

World Report on Violence

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Objective of the presentation:

Inform members of ICE about the World Report on Violence and invite them to participate.

Introduction:

Violence can be defined as 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, or other adverse social, psychological, or economic effects. There are many different forms of violence (such as war, conflict, child abuse, violence against women, violence against elderly, firearm-related violence, organized crime, suicide, etc). They all cause an enormous toll internationally. It has been estimated that in 1990, worldwide 786,000 deaths were due to suicide, 563,000 deaths were due to homicide, and 502,000 deaths were due to war. In 1990, war was the leading cause of disability adjusted years of life lost (DALYs), self-directed violence the 17th, and interpersonal violence the 18th. It is projected that in 2020, war will be the 8th leading cause, self-directed violence the 14th, and interpersonal violence the 12th. In view of what it described as a dramatic increase in the incidence of intentional injuries, the Forty-Ninth World Health Assembly adopted resolution WHA 49,25 declaring violence a leading worldwide public health problem and urged member states to assess and develop science-based solutions to the problem.

The WHA resolution was followed by the WHO plan of action to prevent violence. The plan of action recommends, as a first step toward prevention, the acquisition of the knowledge describing the magnitude, scope, and characteristics of the problem. Worldwide, this first step of describing violence-related deaths by manner and method has not been undertaken to date. A document that describes the extent of fatal violence-related injuries in the world is therefore urgently needed and will help inform a global strategy for setting priorities and informing the search for solutions.

Purpose

The World Report on Violence will describe epidemiological data on fatal and non-fatal injuries due to interpersonal, conflict-related and self-directed violence at international, regional and local levels. It will also seek to better characterise links between the occurrence of violence and socio-demographic and other characteristics of societies.

The goals of this document are to raise world-wide awareness about the public health aspects of violence and to highlight the contributions of public health to understanding and responding to the problem of violence. More specific objectives of the document are 1) to describe the magnitude and impact of violence cross-nationally; 2) to elucidate cross-national patterns of

violence; 3) to provide a baseline for measuring change and progress; 4) to summarize existing information on risk factors, prevention approaches, and policy responses; 5) to provide directions for future research; 6) to make recommendations for future action in public health.

The primary audience for the report will be decision-makers, public health officials and practitioners, and journalists.

Methods

Data sources:

The main database used for the report will be the WHO Mortality database. More than 70 of the world's nations report detailed information on mortality in their country to the WHO Mortality database. This information is based on International Classification of Diseases (ICD) codes. Performing data management functions (i.e., data editing, range checks, logic/consistency checks, or other quality control measures), analyzing, and publishing the more detailed information for all causes of death is not performed routinely. WHO will edit the data, perform range checks, logic/consistency checks, and other quality control measures to prepare data for analysis. In addition, countries that are not currently reporting to WHO will be contacted directly and invited to provide data on violence-related mortality. Finally, estimates of mortality will be produced for some of the major countries who will not have provided data for the report. These estimates will be calculated based on existing studies. Some of the existing data on morbidity will be summarized and included in the report. Finally, whenever appropriate, data from other UN sources will be used to complement information provided by the above sources (e.g., availability of weapons). Subsequently, tables and figures will be produced (see list of tables in appendix 1).

Format of the report

The proposed format will include two sections: the first with topic-specific chapters and boxes, and the second with tables. It will focus on fatal and non-fatal injuries resulting from interpersonal, war-related and self-directed violence. To obtain more stable estimates and avoid confidentiality issues, data for a 3-year period will be pooled (1993-1995 or most recent years available).

- *Chapters:* Together with some of its Collaborating Centers for Injury Control, the World Health Organization will coordinate the writing of several chapters. A number of international experts on interpersonal, self-directed, and war-related violence will be selected to write the chapters based on the data analysis and on current relevant issues. Scientific review and editing of the chapters will be performed by the Editorial Committee and a number of scientists from diverse cultural and institutional background.

Each chapter will contain definitions, a discussion of data, risk and protective factors, prevention programs as well as recommendations for actions. A draft table of contents of the report is described in annex.

- *Boxes:* A number of international experts will also be selected to write brief reports on case studies or violence-related topics that deserve special attention. These brief reports will be published in one-page boxes. The boxes will also undergo peer review.
- *Tables:* Section two of the document will be derived from data analysis. An outline of the tables to be produced can be found in appendix.

Dissemination

WHO will coordinate the publication of the report. The report will be released at the WHO Executive Board Meeting in January 2001. Fifteen thousand copies will be produced. These copies will be widely distributed by WHO, its collaborating centers and the sponsors to governmental and non-governmental agencies. The report will also be made available on the World Wide Web in a format that will allow easy use of the data to researchers. Several peer-reviewed papers summarizing the findings of the report will be published in scientific journals at the time of release. Finally, policy briefings providing recommendations for concerned countries and institutions will be organized. The report could be made a periodical publication (updated every three years).

Appendix

Outline of Report

- I. Preface
- II. Foreword
- III. Introduction --- Why this report?
- IV. Executive Summary
- V. Violence as a Public Health Problem
- VI. Interpersonal Violence
- VII. Self-Directed Violence
- VIII. Organized or Collective Violence/Political Violence
- IX. Violence Against Women
- X. Violence Against Children
- XI. Violence Against the Elderly
- XII. Summary of Recommendations/Cross-cutting Recommendations
- XIII. Tables