Editorial

Violence: developing a policy agenda

Violence has many faces; its influence being apparent in every form of human and animal behaviour. The scope and impact it has on global health cannot be underestimated. In 1990, there were almost two million violent deaths worldwide from homicide (n=560 000), suicide (n=800 000) and war and civil unrest (n=500 000)[1]; and in the United Kingdom, the British Crime Survey estimates that there has been a 17% rise in violent crime between 1995 and 1996.[2] The ways in which violence impacts on health are legion, ranging from mass societal destruction, to more insidious effects that arise from the fear of violence, and result in behaviour that diminishes health potential. In addition, the annual medical and social costs of injury are estimated to exceed $500 billion worldwide,[3] and as well as costs for emergency health services, substantial costs are also incurred in continuing care, rehabilitation, and lost productivity resulting from death and disability. Yet despite violence being a major threat to health, there is little evidence to suggest that the discipline of public health has developed effective policies that facilitate violence prevention and health promotion.

The emergence of the new public health in the late 'seventies seemed to offer the promise of a new paradigm capable of facilitating the translation of health promotion concepts into pragmatic and effective policy. The major global health organisations were quick to seize on such an opportunity, resulting in the development of a number of policy frameworks, such as Alma Ata,[4] Health for All,[5] The Ottawa Charter,[6] and more recently the Jakarta Declaration.[7] The World Health Organisation recently endorsed the need for such an approach in relation to violence, at its 49th World Health Assembly (in 1996) where a resolution was passed that declared violence as a leading public health problem.

Public health offers a setting in which to consider the causes and effects of violence across the total population in contrast with those perspectives that focus on either perpetrators or victims independently. It also provides a framework for developing policy capable of reducing both the incidence and the effects of violence across society. Yet although violence straddles much of the contemporary terminology of the new public health, such as equity, environment, empowerment, and economy, the redefinition of violence as a public health issue has to date, been disjointed and ineffective.

In the UK for example, there is a criminal justice system that is stretched beyond capacity and endurance with increasing numbers of people being detained in custody and lengths of sentences increasing dramatically. There is also a prevailing culture that fails to recognise that those most at risk of violence are, not the elderly or women as many would suggest, but the very people who are most likely to be perpetrators of violence, namely young men. In addition, many misconceptions have arisen about the settings in which violence commonly occurs in relation to sex. For men, it is public places where they find themselves most at risk and for women it is the domestic setting where they are most likely to become victims of violence.[8] Yet, many violence prevention initiatives have failed to target violence prevention and health promotion activities accordingly.

If public health is to provide the leadership and direction for effective policies that reduce the health effects of violence, there are a number of actions that need to be taken. The first requirement is to assess the adequacy of current health and social policy in dealing with violence. Rather than using the criminal justice system as tertiary prevention to reduce the levels of violence by deterrence and threat of imprisonment, policy development now needs to focus on reducing them through the more positive aim of promoting health.

This means promoting health and social policy development that effectively reduces the incidence of violence; for example, promoting policies aimed at reducing poverty; providing support to vulnerable families and providing an education system that teaches children how to handle conflict constructively.

To implement these policies, structures are needed at a local level, to tailor policies to local need, and to encourage relevant agencies such as police, criminal justice, local authorities, and health services, to incorporate local policy into their service provision. For example, in districts where there is a high incidence of youth violence, local policy may involve preventive strategies aimed at young unemployed men. The strategy could incorporate a number of different strands including; local enterprise projects to encourage skills development among young unemployed drug users, a review of services for young men returning to the community after short-term imprisonment; initiatives that encourage police to respond appropriately to the community to improve local relationships with youth; and a confidential service that provides information and counselling to those who have been involved in violence and present to health services for treatment and care.

In addition, central policy initiatives aimed at reducing violence need to be integrated across government and also need to support regional and local level agency initiatives so that policies can be incorporated into public health strategy, both vertically and horizontally and at all three levels.

Secondly, the discipline of public health also needs to revisit what is fast becoming one of its most rhetorical anthems, that of intersectoral collaboration. Each of us, from whatever discipline, need to be asking questions about what we can we do within our own agencies to contribute to reduction of levels of violence, and what alliances will be most effective for developing a joint strategy. The establishment of national level forums is a much needed tool to produce guidance and support for multi-agency working. To be effective, national forums should be supported by central government funding and include survivors of violence, the police, probation, health, social services, education, prisons, voluntary sector, magistrates, law, housing, the Crown Prosecution Service, and benefits agencies.

A joint approach also facilitates creative thinking about settings for violence prevention policy. Historically, the focus on the family has been seen as an appropriate setting in which to promote violence prevention. However, this focus distracts from other settings that may now have more influence over the culture of behavioural norms among young people. A national forum would contribute to a

coordinated approach to violence prevention initiatives in a variety of settings of particular significance to young people, such as night-clubs and sporting events for example.

Finally, the collation of accurate information that summarises the level of violence in a community is required to provide some measure of the nature and extent of violence on public health. Health service accident and emergency departments see and treat more victims of violence than are recorded by the police. Consequently, accident and emergency data are a useful tool for examining the epidemiology of violence and highlighting potential risk factors. The introduction of accident and emergency department violence surveillance whether national, regional or local; the establishment of accident and emergency based interventions for both victims and perpetrators of violence; and the incorporation of accident and emergency departments into community crime prevention efforts is vital. This type of approach will complement the clinical approach that, in the past, has tended to view the health effects of violence in terms of clinical trauma. As a result, interventions have been narrow in scope, aimed only at improving clinical practice rather than focusing on those factors that are amenable to prevention.

Whatever perspective is taken on violence, its impact, not just on the people directly affected, but on the physical, mental, and psychological health of the whole of population is vast. In beginning to recognise it as one of the biggest challenges for the new millennium, it is necessary to stop regarding violence as a normal part of every day life. Violence reduction must become central to the process of policy development at every level if we are to improve global health.

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