



Safety 2010 World Conference

21st-24th September 2010 - Queen Elizabeth II Conference Centre, London, UK

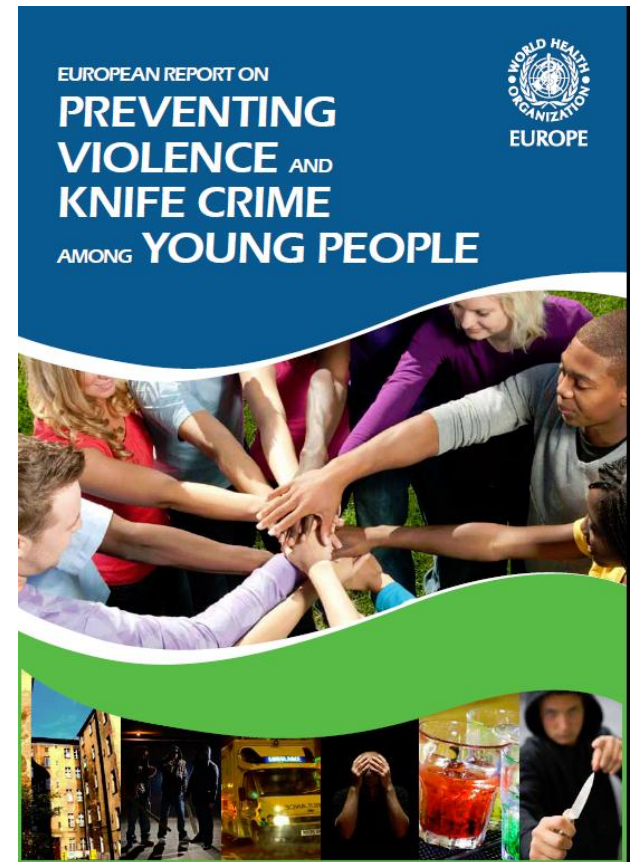
Youth violence and knives in the WHO European Region

Dr Dinesh Sethi

Violence and Injury Prevention

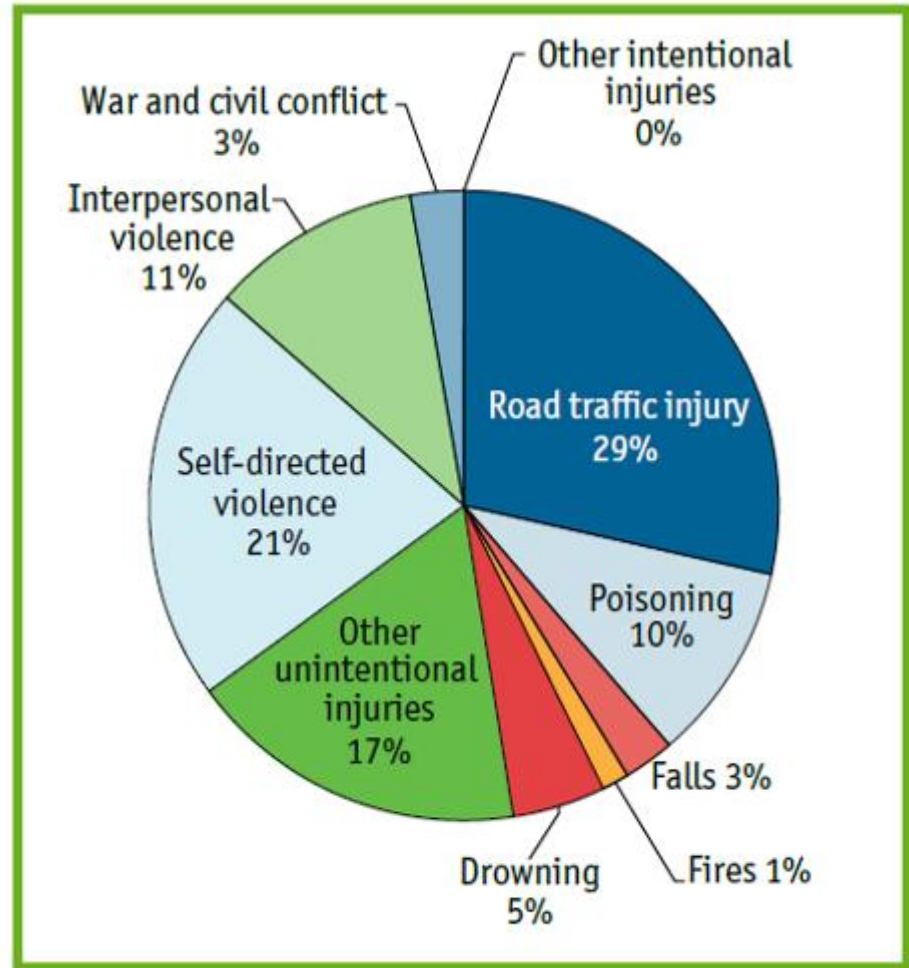
WHO Regional Office for Europe

K Hughes, M. Bellis, F. Mitis, F Racioppi



The 3 leading causes of death in 15-29 years old are injury related

- 1) Road traffic injury
- 2) Self-directed violence
- 3) Interpersonal violence



Source: The global burden of disease, 2004 update

New report of youth violence reveals that every day 40 young people are murdered in Europe

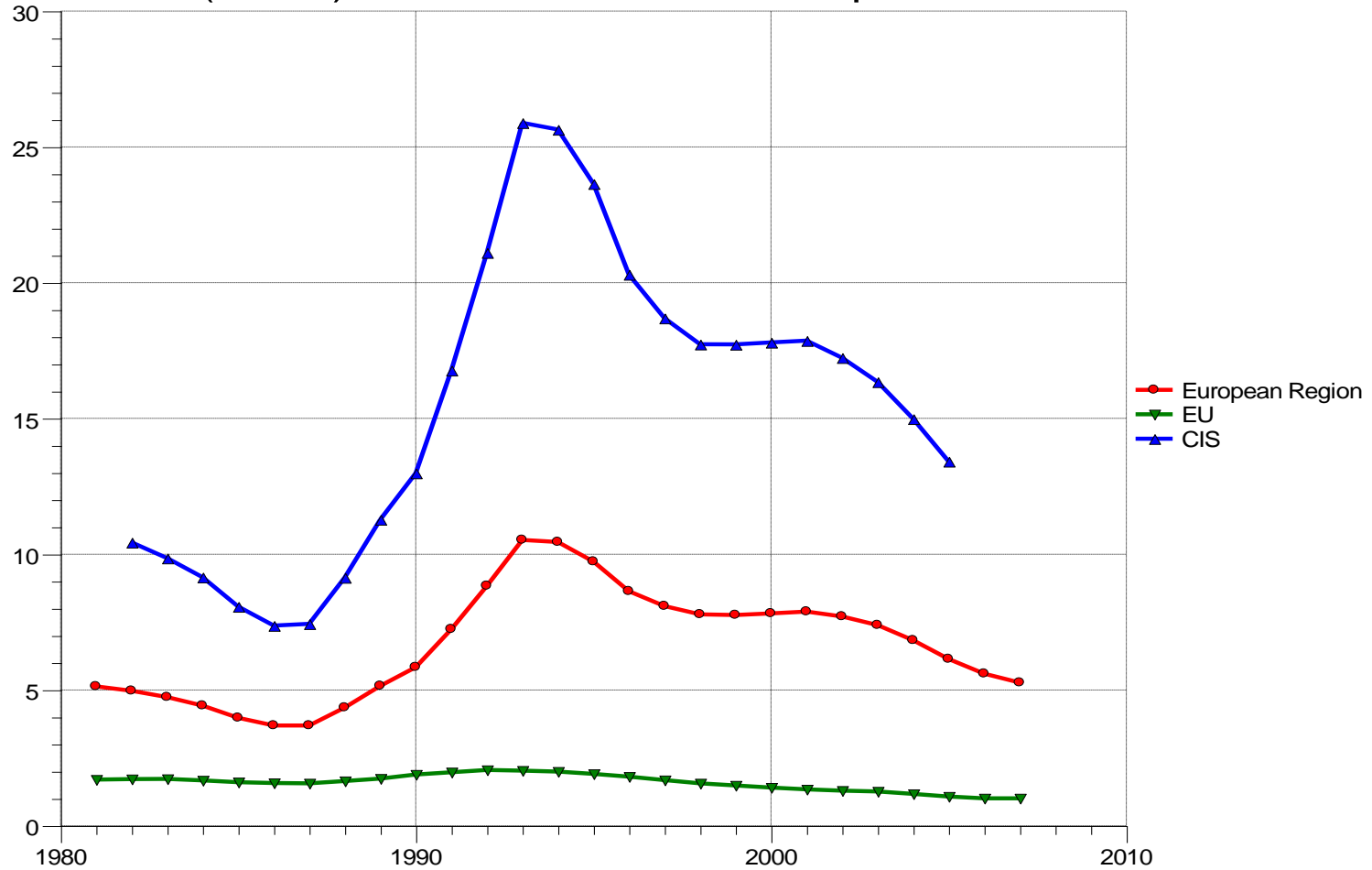


Photo: Bigstockphoto

- Interpersonal violence is the third leading cause of death in Europe among those aged 10–29 years, accounting for 15 000 homicides yearly.
- For every young person dying, 20 more are admitted to hospital
- 40% of homicides, or 6 000 yearly, are carried out with knives and other sharp weapons

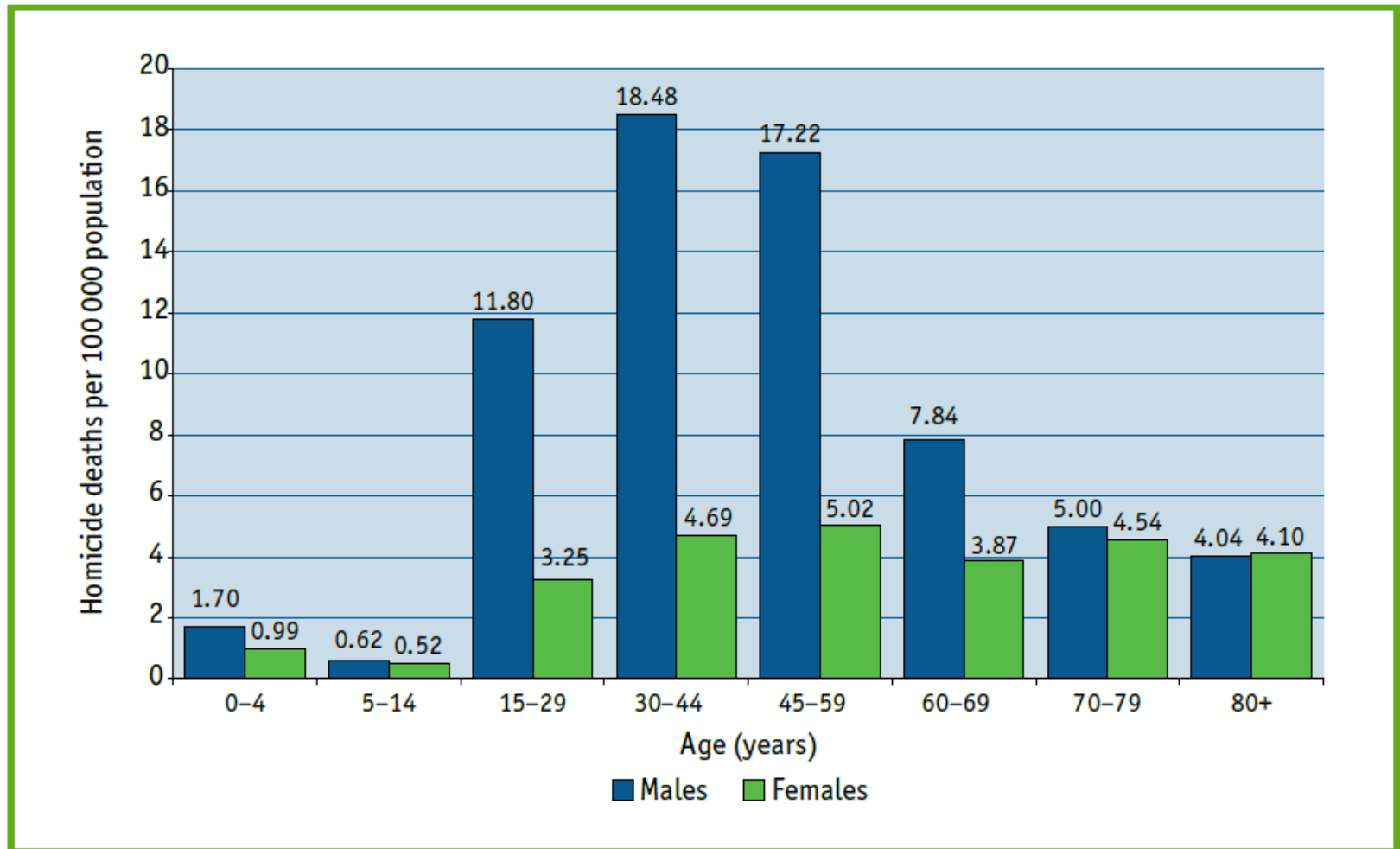
Trends are improving...

SDR(15-29), Homicide and assault, per 100000



Source: WHO Health for All Mortality Database (July 2010)

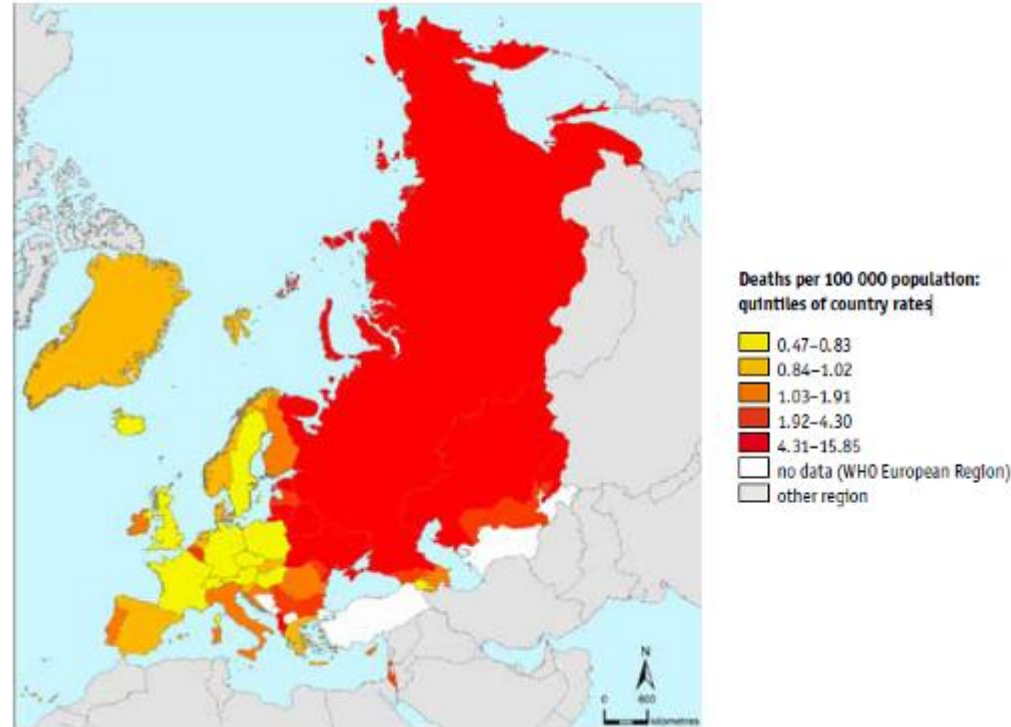
Age standardized homicide rates in the European Region



Source: *The global burden of disease: 2004 update (4)*.

...but violence spreads out unevenly

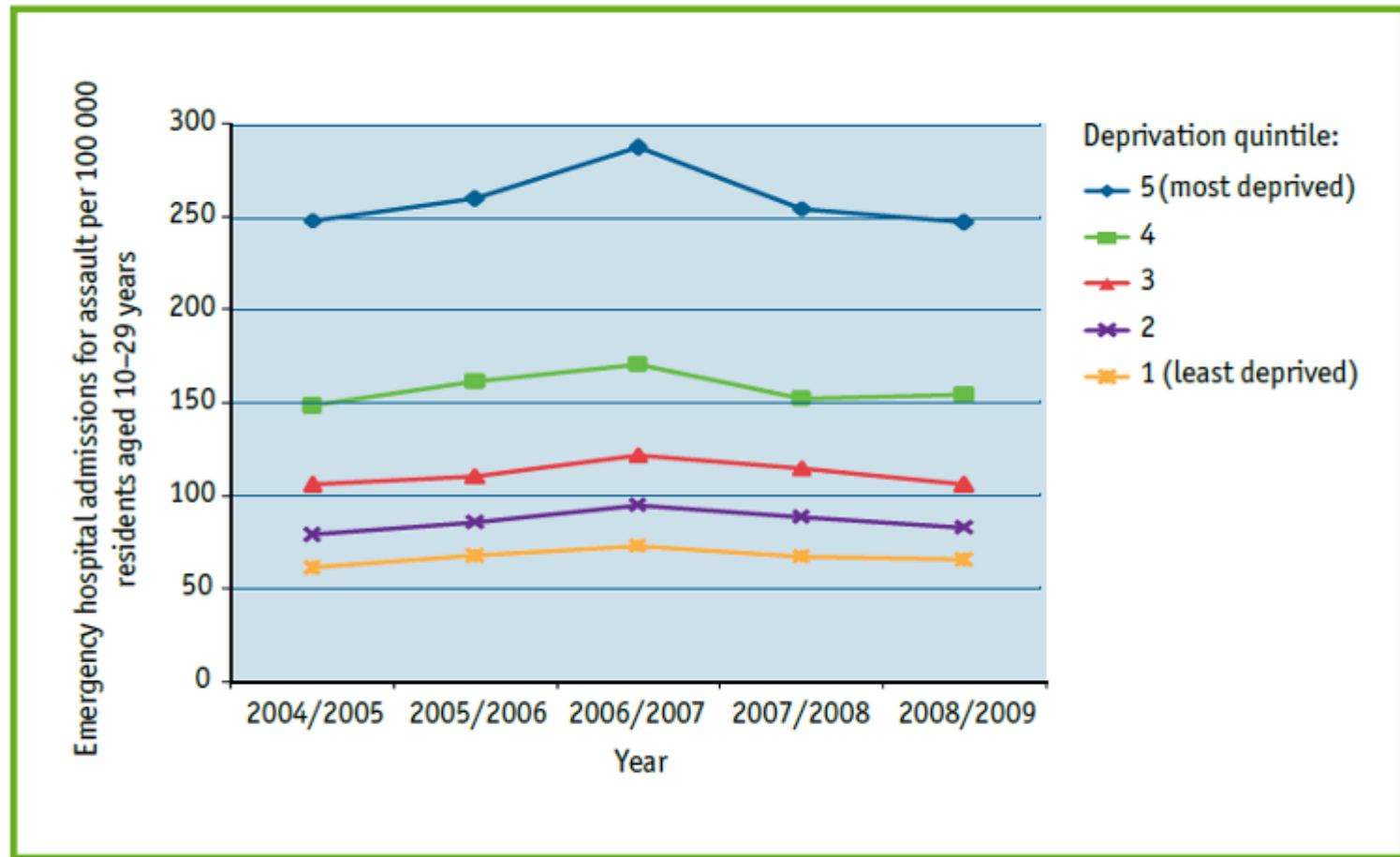
- 9 of 10 homicide deaths occur in low- and middle-income countries
- In these countries rates are nearly 7 times higher than in high-income countries
- The countries with the highest and the lowest rates in the Region differ by 34 times.



Source: European report on preventing violence and knife crime among young people (2010)

If all countries in the Region had the same homicide rates among young people as the country with the lowest rate, this would avoid 9 of 10 homicide deaths

In all countries, poorer young people are much more at risk of violence than those better off



Source: European report on preventing violence and knife crime among young people (2010)

Why action needs to be focused on children and youth

- Childhood and adolescence are periods of vulnerability
- Childhood is a period of exploration with increased exposure to risks
- Neurodevelopmental, cognitive and behavioural changes happen in this period
- Exposure to adversity in childhood may result in mental trauma and health damaging behaviour later in life
- Physical, family and social environments need to be modified to ensure safety for children



Preventing interpersonal violence is a societal responsibility

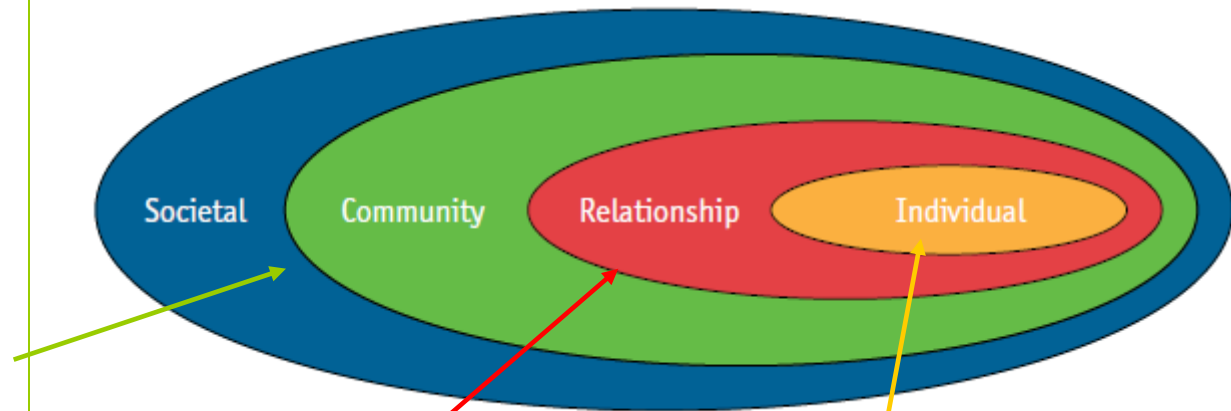
- Young people are vulnerable to being victims and perpetrators of violence.
- Mass media and society are quick to demonize episodes of violence among young people.
- The WHO report argues that many of the root causes of violence arise in childhood.
- Addressing these root causes falls on many sectors.
- A public health approach preventing violence is more cost-effective than solely dealing with the consequences of violence.



Risk factors-the ecological model

Community and society:

- social inequality and deprivation
- availability of alcohol
- illicit drug trade
- urban and community environments
- school environments
- weapon availability
- social and cultural norms supporting violence



Individual:

- sex
- age
- ethnicity
- mental and behavioural factors
- biological factors
- low academic achievement
- past victimization or fear of violence
- alcohol and drug use
- delinquent and risky behaviour

Relationship:

- family structure
- parental support and relationships
- peer relationships
- involvement in gangs

Interventions

Indirect primary prevention approaches

Direct prevention approaches

Secondary and tertiary approaches

Strengthening and enforcing knife-carrying laws

Knife amnesty

Problem-oriented policing

Multi-systemic therapy

Behaviour-change counselling

Programmes for intervening in and preventing gangs

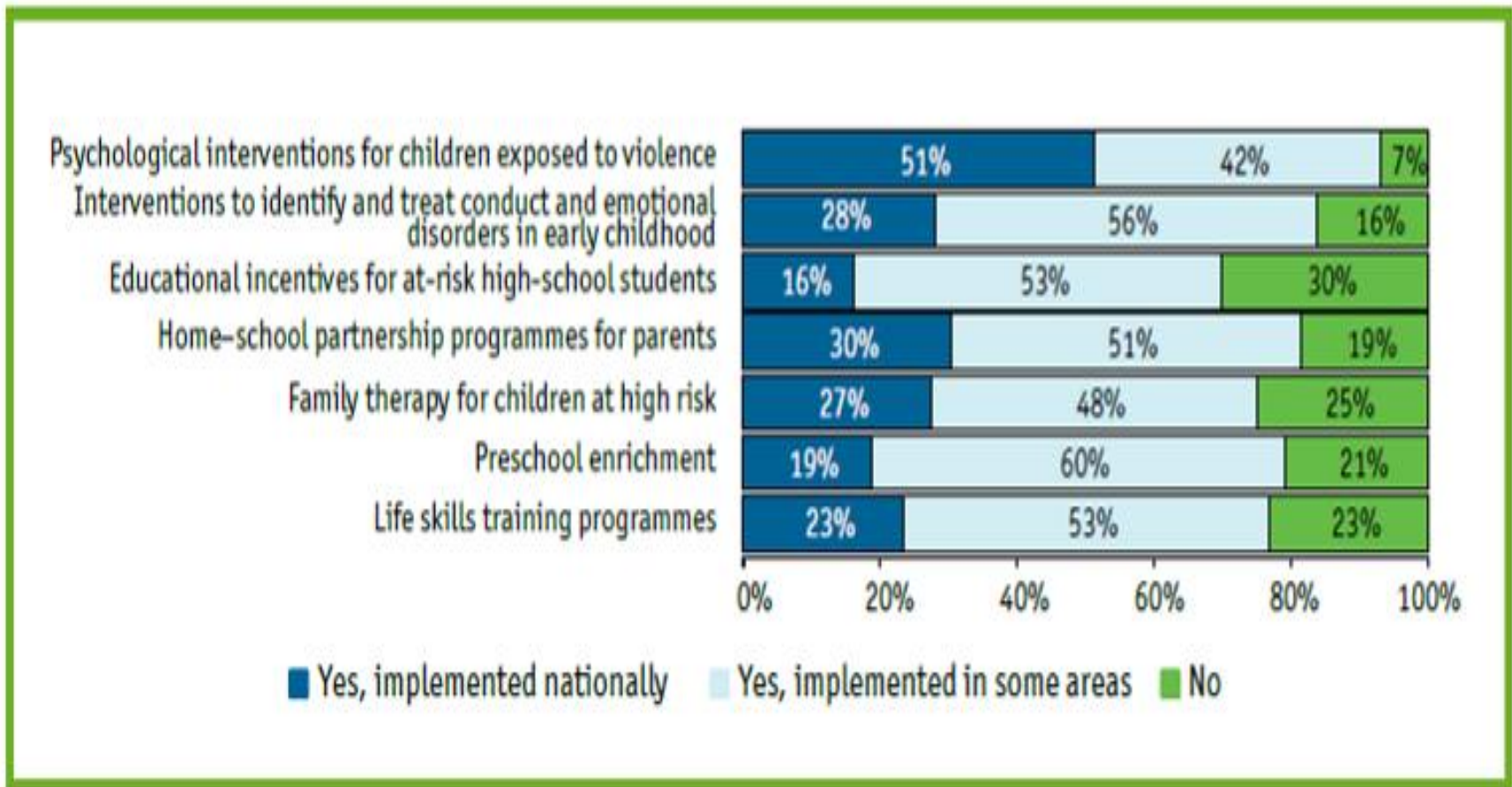
Mentoring programmes

Multicomponent measures to reduce violence

Survey of knife-related violence in 35 countries

Country	Denmark	UK	Ireland	Finland	Russia	Albania	Hungary	Iceland	Israel	Italy	Lithuania	Macedonia	Uzbekistan	Belgium	Spain	Armenia	Azerbaijan	Bosnia & Herz	Bulgaria	Cyprus	Kyrgyzstan	Malta	Montenegro	Poland	Romania	Israel	Hungary	Slovenia	Greece	Austria	Latvia	Andorra	San Marino	Slovak Republic
How big a problem is the use of knives in violence in your country?	*it used to be a problem, but it has now reduced																																	
	Already a big problem			A growing problem									*	It occurs, but it's not a problem														No						
Is violence involving knives a current political priority in your country?	HIGH PRIORITY LOW PRIORITY NO																																	
	HIGH PRIORITY			LOW PRIORITY									NO																					
Is data available on knife carrying and use?	YES SOME NO																																	
	YES			SOME									NO																					
Are there any specific interventions in place to prevent knife violence?	YES NO																																	
	YES			NO																														
Are you interested in more information on violence involving knives?	YES NO																																	
	YES			NO																														

Few countries implement youth violence programmes at local level



Source: Preventing injuries in Europe. From international collaboration to local implementation (2010)

International and European policies support tackling injuries and violence across Europe



- WHA resolutions on violence and health
- RC55/R9 on the prevention of injuries
- European Council Recommendation on the prevention of injuries and promotion of safety
- UN Charter to protect the rights of children
- Tallinn Charter (emphasis on greater equity in health)
- Report of the Commission on the social determinants of health



EUROPE

Regional Committee for Europe
Fifty-fifth session

Bucharest, Romania, 12–15 September 2005

EUR/RC55/R9
15 September 2005
54257
ORIGINAL: ENGLISH

Resolution

Prevention of injuries in the WHO European Region

The Regional Committee,

Recalling World Health Assembly resolutions: WHA49.25 on prevention of violence – a public health priority; WHA56.24 on implementing the recommendations of the *World report on violence and health*; WHA57.10 on road safety and health; and WHA57.12 on reproductive health: draft strategy to accelerate progress towards the attainment of international development goals and targets; United Nations General Assembly resolution 58/289 on improving global road safety; the celebration of World Health Day 2004, dedicated to road safety; and the launches of the *World report on road traffic injury prevention*, and the Regional Office for Europe's report *Preventing road traffic injury: a public health perspective for Europe*.

Recognizing the burden of injuries in WHO's European Region, which is even increasing in some countries of the Region, and the urgent need for public health action to reduce the relentless daily loss of life and suffering caused by unintentional injury and violence;

Mindful that this response should take into account the diversity of the European Region, the inequalities in the burden of injuries across and within countries, and the opportunities created by adopting a public health approach that promotes multisectoral action in which the health sector plays a coordinating role, as well as by mainstreaming injury prevention across different policies within and outside health systems;

Safe and equitable communities are possible

- Referring to key values
 - Human rights, universality, solidarity, equity, participation and access to quality health care



- Working together across sectors



- Investing in nurturing physical, family and social environments



- Obtaining health benefits



A set of actions is available for countries to prevent interpersonal violence in young people



Photo: Istockphoto

1. Develop and implement national policies and plans using a multisectoral approach
2. Implement evidence-based primary prevention
3. Strengthen responses for victims
4. Build capacity and exchange good practices
5. Improve the collection of data on the causes, effects and costs of violence and unintentional injuries
6. Define priorities for and support research
7. Raise awareness and target investment
8. Address inequity

**PREVENTING ROAD TRAFFIC INJURY:
A PUBLIC HEALTH PERSPECTIVE
FOR EUROPE**

Deborah Falocco
Lars Ekesson
Clare Trappell
Andreas Vlietstra

**INJURIES AND
VIOLENCE
IN EUROPE**

Why they
matter
and what can
be done

EUROPE

**YOUTH AND ROAD SAFETY
IN EUROPE**

ROAD SAFETY IS NO ACCIDENT

**NATIONAL
RESPONSES
TO PREVENTING
VIOLENCE AND
UNINTENTIONAL
INJURIES**

**WHO
EUROPEAN
SURVEY**

**EUROPEAN REPORT ON
PREVENTING
VIOLENCE AND
KNIFE CRIME
AMONG YOUNG PEOPLE**

**PREVENTING INJURIES
IN EUROPE**

From international collaboration
to local implementation

EUROPEAN REPORT ON CHILD INJURY PREVENTION

**PROGRESS IN
PREVENTING INJURIES
IN THE WHO EUROPEAN
REGION**

Implementing the WHO Regional Committee for Europe resolution EUR/RC55/R9 on prevention of injuries in the WHO European Region and the Recommendation of the Council of the European Union on the prevention of injury and promotion of safety

<http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/violence-and-injuries>