

Preventing Violence and Injury in the Caribbean: Navigating the Choppy Waters of Decision-making

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Violence and injury is a problem of significant health and developmental consequences for the Caribbean region. Apart from the direct cost of external injuries, heavy indirect costs also accompany acts of violence. The health sector needs to respond, not as a passive receiver of the victims, but with leadership action. This obligation to act has been acknowledged by the Caribbean public health leadership and a series of resolutions and commitments spanning more than a decade have been made. Decisive action to stem the tide of this epidemic nevertheless requires more than political declarations of intent. Programmes for the general population, for those at heightened risk of violence and injuries and for perpetrators and victims are required, and the success of these initiatives must be judged by their ability to achieve key outcomes. They must reduce the national propensity for violence, reduce the incidence of injuries, lower the likelihood of those involved becoming repeat offenders, offer acceptable opportunities for reintegration and provide rehabilitation and support for victims.

Problem complexity

We must accept at the outset that we are dealing with a very complex problem. One that is intricate not only in the public health sense of having many underlying and inter-related economic, social, cultural, pathological and behavioural determinants, but one that is further complicated by the fact that its very characterization may be in divergence with established norms, cultural beliefs and practices. Attempts to address violence and injury prevention holistically, therefore, means that we will have to confront some issues that may be at the core of our cultural and moral values as a people. Take for instance the matter of corporal punishment at home and in school which has been the subject of ongoing and unresolved debate. While an issue such as this may be exciting for the investigative social scientific mind, the reality is that it presents treacherous waters for political leadership and for those who may be charged with the responsibility of providing them with policy advice. A calm and rational approach is

needed to navigate the uncertain waters of decision-making to address this multi-dimensional problem.

Understanding typology and using data analysis as the foundation for planning

The first and basic stride in this rational approach is to clarify the concepts. It is necessary to appreciate that we are tackling two, though inter-related, phenomena – violence *and* injuries – and though one ought not to overlook the conjunction, neither can they be approached as unrelated public health challenges. The World Health Organization (WHO) has admitted that *the lack of a clear definition is one reason why violence has largely been ignored as a public health issue* and this statement equally applies to “violence and injury” as a combined health policy problem. The WHO has therefore offered an exceptionally useful typology in its 2002 *World Report* in which it delimits violence to *actual or threatened intentional use of physical force or power against oneself, a person or a group; intentional injuries as the results of violence and unintentional injuries as those resulting from accidents*. This allows the scope and magnitude of the problem to be classified according to the various forms of violence (*inter-alia* physical, sexual, psychological), the individual or group to whom it is directed (*inter-alia* self, children, partners, community) and the resulting array of disabilities, intentional or unintentional injuries (such as resulting from falls, drowning, motor vehicle accidents, medical error *etc*). Adopting this delineation brings to the fore the scope of data required to undertake national situational assessments and this realization should bring with it urgent calls for implementation of robust surveillance systems that integrate data from multiple sources and meet criteria of simplicity, flexibility, acceptability, reliability, utility, sustainability and timeliness.

Deliberate attempts to achieve effective inter- and multisectoral action must be made

Once issues of definition and data are crystalized at the national level, universal, selected and indicated prevention strategies must be developed. Elaboration of a national multisectoral violence and injury prevention plan is recommended to guide work of the various sectors. This is

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sound advice; however, the strength of this recommendation lies in understanding that the multisectoral plan needs to provide a blueprint for achieving multisectoral collaboration. Too often, such documents merely create a framework to support implementation of related, albeit vertical programmes across sectors. Effective inter- and multisectoral collaboration demands, however, the coordinated effort of participating sectors. It calls for a carefully planned and managed process which will necessitate political will but which is essential for ensuring efficient use of all available national resources and effective sharing of sectoral responsibilities toward the achievement of common violence and injury prevention goals. Violence and injury prevention plans that do not seek to intentionally foster coordinated effort among all relevant sectors will be woefully inadequate.

Focus efforts on risk factors that are common to many different forms of violence

A common set of risk factors tend to predispose individuals or groups to commit acts of violence or to suffer intentional and/or unintentional injuries. There will be great merit in identifying, through careful assessment, the common set of culturally specific risk factors that underlie different forms of violence or predispose to various types of unintentional injuries in our society. While this approach will coerce us to deal with those uncomfortable issues of which we spoke earlier, it will also yield maximum public health gain. Take alcohol misuse for example. Harmful consumption of alcohol is a two-edged sword. It underlies many types of unintentional injuries and interpersonal violence but it is also the unfortunate consequence of interpersonal violence. Efforts to understand and address alcohol misuse will therefore impact the prevalence of many types of intentional and unintentional injuries (such as those resulting from child abuse, intimate partner violence, elder abuse and road traffic accidents) but

it will also impact the general propensity and proclivity for violence and injuries.

Adapt and adopt cost-effective strategies to ensure applicability and transferability

Identifying these factors means that they must be tackled through a combination of strategies that focus on the individual and the environment. A wide range of strategies are available to public health practitioners and to actors in other sectors. These traverse individual, relationship, community-based and societal approaches and the literature presenting evidence of their effectiveness is fairly well established. The role of the health sector in implementation is also well documented. In essence, there is no shortage of broad-based evidence-informed strategies or specific programme interventions that could be directed to prevention of different types of intentional and unintentional injuries. The challenge, however, lie in issues surrounding their applicability and transferability. As a general rule, judgements about differences in local conditions, health system arrangements, political leverage, social acceptability, available resources, cost effectiveness and institutional capacity would have to be made before implementation in the local context can be given due consideration.

In conclusion, violence and injury presents a wide range of challenges for health systems in the region, the main being the growing epidemic of intentional and unintentional injuries. There is a need for prioritized interventions to address this epidemic. In general, however, all interventions must be implementable within their contexts, built around a strategic framework that offers adequate mechanisms for the pursuit of intersectoral action and focussed on the risk factors that are common to as many forms of violence as possible. Collectively, these approaches should provide a resolutely strong response.