
WORLD HEALTH ORGANIZATION VIOLENCE PREVENTION UNIT: APPROACH, OBJECTIVES AND ACTIVITIES, 2022-2026

INTRODUCTION

Within the Department of Social Determinants of Health, the Violence Prevention Unit focuses on preventing interpersonal violence in all its forms and in all settings - child maltreatment, youth violence, intimate partner violence, rape or sexual assault by strangers, abuse of older people, violence in institutional settings such as schools, workplaces, prisons and nursing homes – with an emphasis on preventing violence against children¹. The Violence Prevention Unit provides strategic leadership on the topic; develops evidence, norms and standards, including implementation tools;

builds national capacities to address these issues; and fosters global advocacy. It does so by engaging a broad range of partners and networks to scale up effective action and track progress in countries.

The purpose of this document is to outline the Violence Prevention Unit’s approach to violence prevention, and its objectives and activities for 2022-2026. It is aimed at policy-makers, civil society organizations, academics, funders and in fact, anyone who would like to know more about the who, why, how, what, when and where of violence prevention efforts at WHO.

WHO ARE WE?

The Violence Prevention Unit’s small team based in WHO’s headquarters in Geneva works closely with colleagues in other departments and units such as Maternal, Newborn, Child and Adolescent Health and Ageing; Sexual and Reproductive Health and Research; and

Demographic Change and Healthy Ageing. Alongside WHO’s headquarter-based violence prevention staff, regional advisers in each of the six WHO regions work closely to support the uptake and implementation of WHO violence prevention resources by countries.

1. **WHO defines violence** as “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”. This definition encompasses interpersonal violence, suicidal behaviour, and forms of collective violence such as armed conflict. Interpersonal violence is violence inflicted by another individual or by a small group of individuals, including family members, intimate partner, acquaintances or strangers.

WHY FOCUS ON VIOLENCE?

Violence is a major public health problem - it affects billions of peoples' lives each year, through death, injury, and detrimental impacts on neurological, cardiovascular, immune, and other biological systems. High-risk behaviours such as unsafe sex, harmful alcohol and drug use and smoking are more frequent among victims, among whom they contribute to lifelong ill health and premature mortality. Individuals maltreated in childhood are more likely to be involved in interpersonal violence as they grow up, and to attempt suicide.

Every day, tens of thousands of people come to the attention of medical authorities to receive some form of emergency medical, medico-legal, or other care because of violence. Violence also places a heavy strain on local and national economies with some estimates suggesting the

global costs might be as high as 11% of the world's gross domestic product when factoring in homicide, violent crime, child abuse, intimate partner violence, and sexual violence.

Ending or significantly reducing violence is explicitly called for in the Sustainable Development Goals (SDG). SDG Target 5.2 is to eliminate all forms of violence against women and girls; Target 16.1 is to significantly reduce all forms of violence and related death rates everywhere, and Target 16.2 is to end abuse, exploitation, trafficking and all forms of violence against children. Because it is a risk factor for other negative health and social outcomes across the life course, preventing violence can also contribute significantly to achieving other SDG targets, including those on health, gender, employment, and urban safety.



Interpersonal violence accounted for **475,000 DEATHS** in 2019.



Global estimates indicate that **ONE BILLION CHILDREN** – over half of all children aged 2-17 years – have experienced physical, sexual or emotional violence in the past 12 months alone.



1 IN 3 WOMEN have been subjected to physical and/or sexual violence at least once since the age of 15 years, usually by an intimate partner.

HOW DO WE WORK?



WHO's violence prevention work is based on the following approaches and principles:



**SOCIAL
ECOLOGICAL MODEL**



**PUBLIC HEALTH
APPROACH**



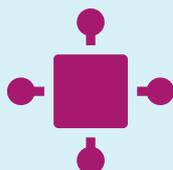
**EVIDENCE-BASED
PRACTICE**



HUMAN RIGHTS



**LIFE COURSE
APPROACH**



**MULTISECTORAL
APPROACH**

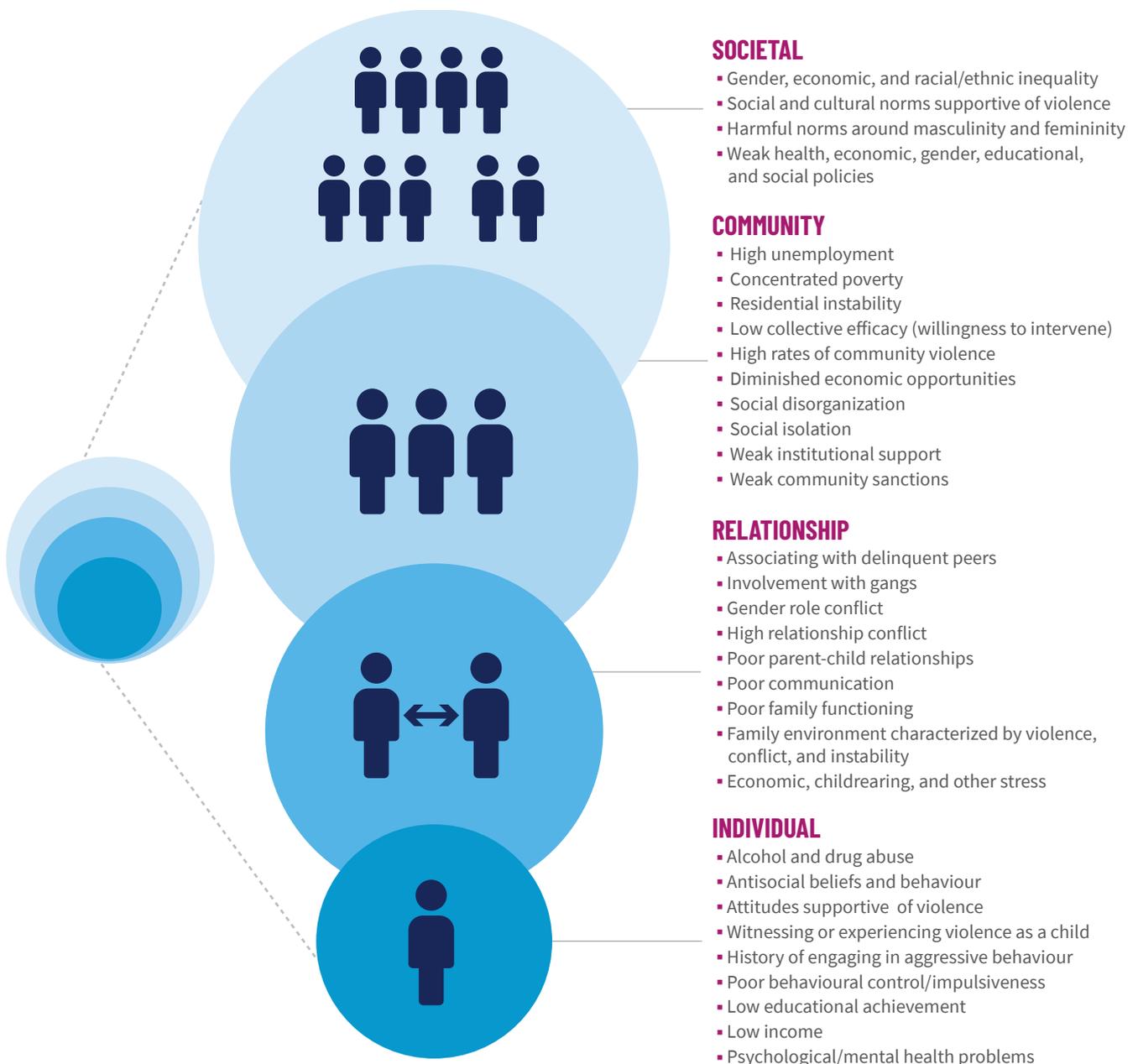


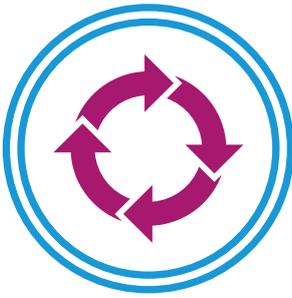
SOCIAL ECOLOGICAL MODEL

To understand why some subpopulations are at greater risk of violence, and to ensure that prevention strategies are keyed to underlying causes and risk factors, it is important to look across the levels of the social ecology (see Figure 1).

The social ecological model encourages reflection on risk and protective factors at the individual, relationship, community, and societal levels, each of which influences and is influenced by the others. COVID-19 and societal responses to control it have forcefully reminded us how critical it is to address long-recognized risk factors for violence at all these levels.

Figure 1.
Social ecological model for understanding and preventing violence



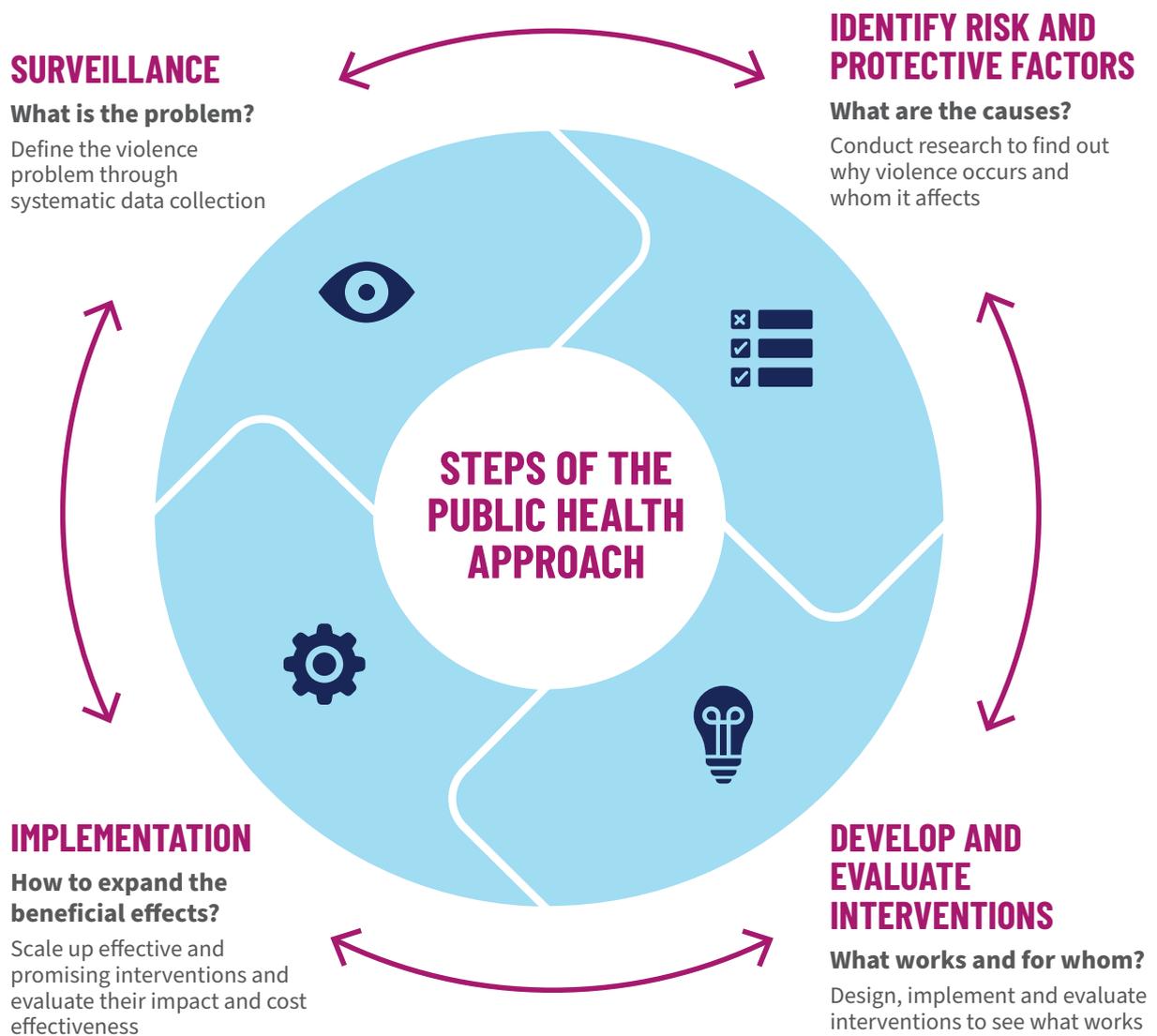


PUBLIC HEALTH APPROACH

By definition, public health focuses on dealing with conditions and problems affecting health and aims to provide the maximum benefit for the largest number of people. This does not mean that public health ignores the care of individuals. Rather, the concern is to prevent health problems and to extend better care and safety to entire populations. The public health approach offers practitioners, policy-makers and researchers a step-wise guide that can be applied to planning programmes, policies, and investigation.

The approach is science-based and anchored in evidence that violent behaviour and its consequences can be prevented. As shown in **Figure 2**, it has four steps that provide a framework to organize prevention at all levels, from the community, through entire societies, to regional and global levels.

Figure 2.
Steps of the public health approach





EVIDENCE-BASED PRACTICE

Violence prevention and response strategies and interventions must be based on scientific evidence, taking cultural considerations into account.



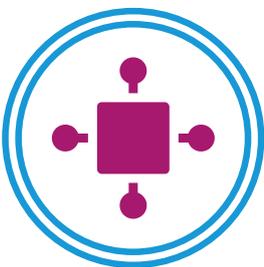
HUMAN RIGHTS

Violence prevention and response strategies and interventions must be compliant with relevant conventions, including the Convention on the Rights of the Child and the Convention on the Elimination of Discrimination against Women and other international and regional human rights instruments.



LIFE COURSE APPROACH

Policies, plans and interventions for preventing and responding to violence need to take account of health and social needs at all stages of the life course, including infancy, childhood, adolescence, adulthood and older age.



MULTISECTORAL APPROACH

A comprehensive and coordinated response for preventing and responding to violence requires partnership and collective action with multiple public sectors such as health, education, employment, justice, housing, social development and other relevant sectors, as well as civil society organizations, faith-based organizations, academia and the private sector, as appropriate to the country situation.

The World Health Assembly (WHA) first mandated WHO to address interpersonal violence as a public health problem in the mid-1990s. In 2002 the **World report on violence and health** was published, and the report's typology of violence, public health approach, social ecological model, and commitment to a scientific, evidence-based approach were endorsed by a further WHA resolution in 2003 and have catalyzed a multitude of activities at global, national and local levels.

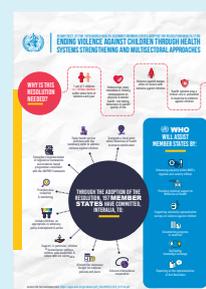
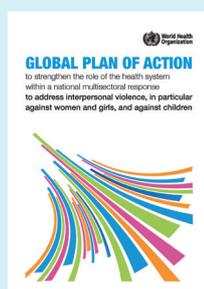
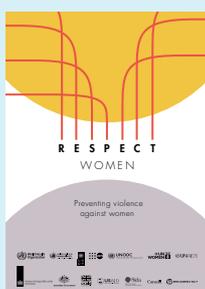
WHO's work since then has involved the periodic development and publication of global prevalence estimates for homicides and violence against women; the development and dissemination of technical guidance documents on health sector services for victims of child maltreatment and violence against women; the publication of technical packages for preventing and responding to youth violence, violence against children (**INSPIRE**), and violence against women (**RESPECT**), and the building of violence prevention partnerships and alliances including the Violence Prevention Alliance and the Sexual Violence Research Initiative. All work involves close collaboration with partner organizations, including UNICEF, UNODC and the United States Centers for Disease Control and Prevention with which WHO has formal agreements covering joint violence prevention activities.

In 2014, the WHA called upon the organization to develop a **global plan of action** on the role of the health sector in addressing interpersonal violence, which was endorsed by a further WHA resolution in 2016. The WHO General Programme of Work for 2019-2023 includes targets to reduce the prevalence of violence against children and against women. WHO is represented on the advisory committee of global partnerships such as End Violence, the Pathfinders for Peace Grand Challenge Taskforce on Halving Global Violence by 2030, and Together for Girls, and has a long-running network of violence prevention collaborating centres.

In May 2021, the WHA adopted a **new resolution on ending violence against children** through health systems strengthening and multisectoral approaches which emphasizes the major role the health sector plays in documenting the extent of the problem of violence against children, delivering and monitoring prevention approaches and providing services to mitigate the consequences of exposure to violence, while ensuring multisectoral participation.

Efforts to monitor global violence prevention progress include the **Global status report on violence prevention 2014** and the **Global status report on preventing violence against children 2020**.

Resolutions and policy documents



WHAT ARE OUR OBJECTIVES, ACTIVITIES AND EXPECTED LONG-TERM OUTCOMES?

**STRENGTHEN ADVOCACY,
LEADERSHIP AND GOVERNANCE**

**ENHANCE NORMATIVE
GUIDANCE**

**IMPROVE MEASUREMENT,
MONITORING AND RESEARCH**

**BUILD VIOLENCE PREVENTION
CAPACITY AT NATIONAL
AND LOCAL LEVELS**



**Reductions
in prevalence
of violence
and increased
accessibility
to and use of
response and
support services
by victims**

Overarching goal

To assist countries in preventing and responding to violence and monitoring its prevalence over time

Objectives

Key activities

Long-term outcomes

STRENGTHEN ADVOCACY, LEADERSHIP AND GOVERNANCE

- Establish a sustainable citizen-led social movement that advocates for increased violence prevention action by countries
- Enable high-level government support for uptake of evidence-based actions to prevent and respond to violence against children
 - » Global ministerial conference on violence against children
- Support collective violence prevention action by WHO and key partners
 - » Collaborating centres and NGO's in official relation with WHO
 - » INSPIRE Implementation Working Group
 - » Global Partnership to End Violence Against Children
 - » Global Initiative to Support Parents
 - » Safe Schools Initiative

- Increased awareness of violence, its impacts, and its preventability
- Strengthened social norms that support non-violent, respectful, and gender-equitable relationships
- Reduction in the stigma and silence surrounding survivors of violence
- Activities of international violence prevention actors are harmonized and strengthened
- Violence prevention is incorporated into multisectoral plans

ENHANCE NORMATIVE GUIDANCE

- Update existing normative guidance for evidence-based prevention and response
 - » INSPIRE: Seven strategies for ending violence against children
 - » RESPECT Women
- Develop new normative guidance resources covering previously neglected areas of violence prevention and response
 - » WHO guideline on parenting to prevent maltreatment and promote optimal development in children aged 0-17 years
 - » Identify what works to prevent online violence against children
 - » Promote a social determinants approach to the prevention of violence against children
 - » World report on violence against health workers

- Evidence-based violence prevention and response programmes are increasingly implemented and scaled up in Member States
- Strategic use of legislative and regulatory measures in preventing violence and ensuring health equity

Objectives

Key activities

Long-term outcomes

IMPROVE MEASUREMENT, MONITORING AND RESEARCH

- Promote the use of fatal and nonfatal injury data to inform approaches
- Update and maintain Violence Info
- Produce 2nd global status report on preventing violence against children
- Disseminate and support implementation of INSPIRE adaptation and scale-up toolkit

- Availability of high quality, regular violence prevalence figures at national, regional, and global levels
- Violence prevention stakeholders have ready access to reliable and up-to-date information on violence
- Countries' progress in implementing INSPIRE and measuring violence against children is monitored over time
- Strengthened implementation research on intervention scale up

BUILD VIOLENCE PREVENTION CAPACITY AT NATIONAL AND LOCAL LEVELS

- Develop, disseminate and support implementation of WHO handbook and WHO Academy training course on health worker recognition of and response to child maltreatment
- Develop, disseminate and support implementation of evidence-based parent and caregiver support interventions
- Revise and implement violence prevention modules in TEACH-VIP
- Disseminate INSPIRE Massive Open Online Course, INSPIRE training of trainers course, and INSPIRE training for journalists

- Governments and other violence prevention stakeholders are empowered to implement evidence-based approaches that prevent and respond to violence
- Evidence-based approaches to violence prevention are increasingly integrated into public health and criminal justice education curricula

WHEN AND WHERE WILL THESE ACTIVITIES BE UNDERTAKEN?

This document outlines activities that will take place during 2022-2026. Many of the activities are already underway and the implementation of activities will continue beyond this 5-year time frame.

WHO works in 196 Member States and all activities have a global focus. In addition,

at the request of Member States, specific activities such as training, technical support and field testing are carried out. For example, training of health care providers will be supported in Cote d'Ivoire, Guinea, Kenya, Mozambique, Namibia, Nigeria, Rwanda, Tanzania, Uganda, and Zimbabwe.