Sesión Plenaria/Plenary session: 2

Mesa redonda: El papel de la Epidemiología y la Salud Pública en la Prevención de la Violencia.

Round Table: Preventing violence through epidemiology and public health

Sábado 4 de Octubre / Saturday 4, October
11:30:00 a/to 13:00:00

503

DETERMINANTS OF URBAN VIOLENCE AND THEIR INTERLINKAGES: AN ANALYSIS OF ECOLOGICAL DISTRIBUTIONS AND CORRELATIONS IN THE "RUHR", WEST GERMANY

K.P. Strohmeier
Zentrum für interdiszipinäre Ruhrgebietsforschung, Ruhr-Universität Bochum, Bochum, Germany.

An analysis of ecological correlations involving the properties of urban units or sub-units always faces the problem of the ecological fallacy. For instance, a strong statistical effect of the proportion of single mothers on the overall violent crime rate does not indicate that single mothers are violent criminals but rather points at a certain urban milieu in which both criminal violence and eroding family and social ties are common. The dependent variable in this study of the spatial distribution of violence in the Ruhr urban region (the largest in continental Europe) is the "total violent crimes rate". The indicator is to a large extent composed of robbery and severe bodily injuries, homicide being far less prevalent. In an additional in-depth analysis of 50 sub-districts of one of the Ruhrgebiet boroughs, Essen, robbery by itself is studied. The findings show that areas with high violent crime rates have a high population density; a below-average share of inhabitants under the age of 15; relatively few families, and small households. Among the few families living in these areas there is a high representation of single mothers, divorce rates are high, and the proportion of married couples is below the average. High violence areas are furthermore characterized by an elevated teenage fertility rate and very low birth rates in women aged 30-35, with the latter indicating the extent to which the "normal" middle-class family pattern in Germany is absent. There is a disproportionally high representation of young adults aged 20-30 years, and a high percentage of single person households. Ethnic strangers are over-represented in all age groups. Moreover, these milieus are characterized by a high proportion of the population dependent on unemployment subsidies and by enormous fluctuation. There are characteristic land use patterns with much unguarded public space. The study thus suggests a strong interrelationship between violence and indicators of relative poverty, social exclusion, social polarization, eroding social and family ties, and the spatial segregation of deprived population groups. "Violent areas" can thereofore be characterized as eroding urban working class milieus currently under transformation into an urban underclass, a process that results in part from a series of economic crises and from far-reaching structural and economic changes that have taken place in recent years. Today, the majority of the younger generation in the big cities grows up in such areas.
In conclusion it is noted that this study provides a description of certain social and economic features of city areas and not of individual behaviours. The exercise therefore provides an example of how to approach the analysis of urban areas into those that are more or less "dangerous" in terms of violence, and suggests a number of clear priorities for preventive interventions involving social policy and infra-structural improvements.

502

GLOBALIZING PREVENTION: THE WORLD REPORT ON VIOLENCE AND HEALTH

Alexander Butchart
Department of Injuries and Violence Prevention, World Health Organization, Geneva, Switzerland.

Annually, violence kills some 1.6 million people globally. This is half the number of AIDS deaths, equal to tuberculosis deaths and 1.5 times the number of malaria deaths. Of these violent deaths, 850,000 are suicides, 520,000 are homicides and 310,000 are due to collective violence. For every violence-related death, hundreds more people suffer non-fatal injuries and other health consequences. Violence consumes massive economic resources in treating victims and punishing perpetrators, and has major indirect costs arising from lost productivity, depleted social capital and reduced investor confidence.
To strengthen the public health response to violence the World Health Organization (WHO) published the World report on violence and health in October 2002. The Report is grounded in epidemiological science and an evidence-based orientation to violence prevention. It provides a definition and taxonomy of violence, and has chapters on child abuse and neglect, youth violence, intimate partner violence, sexual violence, elder abuse, self inflicted violence and collective violence. For each type of violence the Report reviews the magnitude, impact, risk factors and interventions, including what has been shown to be effective in preventing violence. No single factor explains why violence is more prevalent in some communities. The Report therefore uses an ecological model incorporating individual, close relationship, community and societal factors. This model is used to analyse the causes of violence and organize prevention strategies. Examples of prevention strategies include individual-level interventions such as social development programmes and incentives to complete schooling; relationship-level interventions like home visitation and parent training; community-level interventions such as reducing alcohol availability, improving access to trauma care, and improving institutional policies, and societal-level interventions such as information campaigns, reducing access to means (e.g. firearms), reducing inequalities and strengthening criminal justice systems.
The Report makes nine violence prevention recommendations to governments and policy makers. These include developing multisectoral national action plans for violence prevention; improving information systems; promoting primary prevention; strengthening victim services; integrating violence prevention into social and educational policies, and seeking internationally agreed responses to the global drugs and arms trades. WHO's Global Campaign for Violence Prevention promotes implementation of the Report's prevention recommendations. The Campaign has involved national launches of the Report in over 40 countries and is visually supported by two series of posters. Efforts to secure political commitment involve assisting countries to prepare national reports on violence and health and encouraging the adoption of resolutions that commit signatories to implementing the prevention recommendations. These include a World Health Assembly resolution, a United Nations Commission on Human Rights resolution, and a World Medical Association Executive Council proposal urging increased violence prevention involvement by medical practitioners. Order the Report (in Spanish, English and other languages) from bookorders@who.int. Download the Report and Campaign materials free at: http://www.who.int/violence_injury_prevention/

504

VIOLENCE PREVENTION IN PRACTICE: EVIDENCE-BASED PUBLIC HEALTH INTERVENTIONS

Jonathan Shepherd
Violence Research Group, University of Wales College of Medicine, Cardiff, UK.

Objectives: This lecture describes the collection, disclosure and effective use of Emergency Department (ED)-derived assault injury data for city violence reduction.
Background: Many, even a majority of violent offences which result in ED treatment are not recorded by the police. It has been found that police recording is not predictable on the basis of injury severity. ED-derived information about the circumstances of violence could therefore contribute substantially to violence reduction strategy and practice.
Methods: Over a four year period, managed by a multi-agency steering group, ED data collection, collation and disclosure processes were developed, instituted and refined. Consultations and negotiations between agencies identified the most effective and ethical methods, appropriate recipients and the nature of the information of most use.
Results: Disclosure of ED data to police, city authorities and local media drew substantial attention and crime prevention resources to the locations of violence. A police task force responsible for targeting city street crime was identified as the most appropriate recipient of ED data. Electronic transfer of anonymous data informed and prompted violence prevention initiatives by several agencies. Police mounted overt and covert interventions targeted at violence hotspot licensed premises and used the data to oppose, on injury grounds, liquor licence applications. There was a significant reduction in assaults in licensed premises targetted as a result of ED data disclosure (event ratio 0.5; 95% CI 0.3-0.7). Transport authorities established new half-hourly night time city centre bus services. The Local Authority mounted an assault awareness campaign in schools and public libraries, and licensing magistrates used the data to measure, for example, the impact of continuous 36-hour drinks licensing on public safety.
Conclusions: The principal finding of this evaluation was that unique information about locations of violence derived from ED patients was used successfully to target police and other local resource to bring about violence reduction.