In this number

Violence and public health

In this issue, Alberto Concha-Eastman directs our attention to the crucial question of violence as a public health issue. Dr Concha-Eastman, a Colombian, has first hand experience of taking charge of a violence prevention programme in his home city of Cali, where homicide rates are among the highest in the world. The inadequacy of a traditional policing model for understanding the upstream determinants of violence and developing rational joined up policies to prevent it is made clear in the framework put forward. This framework proposes three tiers of understanding: at the top there are the structural factors; macro level aspects such as socioeconomic inequality, poverty, corruption, demographics, lack of social and ethical values, human rights violations, government instability and rapid urbanisation.

Secondly, there are the institutional factors that influence negative attitudes by citizens towards institutions; weak institutions where perpetrators of violence go free, a lack of public confidence in the police and judiciary systems, poor education and parenting, and family breakdown.

Finally, the facilitating immediate factors; alcohol, drugs, the availability of guns and other weapons, and the role of the media. This powerful framework points the way forward. It makes our current levels of understanding and policy responses look too narrow and weak. Faced with burgeoning violence around the world a conventional policing model has been found wanting—time for public health to have its say then!

Public health action, although essential in modifying the structural factors, is needed at all levels. The interventions to be implemented should be evidence guided. Public

health research methods are being applied to better describe the magnitude and impact of violence. However, public health research can make important contributions in elucidating different patterns of violence. The application of the new population-based research methods can inform on the particular contribution of each factor and level in explaining violence. Research should be directed to find those vulnerable points in the generation of violence that can guide prevention strategies. The paper by Ellsberg *et al* in this number is focused on women's response to violence. Understanding how women themselves are coping with violence could inform effective preventive actions. This manuscript shows how strengthening community support networks could make an important contribution to preventing domestic violence. The authors also point out another priority intervention area: the need to improve the response of service providers. Health workers should be particularly involved in tackling domestic violence; for many women who have been abused, health workers are the main point of contact with public services that may be able to offer support and information. Violence is emerging as one of the main public health challenges. Determined intervention at all the above mentioned levels has to be fed by a strong public health contribution to the research on the issue. The *JECH* will be open to contributions in this field.

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The JECH gallery

Prevention of diarrhoea

A wall painting in Peru serves as a prevention for diarrhoea

Cholera reappeared on the South American continent in 1991 and claimed many lives—mainly among the poor—because of unsafe water supplies and sanitation as well as scarce knowledge to prevent the disease by simple but effective means among large parts of the population. I am a doctor at the Institute for Social and Preventive Medicine in Berne, Switzerland, and I took this picture in 1999 in the town of Nazca, southern Peru. I think these kinds of measures are cheap, effective (even among the illiterate), last as long as the wall is there or the paint falls off and besides it is great to look at!

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