



**Pan-American Health Organization
Expert's Meeting on Strengthening the Public Health Approach to
Youth Violence in the Americas
7 - 8 October, 2019 - Washington, DC**

public health strategies for preventing youth violence

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Introduction

- PAHO: Violence Prevention in the American Region
- WHO: DIVP - Public health Approach to violence
 - Since WHA, 1996
 - Diagnosis
 - Risk factors
 - Evaluation
 - Challenges: YVP

Introduction

- Youth violence: multiple types and nature:
 - Physical, Psychological, sexual
 - Bullying and dating violence
 - Homicide, police violence, gang violence
- 10 to 29 years-old: children, adolescents and young adults
 - Autonomy, identity, social roles
 - School, University, work
 - Peers x family
 - Drug, alcohol, sex

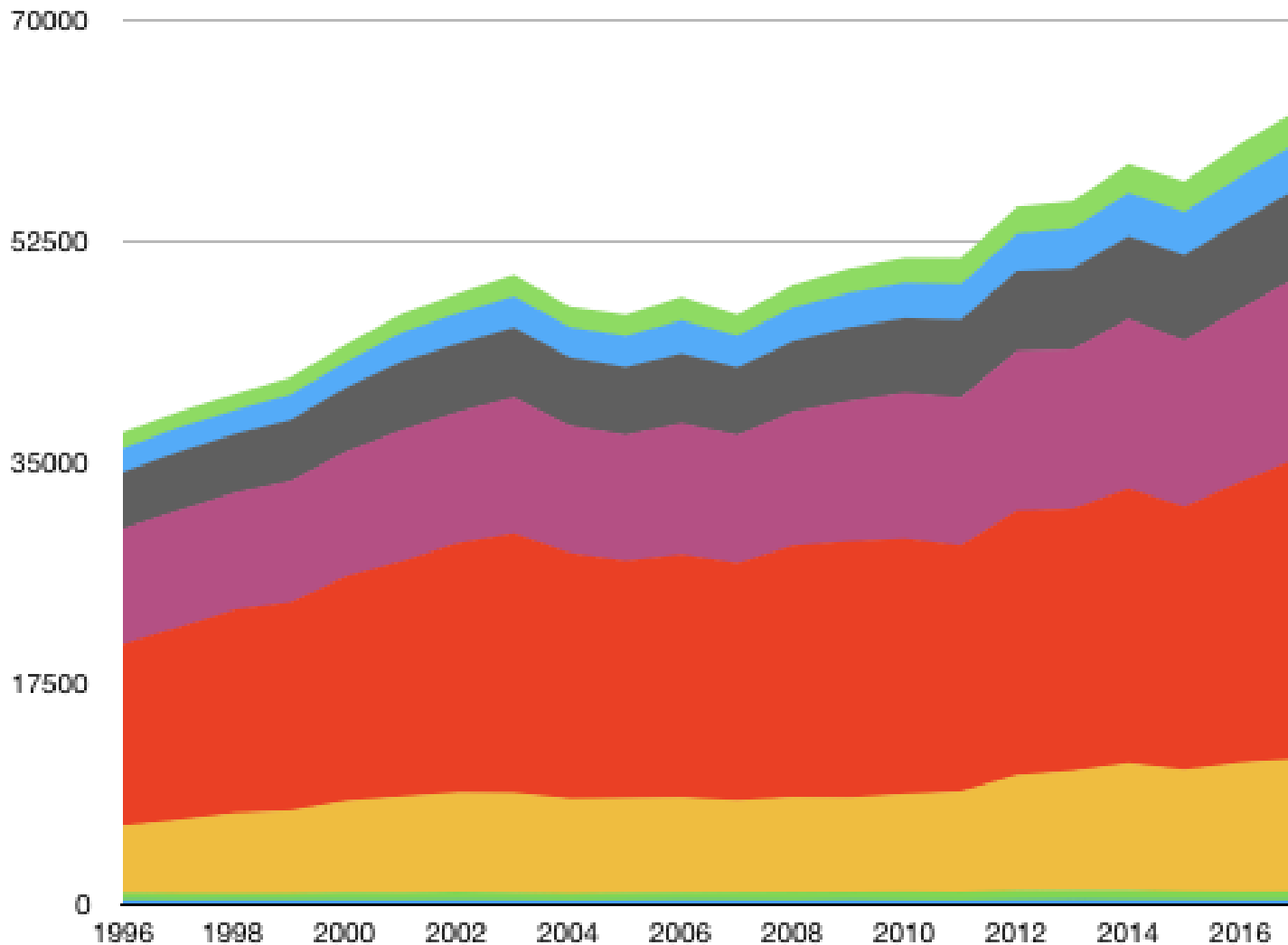
Adolescents and young adults don't go regularly to health facilities. Part of our task is to approach them, get their attention, develop strategies to make what we have to offer interesting for them



Introduction

- Youth violence Prevention in LMIC - in Latin America
 - Higher youth violence rates
 - Distinct cultural background, political systems, and structural problems
 - Poverty and inequality,
 - High levels of political corruption and instability, police violence, youth gangs and criminal organization, sexual exploitation of children and adolescents, human trafficking, a fragile education system
- A glimpse in violence scenario in Brazil

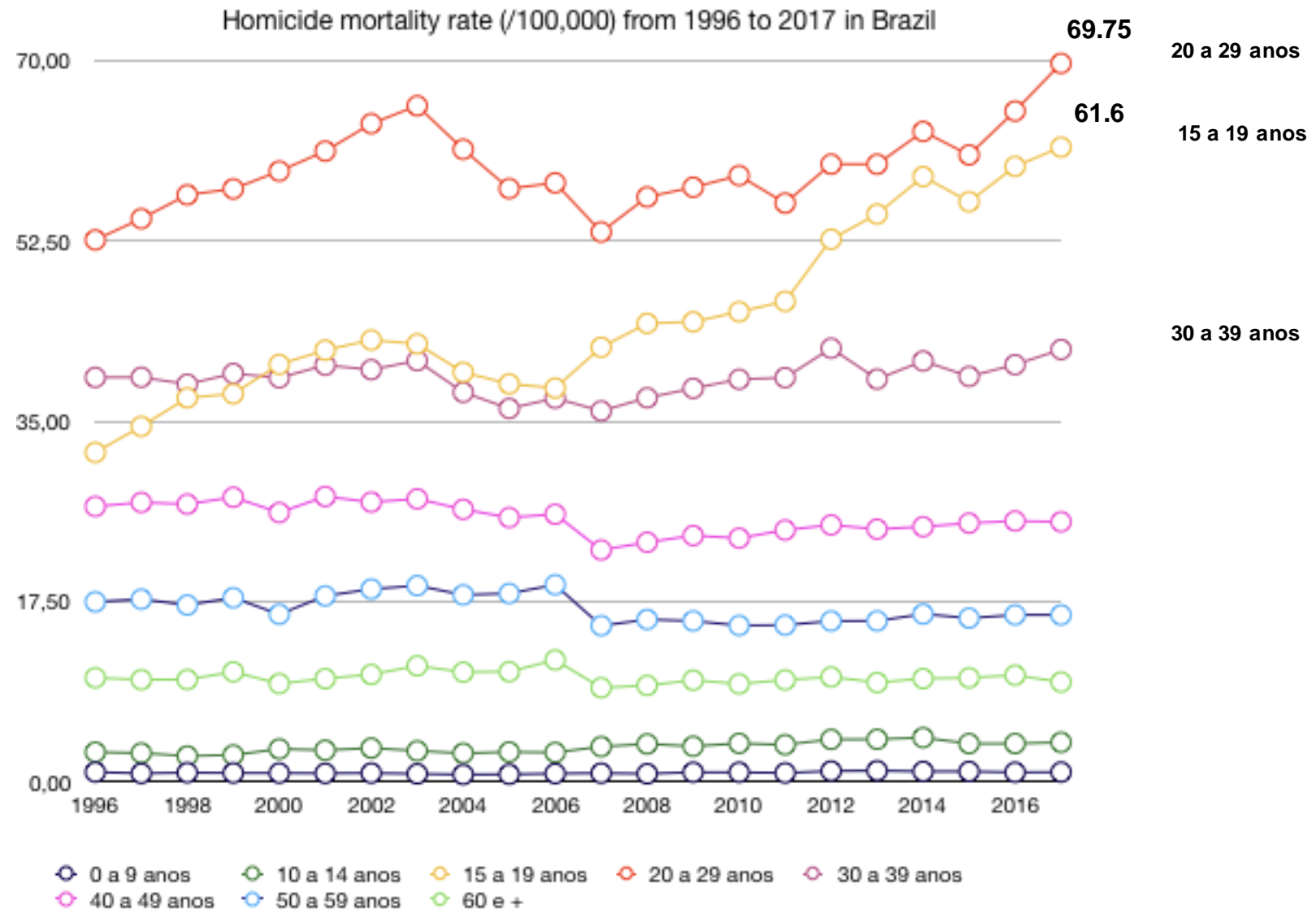
Number of death due to aggression (ICD X85-Y09) by age group in Brazil from 1996-2017



Homicide: 1980 - 2017
1989: exceeds traffic accident
1990's: First cause of ECD (youth);
PYLL

In 2017 62,782
56% in the 10-29 age group

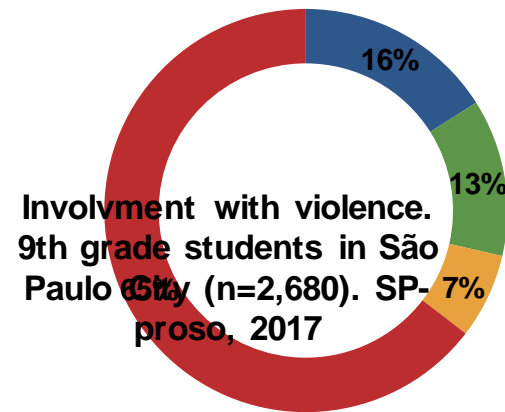
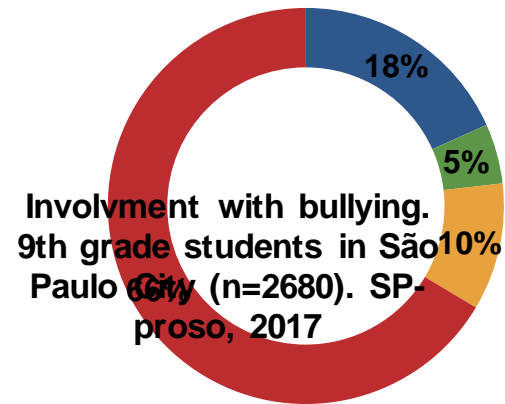
- 0 a 9 anos
- 10 a 14 anos
- 15 a 19 anos
- 20 a 29 anos
- 30 a 39 anos
- 40 a 49 anos
- 50 a 59 anos
- 60 e +



Police Violence in São Paulo, 2014 - 2015

	Health Department (y35)	Police records
Number of deaths	403	794
Age (mean,sd)	23.5 (8.5)	22.8(7.5)
P50 (IQR)	21 (18-28)	21 (17-26)
Male sex	99.7%	99.8%
Black skin color	47%	55%
Up to 3 years (schooling)	71,7	-

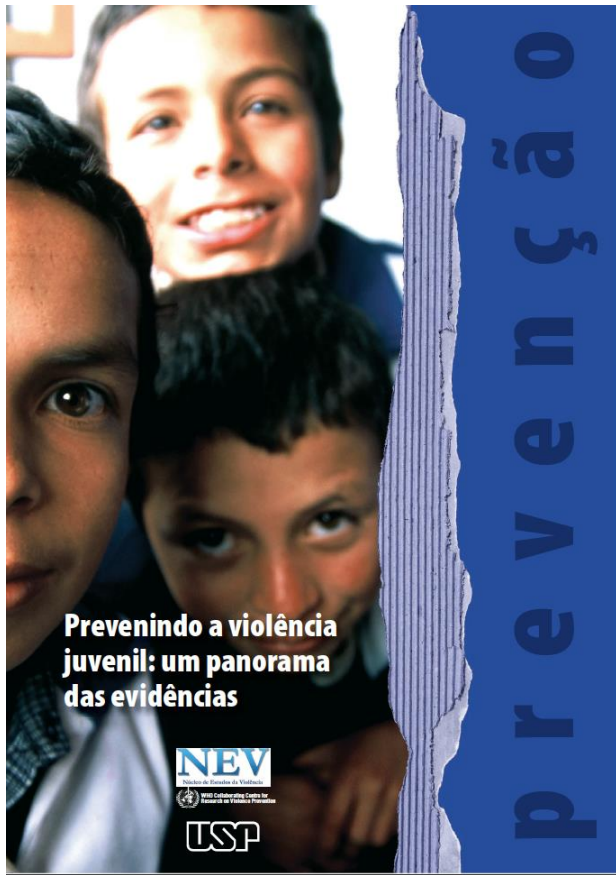
Source: Ryngelblum, M.(2019) Análise da Qualidade dos Dados e Análise Espacial das Mortes Decorrentes da atividade Policial no Município de São Paulo (2013-2015).



- Victim
- Perpetrator
- Victim-perpetrator
- Not involved



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INSPIRE Indicator Guidance and Results Framework

Ending Violence Against Children: How to define and measure change



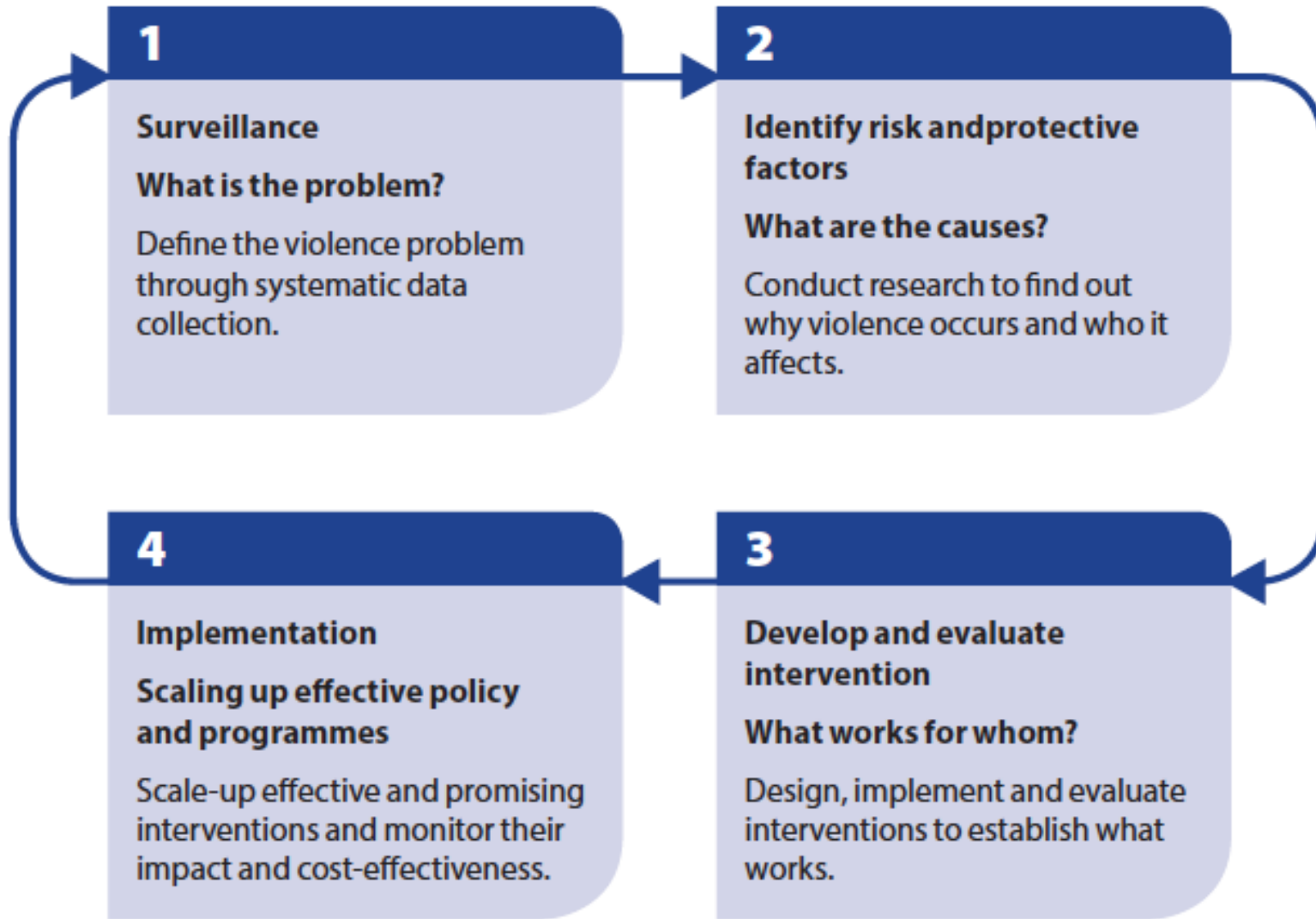
INSPIRE Handbook

Action for implementing the seven strategies for ending violence against children



FIGURE 3

Public health approach to violence prevention



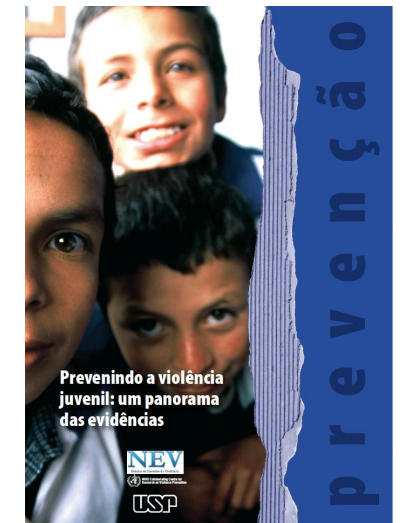
Source: WHO (2015). Preventing youth violence: an overview of the evidence.

INSPIRE components adapted to youth violence prevention



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Cross-cutting activity 1: multisectoral action & coordination

- National/State and Local governments
- Multiple sectors: health, education, Security, Justice, Social welfare, Human rights, etc.
- Civil Society, NGOs, private sector, Academia, religious institution
- International organizations

Extremely challenging: political and technical negotiation/ power and protagonist: distinct sectors/cultures/backgrounds/conceptual frameworks/ lack of recognition

Coordinated and integrated action: primary, secondary and tertiary
> Emphasis PREVENTIVE STRATEGIES

National/local coordination mechanism: Government

- Coordination of prevention and response activities

Sharing of information and optimization of resources and responses

Regular data sharing:
early identification of
problems & prompt
and adequate
responses



Cross-cutting activity 2: Monitoring and evaluation.....

- Monitoring
 - Magnitude, distribution, associated factors (risk/protective/causal)
 - Implementation and Impact - feedback- adjustments
 - Population based surveys (National/local)
 - Official secondary data
- Evaluation

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Implementation and enforcement of laws

Search and identify existing laws that give support for violence prevention strategies, childhood and youth protection: ex: firearm control, anti-bullying laws, laws against the use of physical punishment, use of alcohol & drugs, access to school and education, gender equality, racial discrimination, LGBT and gender identity, others.

Law enforcement and Implementation;

Norms & values

Use of violence to solve conflicts, acceptance of violence against Women, gender intolerance, racism,

Support for deviant behavior, masculinity, moral neutralization - school based, community based, life skills

Gang violence

Safe environments

Community violence and disorder, police violence, public spaces and urbanization, oriented policing (hot spot,

Community policing), gang violence prevention, gun control

Parenting and caregiver support

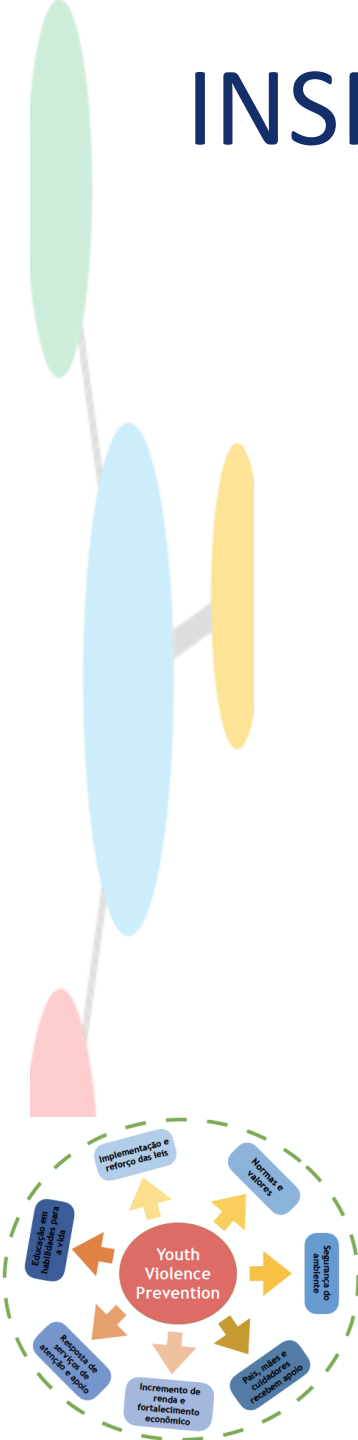
Early childhood intervention (home visiting), development of parenting skills, early child development strategies

Primary prevention: effects medium/long term.

Income and economic strengthening

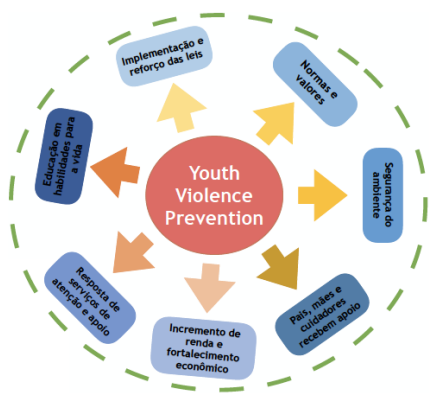
Response and support services

Public policies to reduce inequality and broaden access to rights



What is the role of the health sector?

- Is part of the multisectoral response
- Leading role: why?
 - Duty to prevent and respond to all major causes of death and morbidity
 - Economic reasons: direct costs to health sector
 - Tradition and strong skills to collect and analyze data, provide care, coordinate multisectoral efforts
 - Help to raise awareness among other sectors



What is the role of the health sector?

- Specific role:

- Home visiting/Family health program/Primary health care/prenatal care/Health promotion
 - Parenting skills, early child development
- Alcohol/drug use prevention: school-based
- Adolescent Health services: include the topic in the agenda; give information, approach risk factors, design intervention and create strategies to effectively reach the group

- Response: Therapeutic/Mental Health

- Epidemiological analysis and Epidemiological surveillance system





Thanks

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