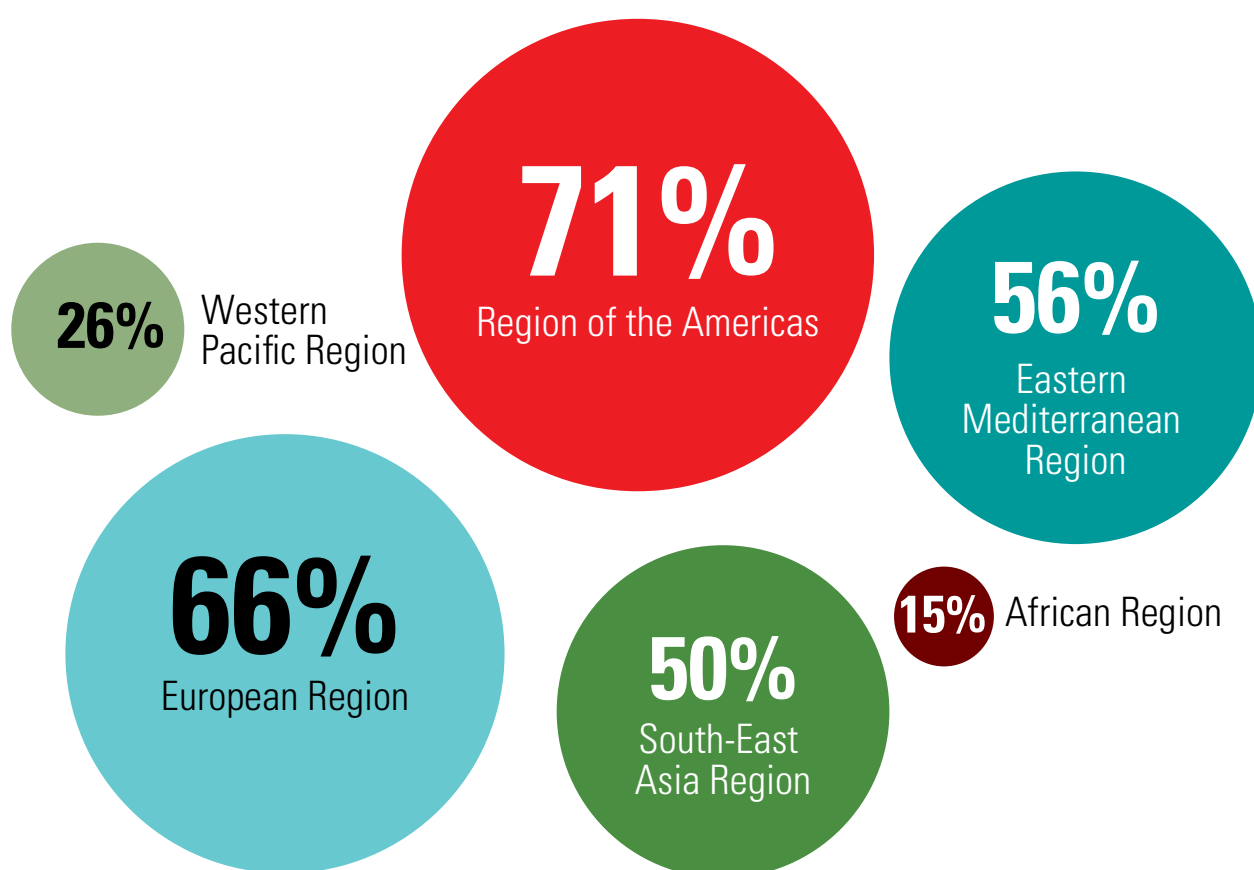l enforcement); and to domestic/ family violence legislation (reported to exist in 87% of countries but with only 44% of countries indicating full enforcement). Focusing on better enforcement of existing laws is likely to lead to significant violence prevention gains. This should include strengthening institutional mechanisms and resources and increasing the human capacity needed to ensure enacted legislation protects people from violence, holds perpetrators to account and creates safe environments for all citizens.

## Availability of services to identify, refer, protect and support victims varies markedly

Providing high-quality care and support services to victims of violence is important for reducing trauma, helping victims heal and preventing repeat victimization and perpetration. However, despite strong evidence linking experiences of violence to mental health problems, less than half of countries reported the availability of mental health services to address the needs of victims, ranging from two-thirds of countries in the Region of the Americas and the European Region, to only 15% in the African Region. Globally, child protection services were the most widely reported of all services (69% of countries) followed by medico-legal services for victims of sexual violence. However, the quality of these services and their accessibility to victims were not ascertained, and these relatively high levels of reported availability may conceal low-quality services. Of all services included in the survey, adult protective services were the least reported. Only a third of surveyed countries indicated having adult protective services in place to investigate potential cases of elder abuse, and assist vulnerable older adults.

Figure 6: Proportion of countries reporting implementation of mental health services for victims of violence at larger scale (n = 133 reporting countries)



71% Region of the Americas

26% Western Pacific Region

56% Eastern Mediterranean Region

66% European Region

50% South-East Asia Region

15% African Region

Victim support services often extend beyond medical and other care. Legal representation in criminal courts and receiving compensation from the state are also important, for all types of interpersonal violence. While the majority of countries (86%) report laws providing victims with legal representation and participation in criminal courts, only 52% indicate having victim compensation legislation. Both the existence of such laws and the extent to which they are enforced also vary by country-level income, with existence and enforcement appearing to be much greater in high-income countries than elsewhere.

## Recommendations

The findings of the *Global status report on violence prevention 2014* are relevant to national, regional and global violence prevention efforts. Across these levels they offer an opportunity for all violence prevention stakeholders to come together and step up their activities and investments to match the burden and severity of the problem.

At a national level, the report's key recommendations are to:

- strengthen data collection to reveal the true extent of the problem;
- develop comprehensive and data-driven national action plans;
- integrate violence prevention into other health platforms;
- strengthen mechanisms for leadership and coordination;
- ensure prevention programmes are comprehensive, integrated and informed by evidence;
- ensure that services for victims are comprehensive and informed by evidence;
- strengthen support for outcome evaluation studies;
- enforce existing laws and review their quality;
- implement and enact policies and laws relevant to multiple types of violence;
- build capacity for violence prevention.

At regional and global levels, the report's key recommendations are to:

- strengthen the global violence prevention agenda;
- strengthen support for comprehensive and integrated violence prevention programming;
- strengthen efforts of regional and subregional organizations to work with national offices to coordinate data collection and disseminate data gathered;
- increase collaboration between international organizations and donor agencies;
- set baselines and targets, and track progress.

A growing body of research shows that much interpersonal violence can be effectively prevented and its far-reaching consequences mitigated. The *Global status report on violence prevention 2014* shows that many countries have begun to implement prevention programmes and victim services, and to develop the national action plans, policies and laws required to support violence prevention and response efforts. At the international level, high-level resolutions that commit Member States to tackling interpersonal violence within their countries and through the establishment of networks and partnerships have been adopted.

Yet, this survey shows that serious gaps remain and that much work is still required to realize the full potential of the growing violence prevention field. No country can rest on its laurels and assume it has successfully addressed interpersonal violence. The international community must continue to recognize interpersonal violence as an important health, criminal justice, development and gender issue, and step up its support for prevention.

## Acknowledgements

**VIOLENCE PREVENTION ALLIANCE**

**GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION**
CAMPAGNE MONDIALE POUR LA PREVENTION DE LA VIOLENCE

VIOLENCE PREVENTION ALLIANCE / ALLIANCE POUR LA PREVENTION DE LA VIOLENCE