

VIOLENCE IN THE AMERICAS WHAT MUST BE DONE?

Violence affects a large proportion
of the population in the Americas



The Region has the **highest homicide rate in the world (17.9 per 100,000)** – 3 times the global average.¹ **Youth aged 15 to 29 years**, particularly young men and boys, are especially vulnerable.²

An estimated 58% of children in Latin America and the Caribbean

experience physical, sexual and/or emotional abuse every year.⁴

1 out of 3 women has experienced **violence by an intimate partner**.³

Elder abuse is estimated at 12% in the Region, though numbers may be higher.⁵ Globally, only 1 in 24 cases are reported.⁶

EVERYDAY, HUNDREDS OF PEOPLE DIE AS A RESULT OF VIOLENCE IN THE REGION OF THE AMERICAS

Interpersonal violence is a major cause of death due to homicide – rivaling other well-known public health challenges such as HIV, cancers or heart disease. The sheer magnitude of people affected by violence makes it a public health priority.

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, maldevelopment, or deprivation" (WHO, 2002).

IN THE REGION, VIOLENCE TAKES MANY FORMS

There are important country and sub-regional variations in the magnitude, types, risks and consequences, as well as **different patterns for women, men, boys and girls** across population groups.

Violence prevention must pay attention to social determinants, health equity and gender equality, including potential risk and protective factors at the local level.

Different social factors, such as sex, age, ethnicity, income or migrant status, can intersect and lead to greater negative impact among specific groups.

EXAMPLES

Age matters, with young men and boys being particularly vulnerable to youth homicide.⁷ **Gang membership and organized crime are key drivers** of homicides and violence in parts of the Region.⁸

Migration intersects with violence. For example, although many migrants leave home to escape violence, they often face increased risk of violence during the journey and within destination communities. Migrant women and girls may be particularly vulnerable to sexual and gender-based violence.⁹

VIOLENCE IS IMPORTANT TO PUBLIC HEALTH

The most visible consequence of violence is death. But for every person who is killed, many more suffer injuries, ill health and disability, such as:



INJURIES OR ILL HEALTH REQUIRING EMERGENCY TREATMENT AND CARE ACROSS THE LIFE COURSE



ADOPTION OF UNHEALTHY BEHAVIORS, SUCH AS SMOKING, DRINKING, DRUG USE, OR UNSAFE SEX



MENTAL ILL HEALTH, INCLUDING ANXIETY, DEPRESSION, POST-TRAUMATIC STRESS DISORDER, ETC.

Health consequences go beyond the victim and affect families, bystanders and witnesses, especially children. Violence results in an increase in users of trauma, emergency and other health services with substantial costs to the health system. It is often a daily reality for health workers, who may be at risk of violence themselves.

VIOLENCE IS IMPORTANT TO EVERYONE

It poses socio-economic costs to families and economies that could be avoided.

» **It costs money**, such as in funeral and health care fees, loss of income as well as increases in demand for public sector staff or services.

» **It costs individuals and their families**, potentially resulting in lower educational achievement, loss of productivity and work absenteeism, and **barriers in access to health care and healthy lifestyles**.

» **It costs communities**, with possible impacts on homes, workplaces, schools and public spaces. For example, violence may reduce property values, limit tourism, increase the risk of poverty and intersect with organized crime, gang activities and narcotrafficking.

Violence prevention is not a new topic for the Region of the Americas - there are many good examples, valuable experiences and lessons learnt to draw on.¹⁷

VIOLENCE CAN BE PREVENTED, AND ITS SOCIAL ROOTS CAN BE ADDRESSED

This requires the health sector to lead by example and work in partnership with others to address the social, economic, political, cultural and environmental determinants of health in collaboration with partners.¹⁰



LEAD

- **Advocating for a public health approach**
- **Developing, implementing and evaluating violence prevention programs as part of its population-level disease prevention and health promotion activities**
- **Identifying survivors/victims of violence and providing comprehensive health services of good quality**
- **Documenting the magnitude of violence, its causes and consequences as well as what works to prevent it**



PARTNER WITH OTHERS

- **Addressing the risk factors and social determinants of violence in collaboration with other sectors**
- **Informing multisectoral violence prevention policies and programs**
- **Facilitating access of survivors/victims to multisectoral services, including strong referral mechanisms between health and other sectors**
- **Supporting the testing and evaluation of interventions in other sectors**

EXAMPLES OF ACTION. WHAT CAN THE HEALTH SECTOR DO?^{11,12}

HEALTH LEADERSHIP AND GOVERNANCE

INTEGRATE VIOLENCE PREVENTION IN HEALTH POLICIES, PLANS AND CLINICAL PROTOCOLS

ALLOCATE RESOURCES TO VIOLENCE PREVENTION

DESIGNATE A UNIT OR FOCAL POINT IN MINISTRIES OF HEALTH TO ADDRESS VIOLENCE

ADVOCATE TO ADOPT OR REFORM LAWS AND POLICIES OF OTHER SECTORS

IMPROVE COORDINATION WITHIN HEALTH AND WITH OTHER SECTORS

QUALITY HEALTH SERVICES FOR SURVIVORS

DEVELOP CLINICAL GUIDANCE AND TOOLS TO PREVENT AND RESPOND TO VIOLENCE

IMPROVE ACCESS TO SERVICES BY INTEGRATING CARE TO SURVIVORS OF VIOLENCE WITHIN EXISTING HEALTH SERVICES

IMPROVE PRE-HOSPITAL, TRAUMA, EMERGENCY AND PRIMARY CARE FOR SURVIVORS

TRAIN HEALTH WORKERS TO PROVIDE QUALITY CARE

ELIMINATE THE MISTREATMENT AND ABUSE OF WOMEN IN HEALTH CARE SETTINGS

ADDRESS WORKPLACE VIOLENCE AGAINST HEALTH WORKERS

INFORMATION AND EVIDENCE

STRENGTHEN ROUTINE REPORTING ON VIOLENCE IN HEALTH INFORMATION AND SURVEILLANCE SYSTEMS

ESTABLISH BASELINES FOR PREVALENCE THROUGH POPULATION-BASED SURVEYS AND INTEGRATE VIOLENCE MODULES IN RECURRING POPULATION-BASED SURVEYS

CONDUCT OR SUPPORT ANALYSIS AND USE OF DISAGGREGATED DATA ON VIOLENCE

CONDUCT RESEARCH TO DEVELOP, EVALUATE AND SCALE HEALTH INTERVENTIONS TO PREVENT AND RESPOND TO VIOLENCE

PROGRAMMING FOR PREVENTION

ADDRESS HARMFUL ALCOHOL AND SUBSTANCE USE AS RISK FACTORS FOR VIOLENCE

INTERVENE EARLY WITH SURVIVORS TO PREVENT THE PERPETUATION OF VIOLENCE ACROSS GENERATIONS AND COMMUNITIES

SUPPORT PREVENTION PROGRAMS THAT PROMOTE EQUALITY AND CHALLENGE NORMS THAT CONDONE VIOLENCE

PROMOTE MESSAGES ABOUT CONSENT AND RESPECT IN RELATIONSHIPS IN HEALTH EDUCATION AND PROMOTION

CONTRIBUTE TO POLICIES AND PROGRAMS IN OTHER SECTORS TO STRENGTHEN EVIDENCE-BASED PREVENTION

BREAKING THE CYCLE OF VIOLENCE IS KEY

Although different types of violence may require different strategies, there are opportunities to integrate and streamline responses.^{12,13}

Different forms of violence intersect and share common risk factors, vulnerabilities and consequences.¹⁴ Violence in later life is often linked to experiences in earlier life stages, especially in childhood.

Understanding these intersections presents opportunities to intervene early and maximize efforts in collaboration with other health programs.¹⁵

PAHO STANDS READY TO WORK IN PARTNERSHIP WITH MEMBER STATES AND OTHER STAKEHOLDERS IN...

Raising awareness of the need for action to reduce violence in the Region of the Americas

Identifying, synthesizing and disseminating evidence on what works to reduce violence

Providing guidance and technical support to countries to develop evidence-based prevention and response capacity

Strengthening partnerships across sectors and stakeholders for coordinated and comprehensive violence prevention and response efforts

WORKING IN PARTNERSHIP IS CENTRAL TO MAXIMIZING THE INVESTMENT AND MAKING AN IMPACT

Eliminating violence relies on teamwork, including between:



HEALTH SERVICES AND PROGRAMS THAT ARE AFFECTED BY VIOLENCE, FOR EXAMPLE ADOLESCENT HEALTH, OR THAT DEAL WITH RISK FACTORS OF VIOLENCE, FOR EXAMPLE ALCOHOL



SECTORS OF GOVERNMENT, INCLUDING HEALTH, JUSTICE, SECURITY, SOCIAL AFFAIRS AND OTHERS



STAKEHOLDERS BEYOND GOVERNMENT, INCLUDING INTERNATIONAL DEVELOPMENT PARTNERS, RESEARCH INSTITUTES AND CIVIL SOCIETY, FOR EXAMPLE WOMEN'S ORGANIZATIONS AND YOUTH GROUPS

OPPORTUNITIES FOR VIOLENCE PREVENTION¹⁶



1
Challenge harmful social norms that make violence acceptable



2
Prevent early exposure to violence, especially in childhood



3
Foster the development of safe, stable and nurturing relationships



4
Strengthen access to education and build life skills



5
Reduce alcohol and drug use



6
Limit access to weapons, including guns and knives



7
Promote safe environments and urban upgrading, including addressing "hot spots"



8
Improve economic security

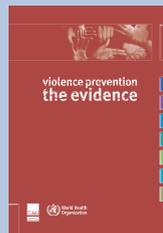
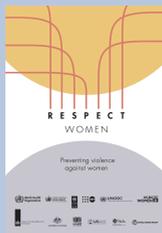


9
Reduce social inequality



10
Provide quality health services and strengthen referral to other essential services

WE KNOW ENOUGH TO ACT NOW¹⁶



PAHO



Pan American Health Organization



World Health Organization
ORGANIZATION OF THE AMERICAS

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