

Preventing Violence, Promoting Peace

A Policy Toolkit for Preventing Interpersonal,
Collective and Extremist Violence



The Commonwealth



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Collective and Extremist Violence



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Contents

Acknowledgements	v
Abbreviations and acronyms	vii
Executive Summary	ix
1. Introduction	1
1.1 About this document	1
1.2 Violence prevention and the Commonwealth	2
1.3 The forms of violence included in this document	4
1.4 A public health approach to violence prevention	6
2. The extent of the problem	8
2.1 Child maltreatment	9
2.2 Gender-based violence (GBV)	14
2.3 Elder abuse	16
2.4 Youth violence	17
2.5 Radicalisation and violent extremism	17
3. Understanding the broader impacts of violence	20
3.1 Direct physical health consequences	21
3.2 Life course impacts on health	21
3.3 Impact of violence on health services	24
3.4 Wider economic consequences of violence	24
3.5 Social impacts of violence on public health	25
4. Risk factors for violence	27
4.1 Macro-social and structural risk factors for violence: the global and societal levels	28
4.2 Individual vulnerability and resilience across the life course	33
5. What works to prevent violence	45
5.1 Addressing macro-social determinants	46
5.2 Programmes and practices to prevent interpersonal violence	49
5.3 Preventing radicalisation and violent extremism	65
5.4 Cross-cutting themes for violence prevention	75
6. Summary and recommendations	78
Appendix: Examples of evidence on violence prevention programmes	85
References	100

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Abbreviations and acronyms

ACE	Adverse childhood experience
BMBB	Being Muslim Being British
CCT	Conditional cash transfer
CHOGM	Commonwealth Heads of Government Meeting
CVE	Countering violent extremism
DALY	Disability-adjusted life year
DFID	Department for International Development
FGM	Female genital mutilation
GBV	Gender-based violence
GCTF	Global Counterterrorism Forum
GDP	Gross domestic product
GSHS	Global School-based Student Health Survey
GSI	Global Slavery Index
HIC	High-income country
HIV	Human immunodeficiency virus
HVP	Home visitation programme
ICT	Information communication technology
IEP	Institute for Economics and Peace
ILO	International Labour Office
IPV	Intimate partner violence
LMIC	Low- or middle-income country
NCD	Non-communicable disease
OECD	Organisation for Economic Co-operation and Development
PTSD	Post-traumatic stress disorder
RVE	Radicalisation and violent extremism
SAS	Small Arms Survey
SDG	Sustainable Development Goal
UHC	Universal health coverage
UIS	UNESCO Institute for Statistics

UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UN-HABITAT	United Nations Human Settlement Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USIP	United States Institute of Peace
WHA	World Health Assembly
WHO	World Health Organization
WSIPP	Washington State Institute for Public Policy

Executive Summary

Introduction

The Commonwealth Charter includes the principle that **international peace and security**, sustainable economic growth and development, and the rule of law are essential to improving the lives of all people in the Commonwealth. The Commonwealth adopted a **Peace Building Commonwealth** as its theme for 2017. To support this theme, *Preventing Violence, Promoting Peace – A policy tool kit for addressing interpersonal, collective and extremist violence* brings together evidence on the prevention of all types of violence including interpersonal violence (child maltreatment, intimate partner violence, sexual violence, elder abuse and youth violence), collective violence (including war and gang violence) and violent extremism¹. It focuses largely on how to prevent individuals and groups from developing violent behaviours rather than the costly process of dealing with violence and its consequences. This summary of the full report includes key findings and references to relevant sections in the main document.

Globally, violence is estimated to cost 13.3 per cent of global productivity equivalent to US\$13.6 trillion per year. This percentage of the combined productivity of the Commonwealth would represent around US\$1.4 trillion per year. As well as the costs of violence related to injury and long-term disability, those exposed to violence in early life have more difficulties engaging in education and experience reduced employment and economic activity^a. They are more vulnerable to poor mental health, and alcohol and drug abuse, and are at greater risk of developing physical health problems at younger ages, including cancer, diabetes and heart disease. Consequently, violence increases pressures on health, social and judicial systems, creating sometimes unmanageable demands on scarce resources^b.

Like many other public health problems, **violence is infectious**. Children exposed to violence in the home are more likely to grow up to be perpetrators or victims of violence themselves^c. This pernicious cycle can result in families and communities suffering violence for generations. However, it is not the only cycle that must be broken for violence to be eradicated. Poverty and inequalities contribute to marginalisation, desperation and feelings of injustice, which increase risks of violence. In turn, such violence results in poorer investment, education and economic development, and further exacerbation of poverty and inequality^a. Violence is a disincentive for investment in nations and regions, a reason why skilled labour leaves or cannot be recruited, and a corrosive force that erodes community and family cohesion. Equally, in many parts of the world, war and organised conflict drive the movement of people and create unstable environments, weak institutional structures, traumatised individuals and poor rule of law. Such factors increase risks of long periods of violence and abuse emerging in the aftermath of conflict. Individuals born into migrant and minority populations can feel part of neither the culture of previous generations nor that of the broader local population. Isolation and identity issues leave individuals vulnerable to radicalisation and violent extremism (RVE). Violent extremism can devastate whole economies and communities, creating anger, fear and suspicion for years after the act^d, and consequently such acts create further isolation of minority populations.

This document summarises evidence on breaking these cycles of violence. **Violence is preventable** and recent decades have generated substantive evidence describing both the risk factors that push people into violent life

courses and a range of policies, programmes and practices that prevent such violence from developing. Further, the pervasive damage from violence means that **the savings from investing in evidence-based violence prevention are substantive**. Reduced costs to those dealing with the overt and hidden impacts of violence on health, criminal justice, education and economic systems mean evidence-based programmes can return multiple dollars in savings for every one invested^e. While a range of detailed documents already address interpersonal violence, collective violence or violent extremism individually, few have examined the three together to explore commonalities in risks and potential preventative solutions. This document identifies strong links between causes of different types of violence at the macro socio-economic level (e.g. poverty and inequalities) that can interact with experiences in homes, schools and other institutional settings to create breeding grounds for violence. It also exposes emerging challenges common to all forms of violence, including new technologies that join communities globally but also disseminate propaganda, help organise acts of terror and create new opportunities for interpersonal violence (e.g. online bullying, sexual exploitation).

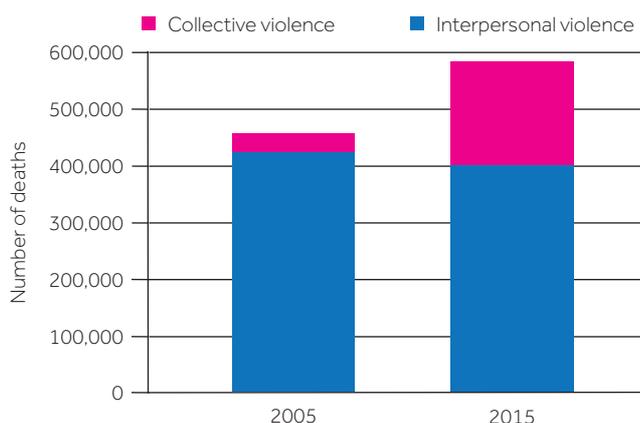
The public health approach, adopted here, focuses on understanding factors that increase risk of, or resilience (resistance) to, involvement in violence and identifies evidence-based interventions that reduce risk while increasing resilience. This approach is well established for interpersonal violence although less so for collective and extremist violence. Risk, resilience and effective interventions are considered at the level of the individual (biological factors and personal history), relationships (the nature and quality of their interactions with others), communities (settings in which these relationships occur) and societies (where laws and cultural norms often operate). Increasingly, however, individuals, communities and nations across the world have become interconnected and interdependent^f. Consequently, a global level is used here to examine issues affecting violence such as migration, international conflict, climate and trade^g. The nations of the Commonwealth are well placed to tackle violence at all levels from individual to global.

Finally, violence is addressed here as a **life course issue**. Childhood experiences of violence affect the behavioural, health, economic and other social outcomes of adults^f. Transitions between life stages, such as adolescence, are also challenges for violence prevention when identity development and the management of interpersonal relationships can increase or inhibit tendencies for violence. Positive relationships are a source of resilience, diverting vulnerable individuals from an otherwise violent life course. However exploitative relationships can see the same vulnerable individuals directed towards involvement in violence^h.

The extent of the problem

Violence is a major public health concern that impacts on the lives of billions of men, women and children across the globe, contributing to death, disease and disability. In 2015, there were an estimated 580,000 deaths from violence worldwide, with a disproportionate burden among men and young adults. Over two thirds of these deaths were the result of interpersonal violence. However, while global deaths through interpersonal violence are decreasing, those due to collective violence have increased (Figure ES1). Despite this, in 2015 more lives were lost to violence in large countries such as Brazil and India, which were not experiencing conflict, than in war-torn countries such as Syriaⁱ.

Figure ES1 Global deaths from interpersonal and collective violence, 2005 and 2015

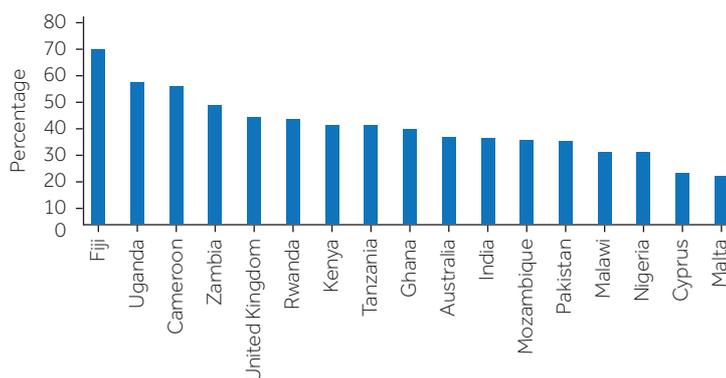


Source: GBD, 2016a

Child maltreatment includes physical, emotional and sexual abuse as well as neglect. Children who suffer one form of maltreatment often also experience other forms, and worldwide half of all children have been affected by some form of violence in the past year. Almost 95,000 children (aged 0–19 years) die from violence and abuse each year, with 80–90 per cent from low- and middle-income countries (LMICs)^j.

Violence against women and girls is strongly related to issues of gender inequality, which represents a human rights violation, and affects all ages, income and education levels. Globally, one in five girls have been sexually abused during their childhood; over 200 million girls and women have been subjected to female genital mutilation (FGM); and over a third (35.6 per cent) of women aged 15 years and over have experienced some form of physical and/or sexual violence from a partner or sexual violence from a non-partner. In Commonwealth countries with available data, the proportion of women having experienced any physical violence at least once ranges from 69 per cent in Fiji to less than 20 per cent in Malta (Figure ES2)^k.

Figure ES2 Percentage of women* in certain Commonwealth countries experiencing physical violence at least once in their lifetime, latest available data



*Age groups differ across countries.

Source: UN, 2015

Elder abuse is less well quantified than other forms of violence yet presents a major threat to health, wellbeing and justice. Available data suggests that 15.7 per cent of older people worldwide suffered some form of abuse in the past year – amounting to an estimated 141 million victims. Without effective prevention, elder abuse is likely to represent an increasing aspect of violence as the proportion of older individuals in the global population escalates^l.

Young people are disproportionately affected by violence, with an estimated 200,000 violent deaths a year among those aged 10–29 years worldwide. Peer-to-peer physical violence (i.e. fighting) affects half of all boys and up to a quarter of girls worldwide, and approximately 4 in every 10 children and young people report bullying victimisation in the last 30 days (Figure ES3). Gangs typically consist of adolescent boys and young men. They are increasingly seen across the world, with some now operating on an international basis. Between 2 and 10 million people are thought to be involved in gangs worldwide. New social media technologies provide an additional platform for bullying, with an estimated one in five young people affected by cyberbullying (i.e. conducted online) in South Africa^m.

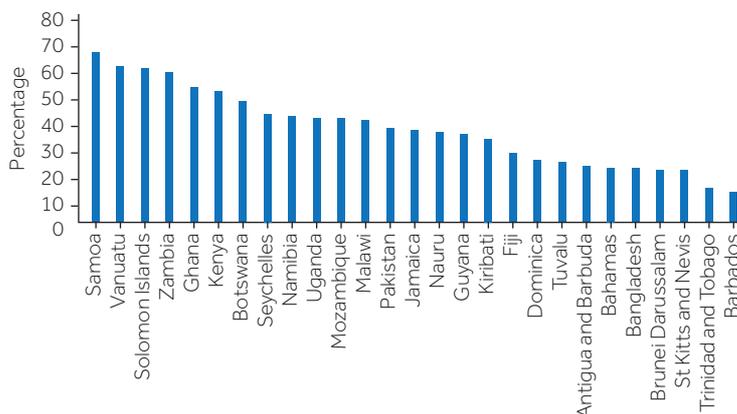
Terrorism is estimated to have caused almost 30,000 deaths worldwide in 2015. Recent years have seen high-profile attacks in high-income countries (HICs), although terrorism remains largely concentrated in only a small number of countries (e.g. Iraq, Nigeria, Syria). Figure ES4 compares the impact of terrorism on selected Commonwealth countries.

Over recent decades, Islamic fundamentalism has accounted for an increasing number of deaths from violent extremism, and as many as 30,000 foreign fighters may have travelled to Iraq and Syria between 2011 and 2015. However, the impact of violent extremism is likely to be much more pervasive than these numbers might suggest, with an international survey from a mix of HICs and LMICs suggesting that an average of one in four people have been victimised or know someone who has been victimised by violent extremismⁿ.

Understanding the impact of violence

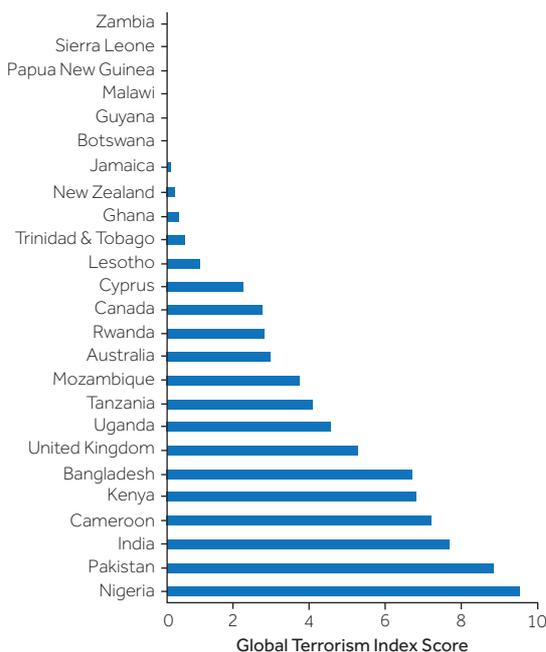
Acute impacts of violence (i.e. in the immediate aftermath of victimisation) include significant physical injury, disability and death. Globally, interpersonal and collective violence are estimated to have caused around 580,000 deaths and more than

Figure ES3 Percentage of 13–15 year olds in Commonwealth countries who report being bullied in the last 30 days, latest data available



Source: Global School-based Student Health Survey (GSHS; WHO 2015a)

Figure ES4 Global Terrorism Index score*, 2016, for Commonwealth countries

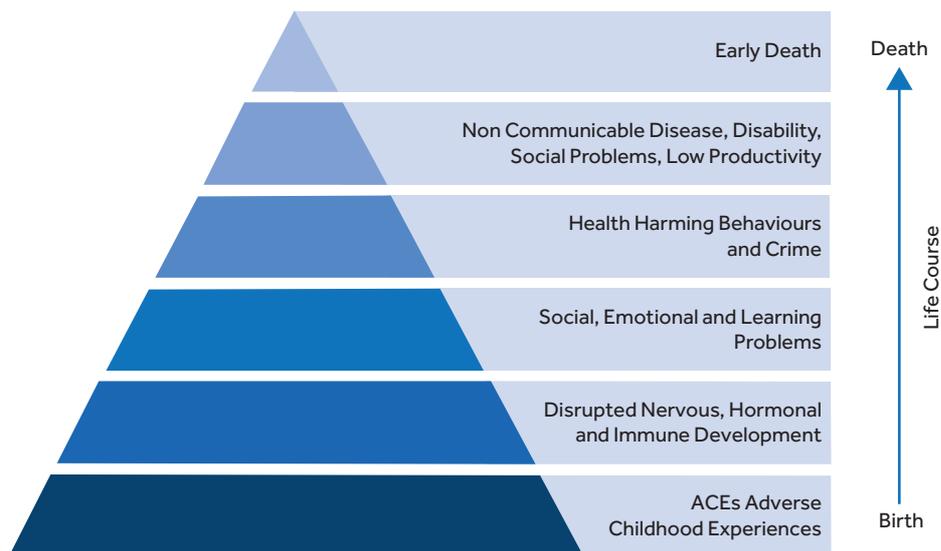


*Higher scores = greater impact of terrorism.

Source: Global Terrorism Index (IEP 2016a)

33 million years of healthy life² lost in 2015⁹. From a life course perspective, violence and other adverse childhood experiences (ACEs) can impair social and emotional development, limit individuals' life opportunities and result in early death (Figure ES5). Individuals exposed to ACEs can develop poor mental health, including depression, anxiety and suicide ideation, and are at increased risk of adopting health-harming behaviours including smoking, sexual risk-taking and alcohol and drug misuse, often as a means of coping and self-medication. As adults, they are at increased risk of

Figure ES5 Adverse childhood experiences: impacts across the life course



Source: Adapted from Felitti et al. 1998

involvement in further violence and of developing diseases such as cancer and heart disease^p. Consequently, violence places a major burden on health services in treating both its immediate and long-term consequences^q. Across the life course, post-traumatic stress disorder (PTSD) relating to conflict and other types of violence is also linked to subsequent violence victimisation and perpetration.

The consequences of violence extend beyond victims, affecting those who witness violence in their communities, and contributing to feelings of fear and instability, marginalisation and fractionalisation. Communities also feel the effects of violence through its impact on public resources and services. As well as health services, these include social welfare, and legal and other justice costs. Collective violence, such as war, can have lasting impacts for generations through institutional and social fragility, and affect trade, tourism and the attraction and retention of skilled workers. The global economic impact of terrorism alone in 2015 was estimated to be US\$89.6 billion. Violence, in all its forms, represents a major barrier to sustainable development, prosperity and efforts to tackle global inequities^b. Thus, prevention of violence is a critical factor in delivery of many of the United Nations' Sustainable Development Goals (SDGs)^r.

Risk factors for violence

There are many commonalities between the social, political and economic factors that drive different forms of violence. **Poverty, economic decline and unequal income distribution** increase the likelihood of interpersonal violence and collective conflict, which in turn further exacerbate poverty and limit investment and development^s. **Inequalities** are divisive and create barriers, feelings of injustice and distrust between people and communities. Where there is a scarcity of resources, competition can fuel conflict. Equally, when certain individuals or groups are denied access to economic, political or other opportunities, this can contribute to emotional vulnerability, dissatisfaction and the exploration of other (potentially violent) avenues to address inequality.

As climate change, conflict and economic failures drive the **movement of people**, densely populated areas, especially in LMICs, are experiencing greater risks of interpersonal violence and wider conflict. Internally displaced people and refugees can experience vulnerability to violence through problems of integration, acculturation (attempting to adapt to a new culture) and disconnection from kin and social support networks. At the same time increased global connectivity allows individuals to compare their own assets and opportunities with those across the globe, and to witness atrocities affecting groups to which they relate. Such factors can strengthen certain group identities, generate grievances and segregation, and facilitate conflict^t.

Judicial or political corruption can result in the direct and instrumental use of violence, violations of human rights (e.g. torture or imprisonment) or an increase in violence through illegal trade of drugs and arms, and trafficking in people and modern slavery^u. **Cultural norms** that support gender inequality, for instance, underpin violence against women as well as harms such as FGM and child marriageⁱ. Violence against women in the home may also be a factor in developing violent tendencies in children who witness such abuse^v. Experiencing **adversity during childhood**, such as abuse or neglect in the home or being exposed to or displaced by war, can affect a child's developing brain and dramatically increase risks of involvement in violence in later life^w. In regions or communities challenged by pervasive violence, large cohorts of children have grown up never knowing peace and stability, witnessing the scars of conflict (e.g. landmine amputees) and sometimes

encouraged to hate those their communities consider responsible. For many, being a victim may become accepted as normal and violence may be considered a suitable way of resolving conflict.

The role that social and familial influences play in violence trajectories does not end with childhood. During adolescence, as parental monitoring typically decreases, individuals navigate **challenges of personal and social identity** development. Here, **association with delinquent peers** is a prominent risk factor for violence. Some adolescents may be required to manage complex multiple identities and resolve conflicts between the values of different groups (e.g. national or ethnic) to which they belong. Groups with clear ideals that offer certainty in an uncertain world may be appealing and the norms for, and levels of violence in, such groups can determine members' likelihood of future violence. Equally however, without strong positive peer, familial or community connections, **social isolation** is also a risk factor for violence and is linked with a disregard for societal rules and attraction to extreme and violent ideologies.

Not all those who suffer adversity develop a propensity for violence or a range of other health and social problems linked with childhood trauma. Children who are able to draw on protective relationships or experiences can develop resilience and coping skills that allow them to overcome hardship and turn toxic stress induced by violence into tolerable stress^w. A strong, positive relationship with at least one trusted adult is thought to be one of the most important resilience-building factors, along with belief in one's ability to succeed (self-efficacy), emotional self-regulation skills and links to positive cultural traditions.

What works to prevent violence

A range of effective interventions are available for working with individuals and families. However, such approaches often rely on policy developments that provide the critical legal frameworks, criminal justice support, equity of access to health and education systems and other wider macro-level facilitators of peace. Efforts to change the political, social or economic landscape are likely to have an impact on all forms of violence. Here, while individual programmes and practices are discussed in relation to different violence types, cross-cutting themes in violence prevention are summarised in Box ES1. *More detail of prevention policies, programmes and practices are provided in Section 5 of the main report.*

Addressing macro-social determinants

Addressing poverty and inequalities requires a political environment characterised by accountable and incorrupt governments that can achieve a sound understanding of the nature and causes of disparity and discrimination between population groups. Good governance is essential not only for preventing violence, but for managing its consequences and impacts. However, achieving this in some countries may require considerable reform to make decision-making accountable and provide fair representation to all groups in society. The provision of access to basic facilities and material resources for all communities is instrumental in reducing poverty and relies on public investment and fairer forms of public financing, such as progressive taxation^x. Other strategies and fiscal policy measures to encourage and support growth include support for development and nutrition in early childhood; universal healthcare provision; investment in rural infrastructure; investment in education and training; and the provision of productive employment opportunities for those who are most deprived or marginalised. Providing poor families with basic incomes (conditional cash transfers) can also directly reduce poverty, enable access to

Box ES1 Cross-cutting themes for preventing all types of violence

Poverty and inequality	Poverty and inequalities increase the likelihood of violence. Implementing effective prevention programmes also relies on broad social, political and economic structures being in place and accessible in order to facilitate implementation.
Conflict and post-conflict settings	Institutional and social fragility following conflict increases the risk of violence in resident or subsequently migrant populations. Which prevention programmes can be adapted to, and work best in, conflict-affected settings requires urgent study.
Legal reform	Legislation with public and professional support is central to reducing inequalities and creating a legal and political landscape that can support violence prevention.
Gender and the role of women in prevention	Persistent and widespread gender inequalities increase women's and girls' risk of victimisation. Addressing women's active involvement in the perpetration of violence is an important but neglected part of prevention.
Training professionals	Suitably trained frontline professionals are required to support prevention, identify those at risk and act as advocates for organisational, policy and legislative change.
Challenging norms and developing narratives	Social and cultural norms that contribute to inequalities, marginalisation and fractionalisation increase violence. Replacing narratives that support violence with ones that centre on tolerance and human rights appears central to addressing violence, including extremism.
Understanding and interpreting the media	Advances in technology and communication have brought with them new threats to peace. Children and adults require skills to be critical consumers of modern technologies, and appropriate protection from their abuse.
Parents, mentors, peers and role models	Parents can create safe and stable environments for children that support the development of resilience. Positive role models, including from peers and others in communities, are key to violence prevention at all ages.
Social and emotional skills development	Life and social skills help individuals deal with life choices and build positive relationships. Critical thinking skills help people understand different views on society, religion and politics, which is key to preventing violence.
Community-based multi-sectoral and sustainable strategies	Multi-sectoral contributions from health, education, criminal justice, social, housing, and community and voluntary sectors is important in prevention, allowing community and policy-level changes based on sustained resources and long-term political support.

resources to serve basic needs (e.g. health and education) and protect against economic shocks^x. Empowering women in order to tackle gender inequalities is a critical element in reducing violence against women and requires development and full implementation of legislation to prevent gender discrimination. Policies and programmes should ensure access to education for girls and increase the skill sets and economic participation of women, while investment in sexual and reproductive health should ensure universal coverage. Comprehensive legislation can provide the foundation for violence prevention but requires accompanying interventions to change cultural and behaviour norms^y.

Programmes and practices

Child maltreatment

Child maltreatment programmes often focus on improving parent–child relationships and parenting skills. Trained professionals can work with parents individually in home settings, or through group-based programmes in the community. These types of programmes are among the most extensively evaluated approaches for child maltreatment prevention, and evidence suggests they are effective at addressing some of the key parental (e.g. maternal health and wellbeing) and child (e.g. conduct disorders) risk factors for abuse and neglect. Economic evaluations of such programmes have identified returns in savings of several times the costs of programme implementation^z. Evidence of direct reductions in violence against children is more limited and largely drawn from HICs. However, there is increasingly good evidence of the utility of parenting programmes for reducing child maltreatment across cultures and countries. Further promising approaches include training for health and other professionals to identify and respond appropriately to at-risk children and families, and safety education programmes for children focusing on the prevention of child sexual abuse and exploitation^z. *Further details of prevention programmes for child maltreatment are available in Table 5.1 of the full report.*

Gender-based violence

Approaches to prevent gender-based violence (GBV) work across all stages of the life course to raise awareness, address gender inequalities and empower women and girls. Programmes often target gender norms and stereotypes among young people through school-based programmes that develop relationship skills, engage with men and boys to address issues of male power and control, or work collaboratively with whole communities to challenge attitudes towards women and tackle employment, economic and other structural issues that facilitate discrimination^z. Many programmes are effective at changing perceptions and beliefs, although direct change in violent behaviour (e.g. intimate partner and sexual violence) is less well evidenced, particularly over the longer term. Micro-finance approaches aim to increase the economic and social power of women^{ai}. With sustained funding and community engagement such programmes have a positive impact on both attitudes and actual behaviours, and have been implemented across a range of LMICs. Strong associations between GBV and conflict highlight the need for effective interventions to prevent sexual and intimate partner violence both during and following collective violence (e.g. war). There are few rigorous evaluations of GBV prevention in conflict settings. However, economic empowerment approaches, when used in combination with conflict management and communication skills programmes, appear promising. *Further details of prevention programmes for GBV are available in Table 5.2 of the full report.*

Elder abuse

Tackling risk factors such as stress and social isolation faced by both older persons and their carers is typically the focus of programmes to prevent elder abuse. Caregiver support programmes may improve carers' quality of life. However, programmes have not yet demonstrated improvements in well being for elders receiving care. Evidence on preventing elder abuse is less well developed than for other forms of interpersonal violence. Public information campaigns and school-based intergenerational programmes (that aim to create understanding and empathy between generations) are being used to challenge stereotypes and social norms. However, research is required on their effectiveness and on whether or not any positive attitudinal changes result in long-term reductions in violence against older persons^{bi}. *Further details of prevention programmes for elder abuse are available in Table 5.3 of the full report.*

Youth and gang violence

Evidence from both LMICs and HICs suggest that life course approaches working with parents, families and young children to support child development (e.g. preschool enrichment programmes) can improve early conduct problems – a key risk factor for both youth violence and gang involvement in later life^c. Programmes that develop social and emotional skills among older children address several other risk factors, such as mental health and educational outcomes, as well as encouraging healthy life choices and healthy peer and sexual relationships. Programmes are often delivered in schools and therefore rely on individuals having access to good-quality educational settings. Programmes in such settings may fail to engage those at risk of gang involvement or other isolating activities, and other programmes are needed to target such individuals. Community-based interventions that allow information sharing and partnership working between young people, their families, schools, community organisations and public services, and involve multiple stakeholders in their design and delivery, have shown positive impacts in reducing violence, substance use and criminal activity^{ci}. Important components of those that tackle gang violence are the provision of positive alternative options for young people, such as training for meaningful employment to counter the rewards that gangs offer. Some evidence is also emerging for the positive role of mentors in youth and gang violence prevention^{di}. *Further details of prevention programmes for youth and gang violence are available in Tables 5.4 and 5.5 of the full report.*

Radicalisation and violent extremism (RVE)

Much of the evidence for the primary prevention of RVE is in an early developmental stage. However, community-based approaches with collaboration between government, community organisations, education, health and social care, police and the media appear instrumental in the prevention of RVE^{ei}. Misuse of formal and informal education is a tool for extremists, and education has an important part to play in prevention. Education settings can be used to discuss issues such as citizenship, history, religion, beliefs and gender equality, encouraging young people to develop critical thinking and empathy, and fostering understanding of global human rights challenges and respect for diversity. Some approaches focus specifically on the role of women and girls as sources of influence within families and communities, supporting them to recognise radicalisation and build resilience to extremist ideals while ensuring they are not personally placed in danger. Further, the active participation in, or support for, violent extremism by females is an important but largely unaddressed aspect of prevention. Approaches that deliver alternative

or counter-narratives, and those that work with religious leaders, are both receiving much attention. Although evidence is still limited, counter-narratives, supported by individuals who have credibility with those who are isolated or otherwise vulnerable, appear important in achieving attitudinal change. Finally, personal drivers for radical behaviour are more likely to result in extremist violence under certain political, economic and social conditions. Therefore, approaches that tackle the global inequities which foster marginalisation and fractionalisation should help address perceptions of violence as a legitimate response^{fi}. *Further details of prevention programmes for RVE are available in Table 5.6 of the full report.*

Reducing the availability of alcohol, drugs and weapons

Alcohol is a major contributor to all types of interpersonal violence. Approaches that aim to manage the availability and promotion of alcohol and otherwise reduce its harmful use are important considerations in violence prevention. Evidence-based strategies include regulation of alcohol outlet density and alcohol marketing; enhancing enforcement of laws prohibiting sales to minors or those who are already intoxicated; and increasing alcohol taxes or otherwise ensuring alcohol is not sold at prices that contribute to harmful consumption^{pi}. International illegal trade in drugs, and structures to support and enforce dealing and retain market share locally, are a substantial source of violence. Legitimate law enforcement is often a part of drug-related violence, and activities to control illegal demand are likely to be important components of reducing drug-related violence^{qi}. Controlling access to weapons and other lethal means is also a critical factor in violence prevention. As armed violence takes different forms in different countries or geographical, social or political contexts, effective methods to prevent it also vary. However, comprehensive strategies that address both supply and demand are most effective and may include policy reforms, enforcement activities, and awareness-raising and behaviour change initiatives^{hi}.

Emerging threats to peace

While a growing body of research provides evidence-based solutions to violence, with changes in global politics and new technologies, new threats emerge. Information and communication technologies (ICTs) now connect and inform individuals, regardless of their location, about events in real time, including violent atrocities worldwide. ICTs expose the inequalities that mean billions live in poverty while a relative minority enjoy affluence. They enable violence-promoting propaganda to be distributed to millions of individuals at all ages without control by parents (in the case of children) or state regulation, and allow new forms of violence to be undertaken (e.g. online bullying, sexual exploitation) with anonymity and impunity. For those seeking violence, they inform individuals about how it can be undertaken and facilitate its co-ordination. Finding the correct balance between protecting the freedoms ICTs offer to individuals and the need for the state or parents to regulate such freedoms is a challenge for violence prevention globally. No less of a challenge is the balance of freedoms for global corporationsⁱⁱ. Their impact on violence will depend on whether their actions reduce or increase inequalities, protect or decimate environments and help build or erode the health, education and community-based assets that individuals require for peace and prosperity.

Recommendations

A short overview of recommended actions that support more effective, efficient and sustainable approaches to violence prevention are outlined in Box ES2 with full details of these recommendations given in Section 6.

Box ES2 Policy Recommendations – Overview

1. Develop a collaborative Commonwealth plan to tackle all forms violence from a public health perspective
2. Ensure each country has a cross-government national action plan that adopts a public health approach and focuses on violence prevention from the earliest stage of life and across the life course
3. Develop resilience and positive identities in young people through health, educational and other youth services; focusing especially on those where disadvantage, violence or other experiences may have left them vulnerable to violent life courses
4. Address the role of gender in violence and promote gender equality as a critical part of preventing violence including eliminating FGM
5. Ensure essential laws to prevent violence are in place, fully enforced and supported by efforts to promote accompanying cultural change
6. Support national and international action to tackle poverty and inequalities at all levels from local to global
7. Eradicate human trafficking and modern slavery and tackle illegal trades in drugs and other contraband
8. Control the availability, marketing and sale of alcohol to help reduce multiple types of violence
9. Ensure all children have the best chances of beginning life on a violence free course with maternal and child health services including support for parenting and healthy early child development
10. Ensure life skills development in younger children are core programmes in educational and social services
11. Implement actions to address a legacy of violence in conflict settings and in displaced refugee and migrant populations
12. Implement training and professional development on violence prevention and trauma informed care in health, educational and related sectors and facilitate key professionals adopting an advocacy role for violence prevention

Notes

- 1 The document does not include self-directed violence such as suicide and self-harm.
- 2 Disability-adjusted life years (DALYs), incorporating years of life lost due to premature mortality and years lived with disability (non-fatal health loss).

References to the Main Report: a, Section 3; b, Section 3.4; c, Section 4.2; d, Section 3.5. e, Appendices; f, Section 1.4 ; g, Section 4.1; h, Section 4.2.4; i, Section 2. j, Section 2.1; k, Section 2.2; l, Section 2.3; m, Section 2.4. Higher scores = greater impact of terrorism. n, Section 2.5; o, Introduction; p, Section 3.2; q, Section 3.3. r, Box 1.2; s, Section 4.1.1; t, Section 4.2.3; u, Box 2; v, Section 4.2.1; w, Section 4.2.2. x, Section 5.1.1; y, Section 5.1.3; z, Section 5.2.1; ai, Section 5.2.2. bi, Section 5.2.3; ci, Section 5.2.4; di, Section 5.2.5; ei, Section 5.3. fi, Section 5.1; gi, Box 5.6; hi, Boxes 5.4 and 5.5; ii, Section 6..

1. Introduction

No country is unaffected by violence and all face its challenges on a daily basis. From interpersonal violence taking place in homes and schools, to gang violence, war and violent extremism, violence damages the health, social and economic wellbeing of individuals, families, communities and societies. In 2015, violence¹ caused almost 580,000 deaths and the loss of over 33 million years of healthy life² globally (GBD 2016a; GBD 2016b). Violence places huge burdens on countries' health, education, social, criminal justice and security services, and accounts for substantial lost employment and investment. It obstructs sustainable development efforts and can rapidly reverse developmental gains. Over the last few decades there has been substantial progress in understanding the drivers of violence along with a growing evidence base identifying what works to prevent violence and the returns on investment that its prevention can bring (Hughes et al. 2014; WSIPP 2016). There has also been considerable development in violence prevention policy and practice, accompanied by reductions in violence in many countries (Butchart et al. 2014). However, these gains are being challenged by contemporary issues including conflict, mass migration, fractionalisation, globalisation and persistent inequality, which feed into cycles of violence and threaten peace and sustainable development around the globe.

1.1 About this document

This document has been developed to inform a Commonwealth violence prevention action plan and has been produced jointly by the Commonwealth Secretariat and Public Health Wales. It is intended primarily for Heads of Governments and ministers of health and foreign affairs, but may be of interest to anyone with responsibilities for, or interests in, violence prevention. It adopts a public health approach to violence prevention through the identification of risk factors for involvement in violence and the promotion of evidence-based measures that target such risk factors on a population basis. The document focuses on preventing violence at the earliest possible stages rather than dealing with established violent behaviours. Importantly, it brings together knowledge and evidence on all types of violence directed at others, including interpersonal violence, collective violence (war and gang violence), and radicalisation and violent extremism (RVE). These different forms of violence have traditionally been viewed in silos and to date the public health approach has focused predominantly on interpersonal violence. However, as understanding of the drivers of these different forms of violence develops, strong links between them are emerging. These include shared risk factors and the potential for shared prevention approaches. By bringing information on all three forms of violence together, this document looks at how we can prevent each type individually as well as address their shared roots.

The document is structured into six sections. This first section provides an introduction to the report, how it fits in to Commonwealth policy, the forms of violence it covers and the public health approach to violence prevention. Section 2 outlines the extent of violence globally³ and Section 3 the impacts of violence on health, social wellbeing and the economy. Section 4 focuses on the risk factors that can drive violence and Section 5 on what works to prevent violence. The final section summarises key findings from the report and presents recommendations.

1.2 Violence prevention and the Commonwealth

Preventing violence is a global priority, supported by a range of international resolutions (see Box 1.1), commitments and actions. The **Commonwealth Charter includes the principle that international peace and security, sustainable economic growth and development and the rule of law are essential to improving the lives of all people in the Commonwealth** (Commonwealth 2013). The on-going importance of violence prevention to Commonwealth values is reflected in the Commonwealth Heads of Government Meetings (CHOGM) prioritising themes such as gender-based violence and gender equality, prevention of sexual violence in armed conflict, and RVE and terrorism. In 2015 the Commonwealth renewed its commitment to implement national strategies to counter RVE and share knowledge on practical prevention (Commonwealth 2015). Such activities have

Box 1.1 Selected recent UN and World Health Assembly (WHA) resolutions relevant to violence prevention

Secretary-General's Plan of Action to Prevent Violent Extremism (2016)

Security Council Resolution 2250 (2015) (increasing representation of youth in decision making)

Security Council Resolution 2242 (2015) (women, peace and security)

Taking action against gender-related killing of women and girls (A/RES/70/176; 2015)

Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children (WHA 67.15; 2014)

Security Council Resolution 2178, 2195 (2014) (countering terrorism)

Protecting children from bullying (A/RES/69/158; 2014)

Intensification of efforts to eliminate all forms of violence against women (A/RES/67/144; 2012)

Trafficking in women and girls (A/RES/67/145; 2012)

Intensifying global efforts for the elimination of female genital mutilations (FGM) (A/RES/67/146; 2012)

Violence against women migrant workers (A/RES/66/128; 2011)

Rights of the child (A/RES/64/146; 2010)

Eliminating rape and other forms of sexual violence in all their manifestations, including in conflict and related situations (A/RES/62/134; 2007)

Working towards the elimination of crimes against women and girls committed in the name of honour (A/RES/59/165; 2004)

Implementing the recommendations of the World report on violence and health (WHA 56.24; 2003)

culminated in **A Peace Building Commonwealth** being adopted as its theme for 2017. This document is intended to support the delivery of this theme by providing understanding of and access to the available evidence on violence prevention.

Key links with other major international developments are an important part of sustainable and effective national and international activity. Commonwealth Heads have also committed to collaborative working to support the implementation of the **2030 Agenda for Sustainable Development**. Violence prevention is a core feature of the 2030 Agenda's Sustainable Development Goals (SDGs; see Box 1.2), which were

Box 1.2 Sustainable Development Goals (SDGs) and violence prevention

The United Nations' SDGs are a set of 17 goals to end poverty, protect the planet and ensure prosperity for all. The goals contain 169 targets to be achieved by the year 2030. SDGs 5, 8 and 16 contain targets that address violence directly:

SDG 5: Gender equality and the empowerment of women and girls

Target 5.2: Eliminate violence against women and girls

Target 5.3: Eliminate harmful practices

SDG 8: Decent work and economic growth

Target 8.7: Eradicate forced labour, end modern slavery and human trafficking; end child labour in all its forms including recruitment and use of child soldiers

SDG 16: Peace, justice and sustainable development

Target 16.1: Reduce all forms of violence and related deaths

Target 16.2: End abuse, exploitation, trafficking of and violence against children

Many other SDGs target risk factors for violence, including ending poverty (SDG 1); ensuring healthy lives and promoting wellbeing (SDG 3); ensuring inclusive and quality education for all (SDG 4); reducing inequality within and among countries (SDG 10); and making cities inclusive, safe, resilient and sustainable (SDG 11). The SDGs are interlinked, requiring an integrated and transformational approach to implementation in which all sectors have a key role to play. The goals provide a framework for all populations across the life course, recognising that different countries have different needs and capacities.



formally adopted by the United Nations in September 2015. This represents a major shift in global recognition of the importance of violence prevention for sustainable development, with no violence prevention measures having been included in the previous Millennium Development Goals (Kjaerulf et al. 2016). Three of the 17 SDGs target violence directly, and many more indirectly target risk factors for violence (Box 1.2). The SDGs send out a clear message that sustainable development cannot occur where violence prevails, and provide strong political endorsement and a multi-agency framework for violence prevention. The findings of this report **emphasise the importance of violence prevention for sustainable development and the importance of sustainable development in the prevention of violence** (see Section 5.1).

This document identifies a life course approach to violence prevention (see Section 1.4). This recognises that those exposed to violence as children, whether through being maltreated, witnessing intimate partner violence in the home or being exposed to war and its aftermath, are more likely to be involved in violence as adults. It therefore considers policy developments not only relating to short-term responses to potentially violent individuals but also on promoting equality, resilience, community cohesion, health and childhoods that are safe, nurturing and free from violence. This sustainable approach to violence prevention means that intergenerational cycles of violence can be broken and health, social, educational and economic benefits can be realised for current and future generations.

1.3 The forms of violence included in this document

This document focuses on all forms of violence directed at others. While self-directed violence (e.g. suicide and self-harm) is not addressed here, it shares many common risk factors with other types of violence (e.g. a history of child maltreatment; WHO 2014a)⁴.

Interpersonal violence occurs between individuals. They may be known to one another, such as family members, peers, intimate partners or caregivers, but can also be strangers. This report addresses some of the most common forms of interpersonal violence: child maltreatment, gender-based violence (GBV; including intimate partner violence and sexual violence), elder abuse and youth violence.

Collective violence is perpetrated by people who identify themselves as members of a group, against another group or set of individuals in order to achieve political, economic or social objectives. This includes war or conflict between nations and/or within nations, as well as violence associated with gangs and other groups.

Radicalisation and violent extremism is often approached in isolation but is linked with both interpersonal and collective violence. Radicalisation is an individual process that is often influenced by group beliefs, and while acts of violent extremism are often perpetrated by groups towards groups of 'others' they can also be individual acts and/or targeted indiscriminately.

Definitions of the various forms of violence are provided in Table 1.1. Although there are currently no internationally recognised definitions of radicalisation and/or violent extremism, it is important to note that a person can be radicalised without developing a willingness to act violently. RVE is not a new problem although its challenges are becoming more complex with increased globalisation, advances in information and communication technology (ICT), and unprecedented access to lethal weapons worldwide. It is often viewed through the lens of religion, and particularly today associated with Islamist violence, yet there are many other forms of extremism, which can be based on race, religious identity, politics and other social issues.

Table 1.1 Definitions of different violence types

Violence type		Definition provided by the World Health Organization
Interpersonal violence	Child maltreatment	Abuse and neglect that occurs to children under 18 years of age. Includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment.
	Intimate partner violence	Behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. This definition covers violence by both current and former spouses and partners.
	Sexual violence	Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.
	Elder maltreatment	A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, emotional, financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.
	Youth violence	Violence that occurs among individuals aged 10–29 years ^a who are unrelated and who may or may not know each other, and generally takes place outside of the home. Examples include bullying, physical assault with or without a weapon, and gang violence.
Collective violence		Instrumental use of violence by people who identify themselves as members of a group, against another group or set of individuals, in order to achieve political, economic or social objectives. Includes violent conflicts between nations and groups, state and group terrorism, rape as a weapon of war, the movements of large numbers of people displaced from their homes, gang warfare (organised violent crime) and mass hooliganism.
Radicalisation		There is currently no internationally recognised definition for radicalisation. Generally, the term is used to refer to the process of movement from mainstream beliefs to extreme views. Radicalisation can occur without developing a willingness to act violently.
Violent extremism		There is currently no internationally agreed definition for violent extremism. For the purpose of this report, the following definition from the Australian Government is used: 'Violent extremism is the beliefs and actions of people who support or use violence to achieve ideological, religious or political goals. This includes terrorism and other forms of politically motivated and communal violence ^b .

^a High rates of perpetration and victimisation nevertheless often extend as far as the 30–35 years age band, and this group of older young adults should be taken into account when trying to understand and prevent youth violence.

^b <https://www.livingsafetogether.gov.au/aboutus/Documents/what-is-violent-extremism.pdf>

Source: WHO, 2002

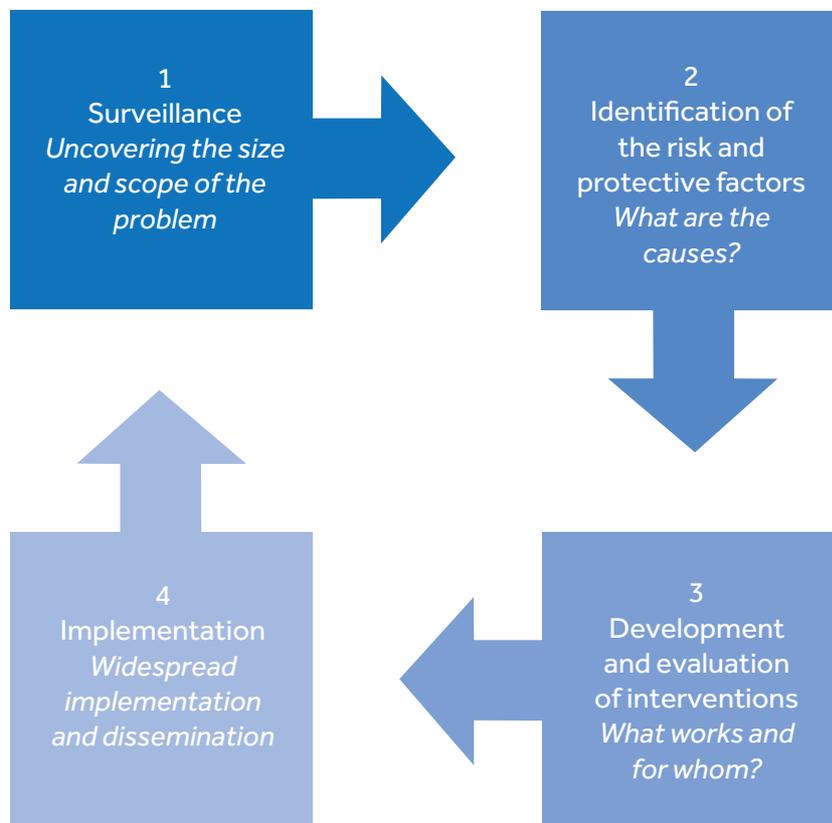
1.4 A public health approach to violence prevention

A number of public health principles are used throughout this document and these are briefly summarised here. A multisectoral and multidisciplinary approach bringing perspectives and assets from health, criminal justice, social, education and other sectors is required for effective violence prevention.

The **primary prevention** focus adopted here is well established for interpersonal violence prevention but less so for RVE (Bhui et al. 2012). The document focuses mainly on preventing the process of radicalisation rather than on de-radicalisation (changing the views of an already radicalised person) or disengagement (removing individuals from active involvement in terrorist group activity without necessarily changing their radical views).

Exploring policy options uses a public health model (see Figure 1.1) that examines risk factors related to violence (see Section 4) and describes tested evidence-based interventions to address them (see Section 5). Risks are considered in an **ecological framework** which traditionally has four levels: the biological factors and personal history of the **individual**; the nature and quality of their **relationships**; the neighbourhood or **community** settings in which these relationships occur; and the social and cultural norms of the **society** in which they live. For the purposes of this document, a fifth level has been added: the **global** level. This reflects the fact that societies and individuals across the world are increasingly interconnected and interdependent through international trade and multinational corporations, migration, planetary health issues (e.g. global warming), and technology and communication. The speed and nature of human interaction have changed, allowing new, and

Figure 1.1 A public health model for violence prevention



Source: Sethi et al., 2013

retaining existing, social relationships at vast distances, increasing cultural exchange and permeation, and exposing inequalities. This global aspect is an important consideration for networks of nations such as the Commonwealth, as it includes concepts and issues not controlled by individual governments and requiring collective responses (see Section 4).

The document includes a **life course approach** recognising how early life experiences (including even those occurring before birth)⁵ have major impacts on children, affecting their neurological, hormonal and immunological development (Anda et al. 2006; Danse and McEwen 2012). These can affect risks of involvement in violence and impact on their health, social and economic prospects throughout adulthood. Children exposed to violence, abuse and neglect are more likely to experience problems with empathy and have a greater propensity for violence themselves (Widom and Wilson 2014; see Section 4.2.1), including later towards their own children. However, the impacts of childhood adversity may be counteracted through, for instance, children having access to an adult who provides feelings of safety and a space where normal development can continue (resilience; see Section 4.2.2). These themes will be reflected throughout this document.

Notes

- 1 Interpersonal violence and collective violence and legal intervention (war).
- 2 Disability-adjusted life years (DALYs).
- 3 Although they may not always be the most recent figures from each country, wherever possible, we have used internationally collated data from reputable sources to describe the extent of each violence type.
- 4 For more information on the prevention of self-directed violence, see http://www.who.int/mental_health/mhgap/evidence/suicide/en/
- 5 Peri-natal maternal mental disorders and behaviours such as substance use or inadequate medical care during pregnancy are associated with prenatal complications, psychological and developmental disturbances in children and increased risk of child maltreatment (Stein et al. 2014).

2. The extent of the problem

Chapter 2 Summary

- More than twice as many lives (408,600 v. 171,300; 2015) are lost because of interpersonal violence as collective violence.
- Global deaths from interpersonal violence are predicted to decline up to 2030, while deaths from collective violence and legal intervention are predicted to rise.
- Four times as many men as women die as a result of homicide each year.
- Over half of all children worldwide have been affected by some form of violence in the last 12 months, amounting to 1 billion 2- to 17-year olds globally.
- Over a third of females aged 15 years and over worldwide have experienced some form of physical and/or sexual violence from either a partner or a non-partner.
- In the majority of countries, fewer than 40 per cent of female victims of intimate partner violence seek any help or support, even from friends and family.
- Globally, around 7.2 per cent of women have suffered non-partner sexual violence in their lifetime.
- Estimates suggest at least 200 million girls and women worldwide have experienced female genital mutilation.
- The Global Slavery Index (GSI 2016) estimates that 45.8 million people worldwide are in some form of modern slavery.
- Global estimates suggest 15.7 per cent of older people suffered some form of abuse worldwide in the past year, equivalent to 141 million victims.
- Over 40 per cent of homicides occur among young people aged 10–24, with an estimated 200,000 violent deaths in this age group each year.
- The Global Terrorism Index (IEP 2016a) identified 29,376 deaths from terrorism across the world in 2015. Private citizens were targeted in one out of every three terrorist attacks.
- An international survey of the wider impacts of violent extremism (CSIS 2016) found that one in four respondents (26 per cent) had been a victim of violent extremism or knew somebody who had.

Violence is a major public health concern that affects the lives of billions of men, women and children across the globe, contributing to death, disease and disability. Of the estimated 580,000 deaths from violence worldwide in 2015, over two thirds were the result of interpersonal violence. However, while global deaths through interpersonal violence are decreasing, those due to collective violence have increased (Figure ES1; GBD 2016a) and are predicted to continue to rise (WHO 2016a). The Armed Conflict Database estimates there were 167,000 deaths from armed conflict in 2015, drawn from 40 active conflicts mainly concentrated in the Middle East and North Africa (IISS 2015). However, more lives were thought to be lost to violence in 2015 in large countries such as Brazil and India, which were not experiencing conflict, than in war-torn countries such as Syria (SAS 2016).

Although violence touches all sections of society, its prevalence is not evenly distributed across countries, regions or demographic factors such as age or gender. Four times as many men as women die as a result of homicide each year (WHO 2014b), increasing to five times among 15- to 29-year olds. The disproportionate burden of violent death on young people is seen across all countries and income levels (Patton et al. 2009; WHO 2014b). Deaths represent the tip of the iceberg of violence and related harms. Figure 2.1 shows examples of different types of violence reported in Commonwealth countries.

2.1 Child maltreatment

Child maltreatment is a global problem that includes physical, emotional and sexual abuse and neglect. The SDGs (see Box 1.2) commit countries to ending all forms of violence against children and eliminating all harmful practices¹, including child marriage and female genital mutilation (FGM). Individuals often experience multiple types of child maltreatment, and evidence increasingly shows greater trauma in those suffering poly-victimisation (Le et al. 2016). Most larger studies of child maltreatment cover North America and Europe and rely on self-reported measures of violence. Such studies identify higher levels than are recorded as cases in health or criminal justice service data, as many events go unreported (Stoltenborough et al. 2014). Incorporating all forms of violence against children, as many as 50 per cent of children may have been affected by some form of violence in the last 12 months², amounting to 1 billion 2- to 17-year olds globally (Hillis et al. 2016; see Figure 2.2).

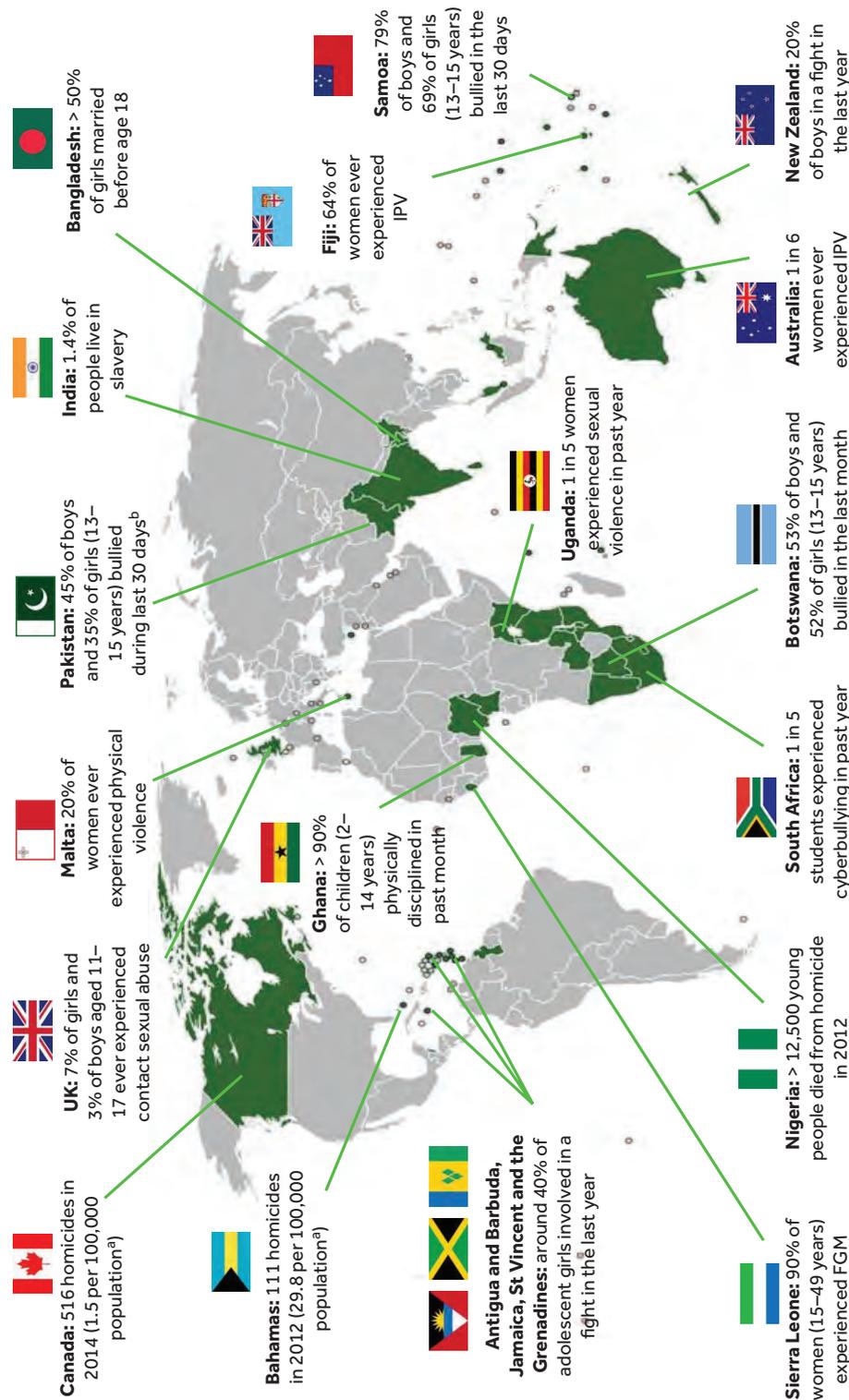
2.1.1 Child homicide

According to UNICEF, almost 95,000 children and adolescents aged 0–19 years die from violence and abuse each year, with as many as 80–90 per cent of these being from low- and middle-income countries (LMICs). El Salvador has the highest rate of homicides among children and adolescents worldwide (27 per 100,000 in 2012) and Nigeria has the highest number, with over 12,500 young people killed in 2012 alone (a rate of 14 per 100,000; UNICEF 2014). Rates of child homicide per 100,000 population for Commonwealth countries are shown in Figure 2.3. Boys account for 60–70 per cent of child homicide victims globally, and adolescents aged 15–19 years are most at risk of violent death, followed by children under five years of age (UNICEF 2014).

Physical abuse, punishment and neglect

The estimated global lifetime prevalence of physical child abuse is 22.6 per cent (Stoltenborough et al. 2013)³. Violent physical discipline is an extremely common form of violence against children in the home. For example, in Ghana,

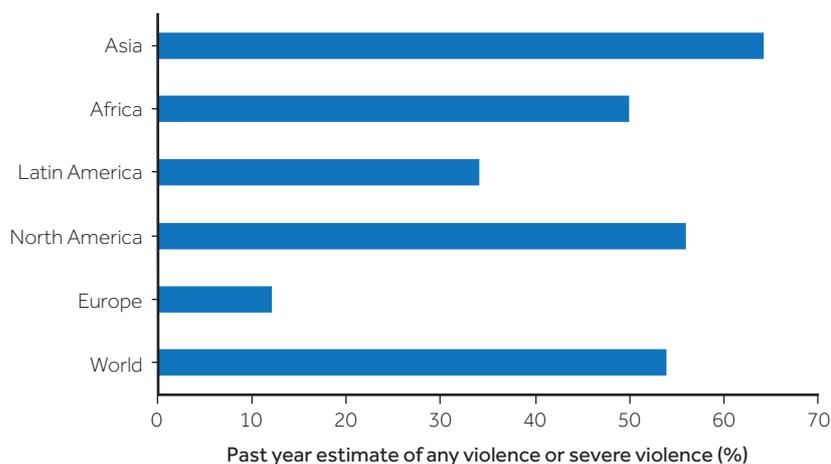
Figure 2.1 Examples of different types of violence reported in selected Commonwealth countries.



Not all Commonwealth countries are included. FGM, female genital mutilation; IPV, intimate partner violence.

Sources: ^aUNODC, 2016b; ^bWHO, 2009c

Figure 2.2 Estimated prevalence of past-year violence against children aged 2–17 years, and estimated numbers of children affected in 2014, by region⁴ (Hillis et al. 2016)



over 90 per cent of children (aged 2–14 years) were reported to have experienced violent discipline in the past month (UNICEF 2014; Figure 2.4). The Canadian Incidence Study of Reported Child Abuse and Neglect in 2008 estimated that there were 18,688 substantiated cases of physical child abuse in the country that year. In almost three quarters of cases, the abuse resulted from attempts to punish a child (Jud and Trocmé 2012). However, corporal (physical) punishment has been found to be no more effective than other forms of discipline in the short term, and is actually associated with poorer child behaviour outcomes, including increased violence and aggression, in the longer term (Gershoff 2010)⁵. Risk of experiencing violent discipline does not differ by gender or by household affluence. Middle childhood (aged 5–9 years) is identified as the period of greatest risk (UNICEF 2014).

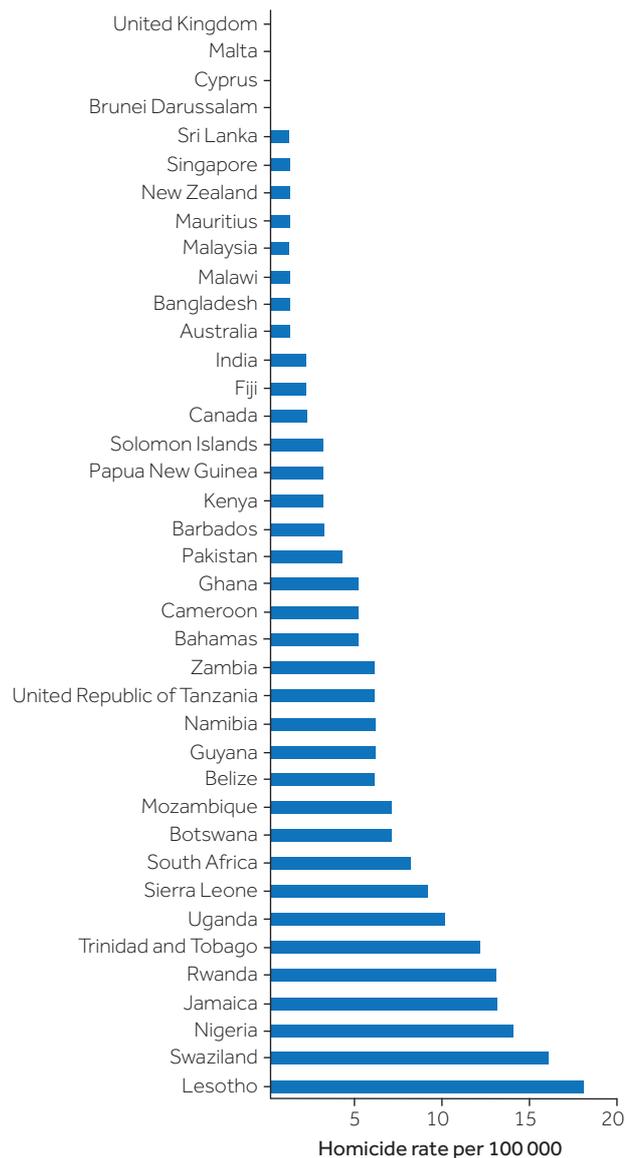
Closely linked with physical abuse is physical neglect, which describes a failure to meet a child's basic needs such as the provision of adequate food, shelter and clothing. Neglect and negligent treatment of children are particularly hard to measure. However, syntheses of this small body of literature suggest that around one in six children worldwide self-report physical neglect (Stoltenborough et al. 2014).

Children in institutional care may be at greater risk of neglect (Johnson et al. 2006; Browne 2009).

2.1.2 Emotional abuse

Estimates indicate that emotional abuse is the most common form of child maltreatment worldwide (Stoltenborough et al. 2014) and often occurs concurrently with other forms of child maltreatment (McGee et al. 1995). In the Violence Against Children Survey (Kenya (2010), Swaziland (2007), the United Republic of Tanzania (2011) and Zimbabwe (2011)) approximately a third of boys and a quarter of girls aged 13–24 reported having experienced emotional abuse from an adult before they were 18 years of age. This included being humiliated, threatened with abandonment or made to feel unwanted (UNICEF 2014).

Figure 2.3 Rates of homicide among 0- to 19-year-olds per 100,000 population for Commonwealth countries, 2012



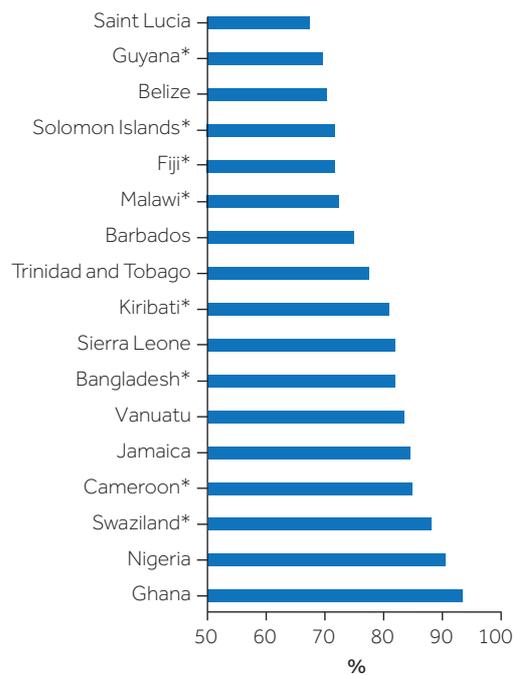
For United Kingdom, Malta, Cyprus and Brunei Darussalam, homicide rates have been rounded to 0.

Source: UNICEF, 2014

2.1.3 Child sexual abuse

Global estimates suggest that around 8 per cent of boys and between 15 and 18 per cent of girls suffer sexual abuse before the age of 18 years (Barth et al. 2012; Stoltenborough et al. 2014). Rates of child sexual abuse appear higher in LMICs, where many girls may be first-time victims of sexual violence before the age of 15 years. In low- and middle-income Commonwealth countries, the proportion of 15- to 19-year-old girls who have ever experienced forced sexual intercourse or other sexual acts varies from 5 per cent in India to 22 per cent in Cameroon (UNICEF 2014). A nationally representative youth survey in the UK found that around 7 per cent of girls and 3 per cent of boys aged 11–17 years reported experiencing some form of contact sexual abuse (as defined by criminal law)⁶ at some point in their lives (Radford et al. 2011). Research from the UK suggests that around a third of child sexual abuse is committed by peers (i.e. other children and young people; Hackett 2014).

Figure 2.4 Percentage of 2- to 14-year-olds in Commonwealth countries experiencing physical discipline in the past month, latest available data⁷



*Data differ from the standard definition or refer to only part of a country.

Source: UNICEF, 2014

2.1.4 Child marriage

Child marriage (describing formal union before the age of 18 years) is a fundamental violation of human rights that can severely limit the opportunities a girl has, particularly in terms of education and development. It is also linked to experiences of domestic violence. Global estimates from 2010 suggest that around a quarter of women aged 20–24 were married before age 18 years of age (UIS 2015). The prevalence of child marriage remains high in Southern Asia and Sub-Saharan Africa, with more than half of girls experiencing child marriage in countries such as Bangladesh and Chad (UNICEF 2014). Of the 36 Commonwealth countries for which data were made available (WHO 2014b), 30 reported having laws against child marriage. Of these countries, 70 per cent suggested that these laws are fully enforced (see also Section 5.1.3, Box 5.3).

2.1.5 Child soldiers

Child soldiers are individuals under the age of 18 who are used for military purposes. Although many are trained to fight, others may perform non-combat roles (e.g. as messengers or informants). Estimates suggest there are more than 300,000 child soldiers worldwide (Singer 2006). During armed conflict, children who are separated from their families may be recruited and abducted by military organisations or non-state armed groups. Children may also choose to join groups voluntarily as a route out of poverty, for protection or for revenge (Santa Barbara 2008). Child soldiers are at great risk of being killed or seriously injured in combat, and may suffer disrupted development and serious psychological and social consequences following exposure to horrific violence (see Section 4.2.1; Box 4.4). Bullying, physical violence and sexual violence may also occur in the military environment.

2.2 Gender-based violence (GBV)

Violence against women and girls is one of the most systematic human rights violations impacting on society, affecting females of all ages, income and education levels. The SDGs commit countries to eliminating all forms of violence against women and girls, including trafficking (see Box 2.1) and sexual and other types of exploitation.

Box 2.1 Modern slavery and human trafficking (SDG 8.7)

Human trafficking is 'the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation' (UNODC 2016a). Sexual exploitation and forced labour are the most commonly detected purposes of human trafficking, but people can be trafficked for many other purposes including forced begging, forced or sham marriages, benefit fraud, organ removal, sale of children and serving as child soldiers (UNODC 2016a).

Worldwide, the number of victims of modern slavery or trafficking is relatively unknown. Estimates from the Global Slavery Index (GSI) in 2016 suggest that 45.8 million people are in some form of modern slavery worldwide⁸. North Korea and Uzbekistan are thought to have the highest prevalence of modern slavery, with rates of 4.37 per cent and 3.97 per cent of the population respectively. According to the GSI, the Commonwealth countries with the highest prevalence include India (1.40 per cent), Pakistan (1.13 per cent) and Malawi (0.67 per cent). Over a quarter of victims are children (UNODC 2016a). Most traffickers are men and most victims of trafficking are women or, increasingly, girls. However, in 2014 men accounted for 21 per cent of all victims and women for 37 per cent of traffickers (UNODC 2016a). The percentage of offenders convicted of trafficking who are women is higher than for other types of crimes (typically 10–15 per cent of offenders are female; UNODC 2014). Illegal trade in humans is believed to produce considerable profits for trafficking agents; it is the second or third largest organised crime enterprise in the world, after illegal drugs and possibly weapons trading, with an estimated value of US\$150 billion per year in illegal profits worldwide (ILO 2014). Annual profits per single victim are thought to be US\$34,800 in developed economies (Cockayne 2015).

Law enforcement and immigration responses to trafficking have received much more attention than the health and social care needs of victims. At each stage of the trafficking process, men, women and children are at risk of psychological, physical and sexual abuse, as well as forced or coerced use of drugs or alcohol, social restrictions, emotional manipulation and economic exploitation. Although a large majority of countries have established a criminal justice framework to deal with trafficking in persons, convictions remain very low (Kangaspunta et al. 2015). Human trafficking is thought to play a growing role in the operations of contemporary terrorist organisations by generating profit, providing fighting power and helping to reduce resistance from communities (through exploiting and displacing community members; Cinar 2010; Shelley 2014).

The availability of data on GBV has increased considerably over the last few decades. Worldwide, over a third (35.6 per cent) of females aged 15 years and over have experienced some form of physical and/or sexual violence from either a partner or a non-partner at some point in their lives (WHO 2013). Strikingly, in the majority of countries, less than 40 per cent of female victims actually seek any help or support, even from friends and family (UN 2015a). The proportion of women in Commonwealth countries experiencing physical violence⁹ at least once in their lifetime ranges from 69 per cent in Fiji (aged 18–64), to less than 20 per cent in Malta (aged 18–74; see Figure ES2). Prevalence of physical violence against women is particularly high in Africa, where almost half of countries report lifetime prevalence over 40 per cent (UN 2015a). Indigenous girls and women appear at greater risk of violence, harmful practices and exploitation. For example, the homicide rate of First Nations, Inuit or Métis women and girls in Canada is 4.5 times that of all other women (RCMP 2014).

2.2.1 Sexual violence

In general, reported prevalence of sexual violence against women is lower than physical violence. However, sexual violence remains highly stigmatised in all settings, resulting in reduced levels of disclosure and a lack of robust data, especially in conflict settings. Based on estimates from studies in 56 countries, it is estimated that 7.2 per cent of women have experienced non-partner sexual violence in their lifetime (Abrahams et al. 2014). Prevalence varies by World Health Organization (WHO) region, from 4.9 per cent in South-East Asia to 11.9 per cent in Africa (WHO 2013). Some of the highest levels of sexual violence are found in Uganda, where one in six women (aged 15–49) reported experiencing sexual violence (irrespective of the perpetrator) in the past 12 months (UN 2015a). However, data availability for physical and sexual violence is higher in Africa than in other developing regions and this may distort direct comparisons. Sexual violence has reportedly been used as a weapon in many wars. For example, it is estimated that over 10,000 women were raped by military personnel during the war in Bosnia and Herzegovina (Ashford and Huet-Vaughn 1997).

Sexual violence experienced by boys and men is a very neglected area of study. In one study of men aged 18–49 years from South Africa, one in ten (9.6 per cent) reported being victims of male-on-male sexual violence at some point in their lives. Men reporting a history of consensual male–male sexual behaviour were more likely to have experienced sexual violence (Dunkle et al. 2013). Sexual violence against men may occur more commonly in armed conflict (e.g. Sivakumaran 2007), but the true extent of such violence remains largely unknown.

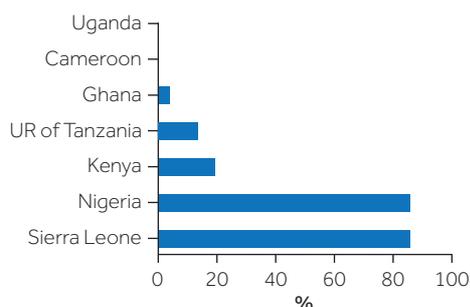
2.2.2 Intimate partner violence (IPV)

Sexual violence and physical violence may be experienced together in intimate relationships. Although it is declining in certain countries (e.g. Uganda, Zambia), IPV remains the most common form of GBV, with 30.0 per cent global lifetime prevalence among ever-partnered women (WHO 2013). Prevalence varies considerably between countries; for example, one in six women in Australia have experienced IPV at least once in their lifetime, whereas in other Oceanic countries this increases to two thirds of women (e.g. Kiribati, 67.6 per cent; Fiji, 64 per cent; UN 2015a). Approximately one in seven homicides globally, and more than one in three homicides of females, are perpetrated by an intimate partner (Stockl et al. 2013).

2.2.3 Female genital mutilation (FGM)

The harmful practice of genital cutting presents a serious threat to the health of millions of women and girls across the world and its elimination is one of the targets of SDG 5 (see Box 1.2). The practice is linked to immediate gynaecological and sexual

Figure 2.5 Percentage of women and girls (15–49 years) who have undergone FGM, Commonwealth countries¹⁰, latest available data



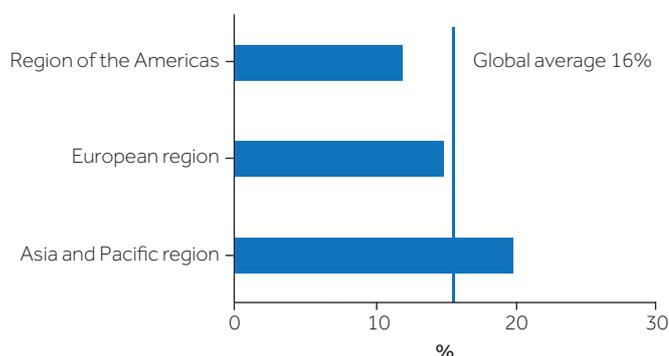
Source: UNICEF, 2016

health complications such as excessive bleeding and urinary tract infections (Berg et al. 2014), and longer-term problems including obstetric consequences (prolonged labour, difficult delivery; Berg and Underland 2013) and psychological effects (Reisel and Creighton 2015). Although prevalence among younger women indicates a decline in this harmful practice, data from 30 countries with representative prevalence data suggest that at least 200 million girls and women worldwide have been cut (UNICEF 2016). However, prevalence varies greatly. In Commonwealth countries included in the data, prevalence ranges from 90 per cent in Sierra Leone to less than 1 per cent in Cameroon and Uganda (Figure 2.5; UNICEF 2016).

2.3 Elder abuse

One of the goals of the SDGs is to ensure healthy lives and promote wellbeing for all at 'all ages' (SDG 3; Box 1.2). However, compared with other forms of interpersonal violence, elder abuse has received less research attention, and gaps persist in our understanding of its prevalence, particularly in LMICs. Combined data from 52 studies in 28 countries suggest that 15.7 per cent of older people suffered some form of abuse¹¹ worldwide in the past year, amounting to an estimated 141 million victims (Yon et al. 2017). Psychological abuse (11.6 per cent)¹² was identified as the most common form of elder abuse. Considerable regional variation was found, with higher prevalence of elder abuse in the Eastern Mediterranean region (Figure 2.6).

Figure 2.6 Estimated prevalence of elder abuse by region (based on data from 52 studies)



Eastern Mediterranean region excluded because of low numbers of studies.

Source: Yon et al., 2017

2.4 Youth violence

The SDGs commit all countries to significantly reducing violence-related death rates. Globally, over 40 per cent of homicides occur among youths aged 10–29, with an estimated 200,000 violent deaths in this age group each year (WHO 2015b). Homicide is the fourth leading cause of mortality in young people aged 10–29 globally (WHO 2015b). The vast majority of violent deaths among young people occur in LMICs and the vast majority of victims are male. Fighting among adolescent peers is a relatively common occurrence across both high-income countries (HICs) and LMICs. Data from the Global School-based Student Health Survey (GSHS) suggest that, on average, 47 per cent of boys and 26 per cent of girls aged 13–15 years report involvement in a physical fight in the past 12 months (WHO 2015a). Across all countries, boys are more likely to report fighting, although data from some Caribbean countries, including Antigua and Barbuda, Jamaica, and St Vincent and the Grenadines, identified four in ten adolescent girls reporting involvement in a physical fight in the past 12 months (UNICEF 2014). A national survey of New Zealand youth found that one in five secondary school boys were involved in serious physical fights in the last 12 months, compared with one in ten girls (Adolescent Health Research Group 2013).

2.4.1 Bullying

Bullying affects young people worldwide. Overall, 42 per cent of boys and 37 per cent of girls aged 13–15 years who responded to the GSHS reported being bullied at some point in the past 30 days (WHO 2015a). The highest level of bullying in Commonwealth countries was found in Samoa (79 per cent of boys, 69 per cent of girls; WHO 2015a; see Figure ES3). Children and young people from sexual minorities and children with disabilities may be particularly vulnerable to being victimised by bullying. Population access to new social media technologies has created an additional mechanism for bullying. The National School Violence Study from South Africa in 2012 found that around one in five students reported having experienced bullying online (cyberbullying) in the last year, including online fighting in which rude or insulting messages were sent via computer or mobile phone, and the posting of messages to damage reputation, threaten, intimidate or embarrass (Burton and Leoschut 2013).

2.4.2 Gang violence

Traditionally, gang activity was considered a localised phenomenon. However, gangs are increasingly found across all parts of the world, operate in an international sphere, and present a global challenge for violence and crime prevention. There are an estimated 2–10 million gang members around the globe (SAS 2010). Gang membership is a key risk factor for violence and victimisation, and gang homicide rates far exceed rates of homicide among the general population (SAS 2010).

2.5 Radicalisation and violent extremism

The Global Terrorism Index (2016), which combines data from 162 countries, identified 29,376 deaths from terrorism across the world in 2015. Although this represents a 10 per cent decrease in the total number of attacks and deaths worldwide compared with the previous year, the total number of countries experiencing one or more terrorist attacks has increased steadily from 51 in 2004, to over 90 in 2014 and 2015. Although recent years have seen high-profile attacks in countries such as Australia, Canada and France, terrorist acts remain largely concentrated in five countries, which account for half of all attacks and around three quarters of all related mortality: Iraq, Nigeria, Afghanistan, Pakistan and Syria.

Figure ES4 shows the impact of terrorism on Commonwealth countries, using the Global Terrorism Index score¹³. In 2015, private citizens were targeted in one out of every three terrorist attacks and accounted for 12,576 fatalities (43 per cent) (IEP 2016a).

The majority of terrorist incidents are the result of domestic terrorism, in which the origin country of the perpetrator, the location of the attack and the nationality of the target are all the same (Kis-Katos et al. 2011). Whereas right-wing extremism was once dominant, Islamic fundamentalism has been an increasing cause of death from terrorism over the past two decades, with more transnational targets and the promotion or inspiration of lone-actor¹⁴ attacks. For example, since 2006, 98 per cent of all deaths from terrorism in the United States have resulted from lone-actor attacks (IEP 2016a). Estimates suggest that between 25,000 and 30,000 foreign fighters travelled to two of the epicentres of terror attacks (Iraq and Syria) between 2011 and 2015, with around half of these travelling from the Middle East and North Africa, and about one in five from Europe (IEP 2016a). However, the impact of violent extremism is much more pervasive. According to the Centre for Strategic and International Studies global violent extremism survey (CSIS 2016)¹⁵, just over a quarter of respondents (26 %) said they had been a victim of violent extremism or knew somebody that had. Religious fundamentalism was considered the largest driving force for violent extremism (53 % of respondents indicated this as the root cause), followed by racism (29 %), poverty (25 %) and military actions by foreign governments (24 %).

Notes

- 1 Harmful practices are forms of violence which are committed in certain communities and societies as an accepted part of cultural practice. They include forced or early marriage, 'honour'-based violence (justified to protect or restore the honour of a family following perceived transgressions) and FGM or cutting.
- 2 Violence exposure measured here includes any one or more of the following: physical violence, emotional violence, sexual violence, bullying, or witnessing violence. Data were collected from a systematic review of population-based surveys.
- 3 Stoltenborough et al. (2013) calculated global lifetime prevalence based on data from 100 studies in 11 publications, published 1986–2007. This covered self-reported prevalence of physical abuse from 9,698,801 participants from non-clinical samples. The studies varied in their definitions of physical abuse (not described).
- 4 The figure for Oceania has been excluded, as no studies were available to estimate violence among 2- to 14-year-olds, so the figure provided (640,000) was based on 15–17 year olds only.
- 5 The term 'corporal punishment' is used here to refer to non-injurious, open-handed hitting with the intention of modifying child behaviour.
- 6 Contact sexual abuse refers to incidents in which an abuser makes physical contact with a child; this includes penetration, sexual touching of any kind, and forcing or encouraging a child to take part in sexual activity. This does not include non-contact abuses such as grooming or exploitation.
- 7 Countries presented here are those that have taken part in the Multiple Indicator Cluster Surveys (MICS), which collect comparable data on women and children.

- 8 Based on data from 25 national surveys; results are then extrapolated to countries that are deemed to have an equivalent risk profile, calculated based on civil and political protections, social, health and economic rights, personal security, and refugees and conflict.
- 9 Physical violence against women includes, but is not limited to, pushing, grabbing, twisting the arm, pulling the hair, slapping, kicking, biting, hitting with the fist or an object, trying to strangle or suffocate, burning or scalding (on purpose), or attacking with a weapon such as a gun or knife.
- 10 Countries presented here are those that have taken part in the Multiple Indicator Cluster Surveys (MICS), which collect comparable data on women and children.
- 11 Includes physical abuse, sexual abuse, psychological abuse, financial abuse and neglect.
- 12 Psychological (or emotional) abuse refers to behaviours that intend to harm an older person's sense of self-worth or wellbeing. This includes name calling, scaring them, embarrassing them, or not allowing them to see friends and family.
- 13 The Global Terrorism Index score measures the impact of terrorism per country, with higher scores indicating greater impact. Scores are based on four indicators weighted over five years. These are number of terrorist incidents per year, number of fatalities caused by terrorists per year, number of injuries caused by terrorists per year, and measure of property damage from terrorist incidents per year.
- 14 A lone actor is an individual who lacks a substantial connection to an organised terrorist or extremist group, and who carries out their operation(s) without the direct assistance of others. Although organised groups do not provide direct command or support in these instances, they may use their propaganda and social networks to purposely inspire or encourage such lone-actor perpetrators.
- 15 $N=8,000$; 18–75 years; from the USA (11 %), UK (10 %), France (15 %), India (33 %), China (13 %), Turkey (39 %), Egypt (33 %) and Indonesia (57 %).

3. Understanding the broader impacts of violence

Chapter 3 Summary

- Violence is a frequent cause of physical injury or disability, problems with reproductive health, poor mental health and increased risk of communicable diseases including human immunodeficiency virus (HIV). In the most severe cases, violence can be fatal.
- Experiencing violence in childhood can have wide-ranging impacts across the life course, leading to antisocial behaviour, poor educational and employment outcomes and the development of chronic diseases some 10 to 15 years earlier than in those whose childhood was safe and nurturing.
- Treating both the immediate physical injuries and longer-term consequences of violence places major burdens on health services, with violence-related healthcare costs in England and Wales alone estimated at £3 billion per year.
- Staff in health services, particularly those in conflict areas, can be exposed to violence at work. In 2014/15 almost 600 attacks on healthcare facilities were reported worldwide, resulting in almost 1,000 deaths and over 1,500 injuries.
- In 2015, violence was estimated to have cost the global economy US\$13.6 trillion: 13.3 per cent of the global productivity. Across the Commonwealth this percentage would represent economic costs from violence of around \$1.4 trillion per year.
- Costs of violence include health, social welfare and legal and justice costs, as well as damage to businesses and the local economy. In Jamaica alone, an estimated US\$529 million is spent on fighting youth crime each year.
- Violence is considered one of the largest barriers to economic development in LMICs. Conversely, preventing violence increases economic development, with a 1 per cent decrease in homicides linked to a 0.07–0.29 per cent increase in gross domestic product (GDP).
- The global economic impact of terrorism alone was estimated to be US\$89.6 billion in 2015.

Violence destroys families and communities and can create instability that has a lasting impact for generations through institutional and social fragility. While the brutality of war or other forms of collective violence is unmistakable, experiencing interpersonal violence can also have substantial, immediate and long-term negative impacts on individuals and their families that may be less visible, affecting health, social and economic prospects over the entire life course. The burden that violence places on public resources and services, and the reduced economic investment in affected areas, has considerable impact on sustainable development and consequently contributes to risks of further violence in future years. Like many public health threats, **violence is infectious** and being a victim of violence increases the risk of experiencing or perpetrating violence.

3.1 Direct physical health consequences

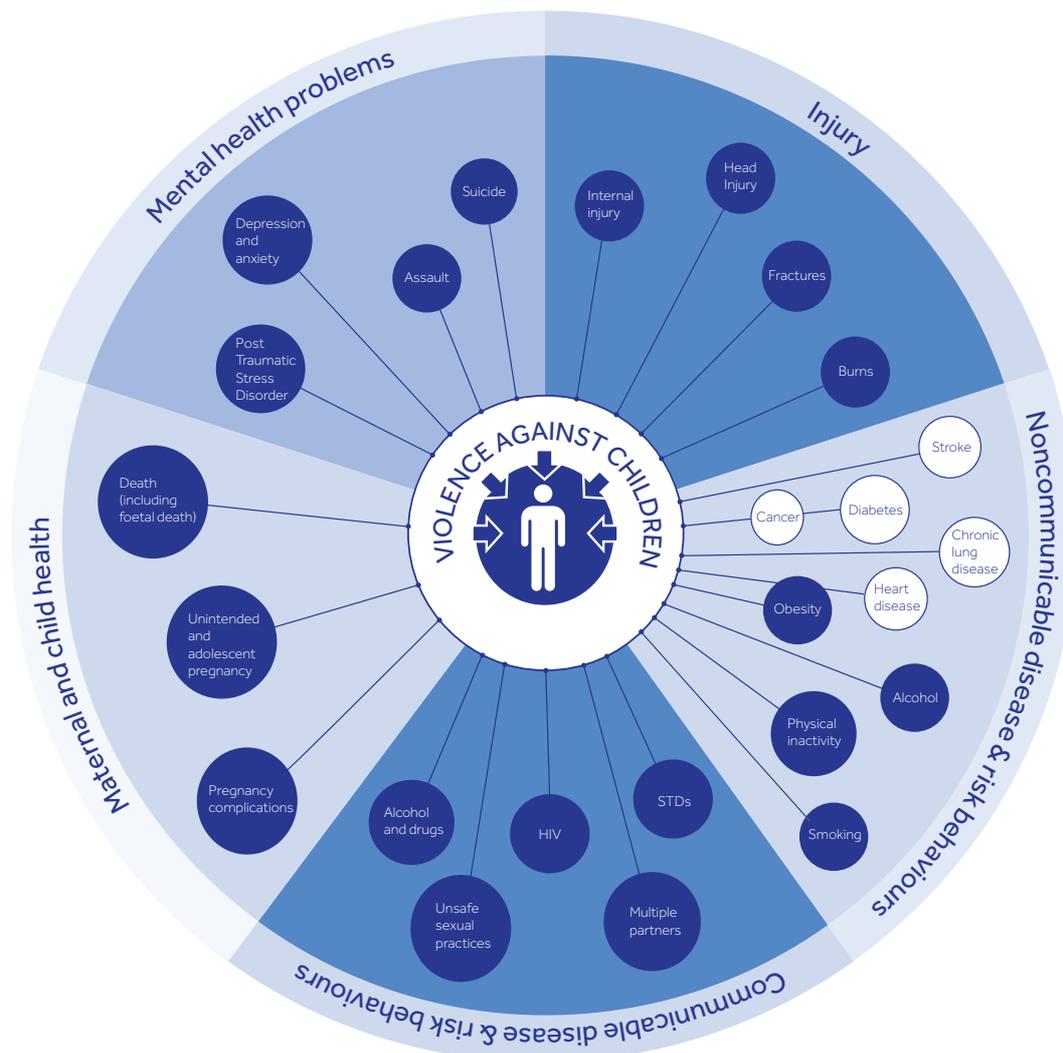
Violence can cause significant physical injury (e.g. lacerations, bruises, fractures), leave individuals with permanent disabilities (including brain damage, amputations or paralysis), and in the most severe cases be fatal. Globally, in 2015, interpersonal violence was estimated to have caused around 409,000 deaths and the loss of over 20 million years of healthy life¹, with collective violence and war estimated to have caused more than 171,000 deaths and the loss of 12 million years of healthy life (GBD 2016a; GBD 2016b). Beyond injuries sustained during war or in the immediate aftermath, its repercussions can leave lasting threats to life and psychological damage for decades. For example, in Cambodia in the 1990s, approximately 1 in 236 people were amputees as a result of a landmine explosion (Stover et al. 1994). For women, violence is also linked to higher rates of sexual and reproductive health problems.

In the WHO multi-country study on domestic violence, between 19 per cent (Ethiopia) and 55 per cent (Peru) of female victims of physical IPV reported being injured as a result (WHO 2005). Health consequences of sexual violence include genital injury, chronic pelvic pain and urinary tract infections, as well as complications during childbirth. Sexual and physical violence is also associated with higher risks of infectious diseases (e.g. sexually transmitted infections and HIV; Allsworth et al. 2009; Machtinger et al. 2012). Children, older persons and other vulnerable groups who suffer from neglect may experience harms to health from malnourishment, or failure to receive appropriate medical care (e.g. immunisations for children; Stockwell et al. 2008).

3.2 Life course impacts on health

Violence in childhood is a chronic stressor, the experience of which can result in children becoming physiologically adapted to expecting violence and associated trauma throughout the rest of their lives (Figure 3.1). This heightened state of readiness for violence can affect the balance of the body's regulatory systems (e.g. expediting inflammation; Danese and McEwan 2012) and increase the risk in later life of non-communicable diseases (NCDs) such as cancer, stroke, diabetes and heart disease (Felitti et al. 1998; Brown et al. 2010; Bellis et al. 2015a; see Figure ES5): collectively, the single leading cause of mortality in both HICs and LMICs (GBD 2016a).

Strong evidence for these life course impacts comes from the study of **adverse childhood experiences** (ACEs; see also Section 4.2.1). For example, individuals who are exposed to violence, abuse and other major household stressors during childhood may develop chronic diseases² some 10 to 15 years earlier than those with no such adversities (Bellis et al. 2015a; Ashton et al. 2016). ACEs appear to have a cumulative impact on health; the more ACEs children are exposed to while growing up, the greater their risks of a wide range of health-harming behaviours and conditions in

Figure 3.1 Potential impacts of experiencing violence in childhood

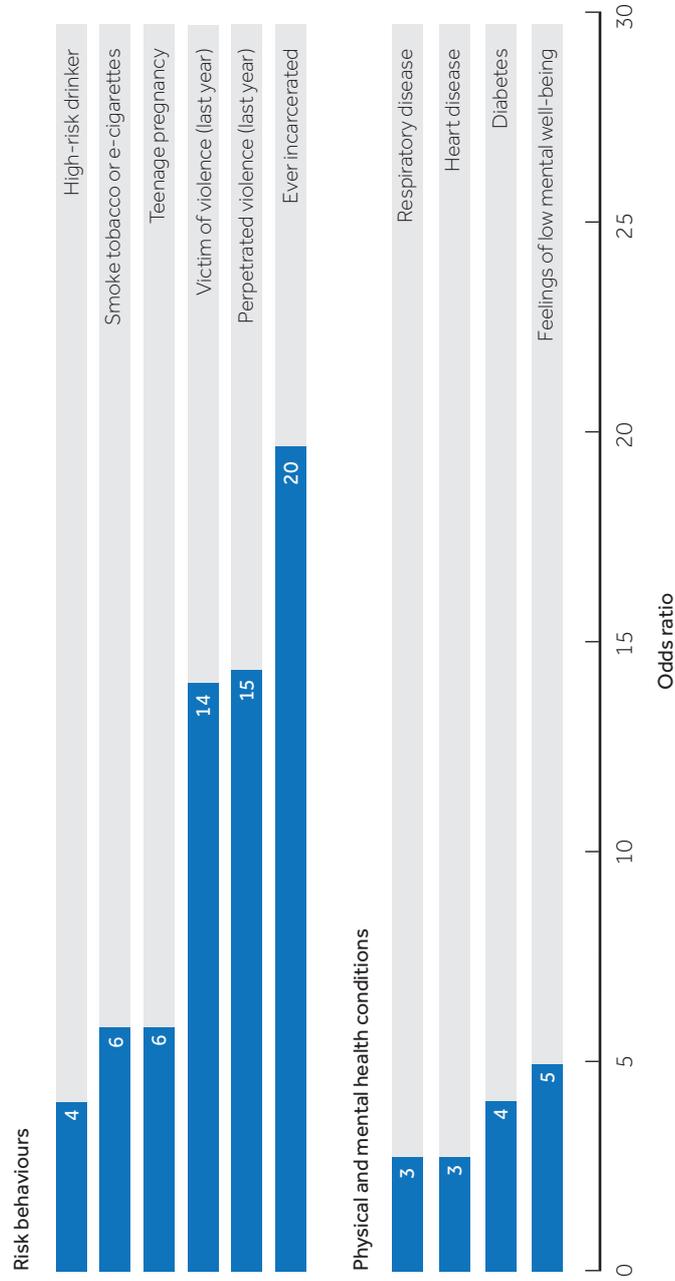
Direct effect = black circles; direct and indirect effect due to adoption of high-risk behaviour = white circles.

Source: Based on Butchart et al., 2016

adulthood (see Figure 3.2). Relationships between ACEs and poor health outcomes have also been identified in countries including Canada, New Zealand, Nigeria, Sri Lanka and South Africa (Danese et al. 2009; Chartier et al. 2010; Jewkes et al. 2010; Oladeji et al. 2010; Fonseka et al. 2015).

Exposure to violence can also adversely affect mental health and wellbeing, including through depression, anxiety, behavioural problems, post-traumatic stress disorder (PTSD), self-harm and attempted suicide (Fowler et al. 2009; Kessler et al. 2010; Hughes et al. 2016). Perpetrators of violence may also suffer PTSD as a result of their own violent behaviour (Smid et al. 2009). Suffering child maltreatment and lower mental wellbeing are both associated with the adoption of coping or self-medicating behaviours including alcohol and drug abuse, poor diet, smoking and sexual risk taking (Clark et al. 2010; Bellis et al. 2014b). A study of adolescents from eight African countries³ found that being a victim of bullying was closely related to increased alcohol and drug use, and risky sexual behaviour (Brown et al. 2008). In England, 17 per cent of PTSDs, 10 per cent of common mental disorders, 10 per cent of drug dependence disorders and 7 per cent of alcohol dependence disorders have been attributed to childhood sexual abuse (Jonas et al. 2011).

Figure 3.2 Increased likelihood of engaging in risk behaviours and experiencing physical and mental health conditions among adults in Wales (UK) with four or more adverse childhood experiences (ACEs) compared with those with no ACEs



A value of 4 means the chances of someone being, for instance, a high-risk drinker as an adult are four times as high in someone with four or more ACEs as in someone who suffered no ACEs in their childhood.

Source: Ashton et al., 2016; Bellis et al., 2015b

3.3 Impact of violence on health services

Violence places a major burden on health services in treating both the immediate physical injuries incurred by victims and the longer-term consequences of exposure to violence, including mental illness, substance abuse, and communicable and non-communicable disease. In England and Wales, for example, treating the direct physical and mental health consequences of violence was estimated to have cost the health service almost £3 billion in the year 2008/09 (Bellis et al. 2012). However, the true burden of violence on health services is likely to be much greater through violence-related increases in health-harming behaviours and development of NCDs, and resulting GP, emergency department and hospital use (Chartier et al. 2010; Ashton et al. 2016).

Staff in health services, particularly mental health and emergency medicine, can also be exposed to violence at work, with those in conflict zones potentially risking their lives on a daily basis (Roche et al. 2010; Taylor and Rew 2010; Bigham et al. 2014). Over a two-year period (2014–2015) in 19 countries with emergencies, almost 600 attacks on healthcare facilities were recorded, resulting in almost 1,000 deaths and over 1,500 injuries (WHO 2016b). Around two thirds were thought to have deliberately targeted healthcare through the assault, killing and kidnapping of healthcare workers and damage and destruction of healthcare facilities. As well as preventing the immediate delivery of care, such attacks can destroy health infrastructure and threaten the provision of universal healthcare (SDG 3; Herbermann and Fleck 2017). High levels of violence and conflict in regions can lead to difficulties recruiting and retaining health staff and contribute to migration of trained staff to other countries.

3.4 Wider economic consequences of violence

Violence imposes major costs on victims and their families, public services and wider communities. In 2015, violence is estimated to have cost the global economy US\$13.6 trillion: 13.3 per cent of global productivity (IEP 2016b). Across the Commonwealth this percentage would represent economic costs from violence of around \$1.4 trillion per year. Costs include medical costs; costs associated with personal security or moving and setting up a new home; expenses incurred travelling to specialist services; and loss of future earnings. Social welfare costs (e.g. housing, child protection) may be incurred for services supporting victims. Within some legal systems, victims may be required to self-fund legal proceedings. Perpetrators and public services incur costs related to probation, detention and incarceration. Box 3.1 provides examples of the costs of different types of violence at country or regional level. Such costs are not available for many countries and regions.

Collective violence can be particularly damaging to local businesses and the local economy, with the potential destruction of goods (e.g. livestock), property and infrastructure. Instability in an area is likely to have an impact on its ability to attract trade and tourism. The global economic impact of terrorism alone in 2015 was estimated to be US\$89.6 billion (IEP 2016a).

Figures from the World Bank estimate that violence is one of the largest barriers to economic development in LMIC countries (World Bank 2017). For example, civil war reduces economic growth by 2.3 per cent per year (Dunne and Tian 2014), and a 1.00 point decrease in homicide rates per 100,000 persons is associated with a 0.07–0.29 percentage point increase in GDP per capita over the following five years (World Bank 2006).

Box 3.1 Examples of studies measuring the costs of violence

- Child maltreatment in countries in East Asia and the Pacific⁴ is estimated to cost up to US\$194 billion a year (in 2012 values), equivalent to 2 per cent of the region's GDP (Fang et al. 2015).
- In South Africa, violence against children was estimated to have cost the economy over R238 billion (South African rand) in 2015 (Fang et al. 2016).
- Total lifetime economic burden from new cases of child maltreatment in the USA in 2008 was estimated at US\$124 billion (Fang et al. 2012).
- Gender-based violence was estimated to cost the UK €32.5 billion in 2012, including €4.7 billion in criminal justice costs and €4.2 billion in lost economic output (Walby and Olive 2014).
- The International Centre for Research on Women (2009) estimated that hospitals in Uganda spend US\$1.2 million per year to treat female victims of violence.
- In Jamaica, it is estimated that US\$529 million is spent on fighting youth crime each year. This includes not only direct private and public expenditure, but also losses in potential investment (US\$4.3 million) and tourism (US\$95 million), that are directed elsewhere through fears related to widespread gang-related homicide and youth violence (UNDP 2012).
- A single homicide is estimated to cost the US criminal justice system US\$392,352 in police protection, legal and adjudication, and corrections costs (McCollister et al. 2010). However, this is vastly overshadowed by the staggering victim costs, and the total estimated cost of the average murder is \$17.25 million (in 2008 values) (DeLisi et al. 2010).

3.5 Social impacts of violence on public health

Being a victim of violence can affect a person's self esteem and their ability to trust others. This can lead to difficulties developing and maintaining close personal relationships, resulting in potential social isolation or exclusion. At a community level, fear relating to violence damages wider social cohesion, and collective violence may contribute to marginalisation and fractionalisation.

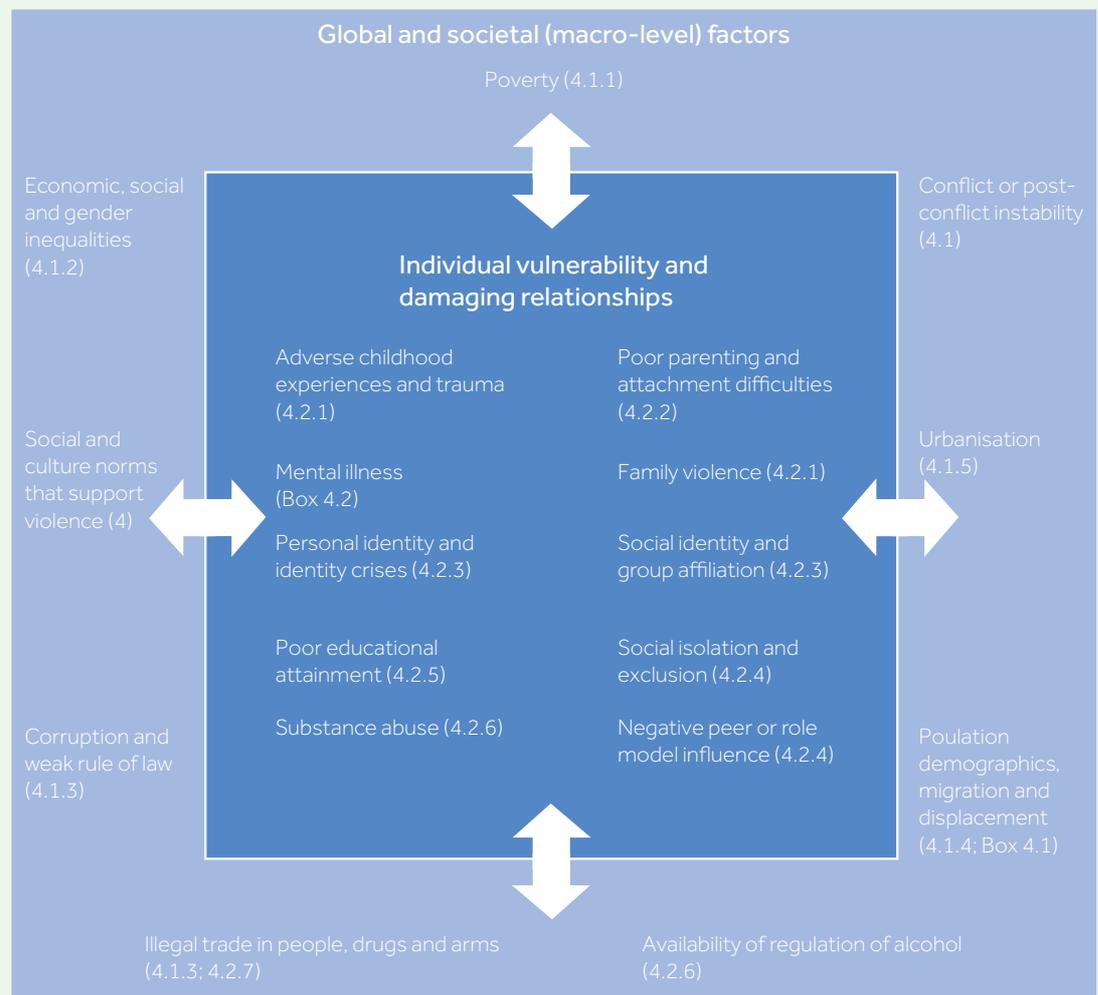
Violence also has a considerable impact on individuals' life prospects. Children and young people who suffer from violence are at increased risk of absenteeism or academic failure (WHO 2015b), and consequently are at greater risk of unemployment and reduced earning potential (Currie and Widom 2010). In cultures in which violence against women and girls is more systemic, family or school-related violence may result in human rights violations including a girl's right to education or her ability to exercise reproductive rights.

Notes

- 1 Disability-adjusted life years (DALYs); incorporating years of life lost because of premature mortality and years lived with disability (non-fatal health loss).
- 2 The study looked at individuals who had been diagnosed with one or more of the following diseases: cancer; cardiovascular disease; type 2 diabetes; stroke; respiratory disease; and liver or digestive disease.
- 3 Kenya, Namibia, Morocco, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.
- 4 Including the following countries: (low income) Cambodia, Democratic People's Republic of Korea, Myanmar; (lower middle income) Fiji, Indonesia, Kiribati, Lao People's Democratic Republic, Republic of the Marshall Islands, Mongolia, Nauru, Papua New Guinea, Philippines, Samoa, Solomon Islands, Tonga, Vanuatu, Vietnam; (upper middle income) China, Cook Islands, Niue, Palau, Thailand, Tuvalu; (high income) Brunei Darussalam, Japan, Republic of Korea, Malaysia, Federal State of Micronesia, Singapore.

4. Risk factors for violence

Chapter 4 Summary: Key cross-cutting risk factors for violence (with section numbers)



Global and societal factors interact with the vulnerabilities experienced by individuals and are affected by relationships to influence propensity for violence in individuals and communities.

Preventing violence requires understanding of what makes a person or group of people more likely to become a perpetrator or a victim, i.e. the risk factors. Such knowledge should inform the design, delivery and sustainability of services and programmes. The types of violence outlined in Section 1 share many risk factors. In some cases, one type of violence acts as a risk factor for others. For example, experiencing child maltreatment is a risk factor for perpetration of both youth violence and GBV or IPV in later life (Sethi et al. 2010). Traditionally, there is a poorly established interface between risk factors for interpersonal and collective violence. This is in part because frameworks around violence have been developed in HICs,

where these issues have largely been viewed separately. However, there are many commonalities between the political or social landscapes that permit interpersonal violence and are also unable to stem developing collective conflicts. While research provides a detailed picture of the risk factors for interpersonal and collective violence, less is known about those for RVE. Whether or not there is any form of 'profile' for violent extremists continues to divide opinion (Christmann 2012; Beardsley and Beech 2013; Aly et al. 2014; Borum 2014), and the factors that drive this type of violence can vary depending upon the ideology on which it is based and the context in which that ideology exists (Kis-Katos et al. 2014).

Risk factors for violence are often described using an ecological model that shows the interaction between factors affecting people at individual, relationship, community and society levels (see Section 1.4). The effects of certain risk factors can be considered at multiple levels of this model, including the overarching global level. For example, an individual's risk of interpersonal violence may increase with their personal alcohol consumption – an individual trait. Yet alcohol consumption is also a relationship-level risk factor (e.g. through a partner or family member's drinking) and is strongly affected by community (e.g. high concentration of alcohol outlets), societal (e.g. alcohol laws, taxation) and global (e.g. alcohol industry strategies, trade regulations) factors. Measures to address risk factors for violence require attention at multiple levels. In general, the more risk factors a person has or is exposed to, the more likely it is that they will experience violence as either a victim or a perpetrator.

This section discusses some of the key risk factors for violence, addressing links between interpersonal, collective and extremist violence. It considers enabling factors within the social, political and economic landscapes before discussing factors that may make individuals more vulnerable or resilient to involvement in violence in these different contexts.

4.1 Macro-social and structural risk factors for violence: the global and societal levels

4.1.1 Poverty and socio-economic deprivation

The probability of violent conflict is higher when a country faces low socio-economic status, low economic growth and, critically, unequal income distribution. Poverty and economic decline have been related to both interpersonal violence (WHO 2004) and the development of major conflicts (Miguel 2007). Poverty refers to more than just income and indicators such as child mortality rates, and child and adult malnutrition rates, have also been linked to the onset of armed conflict (Pinstrup-Andersen and Shimokawa 2008). Socio-economic deprivation in a community is related to higher levels of violence and recruitment into gangs and other organised crime groups (Dowdney 2005; Long et al. 2016). Where there is a scarcity of natural resources, allocation of land and water and competition for limited resources can fuel tension between neighbouring individuals or communities, resulting in low-level conflict which can spark major violence and risk wide-scale destabilisation (Murdoch and Sandler 2002). For example, evidence has linked levels of rainfall with the likelihood of armed political conflict in Sub-Saharan Africa (Miguel 2007). Resource scarcity can drive migration and a subsequent rise in concentrated urban populations, both of which are related to increased levels of violence (see Section 4.1.5). People living in poverty may be more likely to take risks, such as engaging in violence, as they perceive that they have less to lose from conflict, or need to protect themselves in insecure environments. Poverty and lack of livelihood opportunities also increase vulnerability to modern slavery (see Box 2.1).

The relationship between poverty and violence is circular: high levels of violence further exacerbate poverty and are a major deterrent to economic development. Collective violence and terrorism can have a direct and profound effect on economic outcomes through their negative impacts on trade and capital flows (Abadie and Gardeazabal 2008; Enders and Olson 2012), and on attracting and retaining economically active people in a given area (Behar 2006). The health and psycho-social consequences of violence provide further barriers to development through their impact on the wellbeing and prosperity of people and organisations. Therefore, violence reduction is a necessary objective in pursuit of the SDGs such as good health and wellbeing (SDG 3), and decent work and economic growth (SDG 8; see Box 1.2).

The relationships between poverty and violent extremism are less clear. Lack of consensus on these relationships is in part due to how activity is analysed, i.e. whether the focus is on the location in which terrorism occurs or by whom the attacks are perpetrated. Analyses of terrorism databases suggest that countries with lower levels of economic development see a greater number of attacks perpetrated by their citizens (perpetrator studies; Gassebner and Luechinger 2011). However, location studies reveal that fewer terrorist attacks occur in countries with higher infant mortality rates, suggesting that terrorism is not simply rooted in poverty. Studies suggest that lack of economic opportunity, rather than lack of material resources, may be an important factor contributing to terrorism. Higher levels of terrorism have also been found in countries that restrict economic freedom (Gassebner and Leuchinger 2011). Conversely, right-wing extremist violence appears to be concentrated in rich countries (Kis-Katos et al. 2011).

4.1.2 Inequality

Societies that are unequal suffer a range of poorer health and social outcomes, from poorer mental health and higher obesity to increased school bullying, homicides and domestic terror events (Wilkinson and Pickett 2009; Ezcurra and Palacios 2016). The negative impacts of inequality have been demonstrated in a variety of settings, including both HICs and LMICs. It is estimated that, by reducing inequality to the average of other OECD countries, the UK could save £39 billion per year in expenditure on physical and mental illness, violence and imprisonment (Equality Trust 2014).

Inequality is socially divisive and creates barriers between people and communities, based on a person's gender, where they live or other demographic characteristics such as their ethnicity or religion. Unequal distribution of resources and wealth creates tension between those that have and those that do not, resulting in resentment, conflict and violent crime. Social and structural inequalities enable exploitation and discrimination against minority groups. Those that do experience opportunity and power may oppress, threaten and assault those deemed to have less power (see Section 4.1.3), for example through modern slavery. Individuals or groups that are denied access to economic, political and other opportunities and therefore feel unable to explore legitimate avenues to address inequality may see violence as the only viable means of action. Even when they are granted such opportunities themselves, inequalities experienced by previous generations may continue to drive such behaviour in present populations.

Experiences of discrimination and perceived injustice contribute to emotional vulnerability, dissatisfaction and moral outrage (Sageman 2008), with personal grievances or crises allowing a 'cognitive opening' that makes a person receptive to new ideas (Wiktorowicz 2005). Such grievances can be harnessed by influential figures with whom individuals can identify. Faith, ethnicity or other cultural differences

may unite people who seek change and convert others to their cause. Thus, inequality can strengthen a sense of identity along lines of ethnicity and religion, generating group grievances and facilitating conflict (Stewart 2002). Under certain conditions, people who experience discrimination and perceive relative deprivation (i.e. feel they are worse off than others) may then be motivated to act violently to improve their group's status (Moghaddam 2005). A gap between a sense of entitlement and actual possibilities of achievement can therefore play a role in radicalisation.

The unprecedented level of global connectivity facilitated by ICT and social media arguably makes people more aware of the opportunities and resources that others have, increasing the likelihood of social comparison. Misrepresentation of different minority or marginalised groups in an increasingly global media (Goli and Rezaei 2010), as well as within foreign policy, has also been highlighted as potentially contributing to individuals' feelings of inequality, discrimination or injustice.

Gender inequality

Gender norms within society shape the different roles of men and women, and differences in gender roles and behaviours create unequal power relations and drive inequalities. These inequalities may be in rights, opportunities, responsibilities or access to resources, and gender biases may be reflected in the way that organisations are structured, services are delivered, or programmes are implemented.

GBV is a manifestation of gender inequality. Many cultures have traditional beliefs that assert a man's authority over a woman, making women and girls vulnerable to physical, emotional and sexual violence. Countries with higher gender inequalities¹ have higher levels of physical and sexual IPV reported in population surveys (Heise and Kotsadam 2015), and beliefs about male sexual entitlement have been linked to non-partner sexual violence across many countries (Jewkes et al. 2012). Gender inequalities also contribute to inequities in access to healthcare (with males restricting access by their partners) and hinder help-seeking behaviour when a woman is victimised (Langer et al. 2015). The control of women's sexuality in many societies leads to forced marriage, commercial sexual exploitation and honour-based killings. While gender inequality is a determinant of violence against women, consequences of violence (including collective violence) also fall most heavily on women and children (WHO 2014b). The survival and development of all children (girls and boys) is suggested to be strongly related to the status of women in society (Heaton 2015).

4.1.3 Corruption and weak rule of law

The term 'corruption' is used to refer to a range of social practices, but typically describes the abuse of public resources or the illegitimate use of political influence. Judicial and political corruption may have an impact on all forms of violence. In countries where corruption is common, resulting inequalities and divisions in society mean that high levels of violence are often observed (USIP 2010; Morris 2013). Corrupt governments use violence directly to achieve their aims, and a lack of democratic processes can lead to fundamental violations of human rights, such as torture or imprisonment. Corruption has also been linked to an increase in violence through illegal trade in drugs, arms and people (Dube et al. 2013; Morris 2013; Shirk and Wallman 2015). For example, a study in Brazil found that corruption was a causal factor in 71 per cent of examined cases of domestic and international human trafficking in and from Brazil (Cirineo 2010).

If justice and security institutions are weak or corrupted, people can face discrimination when interacting with these systems and lose faith in the state's ability to uphold the rule of law and protect them from harm. The absence of law

enforcement, or the presence of police violence and misconduct, leads to greater fractionalisation of marginalised communities (social exclusion), further reducing public compliance with the law and increasing the risk of violence and other crime (Kane 2005). High military expenditures may also contribute to uneven or stunted economic development and a decline in public services (e.g. reduced spending on health and education). Insecurity ultimately affects local and national growth, as governmental resources are diverted away from meaningful and sustainable development endeavours.

Over 90 per cent of all terrorism attacks between 1989 and 2014 occurred in countries experiencing violent political terror, e.g. state-sanctioned killings, torture and political imprisonment (IEP 2016a). Broader internal conflict appears to be a driver for extremist and other forms of violence. Levels of corruption were found to correlate with higher levels of terrorism in non-OECD² countries, and lower levels of terrorism are found in countries that have stronger and more impartial legal systems (Gassebner and Luechinger 2011).

4.1.4 Population demographics

Violence tends to occur more often where there are growing youth populations. Because of relatively high fertility rates but increasingly low infant mortality rates, young people are becoming increasingly prominent in societies and currently make up around a quarter of the population in developing countries and over a third of the population in certain countries in Asia and Sub-Saharan Africa (Commonwealth 2016). Although there is no clear agreement on any causal relationships between large youth populations and violence and conflict, the associations are clear both historically and in modern times (Bricker and Foley 2013). For example, countries with a higher proportion of young people tend to have a lower level of internal peace³ (Commonwealth 2016). The risk of internal violent conflict is higher when such a 'youth bulge' coincides with periods of economic decline and exclusion from political participation (Barakat et al. 2010).

Growing numbers of young people in a population may be uneducated and experience challenges seeking meaningful employment, both of which can lead to feelings of disaffection. They can experience a lack of economic, social or political opportunity, and may be disproportionately affected by declines in public services. This discontent has been linked to recruitment into rebel forces (e.g. in Liberia, Sierra Leone and Sri Lanka; De Jong 2010) and, when legitimate income-earning options are scarce, lucrative opportunities for looting, mining and smuggling may be open to groups that can arm themselves, particularly in developing societies (Miguel 2007). However, no clear relationships have been identified between large youth populations and violent extremist acts (Urdal 2006; Gassebner and Luechinger 2011). Limited opportunities alone do not explain why young people may turn to violent extremism, with increasing evidence that this form of violence is perpetrated by individuals from a range of socio-economic backgrounds. Issues of identity and a sense of belonging are likely to be important in the radicalisation of young people (see Section 4.2.3).

4.1.5 Urbanisation

Over half of the world's population now lives in urban centres, with this figure expected to continue to rise (UN 2015b). This urban growth is not just a feature of HICs, but is occurring in the expanding cities and slums of developing countries (Patel and Burkle 2012). Climate change, conflict (see Box 4.1) and economic failures can drive the movement of people into already densely populated areas. Although urbanisation brings the possibility of greater access to jobs, goods and services, it has also been linked to increasing challenges for conflict, violence and security as

it creates conditions of disparities in standards of living. In 2014, 30 per cent of the global urban population lived in slum-like conditions, rising in Sub-Saharan Africa to 55 per cent (UN-HABITAT 2016). A positive association has been found between urbanisation and terrorism (Gassebner and Luechinger 2011), suggesting that cities offer more targets for violent extremist attacks.

Although the relationship between total population size and density is not consistently correlated with violence, the rate of growth may be an important factor contributing to extreme poverty, inequities and conflict over basic essential resources (World Bank 2011). As well as placing huge burdens on infrastructure such as water, sanitation and healthcare for service basic needs, rapid growth also limits the capacity of systems for crime prevention and prosecution. Affluence and poverty are often side by side in cities, highlighting inequalities which may foster resentment and associated stress. Ease of access to weapons and poor rule of law can make it easier for disputes to turn violent in these contexts (see Section 4.1.3). Gangs may provide opportunities for physical, social and economic mobility that are otherwise (perceived to be) lacking in urban environments (Dowdney 2005; Kurtenbach 2009). People living in fast-growing urban environments may also experience disruptions to their kin and social support networks, similar to the social upheaval facing those who are forcibly displaced (see Box 4.1). However, this may not be the case in all countries or contexts. In Brazil, high levels of social cohesion were found in poor urban settlements, possibly because inhabitants organised to prevent governments from removing them and depended on each other to survive in the informal sector (e.g. to secure jobs or build homes; Villareal and Silva 2006). People may also be united by shared histories of migration.

Box 4.1 Migration and forced displacement

Global estimates suggest that 65.3 million people were forcibly displaced as a result of persecution, conflict, violence or human rights violations in 2015 – 24 persons for every minute of every day during that year (UNHCR 2016). Of these, 40.8 million were internally displaced and 21.3 million, half of whom were children, were living as refugees worldwide. The number of unaccompanied or separated children also reached record highs in 2015, with 98,400 children in 78 countries. Conflicts in Syria and Iraq have contributed significantly to the rising numbers of displaced people (UNHCR 2016).

In addition to the trauma and persecution these individuals may have left behind (see Section 4.2.1), there are many other factors that may endanger them. They may have sought protection in countries where their specific needs cannot be met, and resettlement can present problems of integration and acculturation. Groups traditionally considered 'rivals' may be forced to co-habit in settings such as managed camps, self-settlements or reception centres. Social upheaval and reduced cultural connections disrupt traditional norms, potentially making violence more acceptable in these contexts (Kurtenbach 2009). For example, evidence suggests a high prevalence of GBV in refugee camps, with one in five women experiencing some form of violence or abuse (Vu et al. 2014). People fleeing conflict or persecution can be vulnerable to exploitation by traffickers, while trafficking flows can be directed into areas of conflict for forced labour, sexual slavery, marriage or the recruitment of child soldiers.

4.2 Individual vulnerability and resilience across the life course

Many individuals experience the social, economic and political features described in Section 4.1, but not all subsequently perpetrate, or become a victim of, violence. Differences between individuals within the same societies introduce additional layers of risk. People who commit acts of violence often have personal and family histories that are characterised by instability, such as dysfunctional family backgrounds, experiences of family violence, delinquency, diagnoses of mental illness (see Box 4.2), other neuropsychological problems (e.g. personality disorders or learning difficulties), or the misuse or abuse of substances. The impact of these features on individuals'

Box 4.2 Mental health and violence

Media coverage of high-profile violent attacks such as mass shootings often attributes them to some form of psychiatric condition (McGinty et al. 2014). Risk of violent crime appears increased in individuals with depression (Fazel et al. 2015) and estimates suggest that around 10 per cent of patients with schizophrenia or other psychotic disorders behave violently, compared with <2 per cent of the general population (Elbogen and Johnson 2009). Within the home, mental illness has been identified as a key risk factor for child maltreatment, and may feature in nearly half of fatal child maltreatment cases in England (Brandon et al. 2012). Depression among caregivers is highlighted as a risk factor for elder abuse perpetration (Sethi et al. 2011) and there are established links between personality disorders and aggressive or violent behaviour against intimate partners (e.g. Taft et al. 2010; Oram and Howard 2013). Overall however, only a small proportion of violence perpetration in society can be attributed to people suffering from mental illness, and evidence suggests a higher prevalence of violent victimisation in those with severe mental health problems than in the general population (e.g. Walsh et al. 2003; De Mooij et al. 2015). Many other social and contextual factors will interact with clinical conditions to determine the risk of violence. For example, substance use significantly increases the risk of violence perpetration and violence victimisation in people suffering from mental illness (Dack et al. 2013; Lozzino et al. 2015). Other risk factors associated with increased violence risk in individuals with psychosis include alcohol misuse and non-adherence to psychological therapies or medication (Witt et al. 2013). Individuals suffering from mental ill health may also be more susceptible to influences in their immediate social environment, and thus vulnerable to exploitation or recruitment to violence.

Widespread debate continues on the links between mental health, vulnerability to radicalisation, and the perpetration of extremist violence (Bhui et al. 2014). Although violent extremists suffering from mental disorders are often described, this is based largely on anecdotal evidence and is subject to reporting biases. Furthermore, the relationship between mental health and violent extremism may be very different for different roles and types within terrorist hierarchies (Victoroff 2005). Organised terrorist groups can actively exclude those with serious mental illness, on the basis of their volatility and/or inability to function properly and undertake assigned tasks (Bhui et al. 2016). This failure to affiliate to a group may actually drive lone-actor extremism, with higher rates of mental illness identified in lone-actor terrorists (Gruenewald et al. 2013; Corner and Gill 2015). However, important issues of causality should not be overlooked, as it is not yet clear if the process of RVE involvement may itself lead to mental health difficulties.

propensity for violence can be moderated by factors that promote resilience (see Sections 4.2.1 and 4.2.2) or exacerbated by people or groups who exploit vulnerable individuals.

Although the association between these risk factors and various forms of interpersonal violence is well evidenced, their relevance to RVE is less clear. Box 4.3 describes some of the challenges of understanding personal vulnerability to radicalisation. Equally, emerging models of radicalisation highlight the combined role of situational preconditions for conflict and extremism (e.g. urbanisation or modern developments such as the internet), motivational catalysts (e.g. racial or religious discrimination) and triggers (e.g. foreign policy or war). However, the relative importance of these external circumstances (as interpreted by a group or individual) and individual characteristics or experiences requires more attention.

Box 4.3 Individual and relationship risk factors for radicalisation and violent extremism

There is little population research into RVE, with most literature on extremists and their journeys into radicalisation based on biographical information and individual case histories of known and/or convicted terrorists. The associations that have been explored (e.g. Precht 2007; Bartlett and Miller 2012) are largely indicative and not predictive. In particular, there is little empirical research on the earlier stages of radicalisation. Large-scale longitudinal studies to identify risk factors for radicalisation are not available and most research typically reports on sympathies for violent protest or anti-government ideals or condemnation. Nevertheless, evidence is emerging on the role of psychological and social group processes in extremist violence and terrorism. A common theme appears to be the importance of the situation that individuals *believe* that they are in, rather than the traits of individuals themselves. Overall, most suggested pathways to radicalisation and potentially violent extremism include aspects identifying individuals who:

- have experienced some form of emotional vulnerability, often brought on by traumatic experiences that can contribute to a need for identity (see Section 4.2.3);
- have a source of dissatisfaction that relates to personal experiences or the experiences of a group with which they identify (see Section 4.2.3), which in turn can influence how they perceive the world;
- perceive a potential sense of reward from engagement with extremist groups or in violent extremist activity (see Sections 4.2.4 and 4.2.7), often in the form of social belonging.

Membership of certain extremist groups or networks may represent a substitute family for those who feel vulnerable, socially isolated or without a clear identity. Thus, individuals may react when feeling personally victimised; when their group holds a grievance; or when the state appears to take action against friends and loved ones (McCauley and Moskaleiko 2008).

4.2.1 Adverse childhood experiences (ACEs)

Risks

The term 'ACEs' is used to describe traumatic events experienced in childhood, including exposure to abuse, neglect, community violence and war, as well as living in a home affected by issues such as domestic violence, mental illness and substance abuse. Experiencing ACEs can affect the developing brain (see Box 4.4) and have a major influence on a child's social and emotional development, dramatically increasing their risk of adopting harmful behaviours; poor engagement in education; and subsequent poor outcomes in adolescence and adulthood (Felitti et al. 1998; Bellis et al. 2014a, 2015; see Section 3, Figure ES5). There are strong relationships between ACEs and involvement in interpersonal violence in later life. In Wales those who had suffered four or more ACEs were 14 to 15 times more likely to have been involved in violence in the last year (as a victim or a perpetrator respectively) than those who had not (Ashton et al. 2016). There is also some evidence to suggest that children exposed to abuse are at greater risk of human trafficking (Reid et al. 2017).

Most ACE research to date has been undertaken in HICs and focused on family-related ACEs (i.e. child maltreatment and household dysfunction). However, exposure to war and other collective violence, and related experiences such as displacement

Box 4.4 Trauma and the brain

Stressful and traumatic experiences especially during childhood can alter the structure of the brain and the balance of control between rational decision-making and emotional behaviour. This can lead to emotional regulation problems and difficulties with social interaction, as well as anxiety disorders and problems with concentration and consequently learning (Marusak et al. 2015). Trauma can result in negative perceptions of safety, greater feelings of helplessness and a heightened state of chronic threat (Thompson et al. 2014). This hyper-arousal may contribute to the misperception of the intentions of others, distrust and detachment (Furnival 2014) and consequently an increased risk of violence. However, these changes can make sense in violent and conflict-ridden societies, as they can increase vigilance and preparedness for response to threat.

Post-traumatic stress disorder is a form of anxiety disorder that develops following exposure to an extremely threatening or catastrophic event. Studies have found high levels of PTSD among children exposed to war (Attanayake et al. 2009) and in young violent offenders (Becker and Kerig 2011). Violent behaviour is also frequent among combat veterans and is much more frequent when PTSD is present. In a sample of Croatian combat veterans, the mean number of violent acts during the previous year was 18.2 for veterans with PTSD, compared with 2.7 for those without PTSD (Begic and Jokic-Begic 2001). Evidence also suggests that PTSD among men may be a risk factor for perpetrating IPV (Hahn et al. 2015). The appropriate treatment of trauma is an important issue for violence prevention. Various psychotherapeutic interventions have been shown to be effective, including cognitive and exposure therapy and eye movement desensitisation and reprocessing (Foa 2006). However, details of all such therapies are beyond the scope of this report.

(see Box 4.1) are major traumatic experiences and included in international ACE research tools (WHO ACE-IQ; Almuneeef et al. 2014). Civilian populations are increasingly targeted by armed conflict, and large cohorts of children have grown up never knowing peace and stability. A study of school-aged Palestinian children found that more than half reported at least one high-magnitude traumatic event, which included being injured, the death of a family member, being imprisoned or having their house demolished (Khamis 2015a). Around a third of those exposed to trauma had developed PTSD (see Box 4.4), which was further linked to bullying behaviour (Khamis 2015b). War-exposed children have also been found to engage in more aggressive and less prosocial behaviour (e.g. Kerestes 2006 for Croatia; Catani et al. 2010 for Sri Lanka). Further, witnessing armed conflict is associated with increased perpetration and acceptance of IPV in adults (Ostby 2016).

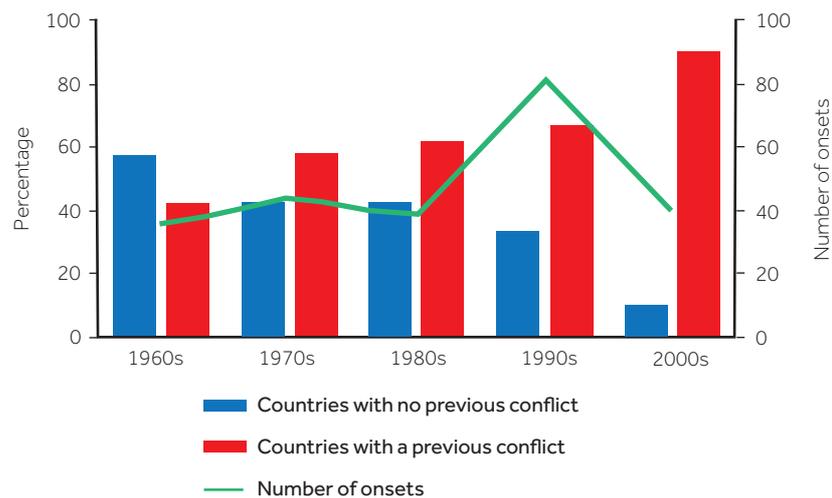
For families that are displaced by conflict, the impact of migration and acculturation may present further risk factors for violence (see Box 4.5). At a national level a recent history of major conflict is increasingly a strong predictor of new conflicts in the same country (see Figure 4.1). While continuing political tensions are likely to contribute to this, the impact of individuals and communities exposed to violence having a greater propensity for conflict may also be a factor. Understanding of psychological trauma in individuals may help to support the development of interventions for whole conflict-affected populations.

Although some authors have argued that Jihadi terrorists typically come from stable, caring families (see Sageman 2004), a study in the USA found high levels of ACEs among members of extremist white supremacy groups (Simi et al. 2016). Personal victimisation and a desire for vengeance is also a path to radicalisation that is often

Box 4.5 Acculturative stress and the impact of migration on children and families

Migration and its associated trauma, daily stressors and impoverishment have been shown to adversely affect mental health (Bhugra 2004; Porter and Haslam 2005). The term 'acculturative stress' refers to the specific difficulties faced when attempting to adapt to life in a different country. This can involve an individual negotiating multiple cultures (i.e. their culture of origin and their culture of settlement), forging a new self and group identity, and dealing with prejudices, marginalisation and lack of opportunity, often all within challenging social-political climates. Acculturative stress is particularly pertinent to adolescents, who face important life transitions, and, when the cultures experienced by parents and their children differ, young people may look for support outside the family. Although acculturative stress can be related to violence, whether individuals become acculturated or not is also a consideration. Thus, young people who are not acculturated (to their culture of settlement) but retain traditional cultural beliefs and practices may be at decreased risk of perpetrating violence against peers or dating partners (Smokowski et al. 2009). Whether acculturation is a risk factor for violence depends on the attitudes towards violence that exist in both cultures. The potential links between acculturation, identity and radicalisation to violent extremism are explored in Section 4.2.3.

Figure 4.1 Percentage of violent conflicts for countries with previous versus no previous conflict⁴, and number of violent conflict onsets per decade



Source: World Bank, 2011

cited in the explanations of suicide terrorists. For example, the 'Black Tigers', the suicide brigades of the Tamil Tigers, are often referred to as survivors of atrocities in conflict with the Sinhalese (McCauley and Moskalenko 2008). However, it is hard to identify data in support of this theory, and personal grievances alone are unlikely to motivate group sacrifices.

Protection (resilience)

Not all children who experience adversity go on to suffer from negative health and social outcomes. For example, a study from the USA found that 14 per cent of individuals with four or more ACEs had no risk factors for leading causes of death⁵ (Felitti et al. 1998). Those who are able to draw on protective relationships or experiences can develop resilience and coping skills that allow them to overcome hardship. Although children who thrive in the face of serious trauma may have some biological resistance to adversity, emerging evidence suggests that a strong, positive relationship with at least one trusted adult in their family or community is one of the most important resilience-building factors (Centre on the Developing Child 2015; Bellis et al. 2017). Other factors that appear to predispose children to positive outcomes include strong links with cultural traditions; a developed sense of self-efficacy and feelings of control over personal circumstances; and better self-regulation skills (Centre on the Developing Child 2015). Many of the mechanisms that underpin resilience are yet to be established. Typically those identified focus on building resilience during early life when the brain and other biological systems are most adaptable. However, developmentally appropriate support may help to foster resilience at any age (Centre on the Developing Child 2015).

4.2.2 Parenting and attachment difficulties

Risks

Children are at greater risk of child maltreatment if they are born to parents who are young⁶, single, of low socio-economic status, socially isolated or suffering from mental health issues or problems with alcohol or drugs (Sethi et al. 2013). All of

these factors shape the nature and quality of the relationship that a parent forms with their child. Attachment refers to the lasting emotional bonds between an infant and a caregiver, and early attachment can have a considerable influence on the development and maintenance of future relationships. When caregivers provide safe, stable and nurturing environments that meet the needs of the child, that child has a secure base from which to explore the world. However, when caregivers are inconsistent, unreliable or even abusive, children form attachment problems characterised by avoidance, resistance, fear or distress (Benoit 2004). Children exposed to abuse can come to accept being a victim as a normal part of life and see violence as a typical way of resolving conflict, increasing the likelihood that they will go on to perpetrate violence against their peers or future partners or family, or become involved in abusive intimate relationships. Poor attachment and poor parenting have been linked with conduct problems, delinquency and violence within intimate relationships (Schwartz et al. 2006; Hovee et al. 2009), and are seen as a key drivers for the 'need to belong' that attracts vulnerable young people to gangs (Bell 2009).

Although the absence of a strong father figure is often described as a risk factor for RVE, currently there is little empirical evidence of such an association. However, influence by charismatic (typically) male leaders of certain extremist groups may be greater in cases when fathers are absent. For example, lack of parental supervision and care for orphaned or abandoned children is increasingly linked to radicalisation in communities in northern Nigeria (Onuoha 2014).

Protection

Adult-child relationships are crucially important for a child's wellbeing and can influence all aspects of development: intellectual, social, emotional, physical, behavioural and moral. The quality and stability of a child's relationships with parents or caregivers in the early stages of life influence who they are and what they can become (National Scientific Council on the Developing Child 2004). Having a relationship with a trusted adult can provide children with the support they need to convert toxic stress (linked with developing violent tendencies) into tolerable stress, as threats are increasingly perceived as manageable (Centre on the Developing Child 2015; Bellis et al. 2017). Resilience developed in parents can help them create consistent nurturing environments for children. Although parents and other adults may act as positive role models for vulnerable children, becoming gang-affiliated or radicalised also often involves a role model. This person may play an important role in instilling the values of the group that they represent. This highlights the danger of the position of trusted adult to a vulnerable and potentially isolated child being exploited for personal or political means.

4.2.3 The development and management of personal and social identity

Risks

An individual's identity allows them to establish a concept of their attributes, abilities and attitudes, and of the values that they believe define them. Generally, people strive to understand their place in the social world, and part of how individuals perceive themselves is derived from membership of relevant social groups. The transition from childhood to adulthood is a particularly crucial time for identity development, when adolescents must negotiate challenges of physical, social and emotional change (Steinberg 2005). Other life stage transitions also present critical periods for identity uncertainty, such as transitions in educational or residential contexts (e.g. starting or leaving university).

Violence can be used by men to resolve crises of male identity, which are often related to issues of honour and respect. In gang culture, power and violence are used to maintain status, and members are expected to conform to these ideals of masculinity. Men may perpetrate violence against women as a means of exercising power when they are otherwise unable to meet social expectations of successful manhood (Jewkes 2002).

For some, globalisation and multiculturalism represent challenges for identity development. People may be required to manage complex multiple identities and conflicting values and ideals between memberships of different national or ethnic groups. Young people can experience intergenerational isolation if they have not retained the same cultural traditions and values of their parents, while experiencing quite different socio-cultural contexts at home, in school and at places of worship (Slootman and Tillie 2006; Precht 2007; Borum 2011). When feelings of suffering (derived from the person's ethno-cultural group of origin) are combined with feelings of entitlement (derived from identifying with the society in which they now live), navigating dual identity as a migrant can be particularly challenging and is associated with increased political mobilisation (Simon et al. 2013).

People can be particularly motivated to identify with social groups that have clear fixed ideals and behaviours, to reduce unsettling personal uncertainty (Hogg 2014). Part of identifying with a group involves transforming an individual's identity to conform with the feelings and behaviours of fellow group members. This social identity can influence how individuals align in intergroup conflicts, especially in collective violence and radicalisation (e.g. see Stroink 2007; King and Taylor 2011). Religious groups that have clear value hierarchies may be attractive, as they are more prescriptive, and provide greater certainty and a perceived resolution to the ambivalence of competing values (Liht and Savage 2013). The relationship between religion and violence is discussed in Box 4.6.

Group identity is likely to be more important when what the group stands for is considered to be under threat. With more extreme personal uncertainty, people identify with more extreme manifestations of group structure (Hogg et al. 2007). A similar process of group identity formation and assimilation has been suggested for recruitment and allegiance to military organisations. Among lone-actor perpetrators in particular, military experience has been reported as higher than in the general population (26 per cent v. 13 per cent; Gill et al. 2014). Military training is also likely to endow a perpetrator with the requisite skills for extremist violence (e.g. evading detection or using weapons). To understand involvement in terrorism, it is important to consider not what people do, but what identity choices terrorism offers them.

Protection

Identity crises and other challenges associated with personal or social identity can increase vulnerability to affiliating with a violent group or ideals. However, having developed a positive sense of self has protective effects. Children and young people who are established within a context of faith or cultural traditions often show greater resilience (Centre on the Developing Child 2015). Having a strong sense of integrated cultural identity can provide a sense of belonging and self-esteem. People who have a strong cultural identity may also be well placed to make sustainable social connections with others. When multiple cultural facets of identity do not conflict, they may actually increase resilience by allowing individuals to draw on multiple cultural ties (Simons et al. 2004). However, identity presents a potential risk when people lack respect for diversity. For example, developing a positive sense of ethnic identity may lead to a negative view of people from other ethnicities, which can be a precursor to racist attitudes and beliefs (Schaffer 2006).

Box 4.6 Religion – a risk or a protective factor for violence?

Religion is not just a set of beliefs, but includes certain community practices, socialisation functions and organisational structures (Lincoln 2003); some of these may relate to violence and vary between communities. Consequently, the impact of religiosity on violence may differ between religions and between interpretations of the same religion. For collective violence, opinion differs about whether religion drives conflict or masks other pragmatic reasons for tension, such as competition for limited resources (see Section 4.1.1).

Religiosity as a protective factor

Religiosity may decrease the risk of violence at an individual level through its impact on social control. Religious communities can facilitate parental monitoring and access to role models and non-violent peers (Johnson et al. 2001; Simons et al. 2004), as well as encouraging prosocial behaviour and influencing routine activities and use of leisure time. Religiosity has been shown to have a negative relationship with substance use (Benson 1992) and to be a direct deterrent to delinquency (Johnson et al. 2001), group fighting (Salas-Wright et al. 2014) and youth engagement in political violence (Khoury-Kassabri et al. 2015). Religion may also support individuals in dealing with negative life events. A study of adults who had experienced ACEs (see Section 4.2.1) found that their impact on physical and mental health was reduced by positive religious coping and a sense of forgiveness and gratitude (Reinherth et al. 2016). However, religious coping has also been linked to behaviours such as refraining from leaving an abusive relationship (Katerndahl et al. 2015).

Religiosity as a risk factor

An orthodox religious stance may be a risk factor for radicalisation to extremist violence (e.g. Slooman and Tillie 2006). Work from the USA and UK suggests religion may be a prominent factor in a subset of cases, with one in five Jihadi terrorists reported to have some form of spiritual mentor (Garstenstein-Ross and Grossman 2009). At a country level, religious and ethnic tensions have been associated with increased risk of terrorism (Gassebner and Luchinger 2011). Greater religiosity in some religions is linked to greater support for norms of masculinity, a risk factor for violent behaviour (Baier 2014). Recent attention has also been drawn to religion-related child maltreatment, in which abuse is perpetrated by persons with religious authority, medical care is withheld for religious reasons, or children are subject to abusive attempts to rid them of supposed evil (Bottoms et al. 2015).

Religious infusion

Religious infusion refers to how much a religion permeates a person's private or public life. Levels of religious infusion have been linked to powerful group processes and are thought to provide a source of organisational strength. With greater religious infusion, incompatible values between different groups are more likely to result in hostility and conflict (Neuberg et al. 2014). Thus, while disadvantaged groups with low levels of religious infusion tend to avoid acting aggressively towards their advantaged counterparts, disadvantaged groups with high levels are more willing to endure costly confrontation (Neuberg et al. 2014).

4.2.4 Social isolation and the influence of peers

Risks

Social isolation is a risk factor for interpersonal violence and can be an important driver of gang violence and involvement in extremist groups or lone-actor extremism. Research has linked social isolation to child maltreatment (e.g. Gracia and Musitu

2003). Socially isolated parents are more likely to experience parental stress (Tucker and Rodriguez 2014), which has an impact on their ability to provide appropriate and nurturing child care. Parallels may also be drawn with caregivers for older persons: those with less support and resources are more likely to experience caregiver stress, which is a risk factor for the perpetration of elder abuse (Johannesen and LoGiudice 2013). For the older persons themselves, lack of social support constitutes a higher risk of both mental and financial abuse (Sethi et al. 2011; Burnes et al. 2015).

Social isolation has been commonly linked to intolerance. In general, young people and adults who feel unable to participate in social, cultural, economic or political activities can show a disregard for the rules and norms of mainstream society and an increased readiness to break the law and perpetrate violence. Links have been found between social exclusion and aggressive behaviour in young people (DeWall et al. 2009). People who are more socially isolated also appear more likely to adopt radical political positions (e.g. radical right-wing voting; Rydgren and Ruth 2013). Migrant, displaced or refugee young people can experience cultural, social and linguistic challenges in adapting to life in a different country, making it more difficult to establish social connections (see Box 4.1). Some populations form gang-type alliances based on shared experiences of isolation (Densley 2013). Anecdotal reports find social marginalisation in the backgrounds of many Jihadi recruits, who often join extremist networks while living in a foreign country or otherwise isolated from family, friends, and their social and cultural origins (Sageman 2004; Silke 2008).

Socially, adolescence is typically signified by a move away from the influence of parents and family, and towards greater peer influence. In countries experiencing conflict, emerging evidence suggests a reduced social role of extended families and instead an increased influence of political parties in societies. This reduces the impact of parental bonds and respect in adolescence that may previously have moderated violent ideation (Qouta and Odeb 2005). Being associated with delinquent peers is a prominent risk factor for aggression, bullying behaviour (Ferguson et al. 2009) and weapon carrying (Dijkstra et al. 2012). Being involved in crime and delinquency, violent or otherwise, is one of the major risk factors for involvement in youth violence (Ruchkin et al. 2002).

Individuals may be recruited into violent extremist groups via personal connections with existing group members (e.g. family members, friends, spouses or romantic partners). Groups such as the Italian Brigade Rosse, and the Red Army Faction of Germany, consisted of very high numbers of couples, siblings and friends (McCauley and Moskalenko 2008). Such personal connections can prevent people from leaving groups. A study from Somalia found that peer pressure was a prominent factor in youth recruitment into Islamist militancy with al-Shabaab (Botha and Abdile 2014). A review of profiles of convicted Islamism-inspired terrorists (UK, 1998–2015) found that one in five offences were committed by individuals whose living arrangements and family circumstances were also connected to terrorism or a terrorism investigation (Stuart 2017)⁷. Although very few in number, over half of all cases of female terrorists involved women supporting the extremist actions of the men close to them.

Protection

A strong social network provides individuals with practical and emotional support to navigate the challenges of daily life. Family and peers may also provide a source of prosocial norms. Close relationships with non-deviant peers can help young people to develop psycho-social and conflict resolution skills. Supportive family networks or extended family structures are also thought to buffer against spousal conflict and other risk factors for IPV (Barnett 2008).

Local conditions can also determine how social connectedness affects risks of violence. Where there is little social cohesion, ethnic belonging can protect young people from violence but is a risk factor for perpetrating violence when local communities have high cohesion around a different ethnic group (Ellis et al. 2015). This may also be true for involvement with religious groups (see Box 4.6).

4.2.5 Education and employment

Low intelligence, poor school attendance and truancy, low academic achievement and other forms of academic failure, such as repeating a grade (Resnick et al. 2004) and dropping out of school, are all risk factors for youth violence (Herrenkohl et al. 2012). As well as impulsivity and attention problems related to brain development, young people not in education can experience more unsupervised time with peers who accept and engage in antisocial behaviour. For women and girls, lack of education is a risk factor for being a victim of GBV (WHO 2010). Gender inequality is associated with educational exclusion (see Section 4.1.2) and consequently lack of economic independency – a factor that may keep women in abusive relationships.

Strong links have also been established between unemployment and various forms of violence. In both HICs and LMICs, male unemployment is a risk factor for the perpetration of IPV (WHO 2010), with financial difficulties, stress and low mental wellbeing, low self-esteem and threats to masculinity suggested as possible mechanisms. Parental unemployment (particularly for fathers) has also been linked to increased child maltreatment, especially physical neglect (Schneider 2017).

Evidence of an association between education/employment and extremist violence remains inconclusive (Horgan 2008). Profiles of convicted terrorists in the UK found that almost half (47 per cent) of those committing Islamism-inspired terrorist offences (1998–2015) were either employed or in education (Stuart 2017). For home-grown terrorists in more westernised countries there is even some suggestion that a positive relationship with education (e.g. Bakker 2006; Precht 2007) and academic achievement subsequently followed by unemployment or underemployment (i.e. in unskilled jobs) may present a greater risk (Borum 2011).

4.2.6 Alcohol

Strong links have been established between alcohol use and interpersonal violence in many countries around the globe (WHO 2006), and over 180,000 violent deaths per year are attributable to alcohol (WHO 2011). Globally recorded alcohol use per capita is increasing, driven largely by increases in India and China; this is thought to be related to increasing income and marketing in developing countries, with active targeting of such economies by the alcohol industry (WHO 2014c; Jernigan and Babor 2015).

Alcohol consumption can increase aggression, reduce inhibition and limit a person's ability to process information, making it more likely that they will perceive threat and respond violently. It increases risks of victimisation by reducing physical capacity and decision-making. **The more alcohol a person drinks, the greater their risk of involvement in violence as a perpetrator or victim.** The availability of alcohol in a community or society is also strongly related to violence. Higher levels of violent crime are seen with higher concentrations of alcohol outlets, longer alcohol serving hours and lower alcohol prices (WHO 2009a). Furthermore, maternal alcohol use during pregnancy can result in foetal alcohol spectrum disorders, a condition in later life linked with increased risk of aggression and learning difficulties (Streissguth et al. 2004; Riley and McGee 2005;). Children who have disabilities and learning difficulties are also at increased risk of experiencing violence (Jones et al. 2012).

The effects of alcohol on disinhibition and aggression mean it can be used or provided by individuals to facilitate group violence. However, to date there is no evidence to suggest it is linked with ethnic separatist or religious extremist violence (Munton et al. 2011). Some extremist groups may actually be more opposed to substance use (Goli and Rezaei 2010), while right-wing extremists may be more likely to have a history of alcohol or drug problems (Briggs and Goodwin 2012). In regions where alcohol use is almost ubiquitous in social settings, it may contribute to social isolation of individuals from minority groups who choose or are obliged by their beliefs not to consume alcohol.

4.2.7 Illegal drugs

With illegal drug markets operating outside the protection of legal systems, violence can feature as a means of controlling and protecting trade. Violent conflict can arise between dealers and gangs as a result of competition for territory (e.g. for specific geographical areas or routes of trade; Rutter 2009). Violence may also be used by dealers to protect those involved (e.g. through carrying and using weapons for self-defence), enforce the collection of debts, warn individuals against informing or punish them for informing (WHO 2009b). However, violence is not always present in illegal drug trades, and characteristics of local drug markets are likely to be important (Rutter 2009). For instance, the potential for violence is affected by whether dealers and customers are locals or outsiders (e.g. affecting the likelihood of territorial competition or buyer cheating; Rutter 2009). Variations in the organisation of trafficking networks are also important.

The consumption of certain drugs has also been linked to increased violent behaviour through direct effects on the brain. For instance, misuse of synthetic cannabinoids – man-made drugs that mimic chemicals found in the cannabis plant – has been associated with subsequent interpersonal violence (Fattore 2016; Rickhart et al. 2017). However, relationships between drug use and violent behaviour vary by drug type; hallucinogens and cannabis, for example, have been found in some studies to have potential for protecting against IPV (Smith et al. 2014; Walsh et al. 2016).

Although it is not possible to determine the extent of violence related to illicit drug trades, evidence suggests that drug-related violence can be substantial. In England and Wales, for example, 22 per cent of all victims of homicide and 35 per cent of all suspects were known drug users, and around 9 per cent of victims and 15 per cent of suspects were known dealers (2013–2015; Home Office 2016). In Canada, 95 gang-related homicides were recorded by police in 2015, of which 68 per cent involved drugs (Statistics Canada 2012). In regions with well-established drug trades, related violence may account for substantial proportions of all homicides. Thus, in Mexico, estimates suggest that between a third and a half of all intentional homicides in 2014 had characteristics of organised crime-related deaths (Heinle et al. 2015).

4.2.8 Rewards and incentives

Certain gangs and extremist groups offer incentives and rewards, including material gains, security and protection, status (in some cases even following death) and camaraderie. For example, in many communities, violent extremists may be considered courageous, honourable and important (Silke 2008), often factors that are particularly desirable among young people. Groups may also offer an outlet for individuals seeking thrills and excitement (McCauley and Moskalenko 2008), with propaganda material used to portray a dangerous and rewarding lifestyle.

Notes

- 1 As determined by measures such as norms of male authority and the extent to which laws disadvantage women.
- 2 The Organisation for Economic Co-operation and Development (OECD) is an international organisation with 35 (largely high-income) member countries that has a mission of promoting policies to improve the economic and social wellbeing of people around the world. Commonwealth members include Australia, Canada, New Zealand and the UK.
- 3 Internal peace measures how peaceful a country is inside its national borders based on the following set of weighted indicators: perceptions of criminality; security officers and police rate; homicide rate; incarceration rate; access to small arms; intensity of internal conflict; violent demonstrations; violent crime; political instability; political terror; weapons imports; terrorism impact; deaths from internal conflict; and internal conflicts (IEP 2016b).
- 4 Previous conflict includes any major conflict since 1945.
- 5 Risk factors included: smoking, severe obesity, physical inactivity, depressed mood, suicide attempt, alcoholism, any drug use, injected drug use, more than 50 lifetime sexual partners, and a history of sexually transmitted infection.
- 6 Typically, under 20 years is considered young parental age, although this may vary in different cultures or contexts.
- 7 Findings are based on a comprehensive collection of profiles of Islamism-inspired terrorism convictions and suicide attacks in the UK between 1998 and 2015. Analyses included cases that were prosecuted under non-terrorism legislation but where the offence may reasonably be considered as terrorism. Authors used clear inclusion criteria for inspiration drawn at least in part from Islam, including for example self-proclaimed motives in a suicide video or letter, possession of jihadist material or membership of proscribed Islamist organisations.

5. What works to prevent violence

Chapter 5 Summary

- *Tackling poverty and other inequalities that increase the likelihood of violence is an essential foundation of violence prevention.* Implementing effective prevention programmes often relies on broad social, political and economic structures being in place and accessible in order to facilitate their implementation.
- *Good governance that is capable, responsive and accountable* reduces feelings of injustice and resentment, opportunities for illegal activity including people trafficking and modern slavery, and the need for violent action as a means of tackling disputes.
- *Empowering women to tackle gender inequalities can prevent GBV.* This often requires legislative change, enforcement and programmes to challenge gender stereotypes and harmful practices.
- *Home visitation and parenting programmes* that support healthy child development can prevent child maltreatment and break intergenerational cycles of violence by improving outcomes for children, including preventing risk factors for youth and gang violence, such as conduct disorders. Programmes can return several times the implementation costs in savings.
- *Training programmes* that raise parental awareness of abusive head trauma or support professionals in identifying and responding to children and families at risk can reduce violence towards children.
- *Preschool enrichment programmes* improve child social behaviour and reduce the risk of negative parenting, with some saving several times the investment in implementation.
- *Social and emotional skills development in children and young people* has positive impacts on violent and risk-taking behaviour, mental wellbeing and educational attainment.
- *Whole-school bullying programmes and community-based strategies* to tackle violence, including those relating to the control of alcohol, can be effective.
- *Programmes that develop relationship skills among children and adolescents* and address social norms among whole communities, including working with men and boys, change attitudes related to GBV.
- *Empowerment approaches* such as those involving micro-finance improve gender attitudes and reduce violence victimisation.
- *Programmes to address stress and social isolation* for the carers of older persons have been shown to improve their quality of life, although the evidence for preventing elder abuse is less well developed.
- *Tackling radicalisation and violent extremism through community-based approaches* and those in education settings are likely to be instrumental in the prevention of RVE. Discussing citizenship, history, religion and beliefs, and gender equality, and developing young people's critical thinking and empathy and respect for human rights and diversity, are emerging as important elements.
- *Women and girls delivering alternative or counter-narratives that challenge extremist ideologies* and help build family and community resilience appear to be promising areas for development.
- *Cross-cutting themes* are emerging for the prevention of all types of violence (see Section 5.4).

This section examines and summarises the global evidence base for violence prevention. The SDGs (see Box 1.2) provide specific goals aimed at the reduction of violence. However, wider SDGs relating to poverty, urban development and health are important considerations for the delivery of violence prevention, and violence prevention is critical in the delivery of these goals. Therefore links between SDGs and violence prevention have been highlighted throughout the section. This review is not exhaustive, but rather examines key themes from across all types of violence.

5.1 Addressing macro-social determinants

Poverty and inequalities contribute considerably to developing and sustaining all forms of violence. This may be particularly important in LMICs, where poor daily living conditions, lack of universal healthcare and education, and weak economic and social policies can widen the gap between the most and least deprived, and between women and men. These factors are often shaped by the wider political and social landscape, and consequently require intervention at scale, including through national or international policy changes. However, developments (either inciting or preventing violence) experienced initially by smaller populations can also create momentum for wider changes.

5.1.1 Reducing poverty/income inequalities and other associated inequalities

Violence is strongly associated with poverty at a country level and often concentrated in the poorest communities within nations (see Section 4.1.1). The first SDG aims to end poverty in all forms across the globe. Effective change requires accountable and incorrupt governments (see Section 5.1.3). Equity relies on the provision of access to basic services and material resources for all communities (e.g. clean water, sanitation, electricity), which in turn is reliant on public investment and fairer forms of public financing. In LMICs in particular, urban biases in public investment can contribute to inequalities in rural communities. Universal health coverage (UHC), to provide access to quality and affordable healthcare for all, is a key strategy to reduce poverty and inequalities, and is the focus of SDG 3. UHC is necessary for providing a health system that can support effective violence prevention. The roles that health professionals can play directly in violence preventions are discussed elsewhere (see Section 5.2.1) but include advocating for violence prevention as well as detecting and responding to violence and the long-term impacts of trauma it causes.

Strengthened or progressive taxation (with direct forms of taxation such as income or property taxes) is one means of strengthening domestic public financing. Progressive taxation, in which the tax rate increases as the taxable amount (income) increases, has been shown to have a greater impact on poverty reduction than economic growth alone¹. Poverty can also be reduced through the introduction of strategies and fiscal policies to encourage and support growth, and the provision of productive employment opportunities for those who are most deprived or marginalised (see Box 5.1). The role of employment for economic growth is captured in SDG 8. Investment in education and training is also key in providing young people with skills that match labour market demands, and allowing them to pursue productive employment. Quality education, including lifelong learning opportunities, is the focus of SDG 4.

5.1.2 Addressing gender inequality

Nations with the highest levels of gender inequality experience some of the highest levels of violence (see Section 4.1.2). While gender inequalities persist and are pervasive in all societies, they are socially formed and entirely changeable, with progress seen in many countries across the last century. The empowerment of women can be

Box 5.1 Domestic policy measures that can effectively support the reduction of income inequality (World Bank 2016)

1. Early-childhood development and nutrition (including breastfeeding interventions and parenting skills) – helping children during their first 1,000 days of life to prevent nutritional deficiencies and associated cognitive underdevelopment, therefore supporting health, social behaviour, educational achievement and earning potential in later life.
2. Universal healthcare – providing coverage to those who are excluded from affordable and timely healthcare, increasing their capacity to learn, work and progress.
3. Universal access to good-quality education – improving access to quality education by focusing on learning, knowledge and marketable skills development, and improving teaching quality.
4. Conditional cash transfers (CCTs) – providing poor families with basic incomes that reduce poverty, allow access to resources such as seeds or livestock, enable children to attend school and allow access to basic healthcare. CCTs can also protect against the impacts of economic shocks (e.g. seasonal income variations, loss of breadwinners, famines, etc.).
5. Investment in rural infrastructure – building rural roads to reduce transport costs, connect producers to markets, allow the relocation of labour, and promote access to schools and healthcare clinics. Electrification also supports the development of small home-based businesses and allows opportunities beyond farm labour.
6. Progressive taxation – fair taxation to fund government policies and programmes that can transfer resources and redistribute income to the poor. This provides an essential source of finance for childhood development programmes, healthcare and education.

supported by a range of developments, from legislative change to technological development (e.g. the availability of modern contraceptives). It is crucial to promote policies that encourage equality and inclusion. For example:

- policies and programmes that close gaps in education and skills, and that support female economic participation, including those that support pay equity and allow women and men to take on equal care responsibilities for dependants;
- investment in sexual and reproductive health services, to achieve universal coverage of rights and allow women control over their reproduction.

This should be underpinned by the development (and appropriate enforcement) of legislation that prohibits discrimination on the basis of sex. Women should be empowered to challenge gender inequality and actively engage in approaches that raise awareness and enforcement of their legal rights. Legislation and policing alone may not be enough to tackle some forms of abuse faced by women, such as FGM or cutting. Community-level interventions are required to challenge deep-rooted gender stereotypes. These types of programme are discussed further in Sections 5.2.2 and 5.2.4.

5.1.3 Tackling corruption and improving governance and rule of law

The rule of law is inextricably linked to establishing peace within and between countries, and the risk of violence is greater when perceptions of injustice or inequality are high (see Section 4.1.3). Good governance (see Box 5.2) is essential for preventing violence, as well as managing its consequences and impacts, reducing poverty and supporting the development of gender equality. Achieving this in some countries can require considerable reform of justice and security institutions. The World Bank (2011) emphasises the need to respond directly to the sources of injustice and discrimination that undermine trust between the state and society, by addressing the political, behavioural and cultural issues that shape people's experiences of these institutions. Decision-making should be made more accountable, by providing all groups in society with fair representation in decision-making processes (i.e. political empowerment) and offering more appropriate means and methods of managing disputes.

The United Nations Development Programme (UNDP 2015) highlights the importance of the intersections between the political environment, institutions and communities. In particular, rule of law can be strengthened to prevent violence and support peace in crisis-affected situations in the following ways:

- accompanying reform with normative and cultural change;
- supporting leadership for sustainable justice systems;
- building trust in democratic transitions;
- putting people at the centre of transformative processes;
- bridging formal and informal justice systems;
- facilitating collaboration between state and society;
- guaranteeing victims' participation in transitional justice.

Comprehensive legislation can provide the foundation for violence prevention if accompanied by measures to support effective implementation (see Box 5.3), such as the training of officials, accountability and processes for monitoring impact. When accompanied by awareness raising and community mobilisation, laws (when enforced; see Box 5.3) can help to change attitudes and behaviours, as they send a clear message that violence is not acceptable. Laws to criminalise violence should ensure the punishment and rehabilitation of perpetrators, but also the empowerment and support of victims. Adequate resources must be allocated to all aspects of legislative development or reform (see UN 2010).

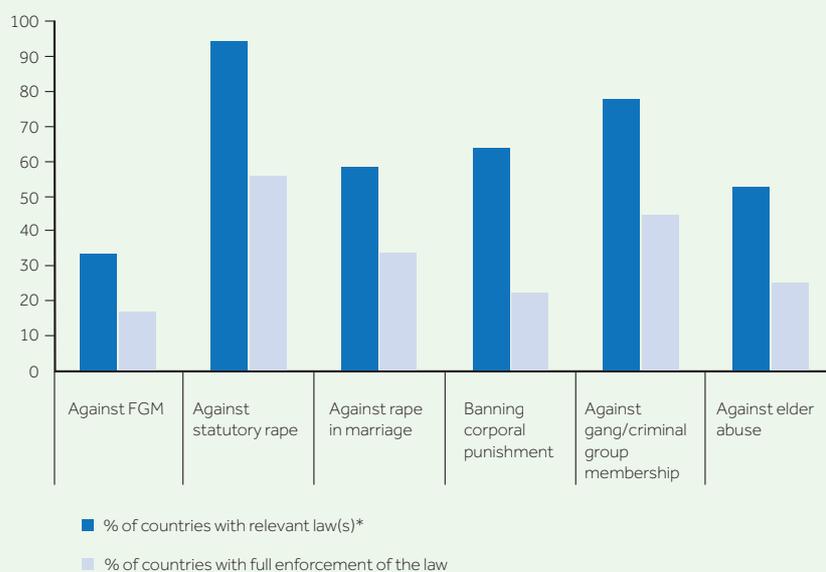
Box 5.2 Core elements of good governance (DFID 2006)

- Capability – the extent to which leaders and governments are able to get things done.
- Responsiveness – whether or not public policies and institutions respond to the needs of citizens and uphold their rights.
- Accountability – the ability of citizens, civil society and the private sector to scrutinise public institutions and governments and hold them to account. This includes, ultimately, the ability to change governments democratically.

Box 5.3 Laws to prevent violence and their enforcement in the Commonwealth

Globally, laws to deter and hold perpetrators accountable for violence have been widely enacted, but enforcement is far from complete (WHO 2014b). A WHO survey of 133 countries found that, while an average of 80 per cent of countries had enacted various violence prevention laws (those surveyed included laws against child marriage; statutory rape; weapons on school premises; rape in marriage; non-contact sexual violence; and elder abuse in institutions), only 57 per cent on average reported that the laws were fully enforced. The figure below summarises these data for the 36 participating Commonwealth countries. All laws were in place in Australia, Canada, Cyprus, New Zealand, the UK and Zambia, although only two countries – Cyprus and New Zealand – reported full enforcement. Brunei Darussalam, South Africa and Vanuatu were among the countries with the lowest enactment of violence prevention legislation.

The proportion of Commonwealth countries with selected laws to prevent violence and the extent to which these laws are enforced (n = 36*)



* Percentage calculated based on 36 countries for which data were provided by country officials. Data not available for Antigua and Barbuda; The Bahamas; Barbados; Grenada; Lesotho; Malta; Mauritius; Namibia; Nauru; Pakistan; St Kitts and Nevis; St Lucia; St Vincent and the Grenadines; Sierra Leone; Sri Lanka; Tonga.

5.2 Programmes and practices to prevent interpersonal violence

The following sections outline evidence on the effectiveness of various interventions by violence type. Evidence is summarised in the text and details of related literature in accompanying tables.

5.2.1 Child maltreatment

Typically, child maltreatment programmes target risk factors relating to poor parent–child relationships and lack of parenting skills (see Section 4.2.2). The implementation of evidence-based programmes to prevent child maltreatment is an essential part of supporting a child’s healthy development, protecting them from harm, and breaking intergenerational cycles of violence within families. Information about the delivery and impact of these programmes is summarised in Table 5.10, and additional information on evidence of effectiveness from programmes implemented in different countries is in the Appendix (Table A1).

Home visitation programmes (HVPs) are one of the most extensively evaluated interventions for child maltreatment prevention (Mikton and Butchart 2009), with evidence for their effectiveness in addressing some key parental and child risk factors for physical and emotional abuse and neglect (see Table 5.1). Typically these programmes are delivered by skilled professionals with high programme fidelity. However, programmes can be very resource intensive, calling into question their suitability for implementation in some LMICs. Most high-quality evidence for home visitation is drawn from one large-scale programme in the USA. Levels of adaptation required for application in LMICs, for instance, are poorly understood (Mikton 2009). Improvements in child behaviour, parent–child relationships and reductions in violence against children are often reported by HVPs. A number of economic analyses suggest that HVPs for at-risk mothers can return around twice the programme implementation costs in savings as a result of beneficial outcomes (see Table A1).

Parenting programmes build the skills of parents, are considered one of the best approaches for addressing child conduct problems and are supported by strong evidence from HICs (Altafim and Linhares 2016). Few evaluation studies have measured their direct impact on actual child maltreatment. Although some evaluations of larger programmes (typically in the USA) have been queried for their independence and reporting biases (Wilson et al. 2012), there is emerging evidence from LMICs of the effectiveness of parenting programmes and increasingly good evidence of their applicability across cultures and countries (Knerr et al. 2013; Chen and Chan 2016; see also preschool enrichment programmes, which can incorporate parenting components; Section 5.2.4). Most studies have focused on mothers and few have found the same positive outcomes with fathers, suggesting this may be an area for further development. Economic analyses of parenting programmes have identified up to eight-fold returns on investment in savings over the longer term (e.g. 25 years; see Table A1). However, such outcomes are likely to vary depending on location and populations targeted.

A subset of programmes have also focused on training parents specifically about the impact of **abusive head trauma** (i.e. shaken baby syndrome), with some improving parental awareness and, to a lesser extent, changing behaviour (see Table 5.1). These approaches utilise the ‘teachable moment’ following hospital delivery as well as ‘take-away’ reading or video materials, and may require considerable adaptation in alternative settings. Further promising approaches include **training for health and other professionals** to help them identify and respond appropriately to children and families who may be at risk (see Table 5.1), and **safety education programmes** for children that focus mainly on the prevention of child sexual abuse and exploitation (see Table 5.1). International organisations have recently collated measures to end violence against children at both the individual and broader economic and law enforcement levels through INSPIRE: Seven strategies for ending violence against children (Butchart et al. 2016).

Table 5.1 Child maltreatment prevention programmes

What does the intervention do?	Whom does it target?	How is it delivered?	Where is it used? ^a	What is it effective at doing? ^b
Home visitation programmes				
Provides intensive support in the home to improve parenting skills, promote healthy child development and support maternal mental health. Also provides practical and social support (e.g. with housing and employment). <i>E.g. Nurse Family Partnership; Early Head Start</i>	Typically young, first-time mothers of low income (or other at-risk groups). In some countries home visiting is part of routine maternal and child health services.	One-to-one support delivered by trained health or social care professionals (e.g. nurses); mothers are typically engaged prenatally and support may continue until the child is 2 or 3 years old.	Australia Canada Jamaica New Zealand South Africa UK USA	↓ Child maltreatment ↓ Harsh/physical punishment ↓ Child injury ↓ Child behaviour problems ↓ Youth violence ↑ Maternal health and wellbeing ↑ Parent-child relationships ↑ Child development
Parenting programmes (skills based) and parent-child programmes (relationship based)				
Provides parents with skills, knowledge and confidence to support child development, adapt to their child's changing needs and manage (problem) behaviour. Works with parents to strengthen parent-child attachment, promote sensitive parenting behaviour and develop children's emotional and social competence. <i>E.g. Triple P; Incredible Years</i>	Some programmes are aimed at all parents; others target high-risk parents or those with children with behavioural problems; may provide additional modules/support for those with different needs.	Provided through one-to-one training or in small community groups; typically delivered by a professional such as a nurse or social worker, but may also involve preschool education settings.	Australia Canada New Zealand Pakistan Singapore UK USA	↓ Child maltreatment ↓ Harsh discipline ↓ Parental stress ↓ Parental depression ↓ Child behaviour problems ↑ Parental knowledge ↑ Parenting self-efficacy
Training parents about abusive head trauma				
Educates parents about the impact of abusive head trauma (shaken baby syndrome) on the brain, neck and spine of the developing child. Provides guidance on how to deal with parental stress and methods for dealing with persistent crying. <i>E.g. The Period of Purple Crying; Shaken Baby Prevention Project</i>	All new parents.	Typically delivered immediately after birth in a hospital setting; delivered by health and/or social care professionals; some programmes provide materials only for self-directed delivery.	Australia Brazil Canada Turkey UK USA	↓ Child hospital admission for head trauma ↑ Parental knowledge

(continued)

Table 5.1 Child maltreatment prevention programmes (continued)

What does the intervention do?	Whom does it target?	How is it delivered?	Where is it used? ^a	What is it effective at doing? ^b
Training health and other practitioners to foster awareness of the needs of children (in high-risk situations)				
Increases professionals' skills and confidence to appropriately identify and respond to risk factors for child maltreatment or harmful parent-child interactions. <i>E.g. Safe Environment for Every Kid</i>	Mainly focused on healthcare staff, but may include other professionals.	Single-agency or multi-agency training approaches.	Sweden UK USA	↓ Child protection service reports ↓ Harsh physical punishment ↓ Maternal psychological aggression and minor physical assault
School-based programmes for raising awareness/recognising signs of sexual and other forms of abuse				
Teaches children to recognise potentially harmful situations (e.g. distinguish between appropriate and inappropriate forms of touching) and provides strategies for avoiding threatening situations and information on how to disclose abuse. <i>E.g. Stay Safe</i>	School-aged children from 5 years and upwards; programmes may also include components for parents and guardians.	May be delivered by teachers within the normal classroom curriculum, or additional curriculum provided by voluntary or community organisations.	Australia Canada Ireland New Zealand UK	↑ Child safety knowledge and skills ↑ Child willingness to disclose

^a Examples of countries where the intervention has been implemented; Commonwealth countries are prioritised and highlighted in bold.

^b ↑ indicates an increase/improvement, ↓ indicates a reduction. Brief details on studies containing evidence of effectiveness are provided in the Appendix.

5.2.2 Gender-based, intimate partner and sexual violence

Efforts to prevent GBV must address the causes and consequences of gender inequalities (see Section 4.1.2). This requires intervention across the life course, working with children and young people, as well as whole communities and especially men and boys to challenge gender norms and stereotypes, support the empowerment of women and girls, and address behaviours such as harmful practices. Information about the delivery and impact of programmes is summarised in Table 5.2 and further information on evidence from programmes in various countries is provided in the Appendix, Table A2.

There is considerable evidence for **school-based interventions** that **develop relationship skills** among children and adolescents to prevent dating partner violence and IPV (see Table 5.2). However, some reviews suggest that approaches with young people are more effective if they involve multiple settings (e.g. home and community; Koker et al. 2014). Whole-school violence prevention approaches such as those used to prevent bullying can also include components that deal with violence in intimate relationships. Evaluations of school-based programmes have typically focused on short-term outcomes and HICs (particularly the USA). Identifying effective programmes for LMICs remains a priority. Programmes that have been developed in higher education settings (e.g. on college campuses) to challenge myths around sexual violence have very limited impact (WHO 2010).

Many interventions for GBV prevention are based on **changing social norms**, with much understanding of social norms intervention relating to programmes tackling harmful practices such as FGM and child, early and forced marriage. While multi-component social norms programmes exist, they require further research including on how to measure change in social norms. Some promising findings have been reported from programmes **working with men and boys**, and with social norms marketing campaigns (see Table 5.2). However, to engage men and boys, programmes should seek to improve the lives of male participants as well as empowering women (Peacock and Barker 2014). Challenges for social norms/ awareness-raising approaches include the recruitment and sustained engagement of participants. Programmes that use existing platforms where people meet (e.g. sports clubs) can have better participation rates (Pronyk et al. 2006; Kim et al. 2009). Equally, **mass media campaigns** are an efficient way to reach large numbers of people at relatively low cost (per person; see Table A2). Campaigns delivered through more than one medium (e.g. television or radio campaigns supported by written material) appear more effective at changing attitudes (see Table 5.2) but must be sufficiently intensive or adequately designed to change actual behaviour.

Community mobilisation approaches may also be used to address social norms based on the needs of specific communities. These participatory community development projects involve multiple stakeholders with representation from community members, leaders and institutions, supporting one another in reflection and reform. The approach typically works at all ecological levels (see Section 1.4) through changing individual attitudes, relationship and community norms and wider community structures.

Micro-finance and empowerment approaches aim to increase the economic and social power of women by providing small loans for income generation, and show reduced violence against women (see Table 5.2). They have been used in over 40 LMICs across Africa, Asia, Europe and Latin America. Some concerns remain over lenders exploiting disadvantaged borrowers, and increases in violence when men feel threatened by the empowerment of women. However, well-run micro-finance

Table 5.2 Gender-based violence (GBV) prevention programmes

What does the intervention do?	Whom does it target?	How is it delivered?	Where is it used? ^a	What is it effective at doing? ^b
School-based programmes				
Aim to address social norms (e.g. gender stereotypes), improve gender equity and develop relationship skills. Often focus on dating violence, with programmes also raising awareness of support available for those affected by violence in relationships. <i>E.g. Safe Dates; The Fourth R: Strategies for Health Youth Relationships; Stepping Stones</i>	Older children/early adolescence (i.e. aged 12 and upwards).	Typically by teachers; may also be delivered within the community by other health educators. Delivered to single-sex or mixed-sex groups.	<p>Canada</p> <p>India</p> <p>South Africa</p> <p>Tanzania</p> <p>Uganda</p> <p>UK</p> <p>USA</p>	<p>↓ Violence perpetration</p> <p>↓ Violence victimisation</p> <p>↑ Gender-equitable attitudes</p> <p>↑ Knowledge and attitudes towards dating violence</p> <p>↑ Condom use</p>
Empowerment approaches to reduce gender inequality				
Individuals and communities are viewed as agents of change and supported to identify their own problems and develop resources, skills and confidence to address them. May incorporate education sessions and skills building to help challenge gender norms and promote communication and relationship skills. May also use micro-finance initiatives to increase the economic and social power of women, providing small loans for income generation projects to alleviate poverty. <i>E.g. Stepping Stones; SASA!; Intervention with Microfinance for AIDS and Gender-Equity (IMAGE)</i>	May target communities as a whole, or work with sub-groups of the population; typically work with women and girls from adolescence upwards (although may also involve components for males – see below).	Typically delivered in community settings by paraprofessionals.	<p>Bangladesh</p> <p>Ethiopia</p> <p>Fiji</p> <p>India</p> <p>Nepal</p> <p>Pakistan</p> <p>South Africa</p> <p>Tanzania</p> <p>Uganda</p>	<p>↓ Violence victimisation</p> <p>↓ Violence perpetration</p> <p>↓ Social acceptance of intimate partner violence</p> <p>↑ Gender-equitable attitudes</p>

Programmes working with men and boys			
Work with male peer groups to change violence-related attitudes, redefine masculinity and promote respect for women. Programmes may often address situations involving alcohol, and/or promote positive bystander behaviour. <i>E.g. Men as Partners; Program H</i>	Typically aimed at teenage boys and young adults.	School-based or community group-education initiatives; often delivered by peer educators or sports figures; some programmes may also be service based (i.e. involving health services for men or individual approaches based in health and social care settings).	<p>↓ Violence perpetration</p> <p>↑ Gender-equitable attitudes</p>
<p>Australia</p> <p>Bangladesh Brazil</p> <p>India</p> <p>Jamaica Nicaragua</p> <p>South Africa</p> <p>Tanzania</p>			
Mass media interventions – social norms marketing and 'edutainment'			
Campaigns aiming to raise public awareness (of violence against women/IPV and sexual violence), address myths and misconceptions and ultimately challenge and change public opinion (social norms). May also aim to create a legal environment for change. <i>E.g. Soul City</i>	General public; whole communities; some initiatives may be directed at national governments. International campaigns have also been established (e.g. by the UN).	May include television and radio broadcasts, print materials, helplines, etc.; involves the promotion of public discussion; campaigns may be facilitated by celebrities or other public figures.	<p>↑ Knowledge of gender issues</p> <p>↑ Gender-equitable attitudes</p> <p>↑ Support seeking and giving for intimate partner violence</p>
<p>India Nicaragua</p> <p>South Africa</p>			

^a Examples of countries where the intervention has been implemented; Commonwealth countries are prioritised and highlighted in bold.

^b ↑ indicates an increase/improvement. ↓ indicates a reduction. Brief details on studies containing evidence of effectiveness are provided in the Appendix.

approaches have a positive impact on violence against women and girls when combined with education and skills-building components. These approaches can offer good value, with a programme in Uganda, for instance, costing around US\$460 per case of past-year physical IPV prevented (Table A2). However, the effectiveness of empowerment programmes depends on community ownership and adequate and sustained funding (see Table 5.2).

HVPs and parenting programmes (see Table 5.1) that support maternal mental health have some positive impact on preventing IPV. Harmful use of alcohol is also associated with IPV perpetration for both male–female and female–male physical violence (Foran and O’Leary 2008). Further, alcohol is a contributor to all types of violence including child maltreatment (e.g. the ability of a parent to care for a child), youth violence and elder abuse. Approaches to reduce the availability and use of alcohol are relevant to all types of violence prevention (see Box 5.4).

Increases in risks of sexual and intimate partner violence during and following war (and other conflict) mean preventing such violence in these settings is critical. However, there have been few rigorous evaluations of GBV prevention in conflict settings or in refugee or displaced populations, with greater focus given to response and support

Box 5.4 Addressing alcohol-related violence

A range of strategies can be used to reduce alcohol harms and help communities to create social and physical environments that discourage excessive alcohol consumption (Burton et al. 2016; CDC 2016). These include:

- regulation of alcohol outlet density (i.e. the numbers and concentration of alcohol retailers, including bars, restaurants, off licences/liquor stores etc. in a given area);
- regulation of alcohol marketing (e.g. controls on promotion in media, sponsorship of sport and music events);
- increasing alcohol taxes and implementing a minimum price at which alcohol can be sold;
- dram shop liability/commercial host liability – laws that hold alcohol retail establishments liable for injuries or harms resulting from illegal alcohol sales (i.e. to those underage or intoxicated);
- maintaining limits on days and hours of sale;
- screening and brief motivational intervention – health professionals providing personalised feedback to at-risk drinkers on the risks and consequences of their drinking;
- enhanced enforcement of laws prohibiting sales to minors (e.g. increased compliance checks).

Properly regulated alcohol production, marketing and distribution are required to help reduce risks of all forms of interpersonal violence (see Section 4.2.6). Such regulation requires policy development independent from those who benefit financially from the promotion and sale of alcohol (Chan 2013). See also Section 5.2.4.

services than to primary prevention (Tappis et al. 2016). Prevention approaches that have shown success in non-conflict situations may have some utility (e.g. relationship skills development; micro-finance, see Table 5.2) but would require adaptation to work effectively within different (and probably fragile) infrastructures and systems (e.g. camp-based settings). Promising evidence is emerging in conflict settings for economic empowerment approaches when they are used in combination with conflict management and communication skills programming (Murphy et al. 2016), and for work with men to address gender norms and notions of masculinity (see Hossain et al. 2014 for an example of a pilot programme in Côte d'Ivoire). While there is some evidence for programmes to prevent conflict-related sexual violence (e.g. through awareness-raising workshops or night patrols; see Spangaro et al. 2013 for review), interventions typically address only opportunistic forms of sexual violence. Guidance from UNICEF (2003) highlights the importance of rebuilding family and community structures and support systems after conflict, all of which are likely to be critical to violence prevention.

5.2.3 Elder abuse

Elder abuse programmes typically focus on the experiences of stress and social isolation faced by both older persons and their carers (see Section 4.2.4). However, there is a notable lack of good-quality evidence for policy and practice to prevent elder abuse (Sethi et al. 2011), with only a small number of lower-quality intervention studies limited to HICS (Baker et al. 2016). Further information on elder abuse prevention programmes is summarised in Table 5.3 and additional detail on evidence from programmes implemented in various countries is provided in the Appendix (see Table A3).

Caregiver support programmes have been found to have some effect on improving quality of life for carers and appear promising (the same is also true of money management programmes; Pillemer et al. 2016; Table 5.3). Programmes for care professionals show some limited evidence of attitude change (see Table 5.3), but no evidence of impact on actual violence. Although large variations between programmes make comparisons difficult, building empathy between carers and older individuals appears to be an important component (Samra et al. 2013).

Public information campaigns have been used in many countries to raise awareness of the issue of elder abuse, but there is currently no empirical evidence of their effectiveness for changing attitudes or behaviours. **School-based intergenerational programmes** may offer an important opportunity for a more focused approach to challenging stereotypes and social norms (see Table 5.3), but the small-scale evaluations that have been conducted on these programmes are dated (typically conducted in the 1990s) and offer limited insight into longer-term impacts on attitudes or violence perpetration.

5.2.4 Youth violence

Violent behaviour shows a developmental progression, often emerging during early adolescence. Programmes that address the risk factors for youth violence may focus on the early development of life and relationships skills, or the involvement of peers and other influences (see Section 4.2.4). Information on the delivery and impacts of programmes to prevent youth violence is summarised in Table 5.4, with additional information on evidence of their effectiveness presented in the Appendix (see Table A4).

Although much of the evidence base for youth violence prevention (see Table 5.4) is drawn from the USA, Australia, Canada and the UK, studies are emerging from across the rest of the world, including LMICs. These include studies on family-based

Table 5.3 Elder abuse prevention programmes

What does the intervention do?	Whom does it target?	How is it delivered?	Where is it used? ^a	What is it effective at doing? ^b
Caregiver support programmes				
May include practical support to alleviate some of the burdens of caregiving (e.g. housekeeping; meal preparation), as well as a focus on mental health and positive social interactions.	Family members and other non-professional or informal caregivers.	Delivery through a range of methods, from more formal education classes to support/peer learning groups and online (self-directed) approaches.	Australia Canada India UK USA	↓ Caregiver strain and burden ↓ Caregiver anxiety and depression
Programmes to encourage positive attitudes and good professional practice among those working with older people				
Providing education about the ageing process and stereotypes around ageing. Training programmes may also support staff to develop skills in preventing conflict with patients; coping mechanisms to deal with difficult behaviour; effectively communicating with patients; and managing stress. <i>E.g. Breaking the Taboo</i>	Nursing or medical students; staff working in (geriatric) nursing and/or residential care.	A range of teaching methods and approaches may be used but typically delivered in groups as a component part of routine training.	Australia Canada Israel Malaysia UK	↑ Positive attitudes towards older people
School-based intergenerational programmes				
Provides meaningful interaction between older and younger people to encourage positive attitudes towards older people. Aim to address personal attitudes but also challenge stereotypes and social norms. <i>E.g. Mentor Programmes in USA and UK; Meadows School Project</i>	School or university students.	Delivery ranges from indirect contact (e.g. the exchange of letters) through to programmes within nursing homes or activities in community settings.	Australia Canada UK USA	↑ Positive attitudes towards older people

^a Examples of countries where the intervention has been implemented; Commonwealth countries are prioritised and highlighted in bold.

^b ↑ indicates an increase/improvement, ↓ indicates a reduction. Brief details on studies containing evidence of effectiveness are provided in the Appendix.

Table 5.4 Youth violence prevention programmes

What does the intervention do?	Whom does it target?	How is it delivered?	Where is it used? ^a	What is it effective at doing? ^b
Home visitation and parenting/parent–child programmes (See Table 5.1)				
Preschool enrichment programmes				
Develop social, emotional and cognitive skills in young children. May include parent training or family support. Aim to prevent behaviour problems and enhance protective factors (e.g. school attainment). <i>E.g. Sure Start; Chicago Child–Parent Centres</i>	Children from birth up to age 5 years, and their families. Some programmes are universal, others are targeted at disadvantaged communities.	Mostly delivered by educators/teachers in community settings (e.g. health centres) or dedicated children’s centres.	Canada Jamaica Malaysia Trinidad and Tobago UK USA	↓ Violent offending and crime ↓ Child maltreatment ↓ Risk of negative parenting ↑ Child social behaviour ↑ Educational attainment ↑ Employment
Social and emotional development programmes (see also Dating violence prevention programmes, Table 5.2)				
Aim to develop children and young people’s social skills and help them form positive relationships. Cover skills such as problem solving, conflict resolution and empathy. Typically use cognitive behavioural methods. <i>E.g. Promoting Alternative Thinking Strategies</i>	Some programmes are universal while others are targeted at children and young people from high-risk groups.	Typically school based, although may also be available in community settings and through voluntary organisations.	Worldwide (HICs and LMICs)	↓ Violent behaviour ↓ Health–risk behaviours ↑ Social competence/behaviour ↑ Academic attainment ↑ Mental health
Mentoring programmes				
Older peers or adults act as role models and provide emotional, social and academic support to young people. Programmes may focus on specific outcomes (e.g. academic achievement) or have a broader focus on positive development. <i>E.g. Big Brothers, Big Sisters</i>	Typically target youths at risk of delinquent or antisocial behaviour, violence, school failure or non-attendance, and/or substance use.	Often school based, although may also be provided in the community and through voluntary organisations.	Australia India New Zealand Spain USA	↓ Delinquency ↓ Bullying ↓ Drug use ↑ Self-esteem ↑ Academic performance

(continued)

Table 5.4 Youth violence prevention programmes (continued)

What does the intervention do?	Whom does it target?	How is it delivered?	Where is it used? ^a	What is it effective at doing? ^b
Classroom behaviour management				
Helps teachers to address disruptive and aggressive classroom behaviours and develop productive school communities. Students often engage in developing rules for behaviour. <i>E.g. Good Behaviour Game</i>	Secondary school-age children.	School based; delivered within the classroom as part of standard curriculum.	Belgium Netherlands UK USA	↓ Drug and alcohol abuse ↓ Antisocial personality disorder ↑ Classroom behaviour
Whole-school approaches to bullying prevention				
Can include developing school rules for bullying; staff training; classroom curriculum for students; and work with parents. Many programmes begin with a baseline assessment of bullying, and tailor interventions accordingly. <i>E.g. Olweus; KiVa Antibullying Program</i>	Typically engage all pupils and teachers; may also work with parents. Some provide targeted support to those most at risk of bullying involvement.	School based. Often integrated into standard lessons and delivered by teachers. May also involve work with specialists (e.g. school nurses; pastoral care leads/social workers).	Canada Finland Norway UK USA	↓ Bullying perpetration ↓ Bullying victimisation ↓ Cyberbullying/victimisation ↑ Prosocial attitudes
Community-focused strategies				
Community coalitions use local data to understand problems and inform preventative action. May include community policing; reducing firearms access; vocational training; alcohol licensing enforcement. <i>E.g. Communities that Care; STAD project</i>	Universal approach targeting whole communities; can focus on specific violence types, e.g. alcohol-related violence, gun violence.	Community-based approach may be delivered as outreach, within community settings, schools, homes or drinking environments.	Brazil Finland Sweden UK USA	↓ Homicide ↓ Violent crime ↓ Violent behaviour

^a Examples of countries where the intervention has been implemented; Commonwealth countries are prioritised and highlighted in bold.

^b ↑ indicates an increase/improvement, ↓ indicates a reduction. Brief details on studies containing evidence of effectiveness are provided in the Appendix.

parenting programmes (see Section 5.2.1; Table 5.1) for younger children (Butchart et al. 2016). These life course approaches are considered among the best approaches for reducing child conduct problems – a key risk factor for later youth violence perpetration. Positive outcomes include reductions in behaviour problems in earlier childhood and adolescence (see Table 5.1), although there is limited evidence for longer-term effects (i.e. into adulthood). **Preschool enrichment programmes** have also been successfully implemented in multiple LMICs (see Table 5.4), with those that include both individual and group components considered most effective and returning in savings several times the cost of implementation (Table A4). Targeting programmes at high-risk groups can be an effective use of resources but care must be taken to avoid stigmatisation of such sub-groups.

Programmes within schools that **develop social and emotional skills** (Table 5.4, see also Section 5.2.2) in children and young people can address several risk factors for youth violence, having positive impacts on mental health and wellbeing, as well as educational outcomes such as attendance and attainment (see Table 5.4). Many skill-based programmes for older children and young adults also focus on healthy life choices and healthy relationships, with the aim of preventing dating or IPV among young people. School delivery, however, may not reach highly vulnerable groups who do not attend school. These approaches are less likely to be feasible or effective in contexts in which access to and quality of educational settings are poor. Economic analysis in England suggested that school-based social and emotional learning programmes would produce cost savings for the public sector, with most savings expected to result from crime and health services (see Table A4).

Mentoring programmes that pair young people with supportive adult role models can have a positive impact on risk factors and actual levels of violence (see Table 5.4), although success depends on the nature and quality of the mentor–mentee relationship. **Classroom behaviour management** that supports teachers to address aggressive behaviour and promote positive school environments has shown sustained positive impacts, although this is based almost exclusively on evidence from one programme (see Table 5.4).

Whole-school bullying prevention programmes that take a systems approach to improve peer relationships and create safe and supportive school environments are widely accepted by young people and have been shown to reduce perpetration and victimisation and increase prosocial attitudes (see Table 5.4). Findings are not consistent across all studies, and success has been linked to factors such as parental commitment to the programme (WHO2015b).

Community-based strategies allow data sharing and partnership between young people, their families, schools, community organisations and public services. They can address the common underlying risk factors (e.g. substance use, gang membership, criminal activity) that, if left unaddressed, leave violence intractable. A systematic review in Latin America concluded that community-based interventions that involved different levels of actors (e.g. police, community leaders, families) were most promising for reducing youth homicide (Atienzo et al. 2016). Some community-based strategies may also include components for reducing access to firearms. Reducing access to lethal means is a critical factor in addressing all violence and its impact on individuals and communities (see Box 5.5).

Community-based strategies are also effective in preventing alcohol-related violence in nightlife environments (Jones et al. 2011). Here, programmes such as programmes typically develop partnerships between local authorities, police, health services and nightlife industry representatives, which work to identify problems related to alcohol

Box 5.5 Controlling access to weapons

Each year more than 740,000 people die as a result of armed violence (including self-directed violence), with the majority of these deaths (around 490,000) occurring in countries that are not affected by armed conflict (SAS 2015). As armed violence takes different forms in different geographical, social or political contexts, effective methods to prevent it also vary. However, efforts to control access to the weapons that are most often used to perpetrate violence (disarmament) are a critical component.

An evidence summary from the Geneva Declaration Secretariat highlights that weapons control programmes are most effective when they include comprehensive strategies to address both supply and demand and combine the following:

- policy reforms;
- prohibitions on the carrying of weapons, e.g. gun-free zones;
- policing, e.g. 'zero-tolerance' enforcement activities and intelligence-driven policing (for weapon seizure);
- weapons collection and destruction campaigns (particularly in post-conflict settings);
- awareness-raising and behaviour change initiatives, i.e. to change attitudes towards weapon possession and security dynamics.

For more information and case studies, see Wilson (2014) or visit <http://www.smallarmssurvey.org>.

and violence, and implement interventions such as the development and strict enforcement of licensing legislation, training for bar staff and awareness-raising activity. Measures to control the availability of alcohol are also important in preventing alcohol-related youth violence in nightlife settings, and include controlling permitted alcohol service hours (Kypri et al. 2014) and density of outlet premises (Cameron et al. 2016). Other measures that are effective at reducing alcohol-related violence have been summarised in Section 5.2.2 (see Box 5.4).

Gang violence

Gang violence prevention programmes often try to stop youths joining gangs, or offer assistance to those who are already in gangs to leave. However, some programmes focus exclusively on reducing violence (such as shootings or knife violence) without directly trying to interrupt or address gang membership. Joining a gang is a complex process but motivations can include a (perceived) need for protection; support and a sense of belonging; status; or access to money or other resources (see Section 4.2.3). Gang violence prevention programmes must create positive alternative options for young people, such as training and education for meaningful employment, to counter the rewards gangs offer (see Section 4.2.7), as well as offering protection from gang members. Further information on the delivery and impact of gang violence prevention programmes is provided in Table 5.5, with information on evidence such programmes in the Appendix (see Table A5).

Table 5.5 Gang (violence) prevention programmes

What does the intervention do?	Whom does it target?	How is it delivered?	Where is it used? ^a	What is it effective at doing? ^b
Identifying and addressing conduct disorders (see also Home visitation and parenting programmes, Table 5.1)				
Provides therapeutic intervention for mental health problems strongly related to offending behaviour and general health and wellbeing outcomes. <i>E.g. Incredible Years; Triple P</i>	Parents or carers of 3- to 11-year-olds at high risk of, or having, oppositional defiant disorder or conduct disorder.	Group parent training programmes delivered by health, social care and education professionals.	Germany Ireland Norway UK USA	↓ Conduct problems ↓ Sibling problem behaviours
School-based gang prevention programmes (see also Social and emotional development programmes and classroom behavioural management, Table 5.2)				
Aim to teach youths to avoid gang membership and develop life skills (with particular focus on listening skills and non-verbal communication), encourage them to make healthy choices, and encourage positive relationships among parents, schools, the community and law enforcement personnel. <i>E.g. GREAT</i>	School pupils aged 11–18 years.	Typically delivered within schools by uniformed police officers; engages young people as they start middle school, and continue throughout their school life.	Hong Kong UK USA	↓ Gang involvement ↑ Prosocial attitudes ↑ Police–youth relationships

(continued)

Table 5.5 Gang (violence) prevention programmes (*continued*)

What does the intervention do?	Whom does it target?	How is it delivered?	Where is it used? ^a	What is it effective at doing? ^b
Multisystemic therapy (MST)				
Uses strength-based and cognitive behavioural approaches to improve parenting skills and family cohesion, increase engagement in education and training, and address underlying health and social problems within families. Parents are seen as the primary agents of change.	Families of 11- to 17-year-olds at high risk of placement in custody or care because of offending or behavioural problems.	Delivered by highly qualified professionals (therapists), who work with families for 4–6 months, typically within their home.	Australia Canada Netherlands New Zealand Norway UK USA	↓ Arrests ↓ Sibling arrests ↓ Recidivism rates ↓ Delinquent and aggressive behaviour ↑ Family functioning
Mentoring programmes (see Table 5.2)				
Community and problem-oriented policing				
Uses data to understand problem and aims to deliver clear messages about the consequences of gang involvement (immediate and intense response); often supported by mentoring, conflict resolution and case management to support positive alternatives to gang activity and/or membership. <i>E.g. Operation Ceasefire</i>	Youth aged 10–18 years already involved with or at risk of becoming involved with gangs.	Often police led, with engagement delivered by youth outreach workers in neighbourhood settings (e.g. schools, parks, housing estates).	UK USA	↓ Gun homicide ↓ Youth gun assaults ↓ Gun possession

^a Examples of countries where the intervention has been implemented; Commonwealth countries are prioritised and highlighted in bold.

^b ↑ indicates an increase/improvement, ↓ indicates a reduction. Brief details on studies containing evidence of effectiveness are provided in the Appendix.

Box 5.6 Reducing violence related to illegal drug markets

Evidence suggests that intensive law enforcement interventions aiming to disrupt the supply of and demand for illicit drugs (e.g. increased police resources to address illicit drug use, penalties for serious drug crimes) may inadvertently increase levels of drug-related gang violence rather than reduce them (Rutter 2009; Werb et al. 2010). This is in part because of the consequent change in dynamics of gangs and networks (e.g. following the deaths of gang leaders or corrupt officials) that increases conflict within and between gangs, competition for drug markets and the need to re-establish sources of protection (Rutter 2009; Werb et al. 2010). Alternative models of controlling the supply of and demand for illicit drugs have been suggested. Many focus on providing a regulated legal supply in order to avoid infection and other health problems associated with illegal products, reduce the influence of corruption, cut levels of drug-related violence and consequently improve public health (Transform Drug Policy Foundation 2009). Reducing the demand for drugs through the development of life skills (see Section 5.2.4) is also key (WHO 2009b).

Involvement in general juvenile delinquency almost always precedes gang involvement, with children progressing through trajectories of increasing antisocial behaviour. Thus programmes that aim to **prevent or reduce conduct disorders** in young children, and programmes that help parents to support healthy child socio-emotional development can address risk factors for gang violence (see Table 5.5).

There are very few well-evidenced gang-specific programmes (O'Connor and Waddell 2015; see Table 5.5), and evidence suggests that school-based programmes may fail to engage those who are most at risk of gang involvement. Strategies that include personalised case management, community involvement in the planning and delivery of interventions, and the provision of beneficial alternatives to gang activities are likely to be more effective than those that do not suitably combine all these elements (Hodgkinson 2009).

In many countries (e.g. the USA, UK) gangs are one of the major distribution mechanisms for drugs. While a comprehensive review of tackling drug distribution-related violence is beyond the scope of this report, some key elements are summarised in Box 5.6.

5.3 Preventing radicalisation and violent extremism

Given the interrelations between violence and institutional and social fragility, addressing the macro-social determinants described in Section 5.1 may have an impact on **all** forms of violence, including RVE. Although individuals experience personal drivers for radical behaviour, this is more likely to result in extremist violence under certain political, economic and social conditions or triggers (see Section 4.1). Therefore, strategies and approaches that aim to tackle global inequities that foster marginalisation and fractionalisation should help counter views that violence is a legitimate response.

The evidence base for primary prevention of RVE is in an early developmental stage. Much developing practice has not been evaluated, implementation is not well described and effectiveness is largely undetermined. Consequently, this section

draws together programmes with potential impact as well as actual evidence in order to best describe an emerging field. The UN Secretary General's Plan of Action to Prevent Violent Extremism (2016) sets priorities for approaches that have much in common with prevention of other types of violence:

- education, skills development and employment facilitation;
- empowerment of youth;
- strategic communications, the internet and social media;
- gender equality and the empowerment of women.

Table 5.6 summarises RVE prevention programming and the suggested theory behind its use. Importantly, these approaches are not mutually exclusive and effective intervention may require a combination of programme types. This is demonstrated by some of the examples provided throughout this section.

Community-based approaches are likely to be instrumental in the prevention of RVE, through addressing specific vulnerabilities, fears and anxieties of a given community. Community ownership of programmes is emerging as important to success along with collaborations based on common priorities and underpinned by trust. Programmes specifically aimed at young people can be implemented within community or education settings. Some approaches are aimed at those who have already been exposed to radical ideals (see Table 5.6). Working with this cohort in particular requires extensive collaboration between government, community organisations, schools/teachers, social workers and the police. However, opinion is still divided on whether or not it is possible to appropriately identify vulnerability to radicalisation (see discussion in Section 4.2; Box 4.3). Being Muslim Being British (BMBB; see Box 5.7) provides an example of a programme for young people who have been exposed to extremist discourse.

Education is both a target and a tool for extremists, and therefore plays an important part in prevention. Between 1970 and 2013 there were more than 3,400 terrorist attacks that targeted educational institutions in over 110 countries (Miller 2014). Formal education settings are also used by extremists to indoctrinate and recruit young people. An example of an approach to preventing terrorism in education settings in Africa is summarised in Box 5.8. The United Nations Educational, Scientific and Cultural Organization (UNESCO 2017) offers guidance on preventing violent extremism within an education context, suggesting that this should form part of a broader effort involving families, communities and the media. Relevant topics to be discussed within the school setting include citizenship, history, religion and beliefs, and gender equality. Focus is given to three key domains of learning, which have strong similarities to features of broader interpersonal violence prevention (see Section 5.2.4):

1. cognitive, e.g. developing skills for critical thinking, raising children's awareness of stereotypes and prejudices, and helping them to understand the complexity of local, national and global issues;
2. socio-emotional, e.g. developing empathy and a sense of belonging to common humanity, supporting children in understanding different people and encouraging respect for diversity;
3. behavioural, e.g. developing communication skills, and enabling children to listen to others and express their own opinions.

Education-based approaches are often supported because of their broad reach with young people. Face to Faith is a programme delivered within secondary schools (Box 5.9). However, RVE prevention in education settings requires the provision of

Table 5.6 Preventing radicalisation and violent extremism

Why might this approach work?	What does the intervention do?	Whom does it target and how is it delivered?	What does the evidence tell us so far?
<p>Promoting positive socialisation and more inclusive societies</p> <p>Extremist ideologies glorify the supremacy of a particular group (based on religion, race, class, etc.) and oppose the idea of open and inclusive societies. Promoting integrative complexity (i.e. the ability to see the world and competing values in a nuanced rather than binary manner) can help to address this.</p>	<p>Programmes have a human rights focus and promote tolerance and respect for diversity (e.g. in political opinion, faith, lifestyle choices, social behaviour). Additional components may create a safe space for community dialogue about contentious issues (e.g. foreign policy), and address the specific fears and anxieties of a given community.</p>	<p>Universal approach that targets whole communities. Programmes may be delivered by community organisations or within schools, universities, workplaces, etc. They may also include victim testimonials.</p>	<p>A UK review of approaches to prevent violent extremism in the name of religion concluded that there was no evidence to suggest which work best to change a community's attitude. However, a programme (Being Muslim Being British; Box 5.7) that aimed to promote integrative complexity found and replicated a positive impact on conflict resolution for young Muslims in the UK and Kenya (Liht and Savage 2013; Khan and Liht 2014). The use of inclusive development and promotion of tolerance and respect for diversity is a cornerstone of the SDGs, and its use for preventing violent extremism is supported by international bodies, including UNESCO and UNDP (UNDP 2016).</p>

(continued)

Table 5.6 Preventing radicalisation and violent extremism (*continued*)

Why might this approach work?	What does the intervention do?	Whom does it target and how is it delivered?	What does the evidence tell us so far?
<p>Delivering counter or alternative narratives</p> <p>Extremist ideologies are underpinned by value monism ('us versus them'), with extremist groups often providing a discourse that appears to offer a simple solution to the problems of a complex world. Exposure to extremist propaganda is critical to the process of radicalisation, and extremists are increasingly populating online spaces where young people in particular seek information and social interaction.</p>	<p>Facilitates knowledge and understanding of non-violent messages and directly challenges extremist propaganda. May also include messages about what national government is doing to prevent RVE and fight terrorism. Programmes can have multiple strands and may involve:</p> <ul style="list-style-type: none"> • raising public awareness; • positive messages aimed at those who are not actively supporting violent extremism but might be sympathetic to extremist causes (alternative narratives); • direct deconstruction, discredit and/or demystification for distinct audiences who are at risk of radicalisation or may have been directly influenced by extremist ideologies. 	<p>Universal and targeted approaches, typically delivered by those seen as 'credible messengers' (e.g. former extremists or survivors groups), depending on the context and target audience. May be delivered by government agencies. Some programmes allow young people (e.g. college students) to develop their own social or digital campaigns to counter violent extremism.</p>	<p>A review of programmes to counter narratives of violent extremism (Briggs and Feve, 2013) found that counter-narrative work as an area of public policy is only in its infancy and that, while community and civil society groups have been conducting this work for many years, evidence on effectiveness is largely anecdotal or drawn from personal testimonials. There is some evidence emerging to suggest that counternarratives have limited utility and that violent narratives must be replaced, not just countered (Beutel et al. 2016). However, former extremists have cited exposure to alternative sources of information as reasons for their disengagement (Barrelle 2015). Evidence from public health campaigns (e.g. for smoking) demonstrates the potential for changing attitudes and behaviours through sustained communication campaigns.</p>

<p>Programmes for young people</p> <p>Young people are considered to be most susceptible to radicalisation and an attraction to violent extremism, because of transitions that occur during adolescence and the role of peer influences in identity development. Education is both a target and a tool for religious extremists in particular, and therefore will have an important role to play in the prevention agenda.</p>	<p>Programmes may involve a variety of components: citizenship; political, religious and ethnic tolerance; digital literacy and critical thinking; challenging social norms and values; addressing stereotypes, prejudice and discrimination.</p>	<p>Typically targeted at adolescents. Programmes may engage with all young people or target those considered at risk of radicalisation/violent extremism. Delivered within schools or by community and voluntary organisations. May involve outreach work and multi-agency collaborators. May also involve religious leaders (see below).</p>	<p>A review by the UK Government suggests that work with young people is the most common focus of current literature in the area of RVE prevention (Pratchett et al. 2010). For example, the Kofi Annan Foundation has developed the Extremely Together for a Safer World initiative to empower young people to prevent RVE through peer-to-peer engagement and learning². The UN and the United Networks of Young Peacebuilders continue to focus on the promise and role of youth in preventing RVE and promoting peace³, as does the Commonwealth Youth Peace Ambassadors Network⁴.</p>
<p>Empowering women</p> <p>There is growing awareness of the importance of harnessing females as positive agents of change. The position of women in society and the family (particularly relating to the socialisation of children and as primary caregivers) ideally places them to identify warning signs and have an impact on factors that contribute to a person's trajectory into radicalisation.</p>	<p>Programmes focus on the positive role of women and can include aims such as developing self-confidence, improving parenting skills, and strengthening resilience, power and self-efficacy in dealing with radicalisation issues in families and communities. Programmes may also provide opportunities for income generation.</p>	<p>Typically aimed at mothers, but may also support the psycho-social development of adolescent girls. They are often delivered within the community. Countries are likely to already have goals and initiatives that aim to empower women and that focus on gender equality. It may be possible to align resources or develop these approaches to include efforts to prevent RVE.</p>	<p>Several organisations around the world recognise the power of women as change-makers and have thus empowered women to address issues such as poverty alleviation and conflict resolution. Good practices on women and countering violent extremism are provided by the Global Counterterrorism Forum and the Organisation for Security and Cooperation in Europe (GCFT 2016). The United States Institute of Peace also provides a thought-for-action kit on women preventing violent extremism⁵.</p>

(continued)

Table 5.6 Preventing radicalisation and violent extremism (*continued*)

Why might this approach work?	What does the intervention do?	Whom does it target and how is it delivered?	What does the evidence tell us so far?
Working with faith-based organisations and/or religious leaders			
Religious leaders are generally thought to be out of touch with younger generations, meaning there is the potential for those with extremist views to exploit an ideological vacuum.	Aims to develop stronger relationships within religious communities and give leaders skills to deliver alternative narratives to extremism and support young people in their communities.	Key figures in religious groups or faith-based organisations.	A review suggests that work with leaders <i>alone</i> is not sufficient to successfully prevent religious violent extremism. However, the review highlights the role that religious leaders may play in work with young people or women (as above; Pratchett et al. 2010).

Box 5.7 Being Muslim Being British (BMBB)

Aim: To facilitate an individual's normal development pathway towards value pluralism⁶, helping to avoid forced choice between conflicting ideologies, and therefore develop resilience to the attractiveness of extremist groups.

Design and delivery: Multimedia course for young people (16+) who have been exposed to extremist discourse, or those interested in the issues that affect young Muslims. Eight sessions (16 contact hours) of DVD films portraying Muslim views from extreme right to extreme left, followed by group activities. Developed with the input of imams and Muslim community leaders, and delivered by trained facilitators.

Location(s): UK; new versions are currently being developed for use in Kenya, Finland and Bosnia.

Outcomes: Comparison of pre- and post-BMBB group discussions showed a shift towards openness, away from conservation of tradition. Participants gave greater value to new information and viewpoints and saw beyond their own motives and benefits to consider wider spiritual ideals.

Source: Liht and Savage, 2013.

Box 5.8 Five-cornerstone approach to countering terrorism through education in African schools

1. Improve the general level of education for the whole population, to tackle unemployment.
2. Foster critical thinking in schools so students adopt civic values and improve decision-making. Schools can also teach students about terrorism (e.g. what it is, its negative effects, etc.).
3. Teach students to combat terrorism by analysing media and recognising proponents of extremist messages.
4. Educate students about how to use and understand electronic intelligence and cybersecurity.
5. Educate security personnel in the same ways as above.

Source: Lelo, 2011

education and ensured access, neither of which may exist in some areas, especially those in conflict. It is estimated that 58 million primary school-age children worldwide are not in school. Nigeria, for example, accounts for 15 per cent of this total, with one in five children out of school across the country (UIS 2015). Varying geographical, socio-economic and political contexts contribute to huge differences in education access and in some cases may require decentralised, organic, localised educational programmes for use in both formal and non-formal settings (Ghosh et al. 2016).

Box 5.9 Face to Faith (aka Generation Global)

Aim: To provide students with the opportunity to meet other students of differing faiths online.

Design and delivery: Delivered to 12- to 17-year-olds in secondary schools. Provides resources for teachers who support students in entering a dialogue with other students asking one another about religion. Also prompts discussion of social justice concerns such as gender equality, wealth, poverty and charity. Contact with other students is provided through online forums, blogs and videoconferencing.

Location(s): Egypt, India, Indonesia, Israel, Italy, Jordan, Mexico, Pakistan, Philippines, Ukraine, United Arab Emirates, United Kingdom, United States.

Outcomes: No evaluation available. Quotes from participating teachers include: '[It] broadens their understanding of the significance and complexities of faith and citizenship issues in another culture' – teacher, UK.

'[Students] have reported feeling more open to diversity; and subsequently took part in a multi-faith community gathering, entering into dialogue about how they could work together to achieve peace' – teacher, Pakistan.

Source: <http://generation.global/home>

Work with **women and girls** is commonly focused on their role as sources of influence within families and communities, making them well placed to recognise signs of radicalisation, counter extremist ideals and build resilience (see Table 5.6; Box 5.10). Anecdotally, there are many examples of how women have contributed to prevention efforts (for example, see Chowdhury Fink et al. 2016). UN Security Council Resolution 1325 commits nations to fully integrating women in all stages of conflict prevention, conflict resolution, and post-conflict reconstruction and peace-building (UN 2000). Building networks of women can create safe spaces to share good practice and develop common solutions. However, integration of women and girls into strategies or programmes to prevent RVE requires a broader supportive human rights context that addresses the causes of gender inequality and promotes and protects women's rights (see Section 5.2.2, Table 5.2). Extreme care should be taken in ensuring that collaborations with women and girls does not place them in danger, particularly when the work may be seen as foreign or imposed.

Efforts are also required to prevent women and girls from being actors in or supporters of violent extremism. Efforts to date may have been limited by stereotypical views of the coercion of women into extremist groups and the auxiliary nature of their roles (Raghavan and Balasubramanian 2014). Parallels can be drawn with historic perceptions of the role of girls in gangs. Although girls are still often considered to be affiliated to gangs as the girlfriends or relatives of (male) gang members, there is increased recognition of their active participation in serious crime and violence (Khan et al. 2013). Failing to recognise women's agency in participating

Box 5.10 Mothers Schools (Women Without Borders)

Aim: To support mothers in realising their strengths, qualities and inherent abilities, and provide them with the skills to detect and respond to early warning signs of RVE in their children.

Design and delivery: The programme is delivered in communities (often in more remote areas) and includes modules such as the psycho-social development of children; communication techniques with teenagers; conflict resolution; and the role of mothers in reducing violence and promoting empathy. The Mothers School curriculum facilitates critical dialogue and targeted training to strengthen women's confidence and competence to recognise and react to early warning signs of radicalisation in their children.

Location(s): Austria; India; Indonesia; Pakistan; Tajikistan; Tanzania.

Outcomes: After the introduction to the Mothers Schools programmes, the immediate response was very positive; all participants found the workshops very powerful and the Mothers Schools concept was very timely.

Source: <http://www.women-without-borders.org/projects/underway/42/>

in violence, including violent extremism, may hamper prevention efforts. For instance, an important consideration may be the strategies and tactics that women employ to radicalise and recruit others.

Women and girls' experiences of inequalities, GBV, marginalisation and lack of opportunity can increase their own vulnerability and susceptibility to joining extremist networks, requiring prevention approaches designed to their specific needs. The Global Counterterrorism Forum (GCTF 2016) suggests that programmes for women and girls may benefit from the involvement of female teachers, community elders, religious leaders and female former violent extremists, who can emphasise the evidence of attacks, abuses and restrictions placed on women. By delivering these specifically targeted alternative narratives, programmes can contradict extremist narratives which offer a panacea for women and girls.

In general, **delivering alternative or counter-narratives** and **working with religious leaders** are both approaches that have received much attention but little empirical study (see Table 5.6). Both may be important components of prevention efforts in general and in specific settings associated with high risks of radicalisation (e.g. prisons; see Box 5.11). Development of counter-narratives should consider how to avoid provoking a backlash that might be counterproductive and even feed into extremist arguments. Key principles for developing and delivering narrative content have been developed⁷. Careful consideration of target audiences and suitable dissemination strategies for sustainable and consistent messaging should increase attitudinal or behavioural change (Beutel et al. 2016). There are significant challenges in evaluating the impact and demonstrating the effectiveness of these approaches (such as

Box 5.11 Preventing radicalisation in prisons

Prison environments offer a potential breeding ground for radicalisation. Prisons are inherently unsettling environments in which prisoners are deprived of existing social networks (i.e. experience social isolation) and are likely to explore new beliefs about themselves and others. Poor conditions in prisons, including overcrowding and lack of access to adequate healthcare, can contribute to feelings of marginalisation and inequity. Prisoners may face particular grievances or frustrations related to being in prison which may make them vulnerable to extremist ideals and recruitment by other prisoners. Extremist groups can capitalise on this vulnerability by offering outside support to prisoners, or even promoting the idea that group membership may atone for their offending and the harm this has caused their families. Anecdotally there is considerable evidence of radicalisation in prison (Neumann 2010). However, instances are not well documented. Currently it is argued that few of those radicalised in prison then undertake extremist violence following their return to society. Nevertheless, this may present a future threat with a growing prison population of foreign fighters/returnees.

Decisions of how to work with prisoners or those on probation depend on the first assessment (Penal Reform International 2015). Therefore, consideration of vulnerability to radicalisation and grooming should be incorporated into this initial stage. However, existing tools are unlikely to be sufficient to determine risks of future extremist violence, and prison staff should be provided with training and support to improve this process. Prejudices among staff can lead to negative interactions or over-reporting of problems related to radicalisation (e.g. confusing people who may have (re)discovered their faith with people who are developing radical views), both of which may undermine prevention efforts. As the majority of prisoners will ultimately return to their existing social networks, engaging these networks of friends and family in interventions to support prisoners may be key, particularly in reconstructing their sense of citizenship and social responsibility. Such actions are likely to be important in preventing their return to other types of violence.

The role of religious figures in prison (e.g. prison imams) includes offering spiritual care and guidance but may also include providing alternative narratives as an antidote to extremism (see Table 5.6). To do so, their independence and credibility must be protected so that they are not seen as merely part of the 'establishment'.

quantifying exposure to campaigns and causally connecting intervention activity to measurable outcomes), and exploring new methods, such as use of social media metrics, may be important (Berger and Strathearn 2013).

Moving forward, it is critical that efforts to develop and test approaches to preventing extremist violence be intensified and suitably linked in to knowledge and experience derived from other areas which have well-developed evidence for primary prevention. Such efforts must be tailored to the specific context in a given country or region. The Commonwealth has invested in developing and supporting such work (Box 5.12).

Box 5.12 The role of the Commonwealth Countering Violent Extremism (CVE) Unit

The Commonwealth Heads of Government Meeting (CHOGM) in November 2015 affirmed the serious threats posed by radicalisation, violent extremism and terrorism, and supported the creation of a dedicated resource to harness the capacities and potential of the Commonwealth to provide a co-ordinated response to this growing challenge. The Commonwealth's strategic vision for countering violent extremism (CVE) is to create a network of networks to respond to all forms of violent extremism, drawing on the shared values and cultural and regional diversity of the Commonwealth and the robust relationships that are established between the Secretariat and associated organisations, governments and civil society. The Commonwealth CVE Unit will work with member countries to develop, define and understand the phenomenon of violent extremism as it relates to their specific context, and then to strategise, plan and act accordingly.

The approach of the Commonwealth CVE Unit rests on the understanding that health and education can play a role in reducing some of the risk factors and strengthening some of the skills needed to counter violent extremism. Providing health and wellbeing support to vulnerable groups within society can have direct CVE relevance. Schools, universities and other educational institutions help to teach the values of peace, respect and understanding and can play a role in facilitating community dialogue and strengthening the relationship between institutions and their communities. The Commonwealth Secretariat Health and Education Unit and the Association of Commonwealth Universities are examples of relevant implementing partners. The Commonwealth's strategic approach to CVE harnesses its unique ability to match the various needs of the Commonwealth countries and regions to the resources that are available, brokering linkages and fostering partnerships between relevant actors in order to counter transnational violent extremism.

5.4 Cross-cutting themes for violence prevention

This section has highlighted many common themes underpinning the prevention of interpersonal violence, collective violence and violent extremism:

Poverty and inequality – Addressing poverty and inequality has a huge potential for violence prevention. Across all violence types, relative deprivation, whether personal or perceived in relation to a particular group with whom one identifies, increases the likelihood of violence. For many specific violence prevention programmes, their feasibility, acceptability, sustainability and scalability relies on addressing social, political and economic factors that facilitate the development and sustention of violence. Individually, micro-financing offers a step out of poverty, and empowerment approaches offer a counter to inequality (see Section 5.2.2). Efforts to support parents work to prevent child maltreatment but also build healthier children with important life skills, education and training (see Section 5.2.4). Such children are less likely to become violent youths or abusive partners but are also more likely to seek meaningful employment and break intergenerational cycles of poverty.

Conflict and post-conflict settings – Because of institutional and social fragility, there is increased risk of multiple violence types, including extremism, both during and following conflict, with growing problems for civilian populations and forcibly displaced persons worldwide. Evidence relating to primary violence prevention in such settings is scarce. Approaches must be sensitive to local social and cultural norms while tackling inequalities and abuse (see Section 4.1.2). Key players in post-conflict settings should be informed of and appropriately adapt prevention practice from the broader evidence based on interpersonal violence.

Legal reform – Strong rule of law and decision-making systems that are void of corruption are central to reducing inequalities and creating a legal and political landscape that can support violence prevention. Many specific programmes or approaches may require a context of wider legal reform to fulfil their potential. Governments can act on social issues ahead of or in response to public opinion, but prohibition is only one part of the solution. Effective behaviour change requires complementary efforts to develop public and professional support for legislation to ensure full and effective implementation (see Section 5.1.3).

Gender and the role of women in prevention – Tackling gender inequality is critical in reducing violence against women, and in creating peaceful homes and less violent and more economically active youths and adults. Programmes that train and support women in preventing RVE are being developed (see Section 5.3). Lessons from empowerment approaches for GBV may help inform such activities (see Section 5.2.2). Tackling the active role women play in the perpetration of violence (particularly in gangs or extremist groups) is also an important and underdeveloped part of prevention.

Training professionals – Many different approaches to violence prevention highlight the need to train frontline professionals in identification of and response to those at risk of perpetrating or becoming victims of violence. Raising awareness of the needs of vulnerable individuals and families and the importance of early intervention are key components (see Section 5.2.1). Professionals must be supported to challenge their own prejudices, particularly with approaches to preventing RVE. Professionals may also act as advocates in driving political or organisational change and commitment for action to prevent and respond to violence.

Challenging norms and offering alternative narratives – Interventions to alter norms have typically targeted gender issues correcting beliefs and behaviours that drive intimate partner or sexual violence (see Section 5.2.2). The relevance of such approaches extends across all violence types, including RVE prevention. Challenging harmful narratives that support violence in any form and replacing them with narratives of tolerance, coexistence and respect for human rights and diversity (see Section 5.3) is a cross-cutting theme for violence prevention and requires further work, especially through new forms of social media (see below).

Understanding and interpreting the media – Unprecedented levels of connectivity and information access have created new dangers, including cyberbullying and online grooming for sexual exploitation as well as social networks that facilitate recruitment to extremist groups. Increased personalisation of electronic devices represents major challenges for parental monitoring of media use. Teaching children and adults about technology and the media, and providing them with the skills to be critical consumers who can deconstruct advertising and propaganda, is an increasingly crucial component of violence prevention.

Parents, mentors, peers and role models – Much of the focus of interpersonal violence prevention is on parents and other trusted adults creating safe, stable and nurturing environments for children (see Section 5.2.1). Positive attachment and the

development of resilience influence social and emotional development (see Section 5.2.4). The radicalisation literature has emphasised the role of mothers in identifying signs of radicalisation to violent extremism (see Section 5.3), although fathers have received less attention. Important role models may also come from beyond the family and interventions against youth violence and dating violence (GBV) provide examples of the potentially effective role of peers (see Sections 5.2.2 and 5.2.4). Adult and peer relationships also present a potentially dangerous influence if they are subversive. Knowledge of the role of peers in both the perpetration and prevention of interpersonal violence and RVE would benefit from a synthesis of lessons learned in each area.

Social and emotional skills development – Skills such as problem solving, critical thinking, empathy, self-awareness and stress management are important for conflict resolution and identifying propaganda, and can reduce aggressive behaviour (see Section 5.2.4). These skills also help build relationships, support education and employment outcomes, and reduce vulnerability. Therefore, development of these skills from early childhood through to adolescence will affect all forms of violence. Critical-thinking skills help people understand increasingly complex narratives about society, religion and politics, and communication skills may support appropriate political participation and peaceful advocacy (see Section 5.3).

Community-based multi-component and sustainable strategies – Preventing all types of violence increasingly requires the contribution of all sectors: health, education, criminal justice, housing, social care, and the community and voluntary sectors. Public health is often well placed to help dialogue and co-ordination across sectors. Multi-component programmes often include environmental, system and policy-level changes. The development, implementation and evaluation of sustainable programmes capable of embedding long-term change requires community engagement and building on community assets. This is reliant on sustained resources and long-term political support. The potential damages associated with implementation and subsequent withdrawal of short-term funding are poorly understood but risks include creating resentment and destabilisation.

Notes

- 1 More information on taxation and fair financing can be found in the Commission on Social Determinants of Health (CSDH 2008).
- 2 See <http://www.kofiannanfoundation.org/promoting-youth-leadership/extremely-together-safer-world/>
- 3 See <http://www.unoy.org>
- 4 See <http://www.yourcommonwealth.org/cypan/>
- 5 See <http://www.women-without-borders.org/files/downloads/Women-Preventing-Violent-Extremism-Charting-New-Course.pdf>
- 6 Value pluralism describes the idea that different people may hold different values, which may be equally correct, even if they are in conflict with one another.
- 7 See International Centre for Counter-Terrorism and Hedayah 2014; Beutel et al. 2016; Silverman et al. 2016.

6. Summary and recommendations

Recent decades have seen the emergence of evidence-based public health approaches to the prevention of interpersonal violence. What was often viewed as largely a criminal justice issue can now draw on an established literature that identifies risk factors at individual, relationship, community and societal levels, and an increasing number of evidence-based interventions that target such risks. A broader perspective on violence identifies repeating cycles of violence at different levels:

- Children exposed to violence in the home are more likely to grow up to be perpetrators or victims of violence (see Section 4.2).
- Poverty and inequalities contribute to marginalisation and risks of violence, and violence in turn contributes to poor investment, education and economic development, consequently further exacerbating poverty and inequality (see Section 4.1).
- War and organised conflict drive the movement of people and create unstable environments with weak institutional structures, traumatised individuals and poor rule of law, so further violence and abuse emerge in the aftermath (see Section 4.1).

These cycles expose strong links between interpersonal, collective and extremist violence as well as identifying how macro-socio-economic factors (poverty and inequalities) can interact with experiences in homes and institutional settings, such as schools, to create breeding grounds for violence. Like many public health problems, violence is infectious and easily transmitted between individuals and groups, as well as from one generation to the next, through exposure to violent acts. Activities to break these cycles are critical both to reducing levels of violence and to creating sustainable, healthier and economically viable communities.

Tackling violence is a specific aim for the UN SDGs (Box 1.2), including:

- Target 5.2: eliminating all forms of violence against all women and girls in public and private spheres, including exploitation;
- Target 5.3: eliminating all harmful practices, such as child, early and forced marriage and FGM;
- Target 8.7: eradicating forced labour, ending modern slavery and human trafficking; ending child labour in all its forms including recruitment and use of child soldiers;
- Target 16.1: significantly reducing all forms of violence and related death rates everywhere;
- Target 16.2: ending abuse, exploitation, trafficking and all forms of violence against children.

Violence prevention is also required for the delivery of many of the other SDGs, including building sustainable cities and communities; reducing inequalities and ending poverty; and ensuring good health and wellbeing. Other SDGs are so closely related to violence that their delivery depends on successfully tackling violence

while, at the same time, sustainable violence prevention depends on the delivery of these SDGs. Key among these are ensuring gender equality (see Section 5.1.2) and providing quality education for all.

To date, the development of violence prevention initiatives has followed various themes, often in silos. To some extent even different types of interpersonal violence such as child maltreatment, GBV (including intimate partner and sexual violence), elder abuse and youth violence have been viewed as only loosely connected issues.

A life course view of violence and the socio-economic conditions that promote it increasingly exposes common themes (e.g. poor-quality childhoods, gender inequality, low life skills development, harmful cultural norms, weak institutional structures and epidemic inequalities). Other types of violence, including collective violence and violent extremism, have remained arguably even more isolated in their approach to prevention on both theoretical and empirical levels. The findings from this review challenge these divides and identify both common causes and potential solutions that cut across multiple types of interpersonal, collective and extremism-related violence.

Especially in LMICs, where violence is most concentrated, there is an urgent need for prevention at scale. This means learning lessons and utilising combined intelligence from across geographies and violence types. It requires the avoidance of unnecessary duplication and the co-creation of solutions to violence that recognise the need to work at all levels from the individual to the global (see Section 1.4). Such work must address not only types of violence that have been established for decades but new threats that emerge from combinations of political tectonics, and new technologies that:

- connect and inform individuals, regardless of their location, about real-time events and atrocities occurring worldwide;
- graphically expose the inequalities that mean billions live in poverty while a relative minority enjoy affluence;
- enable violence-promoting propaganda to be distributed to millions of individuals at all stages of life without effective control either by parents (in the case of children) or by state regulation;
- allow new forms of violence to be undertaken (e.g. online bullying, sexual exploitation), often with anonymity and impunity;
- inform individuals how violent acts can be undertaken, and allow the co-ordination of such activities;
- enable large corporations to influence the marketing of goods, distribution of employment and investment of resources over an international footprint in ways which can directly and indirectly affect risks of violence.

Based on this review there are a number of actions that would support more effective, efficient and sustainable approaches to violence prevention.

1. Develop a collaborative Commonwealth plan to tackle all forms of violence from a public health perspective

- A Commonwealth plan should advocate violence prevention as an international priority, call upon international organisations to address violence, support development of national action plans with a broad public health focus (especially in LMICs where violence is most prevalent), disseminate best practice, and tackle types of violence and underlying risk factors that cross national borders (e.g. climate change, conflict, migration, international investment, violent extremism). Section 4.1
- At an international level, violence prevention should be integrated with other international activity to tackle corruption, gender inequality and poverty as well as improve health, economic development and education. Section 5.1

2. Ensure each country has a cross-government national action plan that adopts a public health approach and focuses on violence prevention from the earliest stage of life and across the life course

- National action plans to tackle violence should incorporate evidence-based activities to prevent individuals from developing violent tendencies from the beginning of life and across the whole life course. Section 5.2
- Taking a public health population approach, plans should encapsulate the cost of violence to organisations and individuals, and benefits of violence prevention across all government sectors. Section 1.4
- Plans should reflect relevant international agreements, appraise and adapt legislation and adopt evidence-based policies and practices. Box 1.1
- Plans should be underpinned by data and other intelligence that informs the plans and allows monitoring of their impacts.
- A health system that fully participates in violence prevention should be seen as a core feature of universal health coverage (UHC). Health ministers should call upon Heads of Government for the support and resources required for health systems to engage in a multi-sectoral violence prevention plan.
- Collective action by the Commonwealth (see above) can help facilitate the development of such plans by sharing best practice between member countries and providing guidance on their content (see Recommendation 1).

3. Develop resilience and positive identities in young people through health, educational and other youth services; focusing especially on those where disadvantage, violence or other experiences may have left them vulnerable to violent life courses

- Health, social and educational programmes are required to ensure that children, and especially those at risk of abuse, neglect and isolation, have access to a trusted adult, positive peer support and strong cultural grounding. These facets help build resilience to adopting violent behaviours and build better emotional control. Section 4.2.1
- Vulnerable children and adolescents who have suffered trauma, feel culturally isolated or have not developed a sense of personal identity require protection from exploitation by adults and peers, who may recruit or radicalise them to violent causes. Section 4.2.4 Protecting children and youths from such exploitation and ensuring support from appropriate adults and peers is likely to be effective at addressing all types of violence including violent extremism, GBV, youth and gang violence, and child maltreatment.

4. Address the role of gender in violence and promote gender equality as a critical part of preventing violence, including eliminating FGM

- Gender inequality contributes not only to intimate partner and sexual violence against girls and women but also to children developing violent tendencies and poor health, education and economic prospects. ^{Section 4.1.2} Tackling gender inequalities should be a priority for violence prevention.
- Actions to achieve gender equality should include access for girls to essential services including health and education, and ultimately increased economic empowerment, political participation and influence for women. ^{Section 5.1.2}
- Legislative change and cultural developments to transform norms and behaviour must protect the sexual and reproductive health and rights of women, and address both the direct protection of women from violence and indirect equity in income and ownership of property. Unaddressed, these problems shackle women into abusive relationships.
- Legislation, enforcement and cultural development activities should aim to eliminate FGM.
- A critical global focus on protecting females from violence should be balanced with preventing violence among young males, who are at greatest risk of suffering violent injury and becoming involved in youth violence, gang violence and violent extremism. Actions to reduce violence in young men will also reduce violence against women and girls. ^{Section 5.2.2}
- The range of interventions employed to tackle GBV should recognise that men and boys can be victims as well as perpetrators.
- Policy and practice should not see women as simply passive; tackling their active roles in gang violence and violent extremism is an important developmental area.

5. Ensure that essential laws to prevent violence are in place, fully enforced and supported by efforts to promote accompanying cultural change

- Discrimination and regressive legislation that contributes to inequality that in turn promotes violence ^{Section 4.1.3} should be replaced with mechanisms that support a state's ability to respect human rights, dispense justice, offer security and promote dignity for all.
- Legislative and cultural reform should tackle issues including all forms of child maltreatment (including child marriage), domestic violence, all forms of rape outside and within marriage, access to weapons, elder abuse and practices such as FGM (see Recommendation 4).
- Implementation should ensure that laws protect all groups including children, women, minority groups and marginalised communities, and that legislation is fully and transparently enforced. ^{Section 5.1.3}
- In some regions, basic measures including registration of all children at birth are essential first steps for all individuals to acquire legal rights and access to justice.

6. Support national and international action to tackle poverty and inequalities at all levels, from local to global

- Poverty and inequalities contribute to marginalisation, desperation and feelings of injustice and resentment, which increase risks of violence. In turn, such violence results in poorer investment, education and economic development, and further exacerbation of poverty and inequality. ^{Section 4.1} National and international actions known to effectively reduce poverty and inequalities should be more widely implemented. ^{Section 5.1}
- The UN SDGs ^{see Box 1.2} aim to eradicate extreme poverty for all people everywhere, and identify enhanced development co-operation and provision of adequate and predictable means for developing countries to implement programmes and policies as key elements.
- National social protection systems should provide basic securities, especially for the poorest and most vulnerable, and international capacity should be supported to mitigate impacts of conflict, economic, climate and other disasters.
- Economic growth should reduce inequalities, protect individual, cultural and environmental assets available in communities, and develop their utility through education and health improvement.

7. Eradicate human trafficking and modern slavery, and tackle illegal trades in drugs and other contraband

- International and national action plans should be properly implemented to tackle organisations and activities that supply illegal goods or support human trafficking, and to address corruption that allows such trades to operate across national boundaries and avoid judicial action.
- Enforced measures to control illegal trade in drugs and other contraband, as well as people trafficking and slavery, are required to reduce direct violence (e.g. when people are trafficked and forced into slavery), and the violence from criminal activity associated with such illegal trades.
- In parallel, mechanisms (see above) to tackle poverty and inequalities, and provide access to education, should address demand at individual and community levels. For human trafficking and modern slavery, addressing gender inequities is also an important element in reducing both demand and supply.

8. Control the availability, marketing and sale of alcohol to help reduce multiple types of violence

- Properly regulated alcohol production, marketing and distribution is required to help reduce risks of child maltreatment, GBV, elder abuse and youth violence. ^{Box 5.4/Section 5.2.4} Such regulation requires policy development independent of those who benefit financially from the promotion and sale of alcohol.
- Health ministries are well placed to expose the huge multi-sectoral costs to health, social, criminal justice and economic sectors from poorly regulated alcohol.
- Legislation should be in place and enforced to ensure that sales of alcohol to children are prohibited; the promotion of alcohol and the density of alcohol outlets are regulated; sale of alcohol to inebriated individuals is illegal; and pricing of alcohol does not encourage excessive drinking.

- Social settings, especially in nightlife, need to be managed through an integrated approach that incorporates judicial, health, local authority and other stakeholders. Section 5.2.4
- A diverse range of social settings, including ones not based around alcohol sales, may be important in developing community cohesion between drinking and non-drinking communities.

9. Ensure all children have the best chances of beginning life on a violence free course with maternal and child health services including support for parenting and healthy early child development

- Peace in the home is critical to developing non-violent, healthy, educated and economically active individuals. Section 4.2 Maternal and child health policies and practices should support the development of parenting skills and provide essential resources for their implementation. Such actions should reduce child maltreatment and, subsequently, youth violence, sexual and intimate partner violence, and potentially even violent extremism. Section 5.2.1
- Distribution of such support should target greatest need (e.g. those living in poverty). Need is likely to be especially high for children in conflict zones and in refugee populations.

10. Ensure life skills development in younger children are core programmes in educational and social services

- Programmes to develop children's life skills should be supported to build resilience and reduce behavioural problems and violence in childhood and later life. Investment in such programmes should recognise that they also help progression into education and employability. Section 4.2.5
- Nations should work to support their SDG commitment to ensure that all girls and boys have access to good-quality early-childhood development, care and pre-primary education so that they are ready for primary education. Box 1.2
- Life skills development support is required to develop essential skills in children to discern and cope with propaganda and antisocial materials accessible online Sections 5.2.4 and 5.3 and may be important in the prevention of radicalisation.
- Preschool enrichment and later social and emotional development programmes should be provided to develop age-appropriate life skills starting with early perception skills, motor skills and confidence, and moving through decision-making, analytical skills, empathy, co-operation and healthy relationships.

11. Implement actions to address a legacy of violence in conflict settings, and in displaced refugee and migrant populations

- Conflict increases risks of multiple types of interpersonal violence (intimate partner violence, sexual violence, youth violence and child maltreatment) for many years. Effective methods of primary prevention of interpersonal violence should be assessed in and adapted to post-conflict and other high-violence settings, as well as for people displaced from them. Section 5.4
- Individuals leaving, or even connected with, conflict settings may have lowered resilience to involvement in violence (including violent extremism). They require credible support from trusted individuals that recognises the potential impact of trauma from violence exposure, facilitates integration and cohesion in fragmented social groups, and encourages identity development which is not sympathetic to violence.

12. Implement training and professional development on violence prevention and trauma informed care in health, educational and related sectors and facilitate key professionals adopting an advocacy role for violence prevention

- The training and continuing development of health professionals as well as those in educational, social and judicial services should develop a trauma-informed work force that understands the lifelong harms of violence on health, education and employment, and how prevention, resilience and trauma-informed services can reduce these harms.
- Programmes should be implemented to allow screening by professionals in health, educational and other settings that identify those at risk of violence and provide interventions for both potential perpetrators and victims. Section 5.2.1
- Health professionals should utilise their position as credible witnesses of the devastating impacts of all types of violence on individuals, families, and health and social systems to advocate for investment in and action on violence prevention.
- Ensuring that violence prevention and trauma-informed care are essential features in establishing UHC is important for reducing violence and developing sustainable health services.

Appendix: Examples of evidence on violence prevention programmes

Table A1 Examples of evidence for child maltreatment prevention programmes

Home visitation programmes			
Outcome	Country	Example of evidence	Reference
↓ Child injury	New Zealand	By age nine, children of vulnerable families that had participated in an intensive home visitation programme were found to have significantly lower lifetime rates of hospital attendance for unintentional injury (28%) than control families (42%). They also reported less harsh punishment and lower physical punishment scores.	Fergusson et al. 2013
↓ Child maltreatment	USA	15 years after the birth of their first child, mothers who had participated in an intensive home visitation programme had significantly fewer verified reports of child abuse and neglect than comparison mothers.	Olds et al. 1997
↓ Child behaviour problems	USA	By age two, children of families participating in a home visitation programme were found to have better behavioural outcomes (more likely to score in the normal range on internalising and externalising behaviour scales) than those in control families.	Caldera et al. 2007
↑ Maternal health and well-being	South Africa	Three years after birth, mothers involved in a perinatal home visitation programme were significantly less depressed than mothers that received standard care.	Tomlinson et al. 2016
↑ Parent-child relationships	South Africa	Mothers and infants taking part in a 6-month home visitation programme that provided support and guidance to new mothers were 1.70 times more likely to have a secure attachment at 18 months than those in a control group.	Cooper et al. 2009
Additional outcomes relating to youth violence			
↓ Youth violence	Jamaica	Stunted children who received early psycho-social stimulation delivered by home visitors reported less involvement in fights and serious violent behaviour when aged 22 years than comparison children who received no stimulation.	Walker et al. 2011
↑ Child development	Various	A systematic review of home visitation programmes for disadvantaged families reported developmental benefits (psychomotor and cognitive development) for children of enrolled families compared with those of control families.	Peacock et al. 2013
<p>Cost-effectiveness: Economic analyses in the USA have found home visitation programmes for at-risk mothers and their children to be cost effective. Washington State Institute for Public Policy (WSIPP) estimates that the Nurse Family Partnership programme would provide a US\$1.61 benefit per \$1 invested. Estimates for other targeted home visitation programmes (combined) were US\$1.89 per \$1 invested (2015 prices; WSIPP 2016). Similar analysis for the UK estimated that the Family Nurse Partnership programme would provide a benefit of £1.94 per £1 invested, with lower benefits (£0.62) estimated from other targeted programmes (DSRU 2013).</p>			

Table A1 Examples of evidence for child maltreatment prevention programmes (continued)

Parenting programmes and parent-child programmes			
Outcome	Country	Example of evidence	Reference
↓ Child maltreatment	USA	Implementation of a population-level parenting programme that incorporated universal media-based information, primary care parenting programmes and intensive programmes for at-risk parents showed significant benefits in preventing substantiated child maltreatment, child maltreatment injuries and child out-of-home placements compared with usual service provision.	Prinz et al. 2009
↓ Parental depression ↓ Harsh discipline ↓ Child behaviour problems	Australia	Implementation of a population-level parenting programme that incorporated universal media-based information, primary care parenting programmes and intensive programmes for at-risk parents was associated with greater reductions in parental depression, stress and coercive parenting, and greater reductions in child behavioural and emotional problems than usual service provision.	Sanders et al. 2008
↓ Parental stress ↓ Child behaviour problems	UK	Parents of children (aged 3–4 years) at risk of conduct disorder who participated in a group-based parenting programme showed a reduction in mean parenting stress score (100.7 to 84.0) that was not observed in control parents (99.7 to 96.6); reduced parental stress was maintained at 18-month follow-up. Children in the intervention group showed significantly reduced antisocial and hyperactive behaviour, and increased self-control compared with control children at both 6-month and 18-month follow-ups.	Hutchings et al. 2007 Bywater et al. 2009
↑ Parental knowledge	Pakistan	Mothers taking part in a community-based parenting programme showed greater knowledge and positive attitudes towards early infant development six months following the intervention than those in a control group.	Rahman et al. 2009
↑ Parenting self-efficacy ↓ Negative parenting practices	Portugal	Parents taking part in a group-based parenting programme reported larger reductions in negative parenting practices and greater increases in parenting self-efficacy post intervention and at 12 and 18 months, compared with a control group.	Seabra-Santos et al. 2016
<p>Cost-effectiveness: Economic analysis in England suggests parenting interventions for children with conduct disorder are cost effective over the long term. Over 2.5 years, savings would be expected to exceed the average intervention cost by around 8 to 1 (Knapp et al. 2011). Economic analyses by WSIPP in the USA provide support for various parenting programmes, including Triple P and Incredible Years. For example, the Incredible Years Parent Training programme (for parents of children with behavioural problems) is estimated to provide a US\$1.65 benefit per \$1 invested. The universal Triple P programme is estimated to provide \$7.48 benefit per \$1 invested (however this estimate is based on a single study; 2015 prices; WSIPP 2016).</p>			

(continued)

Table A1 Examples of evidence for child maltreatment prevention programmes (continued)

Training parents about abusive head trauma			
Outcome	Country	Example of evidence	Reference
↓ Child hospital admission for head trauma	USA	A 47% reduction was seen in the incidence of abusive head injuries to infants and children (< 36 months) in the first 5.5 years of a hospital-based education programme for parents. No comparable decrease was seen in a control area.	Dias et al. 2005
↑ Parental knowledge	Turkey	Watching an educational film in a hospital setting improved knowledge of Shaken Baby Syndrome among new mothers and pregnant women. Improvements were greater when the film was watched pre birth or 3–7 days post birth, rather than in the immediate postnatal period.	Tasar et al. 2015
Cost-effectiveness: No cost–benefit studies identified.			
Training health and other practitioners to foster awareness of the needs of children (in high-risk situations)			
↓ Child protection service reports	USA	Training paediatric healthcare staff to identify and address parental risk factors for child maltreatment in primary care resulted in significantly fewer child protection service reports and reduced harsh physical punishment compared with routine care (in a high-risk population). The programme also showed benefits in reducing maternal aggression when transferred to low-risk settings.	Dubowitz et al. 2009 Dubowitz et al. 2012
↓ Harsh physical punishment			
↓ Maternal psychological aggression and minor physical assault			
Cost-effectiveness: Data from the second Safe Environment for Every Kid (SEEK) study in the USA estimated that the intervention cost was US\$5.12 per family and \$122 per case of psychological aggression or physical assault avoided (Dubowitz 2014).			
School-based programmes for raising awareness/recognising signs of sexual and other forms of abuse			
Outcome	Country	Example of evidence	Reference
↑ Child safety knowledge and skills	Canada	Canadian-born children from middle-class families that participated in a child abuse prevention workshop using role play and self-defence strategies showed greater preventative knowledge and skills compared with control children. However similar benefits were not seen when the programme was later used with children from a culturally diverse, low-income area.	Hebert et al. 2001 Daigneault et al. 2012
↑ Child willingness to disclose	USA	Children who had experienced more comprehensive school programmes on preventing abuse were 1.5 times more likely to tell their parents about any victimisation, and 2 times more likely to disclose sexual victimisation.	Finkelhor et al. 1995
↑ Child safety knowledge and skills	Various	A review of 24 studies found evidence that school-based sexual abuse prevention programmes were effective in increasing children's knowledge and skills of sexual abuse protection and prevention concepts. There was also some evidence that programmes increased children's odds of disclosing abuse. There is insufficient evidence measuring longer-term effects on the incidence or prevalence of child sexual abuse.	Walsh et al. 2015
↑ Child willingness to disclose			
Cost-effectiveness: No cost–benefit studies identified.			

Table A2 Examples of evidence for gender-based violence prevention programmes

School-based programmes			Reference
Outcome	Country	Example of evidence	Reference
↓ Violence perpetration	USA	Adolescents that participated in a school-based dating programme to develop relationship skills, address social norms and raise awareness of support services reported significantly less psychological, physical and sexual dating violence perpetration at 4-year follow-up compared with controls.	Foshee et al. 2005
↓ Violence victimisation	USA	A school-based dating violence prevention programme that included a classroom curriculum and/or a building-based intervention (e.g. restraining orders, awareness-raising posters) found that both the combined intervention and the building-based intervention alone were effective in reducing students' reports of sexual violence victimisation by peers or dating partners.	Taylor et al. 2013
↑ Condom use	Canada	Integration of dating violence prevention into core lessons about healthy relationships, sexual health and substance use prevention was associated with both reduced physical dating violence and increased condom use among boys. Similar effects were not seen for girls.	Wolfe et al. 2009
↑ Gender-equitable attitudes	India	Girls and boys that participated in a school curriculum and campaign activities to foster gender equitable attitudes and behaviours showed significantly greater improvement in gender equality scores than those in a control group.	Achyt et al. 2011
↑ Knowledge and attitudes towards dating violence	USA, Canada	A systematic review of 23 studies of school-based interventions to reduce dating and sexual violence concluded that programmes improved participants' knowledge and attitudes towards dating violence, but had fewer impacts on dating violence perpetration and victimisation, with only a limited number of studies measuring these outcomes.	De La Rue et al. 2014
Cost-effectiveness: No cost-benefit studies identified.			

(continued)

Table A2 Examples of evidence for gender-based violence prevention programmes (*continued*)

Empowerment approaches to reduce gender inequality			
Outcome	Country	Example of evidence	Reference
↓ Violence victimisation	South Africa	Women who participated in a community (village-based) micro-finance programme which provided small loans for income-generating projects combined with skills-building sessions reported 55% fewer acts of intimate partner violence in the past year than women from control villages.	Pronyk et al. 2006
↓ Violence perpetration	South Africa	A participatory learning programme to improve sexual health that built skills, knowledge, risk awareness and communication through single-sex sessions, mixed-sex meetings and a final community meeting was associated with lower reporting of intimate partner violence by men compared with men in control communities.	Jewkes et al. 2008
↓ Social acceptance of intimate partner violence	Uganda	A community mobilisation intervention incorporating local activism, media and advocacy, communication materials and training was associated with significantly lower social acceptance of intimate partner violence among both men and women in participating communities, compared with those in control communities. It was also associated with lower onset and continuation of IPV among women.	Abramsky et al. 2014 Abramsky et al. 2016
↑ Gender equitable attitudes	Bangladesh	Evaluation of a programme that recruited and trained community 'change makers' to influence attitudes and practices towards gender discrimination and violence against women was associated with improved gender and intramarital violence attitudes in the site where the campaign was intensely implemented.	Hughes 2012
Cost-effectiveness: The IMAGE programme in South Africa has been identified as cost effective, with costs per woman per IPV-free year gained of US\$710 in its trial phase and \$213 in its scale-up phase, equating to costs per DALY gained of \$7,688 and \$2,307 respectively (2004 prices; Jan et al. 2011). The SASAI Project in Uganda has reported similar cost-effectiveness, with costs of \$460 per case of past-year physical IPV prevented (2011 prices; Michaels-Igbokwe et al. 2016).			

Table A2 Examples of evidence for gender-based violence prevention programmes (continued)

Programmes working with men and boys			
Outcome	Country	Example of evidence	Reference
↓ Violence perpetration	India	A group education intervention for young men addressing gender norms was associated with significant reductions in reported physical or sexual violence against a partner in the last 3 months, compared with increases in comparison sites.	Verma et al. 2008
↓ Violence perpetration	Various	A systematic review of gender-transformative programmes with men reported that these interventions could reduce the perpetration of physical or sexual violence against women and modify inequitable attitudes about gender roles and masculinity.	Dworkin et al. 2013
↑ Gender equitable attitudes			
Cost-effectiveness: No cost-benefit studies identified.			
Mass media interventions – social norms marketing and 'edutainment'			
Outcome	Country	Example of evidence	Reference
↑ Knowledge on gender issues	India	Evaluation of a programme that combined multimedia interventions (e.g. television, radio, internet) with community mobilisation (e.g. training, workshops) to change norms around domestic violence and women living with HIV suggested it improved knowledge of women's rights and domestic violence laws.	Heise 2011
↑ Gender attitudes	Nicaragua	Evaluation of a social norms campaign for young people that combined television, radio, community programmes and information materials on gender, violence and HIV reported that it led to significant reductions in stigmatising and gender-inequitable attitudes.	Solorzano et al. 2008
↑ Support seeking and giving for intimate partner violence	South Africa	Exposure to a mass media 'edutainment' programme that used radio and television episodes along with information materials focusing on intimate partner violence was associated with greater support seeking (calling the helpline or writing down the number) and support giving (doing something to stop intimate partner violence).	Heise 2011
Cost-effectiveness: Series 4 of the Soul City campaign in South Africa cost an estimated US\$5.3 million, 40% of which was allocated to the violence against women theme. The unit cost per person reached for this theme was \$0.16 for television, \$0.01 for radio and \$0.10 for print media (2012 prices; Muirhead et al. 2001; Remme et al. 2014).			

Table A3 Examples of evidence for elder abuse prevention programmes

Caregiver support programmes			
Outcome	Country	Example of evidence	Reference
↓ Caregiver strain and burden	Spain	An intervention for unpaid caregivers of older people with Alzheimer's disease that taught strategies to control care-giving stress and manage care recipient's behaviour was associated with a significant reduction in caregiver burden and significant increase in quality of life, compared with an increase in a control group.	Martin-Carrasco et al. 2009
↓ Caregiver anxiety and depression	UK	Family caregivers of older people with dementia who participated in an intervention to identify caring difficulties and developing coping skills (e.g. relaxation, behaviour management, communication strategies) had significantly less anxiety and depression at a 24-month follow-up than those that had received treatment as usual. However, the intervention had no impact on caregivers' perpetration of elder abuse.	Livingston et al. 2014 Cooper et al. 2016
Cost-effectiveness: No cost-benefit studies identified.			
Programmes to encourage positive attitudes and good professional practice among those working with older people			
Outcome	Country	Example of evidence	Reference
↑ Positive attitudes towards older people	USA	Medical students taking part in an intergenerational art programme had greater increases in positive attitudes towards older adults and perceptions of commonality with older adults than a comparison group.	Gonzales et al. 2010
↑ Positive attitudes towards older people	Various	A systematic review of programmes for medical students or doctors to interact with older adults found that, while results of studies were often mixed, inclusion of an empathy-building task in an intervention appeared to be associated with positive attitude change.	Samra et al. 2013
Cost-effectiveness: No cost-benefit studies identified.			
School-based intergenerational programmes			
Outcome	Country	Example of evidence	Reference
↑ Positive attitudes towards older people	USA	Children aged 9–10 who took part in a school-based intergenerational programme had increased positive attitudes towards the elderly post intervention relative to a control group.	Cummings et al. 2002
Cost-effectiveness: No cost-benefit studies identified.			
Elder abuse prevention programmes (various programme types)			
↓ Use of physical restraint among carers	Various	A systematic review of programmes designed to prevent or stop elder abuse found three types of programme that had been evaluated in terms of maltreatment: those that targeted professionals responsible for preventing maltreatment, those that targeted older adults experiencing maltreatment, and those that targeted carers who maltreated. The strongest evidence was for interventions that targeted physical restraint among carers. Here, interventions resulted in significant reductions in use of restraints.	Ayalon et al. 2016
Cost-effectiveness: No cost-benefit studies identified.			

Table A4 Examples of evidence for youth violence prevention programmes

Home visitation and parenting/parent-child programmes			
See Table A1			
Preschool enrichment programmes			
Outcome	Country	Example of evidence	Reference
↓ Violent offending	USA	Children who participated in a preschool enrichment programme providing child education and family support services in high-poverty areas had lower rates of maltreatment during childhood, lower rates of violent offending in young adulthood and higher levels of educational attainment and full time employment.	Reynolds and Robertson 2003 Reynolds et al. 2007
↑ Educational attainment			
↑ Employment			
↓ Child maltreatment ^a			
↓ Criminal activity	USA	A preschool education programme for children with low intelligence from disadvantaged families was associated with significantly reduced criminal activity in both male and female participants up to the age of 40 years. For females, programme participants had an average of 1.88 lifetime arrests (including 0.27 felony arrests) compared with 5.36 (2.33) among control females.	Heckman et al. 2009
↑ Child social behaviour	UK	Three-year-old children living in deprived areas with centres providing preschool programmes such as child education, parental support and family health services were found to have more positive social development and social behaviour than children from similar areas without such centres. Their parents also had less risk of negative parenting.	Melhuish et al. 2008
↓ Risk of negative parenting ^a			
Cost-effectiveness: The Child-Parent Centre preschool programme in the USA was estimated to have generated a total return to society of US\$10.83 per \$1 invested by the time participating children reached the age of 26 years (2007 prices; Reynolds et al. 2011). Economic analysis in the UK has estimated that implementation of early childhood education models targeting children aged 3–4 from low-income families would provide a benefit of £1.88 per £1 invested (DSRU 2013).			

(continued)

Table A4 Examples of evidence for youth violence prevention programmes (continued)

Social and emotional development programmes (see also Dating violence prevention programmes, Table A2)			
Outcome	Country	Example of evidence	Reference
↑ Social competence	Norway	A universal school-based social competence programme developing skills including empathy, problem solving, anger management, impulse control and perspective taking in 10- to 12-year-olds was shown to have significant positive effects on social competence, compared with comparison children.	Holsen et al. 2008
↓ Violent behaviour	USA	Participation in a school-based social development programme (grades 1–6, ages 6–12) that incorporated teacher training and parent education was associated with significantly lower levels of violent delinquent behaviour; heavy drinking and risky sexual behaviour 6 years after the intervention. In early adulthood, (age 27) it was associated with better mental health, and education and economic attainment, although effects on substance use and crime were not identified.	Hawkins et al. 1999 Hawkins et al. 2008
↓ Heavy drinking			
↓ Risky sexual behaviour			
↑ Mental health			
↑ Educational attainment			
↓ Absenteeism and suspensions	USA	Schools implementing a 3-year primary school-based social and emotional education programme reported a significant reduction in absenteeism and suspensions relative to control schools.	Snyder et al. 2010
↑ Social and emotional skills, attitudes, behaviour, academic performance	Various	A review of 123 school-based, universal social and emotional development programmes found programme participation was associated with significantly improved social and emotional skills, attitudes, behaviour and academic performance. 87% of the included studies had been conducted in the USA.	Durlak et al. 2011
Cost-effectiveness: Economic analysis in England suggested that school-based social and emotional learning programmes would produce cost savings for the public sector, with most benefits expected to result from crime and National Health Service-related costs. Overall cost savings were expected in the first year of implementation, with education services expected to recoup intervention costs in 5 years (Knapp et al. 2011). In the USA, WSIPP estimates that the Seattle Social Development Project would produce a benefit of US\$4.27 per \$1 invested (2015 prices; WSIPP 2016).			

Mentoring programmes			
Outcome	Country	Example of evidence	Reference
<ul style="list-style-type: none"> ↓ Bullying ↑ Self-esteem ↑ School, peer and family connectedness 	USA	An evaluation of a school-based mentoring programme for 4th-grade students (age 9–10) that surveyed students in the month following the end of the programme found that mentored students reported significantly less bullying of peers in the past 30 days and significantly higher self-esteem and school, peer and family connectedness.	King et al. 2002
<ul style="list-style-type: none"> ↓ School suspensions ↓ Infractions on school property 	USA	A programme that placed high-risk students in 1-year internships with community-based mentors in employment settings found that mentored students showed significant reductions in school suspensions and infractions committed on school property (e.g. disorderly conduct, fighting, vandalism, weapons offences, breaking and entering).	Rollin et al. 2003
<ul style="list-style-type: none"> ↓ Delinquency, aggression, drug use ↑ Academic performance 	Various	A systematic review of mentoring programmes reported that they had positive but modest effects on delinquency, aggression, drug use and academic achievement.	Tolan et al. 2014
<ul style="list-style-type: none"> ↑ Behavioural, social, emotional and academic outcomes 	Various	A review of 73 evaluations of mentoring programmes concluded that there was support for their effectiveness in improving behavioural, social, emotional and academic outcomes, with benefits seen at different ages and with different modes of delivery. However, authors highlighted that gains were generally modest and that there was a lack of longer-term follow-up and focus on key areas, including juvenile offending.	DuBois et al. 2011
<p>Cost-effectiveness: In the USA, WSIPP estimates that mentoring programmes for youth in the juvenile justice system would produce a benefit of US\$6.53 per US\$1 invested, and school-based mentoring programmes would produce a benefit of \$14.58 per US\$1 invested (2015 prices; WSIPP 2016). Evaluation of the Big Brothers Big Sisters programme targeting vulnerable young people in Melbourne, Australia, suggested it would offer 'excellent' value for money, recouping investment costs if just 1.3% of participants were diverted from high-risk behaviours (Moodie and Fisher 2009).</p>			

(continued)

Table A4 Examples of evidence for youth violence prevention programmes (continued)

Classroom behaviour management			
Outcome	Country	Example of evidence	Reference
↑ Classroom behaviour	UK	Implementation of a classroom management training programme for teachers of children aged 3–7 reduced children's off-task behaviours post intervention compared with controls.	Hutchings et al. 2013
↓ Drug/alcohol abuse and dependence	USA	Students attending schools in poor to lower middle-class areas that implemented a classroom behaviour management programme (first and second grades) reported a reduction in lifetime alcohol abuse/dependence disorders at age 19–21 years compared with controls. For males, there was also a reduction in lifetime drug abuse/dependence disorders, although no impact was reported for females. Rates of lifetime antisocial personality disorder were also lower at age 19–21 for the intervention group.	Kellam et al. 2008
↓ Antisocial personality disorder			
Cost-effectiveness: In the USA, WSIPP estimates that the Good Behaviour Game would produce a benefit of US\$64.18 per \$1 invested (2015 prices; WSIPP 2016). Similar economic analysis in the UK has estimated that this programme would produce a benefit of £26.90 per £1 invested (DSRU 2013)			
Whole-school approaches to bullying prevention			
Outcome	Country	Example of evidence	Reference
↓ Bullying perpetration	Finland	In a nationwide trial of an anti-bullying programme for grades 1–9, both victimisation and perpetration of bullying reduced during the first 9 months of implementation; the control group were 1.22 times more likely to experience victimisation and 1.18 times more likely to perpetrate bullying than the intervention group.	Kärnä et al. 2011
↓ Bullying victimisation			
↓ Cyberbullying / victimisation	Finland	Students (4th–9th grade) in schools that implemented an anti-bullying programme reported lower frequencies of cyber victimisation than those in control schools a year later. The intervention also reduced cyberbullying, but only among the youngest students (below 11.3 years of age).	Williford et al. 2013
↑ Prosocial attitudes	USA	Children (grades 3–6) involved in an anti-bullying programme e.g. Intervention children were significantly less accepting of bullying and aggression and felt more responsible to intervene with friends who bullied than those in control schools.	Frey et al. 2005
Cost-effectiveness: A modelling study in Sweden suggested that the Olweus Bullying Prevention Program would be cost effective relative to a willingness to pay threshold value, reporting a cost of €14,470 per victim spared (with low baseline bullying rates; Beckman and Svensson 2015). Economic modelling in England has estimated that school-based interventions to reduce bullying would produce a long-term benefit of £1.080 per school pupil, largely accrued by individuals in the form of higher incomes (Knapp et al. 2011).			

Community focused strategies			
Outcome	Country	Example of evidence	Reference
↓ Homicide	Brazil	A community-based homicide prevention programme was associated with substantial decreases in the number of homicides, with largest reductions (69% reduction) seen in the first 6 months.	Silveira et al. 2010
↓ Violent crime	Sweden	A community alcohol prevention programme that combined community mobilisation with strict enforcement of alcohol laws and responsible beverage training was associated with a 29% reduction in violent crimes in the first 33 months of the intervention.	Wallin et al. 2003
↓ Violent behaviour	USA	A community-based intervention to reduce levels of adolescent problem behaviours was associated with reduced past-year delinquent and violent behaviour at 1-year follow-up (5 years after implementation began) compared with control communities.	Hawkins et al. 2012
<p>Cost-effectiveness: Evaluation of the Communities That Care intervention in the USA identified a benefit-cost ratio of US\$8.22 per \$1 invested (Kuklinski et al. 2015). Evaluation of the STAD programme targeting alcohol-related violence in Stockholm, Sweden, reported a benefit of €39 per €1 spent on the intervention (Mansdotter et al. 2007). Evaluation of the Cardiff Violence Prevention Programme in the UK found the cumulative benefit-cost ratio of the programme from 2003 to 2007 was £82 in benefits for every £1 spent (Florence et al. 2013).</p>			

^a Outcomes related to child maltreatment

Table A5 Examples of evidence for gang violence prevention programmes

Identifying and addressing conduct disorders (see also Home visitation and parenting programmes, Table 1)			
Outcome	Country	Example of evidence	Reference
↓ Conduct problems	Netherlands	A programme for parents of preschool children at risk of chronic patterns of conduct problems was implemented. The trial reported greater reductions in conduct problems among children of participants than among children in a control group 2 years later.	Posthumous et al. 2012
↓ Sibling problem behaviour	Ireland	A parenting intervention for families and children aged 2–7 years improved child conduct problems of the participating children as well as significantly reducing sibling problem behaviour.	McGilloway et al. 2014
Cost-effectiveness: No cost-benefit studies identified for programmes focused specifically on gang resistance.			
School-based gang prevention programmes (see also Social and emotional development programmes and classroom behavioural management, Table A3)			
Outcome	Country	Example of evidence	Reference
↓ Gang involvement ↑ Prosocial attitudes	USA	Participation in a gang resistance programme for children in 6th and 7th grades reported a 39% reduction in the odds of joining a gang for intervention students, compared with controls at a 1-year follow-up. Other effects included more resistance to peer pressure, more use of refusal skills, fewer associations with delinquent peers and less positive attitudes towards gangs.	Esbensen et al. 2012
↑ Police-youth relationships	UK	A gang resistance education programme for children aged 12–14 years was found to improve police-youth relationships as well as reduce adherence to street codes, relative to a control group.	Densley et al. 2016
Cost-effectiveness: See youth violence.			

Multisystemic therapy (MST)			
Outcome	Country	Example of evidence	Reference
↓ Arrests	USA	Serious adolescent offenders took part in either MST or individual therapy. Thirteen years after participation, individuals who had received MST had 54% fewer arrests as well as lower recidivism rates compared with those who had received individual therapy. Twenty-two years after participation individuals in the individual therapy group were twice as likely to have a civil suit against them relating to family instability. At a 25-year follow-up, siblings of youths in the MST intervention were less likely than siblings of those who received individual therapy to have been arrested (43% v. 72% respectively).	Schaeffer and Borduin 2005
↓ Recidivism rates			Sawyer and Borduin 2011
↓ Sibling arrests			Wagner et al. 2014
↑ Family functioning			Butler et al. 2011
↓ Delinquent and aggressive behaviour	UK	Families of young offenders (aged 13–17) took part in either MST or usual services. Although both interventions were successful in reducing offending behaviour, reductions in youth-reported delinquency and parental reports of aggression and delinquent behaviours were significantly greater for those in the MST group compared with the usual treatment group.	
Cost-effectiveness: In the USA, it has been estimated that MST would produce a benefit of US\$1.74 for every \$1 invested when used in juvenile justice settings, and \$1.32 per \$1 invested when used in other settings with youth with serious emotional disturbance (2015 prices; WSIPP 2016). Similar analyses for the UK estimated benefits per £1 spent of £2.04 in youth justice settings, and £0.83 in other settings (DSRU 2013).			
Mentoring programmes			
See Table A3			
Community and problem-oriented policing			
Outcome	Country	Example of evidence	Reference
↓ Gun homicide	USA	Implementation of a problem-oriented policing strategy was associated with a 63% reduction in the number of youth homicides and a 44% decrease in the monthly number of youth gun assaults. There was also a 30% reduction in average monthly illegal possessions of new handguns following the intervention.	Braga et al. 2001
↓ Youth gun assaults			Braga and Pierce 2005
↓ Gun possession			
Cost-effectiveness: No cost-benefit studies identified for studies focused specifically on gangs.			

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