Global Violence Prevention
The Time Is Now

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This issue of *American Journal of Preventive Medicine* includes an important paper describing the findings of the WHO's "Global Status Report on Violence Prevention 2014."[1] This is a timely, seminal report that addresses, for the first time, a critical gap in the information needed to monitor and support the prevention of interpersonal violence worldwide: that is, country-level information on efforts to respond to and prevent interpersonal violence. This report is notable for several reasons.

First, the prevention of interpersonal violence is an urgent global public health challenge. Its effects reverberate across families, communities, nations, and generations. Interpersonal violence must be addressed, as homicide is a leading cause of death among adolescents and young adults in most parts of the world. In 2010, homicide was the leading cause of years of life lost in tropical and central Latin America, the fourth-leading cause in southern Sub-Saharan Africa, and the eighth-leading cause in the Caribbean and Eastern Europe.[2] This need is also reflected by the pervasive, enduring consequences of exposure to nonfatal violence, especially among children, adolescents, and young adults. Exposure to interpersonal violence increases the risk of injury, infectious diseases such as HIV, mental illnesses, reproductive health problems, and non-communicable diseases such as diabetes, cancer, and heart disease.[3] Interpersonal violence directly affects healthcare expenditures worldwide; indirectly, it affects national and local economies—stunting development, increasing inequality, and eroding human capital.[4] The costs of interpersonal violence are enormous, and information on countries' violence prevention efforts will be critical in reducing them.

Second, this report is timely relative to other global developments. The necessity of addressing violence is slowly being recognized, as evidenced in the UN Sustainable Development Goals (SDGs) released in September 2015.[5] The SDGs are the follow-on to the Millennium Development Goals and are an intergovernmental consensus set of targets relating to international development effective in 2016 and extending until 2030. The SDGs, in general, describe goals and specific targets that address many key risk factors for violence (e.g., poverty, gender inequity), but they also contain six specific targets addressing violence (ordered from most general to most specific):

- **Target 16.1.** Significantly reduce all forms of violence and related death rates everywhere.
- **Target 16.2.** End abuse, exploitation, trafficking, and all forms of violence against and torture of children.
- **Target 5.2.** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
- **Target 5.3.** Eliminate all harmful practices, such as child, early, and forced marriage and female genital mutilation.
- **Target 16a.** Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime.
- **Target 4a.** Build and upgrade education facilities that are child, disability, and gender sensitive and provide safe, non-violent, inclusive, and effective learning environments for all.

These SDG targets for violence prevention are important for several reasons. Most notably, for the first time, the world has agreed on targets for reducing violence—the significance of this development cannot be underestimated. As Jeffrey D. Sachs argues, the SDGs will spur social mobilization by helping global organizations and governments work toward a common direction, create peer pressure, accelerate the development of practice communities around technical aspects of achieving the SDG targets, and assemble stakeholder networks.[6] The Global Status Report provides a benchmark against

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which to measure the success of the violence-related SDGs in mobilizing organized international action.

Third, the evidence base for preventing violence is expanding rapidly and tools are needed for tracking the extent to which this evidence is being adopted. A presumption of a public health approach to violence prevention is that population violence rates will be reduced to the extent that evidence-based prevention programs, policies, and practices can be successfully applied and scaled up. The Global Status Report provides a tool to measure progress and identify areas where progress in lacking.

This Global Status Report points to specific challenges the world faces in making progress on violence prevention, including the disproportionate share of the violence burden in low- and middle-income countries. In addition, the ability to monitor the nonfatal dimensions of interpersonal violence remains limited in that differing methods and definitions preclude widespread availability of comparable data across countries. There are efforts that might close this gap in many countries, including, but not limited to, the WHO's Multi-country Study on Women's Health and Domestic Violence Against Women[7] and Violence Against Children Surveys[8] supported by CDC and UN International Children's Fund as part of the Together for Girls global public–private partnership.[9] Also the current investment in violence prevention is not commensurate with the scale of the problem, laws prohibiting violence are not vigorously enforced in many countries, and services to treat the emotional and physical trauma associated with violence —which can be effective—are often not available. A hopeful sign in addressing these gaps is the emergence of technical guidance on the best available evidence to respond to and prevent different types of interpersonal violence. An example of this is THRIVES, which is a package of policies, programs, and practices aimed at providing the best evidence to prevent violence against children throughout the world.[10]

The urgency of this public health problem and recent indications of progress in addressing it suggest that now is the time for a global violence prevention movement. The full impact of violence must be made visible to international leaders and policymakers. Interpersonal violence, in addition to causing physical injuries and homicide, also plays an essential role in the etiology of mental illness, chronic disease, and even infectious diseases such as HIV. Unfortunately, these wide-ranging effects remain largely invisible to public health leadership, policymakers, and the public. This is partly because violence is often hidden, victims rarely come into contact with official or service agencies, and many of the health and social consequences are not evident until

years after exposure. Many countries, especially those of low and middle income, face daunting challenges, including infectious disease, military and civil conflict, cardiovascular and other chronic diseases, and high suicide rates. Given the impact of interpersonal violence on these outcomes, violence prevention can be viewed as a powerful lever that, if successfully engaged, can have a cross-cutting benefit for low- and middle-income countries.

Because violence crosses many domains, collaboration across different sectors, disciplines, and professions is critical both to fully understand the problem and effectively act to prevent it. Violence affects business, justice/law enforcement, social services, protection of women and children, education, transportation, finance, health care, public health, labor, tourism, foreign affairs, interior, commerce, and tourism. Progress in preventing interpersonal violence is advancing quickly and the Global Status Report is one example of this. There is every reason to believe that the understanding and capacity to prevent interpersonal violence will make a difference. The lessons learned during the public health community's short experience with violence prevention are consistent with those gleaned from their much longer experience with the prevention of infectious and chronic diseases. Violence can be prevented if governments, their citizens, and the global community start now, act wisely, and work together. The time is now.

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