Using Science to Prevent Violence

The report from a meeting to mobilize support from the United States for violence prevention in low- and middle-income countries

May 14–16, 2008
Fetzer Institute
Kalamazoo, Michigan
FOREWORD

A Letter from the
Nobel Women’s Initiative

A profound “activity gap” exists between what scientists know and what public officials do about violence in low-income and middle-income countries. Much is understood about the occurrence, the causes, and the ways to prevent violence. Yet, policymakers and funders in the United States have not taken up the cause.

This Meeting Report summarizes an unprecedented effort underway to close the gap. Experience with other grave and urgent public health problems such as preventing HIV/AIDS, banning smoking and banning anti-personnel landmines attest to the power of a strategic plan with broad stakeholder endorsement. By working together, individuals and organizations mobilize resources and effect positive change.

Every person deserves a life free from violence—whether inflicted by an individual, by a group, or by oneself. Many more people would live such a life if societies would learn how to prevent violence and would invest in promising or model programs.

The Nobel Women’s Initiative brings together the extraordinary experiences of women Nobel Peace Prize recipients: Betty Williams, Mairead Corrigan Maguire, Rigoberta Menchú Tum, Jody Williams, Shirin Ebadi and Wangari Maathai. Through the Initiative, we promote causes that deal with the root causes of violence. We support this report and urge you to take its message to heart.

See that the United States invests in the prevention of violence for the poorest people of the world.

Sincerely,

Betty Williams
Mairead Corrigan Maguire
Rigoberta Menchú Tum

Jody Williams
Wangari Maathai
In May 2008, scientists, government officials, funders, policy researchers, and advocates met to determine how to advance evidence-based prevention of violence within low- and middle-income countries.

Participants came together at the invitation of Dr. Bill Foege, Senior Fellow of the Global Health Program at the Bill & Melinda Gates Foundation, who offered this call:

Twenty-five years ago most people felt violence was just a concern of the courts and the police. Violence was not seen as a problem for public health. Today we understand that violence not only results in injuries, it also has long-term damaging effects on health. We now understand that the social, economic, and political forces that lead to violence are the very forces we need to address if we want to improve health and well-being for those at highest risk around the world.

Building on the pioneering efforts of committed people in fields as diverse as child abuse, sexual assault, intimate partner violence, youth violence, elder abuse, self-directed violence, and collective violence, the World Health Organization has helped to create a framework for the prevention of violence: a public health approach that has tremendous potential to improve health and safety around the world.

It is no longer acceptable for us to live in a world where huge numbers face the threat of violence every day. There is a time for every global health problem when it becomes clear what needs to be done, when the final mile comes into focus.

We have made real progress in understanding what needs to be done in the area of violence prevention. We need to move forward to apply this public health approach to the low- and middle-income countries which bear the overwhelming burden of violence. None of us can do this alone, but the time is right to come together and plan how to mobilize the right resources to reach our goal.

The May meeting, chaired by former Surgeon General Dr. David Satcher and convened by Global Violence Prevention, built upon groundbreaking work published by three leading organizations:

- In the 2002 World Report on Violence and Health, the World Health Organization (WHO) analyzed causes and consequences of violence throughout the world and outlined recommendations for preventing self-directed, interpersonal, and collective violence.¹

- In 2006, the United Nations (UN) Secretary-General’s Study on Violence Against Children issued the World Report on Violence Against Children, documenting violence in the home, in school, in institutions, and in the community and urging actions to eliminate it.²

- In 2007, The Institute of Medicine (IOM) conducted a review by experts of what the United
TOO MUCH VIOLENCE IN OUR WORLD

Millions of children suffer abuse and neglect at the hands of their parents and caregivers.

• Every 40 seconds 1 person commits suicide somewhere in the world.

• More than 540 adolescents and young adults die every day as a result of interpersonal violence: more than 20 deaths each hour.

• 1 in 2 female murder victims are killed by their male partners, often during an ongoing abusive relationship.

• 1 in 4 women experience sexual abuse by an intimate partner in their lifetime.

• 1 in 20 older people experience some form of abuse in their home.

• More than 800 people die every day as a direct result of violent conflict.

WORLD HEALTH ORGANIZATION, 2005
States could do to place violence on the global health agenda. The workshop summary, *Violence Prevention in Low- and Middle-Income Countries*, addressed how violence intersects with health, what works to prevent violence, and what federal agencies and others can do to prevent violence in developing countries.³

Each of these publications calls for urgent attention from policymakers and the public.

Participants gathered at the Fetzer Institute to focus on mobilizing resources from the United States as part of a broader agenda to raise awareness, foster leadership, and develop and implement effective interventions.

Participants noted the two decades of research and program development in violence prevention accomplished at the U.S. Centers for Disease Control and Prevention (CDC). CDC applies a public health approach by defining the problem, identifying risk and protective factors, testing programs rigorously, and disseminating findings.⁴

Participants agreed that scientific findings support the assertion that data collection and evidence-based programs would prevent violence if resources were brought to bear.

The group took as its over-arching goal a vision to abandon violence and foster non-violence throughout the world. Participants agreed on the need to develop a **global strategy to implement evidence-based programs** in low- and middle-income countries on a large scale.

As a necessary and first task, meeting participants focused on the opportunities to **mobilize funds from the United States** for global violence prevention commensurate with the scale of the problem and opportunities for success.

### Global Health Successes

Participants first discussed how programs have tackled seemingly intractable problems such as smallpox, tobacco use, and the transmission of HIV-AIDS. They learned about the following common elements that have been documented as key to 20 global health programs that succeeded at large scale and were sustained:⁵

- adequate and reliable funding over a long enough period of time
- leaders and champions at local, national, regional, and global levels
- innovations that brought new possibilities to the table
- technical consensus among experts

1.6 million people die each year from violence. Of those killed, 54% die by suicide, 35% by homicide, and 11% as a result of collective violence. Millions more suffer disability or damaged lives in the aftermath of violent acts. People in low-income and middle-income countries face twice the risk of violence compared to people in wealthier countries.
• good management with incentives to produce results
• effective use of documentation and evaluation

In light of these elements, participants agreed that the bedrock methods of public health and evidence-based work are poised to be applied to violence on a much wider scale across the globe.

Participants acknowledged that violence is more complex than other issues of global health, for example, those that can be addressed with purely medical or technical interventions. Dr. Satcher reminded the group that violence summons people’s most fundamental beliefs and values and that addressing those beliefs needs to be part of any prevention agenda.

**Placing Violence on the Development Agenda**

Participants discussed an analysis of strengthening the violence prevention agenda of overseas development agencies. These agencies do not, generally, adequately address the types of violence that put the most people at risk.

Most violence occurs in countries that are not at war; interpersonal and self-directed violence together constitute nearly 90% of the global death toll due to violence. Self-directed violence and people who are most exposed to violence, for example, youth, young adult males, and the elderly, do not get sufficient attention within these agencies.

Further, addressing violence is vital to the development of low-income and middle-income countries. The direct health, economic, and welfare costs of violence and the lost productivity and opportunities due to violence can seriously thwart development.

**The Necessity for Collaboration**

Meeting participants agreed that the prevention of violence requires the work of many people across disciplines. They acknowledged violence as an issue of health, criminal justice, human rights, and economic and social development. Educational institutions, faith-based groups, the criminal justice system, businesses, and the health sector can partner in prevention. Collaboration across fields can present opportunities to share information, energy, and resources. Collaborations work best when the goal is clear, a strategy is workable, and people possess a willingness to be measured for results.
Turning to Action

From this collaborative stance, meeting participants outlined a set of tasks that would mobilize U.S. resources to prevent violence in low- and middle-income countries. The group agreed that they could advance the prevention of violence immediately and in the near term through five actions:

► Strengthen the current evidence base
  • take stock of interventions that are currently working
  • take stock of data being collected and identify gaps in the data
  • agree upon the strength of evidence required to set policy
  • create a shared research agenda, thereby improving the knowledge base
  • estimate costs of not addressing violence in health and economic terms
  • estimate resources required to prevent violence

► Invest in communications efforts
  • frame violence within the context of international development (i.e. Millennium Development Goals), public development agencies’ missions, and private foundations’ priorities
  • disseminate case studies that describe successful interventions
  • include data on violence in current health, education, and economic world reports
  • identify successful violence prevention efforts in the United States
  • highlight the relationship between violence and social and economic inequities
  • conduct communications research on violence prevention
  • create violence prevention awards that celebrate achievement
  • establish close ties with key players in the media
Provide leadership/advocacy in the global North and South

- fund the Institute of Medicine for a full study on preventing violence
- fund a Forum on Global Violence Prevention at the Institute of Medicine to review/resolve current scientific issues
- include violence prevention as a priority in the Institute of Medicine’s “U.S. Engagement in Global Health”
- create leadership institutes where global North and South can exchange ideas and methods
- work with champions on Capitol Hill and with other groups, including being available in the re-writing of the Foreign Assistance Act
- work with the World Council of Churches at their convocation in 2011 in Kingston, Jamaica, marking the Decade to Overcome Violence
- mobilize larger constituencies by working with journalists, leaders, and civil society organizations from developing countries
- engage the global health community by making violence and its prevention a theme at conferences
- create a Committee on Global Violence Prevention at the Institute of Medicine

Create a coalition with a secretariat

- start rigorous large-scale testing and evaluation of interventions
- build the capacity of low- and middle-income countries to monitor and implement evidence-based violence prevention programs and policies

Fund programs

- fund proven and promising programs in low- and middle-income countries
- identify which regions need which kinds of interventions
- start rigorous large-scale testing and evaluation of interventions
- build the capacity of low- and middle-income countries to monitor and implement evidence-based violence prevention programs and policies

Create a coalition with a secretariat

- decide upon home base, structure, membership, and financial needs
- obtain support from U.S. foundations, donors, corporations, and government agencies
- undertake a stakeholder analysis to map assets and constraints of potential partners
• undertake an environmental scan of conferences, research, and programs in violence prevention

• define how the U.S. coalition will work with existing, WHO-led initiatives for building global commitment to violence prevention

Participants offered ideas that could form an agenda for the longer term and build upon previous work:

• introduce violence prevention in the next round of international development goals (2015)

• look to the G-8 agenda for opportunities and interest in preventing violence

• find ways for U.S. delegations to issue calls for UN agencies to step up prevention efforts

**Focus on the Future**

A group of participants agreed to form a working agenda to outline priorities and chart a way forward.

Meeting participants acknowledged that many more ideas could have been offered for advancing the prevention of violence, and that for the ideas that did surface, long-term collaboration will be necessary. Additional work is needed to determine which countries and regions are ready to implement violence prevention programs and which forms of violence should be addressed first. The discussion did not resolve whether to work entirely within current global health and development priorities or to advance violence prevention as a separate issue.

In the immediate future, though, participants offered to intensify interest in the prevention of violence within their agencies, to bring the ideas to action by participating in more conversations with each other, to contribute resources if they could, to meet again when needed, and to support the secretariat as it develops.

Urged to think about the last mile—the mile that would define success in low-income and middle-income countries—some suggested that as a coalition our last mile will be returning to the goal of the meeting: finding resources from the United States equal to the scale of violence and the opportunities for prevention to succeed.

Participants imagined what a future would look like if the prevention of violence prevails:

• large successful programs would exist across the world and be featured in compilations of global health success stories

• violence would be measured and monitored on a par with other health issues

• early warning systems would be in place at many levels to identify and respond to rising risk factors for violence

> **Violence is a preventable disease...**

To address all forms of violence we encourage scientific research in the field of human interaction and dialogue, and we invite participation from the academic, scientific, and religious communities to aid us in the transition to non-violent, non-killing societies.

**Charter for a World Without Violence, Nobel Peace Laureates and Laureate Organizations, 8th World Summit of Nobel Peace Laureates, November 2007**
scientists, program managers, and policy makers would routinely come together across the world to share information.

the evidence base for preventing violence would be global, rather than drawn only from wealthy countries.

risk factors would be reduced and protective factors strengthened because they have been addressed directly.

steep and sustained declines in rates of violent victimization and perpetration would be observed in many countries around the world.

people and communities would abandon violence and expect and accept non-violence as the rule.

Finally, participants reflected on the strength of the public health approach, which, through the application of data collection, analysis, and careful testing of interventions, can increase our understanding of the causes of violence, demonstrate success, and reverse the fatalism with which violence is often viewed. With increased collaboration among all sectors and the will to address violence in all its forms, it is possible to dramatically reduce the incidence of violence on a global level.

Endnotes


6 Evidence-based work in this context is generally defined as employing scientific standards in data collection and in testing and rigorous evaluation of programs based on analysis of risk and protective factors.


8 Ibid.

Participants

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“This is the right time for a group of dedicated stakeholders to come together. If there ever were an issue that requires collaboration and close working partnerships, violence is it. No one person, one organization, or one country can make headway alone.”

DR. BILL FOEGE

“Funders take risks. That’s their role. Funding will come when we give them ideas that align with their hopes and dreams.”

DR. DAVID SATCHER

“I am heartened. We came away from this meeting with a shared goal to collaborate on preventing violence in a way few thought possible when they came.”

DR. GEORGE ALLEYNE

GLOBAL VIOLENCE PREVENTION is a network of U.S. researchers and practitioners of violence prevention, working to bring resources to low-income and middle-income countries for evidence-based prevention of self-directed, interpersonal, and collective violence.

FETZER INSTITUTE works with global leaders, organizations, and individuals to bring the power of love and forgiveness to the center of individual, community, and organizational life.

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