VIOLENCE PREVENTION:
Bringing Health and Human Rights Together

Violence, as the quintessential threat to individual safety and societal stability, has long been a core focus of criminal law, humanitarian law, and human rights law, but what is understood to constitute violence within each of these contexts and how best to prevent it has until recently been ill-defined. Likewise, the health sector has long dealt with the effects of violence on health outcomes in a variety of settings and circumstances but has done so with little clarity about how the public health community can understand and deal with violence itself. Not surprisingly, therefore, while the domains of public health and human rights frequently overlap, they have rarely come together to systematically explore the connections between violence, health, and human rights, or to strategize on common approaches to its prevention. The occasion of the publication of the *World Report on Violence and Health* has prompted this collaboration between *Health and Human Rights* and the Injuries and Violence Prevention Department of the World Health Organization. It is our collective belief that bringing together the analysis and the pol-

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icy and programmatic approaches of these fields will improve health and well-being, and reduce the incidence of violence and its effects.

The pieces in this issue of *Health and Human Rights* suggest that the approaches to violence and violence prevention offered from both a human rights and a public health perspective build on complementary values, ideals, and practical applications. Despite the occasional acrimonious disputes between ostensible human rights and public health purists over the best methods to address violence, the fields of health and human rights have been increasingly working together in a range of areas to address the underlying conditions of health and the delivery of health services. This special issue of *Health and Human Rights* aims to identify opportunities for the fields of public health and human rights to come together in their approaches to violence and violence prevention. What is intended here is not only to highlight complementary approaches but also to show how the perspective of each may help the other, and therefore how this may aid our collective endeavor to reduce violence and improve health.

What Are the Implications of Differences in Approach?

Recognizing violence as a public health problem has given attention to the need to measure violence in terms of its health consequences; to understand violence in terms of the risk factors that give rise to victims and to perpetrators; and to prevent violence through interventions that ameliorate the risks, strengthen protective factors, and reduce harm when violence does occur. In essence, the problem of violence is being approached using the same logic of prevention that has been successfully applied to the prevention of other health threats, such as HIV/AIDS, cardiovascular disease, smoking-related illnesses, and tuberculosis. As a practical matter, this approach uses four distinct steps: The first step is to define the problem by systematically collecting information about the magnitude, scope, characteristics, and consequences of violence. The second step is to deter-

mine why violence occurs, using research to recognize the causes and correlates of violence, the factors that increase or decrease the risk for violence, and the factors that could be modified through intervention. The third step is to establish the methods that successfully prevent violence, by designing, implementing, and evaluating interventions. The fourth step is to implement effective and promising interventions in a wide range of settings and to evaluate their impact and cost effectiveness by continually monitoring their effects on the risk factors and the target problem.

Recognizing violence as a human rights problem has focused attention on governments' legal obligations to address violence in terms of both its prevention and its effects. These obligations, as set forth in international treaties, extend to ensuring that the national laws, policies, and practices of governments that ratify these treaties are in compliance with the rights contained therein, and that there are concrete benchmarks and targets against which progress can be measured. Violence prevention efforts that respect, protect, and fulfill human rights involve consciously taking into account such factors as gender relations, religious beliefs, homophobia, and racism, all of which, whether individually or in combination, influence the extent to which individuals and communities are protected from violence and are able to access services they may need if subjected to violence. To successfully prevent violence, government action or inaction that contributes to violence within a society must be monitored. Such monitoring must be done in light of the previously mentioned factors, both in relation to changes in relevant health outcomes and to relevant changes in inputs—such as government policies and spending on violence prevention. This brings into play the responsibility of government beyond the health sector, and widens the focus to include all other sectors of government whose laws, policies, and actions affect violence and its prevention. Finally, an important contribution human rights make to violence prevention activities is its focus on transparency and the accountability of governments to their populations and to the international community.

Coming Together

Awareness of the similarities and differences in approaches used to prevent violence and to address the consequences of both traditional public health and human rights frameworks may provide new perspectives on understanding old problems and may go a long way toward improving subsequent actions. Each framework has, for example, considered the economic, political, and legal context in which violence occurs, but each uses a radically different approach. Increased knowledge of public health tools can help the human rights community better assess the actual policy and programmatic response to violence, whereas human rights norms and standards can help ensure that governments are accountable for the health consequences of violations or neglect. Implicitly or explicitly drawing on both traditional public health and human rights perspectives may also provide a coherent framework to link violence with other broad societal determinants of health and human development, and to consider how policies, programs, and services that address violence are delivered. We are grateful for the opening piece by Dr. Brundtland, which signals recognition of these synergies at the highest policy levels. This special issue of *Health and Human Rights* also seeks to provide several examples of the ways in which collaboration or, at minimum, mutual awareness may aid us in preventing violence and addressing its consequences.

Defining Violence

An opportunity for mutually strengthening the health and human rights contributions to violence prevention arises from working with a definition and taxonomy of violence that highlight its health consequences and is sensitive to human rights concerns.[1] The definition put forward in the *World Report on Violence and Health* states that 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."[2] While there must be intent for an act by a person or group toward another to be classified as vio-

lent, the major emphasis in the definition is on the health consequences of violence. Importantly, this draws attention to the objectively measurable effects of violence on individuals and populations, which permits violence and its different subtypes to be measured using the same units as those that are applied to other health problems, such as HIV/AIDS, tuberculosis, and road-traffic injuries. Using human rights norms and standards to show which individuals and sub-groups are most severely affected may be useful to communities and may help shape the evidence necessary for informed debate over future applications.

The Contribution of a Science-Based Approach

The world of public health has long used science to detect patterns and trends in the occurrence of violence, usually through a mix of direct observations of people who have been injured, self-reports after the fact, and documentary reviews. In the last decade or so, science has increasingly been called into the service of human rights activities that are related to violence. Of these, the most familiar have been investigations into large-scale human rights violations (such as those conducted by the South African Truth Commission). These investigations have used information-management systems and data-analysis tools to find patterns in the often tens of thousands of written statements and other fragments of evidence that have been gathered. Although both public health and human rights have used science in their violence-related work, they have traditionally done so with very different aims in mind. For human rights, the products of scientific investigation in relation to violence have been used primarily to answer questions about morality, justice, responsibility, and compensation. For public health, science has primarily been used to help understand violence in the context of biological, psychological, social, cultural, and economic forces.

An important opportunity for strengthening the violence-prevention alliance between public health and human rights arises from the complementary nature of these approaches to the use of science in the service of prevention. The work to end violence against women has pioneered the

effort to bring these seemingly different approaches together, with contributions coming from both the public health and the human rights communities. We present two pieces that demonstrate how far this work has come. The first, by Garcia-Moreno and colleagues, highlights the results of a WHO multicountry study on women's health and domestic violence, and the second, by Fried, considers current research and advocacy that has tried to incorporate both public health and human rights perspectives to address violence against women. The articulation and reinforcement of societal ideals and values that prioritize peoples' safety and freedom from violence in some ways depends on science to identify the root causes of violence, to establish what works to prevent it, and to argue for the ongoing implementation of effective prevention measures. Both public health and human rights use science to ask questions: Who are the victims and perpetrators of homicide and assault? How big is the problem compared to other problems—road-traffic injuries, HIV/AIDS, or heart disease, for instance? What are the causes of homicide and assault? How do those causes vary from context to context? How can we use this knowledge to reduce the frequency and severity of interpersonal violence? Whereas all of these questions can be investigated and therefore answered and their answers tested using empirical methods, coming together can further open the factors that need to be investigated and reveal opportunities for action. The piece by Leaning on human rights and conflict calls attention to the ways that the coming together of health and human rights has influenced the conceptual and methodological approaches to collective violence and provides recommendations for future work.

The Violence in and of Everyday Life

Bringing attention to the categories of violence that receive little or no global and national attention, perhaps because they are so commonplace that people have come to see them as inevitable aspects of everyday life, provides another opportunity for improving the health and human rights collaboration on preventing violence. These categories of violence include violence among youth and young

adults, maltreatment of children by caregivers, elder abuse, intimate-partner violence, sexual violence, and suicide. In 2000, these largely invisible forms of violence accounted for an estimated 80% of the violence-related mortalities globally, compared to just 20% of mortalities from war and other types of collective violence that dominate international legal and media attention. The article by Kydd draws on a work in progress on preventing child maltreatment using a multisectoral approach to consider how integrating health and human rights frameworks may strengthen work to prevent this form of violence. In contrast, the piece by Leenaars begins an exploration of suicide and human rights, presenting a health topic that to date has been largely unexplored by the human rights community. Highlighting these lesser-known but equally destructive effects of everyday violence may provide rich material for interactions that may eventually help to create a mass of evidence toward greater investment in protecting the rights of all individuals.

Risk Factors for Violence

Defining the risk factors for violence provides another opportunity to enhance the violence-prevention synergies between health and human rights. By showing what these risk factors are and how they are distributed throughout the ecological context, new and creative ways may be suggested to which human rights norms and standards can be better applied in the search for a safer future. Linking violence with risk factors, such as economic, social, and gender inequalities; unemployment; absent or inadequate social protection and welfare expenditure; and inadequate educational opportunities, demonstrates the degree to which human rights bear upon the risk factors relevant to preventing violence.

Questions arise, however, about whether existing human rights instruments provide sufficient protection from violence in all its manifestations. We take great pleasure in presenting a roundtable discussion on a proposed right to safety—bringing together a range of perspectives from within the public health and human rights communities on the risks and benefits of adopting a new declaration

explicitly articulating a "people's right to safety."

From a rights perspective, explicit attention to risk factors provides a new way of thinking about how states can be encouraged and assisted in meeting their obligations to protect the rights of individuals and populations to be free from violence. From a public health perspective, the rights pertaining to these risk factors represent a ready-made set of arguments for why states should make social investments in violence-preventing measures. In this edition, Phinney and De Hovre present a detailed exploration of international human rights law and its implications for preventing interpersonal violence, in which they draw the distinction between rights violated by interpersonal violence and rights as prerequisites for the prevention of interpersonal violence. In a related article, Cardia and colleagues examine the phenomenon of youth violence in Brazil. As elsewhere in the world, much of this violence occurs among young people living in the poorest communities, many of whom have experienced extreme deprivation and neglect. This raises the question that Cardia suggests: Are these youth best seen as victims of structural violence and human rights violations or is it sufficient to view them through a more conventional lens as perpetrators of criminal violence and violators of human rights?

Prevention Interventions and Their Evaluation

Bringing health and human rights together in the design of interventions is the challenge presented to everyone involved in violence prevention. This additionally requires tools to evaluate and document the impact of interventions on the target problem itself and on intermediate factors (such as laws against violence, attitudes toward violence and financial investment in prevention programs) through which interventions are assumed to take effect. We profile two institutions, the Center for the Study of Violence in São Paulo, Brazil, and the Institute for Social and Health Sciences/Centre for Peace Action in Johannesburg, South Africa, which have provided innovative approaches to studying and preventing violence and its consequences,

each of which may offer leadership in the challenges of bringing these perspectives together in practice. Much more work remains to present a state-of-the-art cataloguing of programs and interventions of scientifically proven effectiveness in preventing violence. Compared with the sizeable but still far from sufficient body of knowledge about the magnitude and the causes of the problem of violence, the number of evaluated interventions is small and almost all are based on the experiences of high-income, industrialized countries.

Rights concerns have typically been evaluated by monitoring the impact greater awareness of human rights has on legal reforms within a country and, at times, on establishing programs. Such evaluations do not, however, measure the impact on target-problem indicators (such as homicide rates for children and women) and also do not demonstrate a direct impact on the target problem. At an operational level, we suggest that collective attention be paid to how and if, beyond ratification of relevant human rights treaties and legal reform, governments have incorporated human rights norms and standards into actions that work toward addressing violence. Although laws, policies, and plans appear fine in writing, what do the documented realities show about how they have been implemented? Public health has increasingly spoken of the need to focus on rights, but genuine integration of rights into public health work may be relevant to every stage of planning and program development, meaning:

1. The analysis of the situation, the systematic collection of information about the magnitude, scope, characteristics and consequences of violence within different population groups in a society.
2. The processes that are used to establish why violence occurs, its causes and correlates, as well as the factors that are recognized to increase or decrease the risk for violence, and the factors that could be modified through interventions.
3. The issues that are considered in the design and imple-

mentation of the interventions to prevent violence.

4. The evaluation of both the success or failure of programs and more broadly the approach of governments to violence prevention. This requires that their impact be evaluated not simply in terms of cost-effectiveness but also in relation to the different population groups within the society in question—with sufficient attention to the impact of multiple forms of discrimination on both the victims and perpetrators of violence and the actions taken to address it.

A Shared Agenda

Public health and human rights share a common agenda, and it is hoped that this special edition of *Health and Human Rights* has helped the process of articulating that agenda so that both the causes and consequences of violence can be addressed. It is our belief that as this agenda becomes increasingly explicit, it will also become easier for the two fields to collaborate on its completion. We jointly welcome you, the reader, to this special issue of *Health and Human Rights.*

References

1. The *World Report on Violence and Health* (Geneva: WHO, 2002) divides violence into three subtypes defined with reference to the entity that commits the violence. Self-directed violence refers to violence in which the perpetrator and the victim are the same individual and is divided into self-abuse and suicide. Interpersonal violence refers to violence between individuals where there is no clearly defined political motive, and is subdivided into family and community violence. Child maltreatment, intimate-partner violence, and elder abuse fall under the heading of family violence, and community violence is divided into acquaintance and stranger violence. Collective violence refers to violence committed by larger groups of individuals or by states to advance a social agenda, and is broken into social, political, and economic violence. Cross-cutting each category of violence are four modes by which violence may be inflicted, these being physical, sexual, and psychological attack, and deprivation.
2. WHO, *World Report on Violence and Health* (Geneva: WHO, 2002).