

## Violence Prevention – A Primary Care Approach

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Violence and its impact on society is a major concern worldwide. A World Health Organization (WHO) working group in 1996 defined violence as: “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (1). It cannot be denied that violent acts have always been a feature of human existence but it has been suggested that we do not have to accept violence as an inevitable part of the human condition and that there have always been remediation attempts made, through religious, philosophical, legal and communal means, to prevent or limit the impact of violence on our societies (2).

The mortality associated with violence is obviously a major concern but non-fatal outcomes also represent a significant burden to society. The physical injuries related to violence will result in major disabilities and the often overlooked mental health implications may be just as severe. Many surviving victims of violence and their families face a life filled with depression and anxiety which may ultimately result in thoughts and attempts of suicide. Behavioural and lifestyle changes may occur from violence, contributing to the increasing prevalence of alcohol and other substance abuse problems in our communities. These are recognized risk factors in the development of cardiovascular and other non-communicable diseases (3). Sexual violence may be associated with the spread of sexually transmitted infections, abortions and its consequences (2).

In the Caribbean, countries like Trinidad and Tobago and Jamaica have been grappling with the problem of violence for a number of years. Data suggest that there has been a doubling of the murder rate in Trinidad and Tobago over the last five years with the firearm featuring more prominently over these years (4). Homicide remains a leading source of mortality in Jamaica with 1680 reported cases in 2009 (5). As reported in this issue of the Journal, the direct hospital cost of violence-related injuries were found to account for

approximately 12% of Jamaica’s health budget (J\$2.1 billion) and conceivably these figures could have been higher if the psychosocial impact were taken in consideration (6). Notwithstanding, the cost is greater than that for managing cardiovascular, psychiatric, respiratory and other diseases (7).

Violence is best prevented through a multidisciplinary approach (8), involving multiple stakeholders, such as government, non-governmental organizations, faith based organizations, international organizations, the media and educational institutions. The various locales where violence is most prevalent have to be identified and effective programmes instituted. Violence prevention strategies have to start in the home, with the development of appropriate interventions to improve the relationship between children, their parents and caregivers. The maltreatment of children and childhood aggression becomes less likely through improving the quality and quantity of parent-child interactions. Teaching appropriate life, academic and social skills to children and parents have been shown to improve emotional and behavioural competencies (9). The intervention presented in this issue of the Journal by Baker-Henningham *et al* is an example of a programme that has been shown to reduce episodes of aggressive behaviour in children at the Basic School level (10).

Alcohol and drugs have been linked to incidents of violence worldwide. Interventions to reduce alcohol and drug use have been shown to reduce violence (11). The legal status of a particular substance may impact on the opportunities to manage the environs where these substances are available. Alcohol, for example, is readily available and there is evidence to support the view that limiting the hours during which alcohol can be traded will result in decreased violence in the communities where alcohol is served (12–13). Restricting the licensing and use of firearms and ammunition, as well as securing borders is likely to reduce the availability of these weapons for criminal use. Roth and Koper (14) and Loftin *et al* (15) found that the presence of a ban on firearms was associated with a decrease in the rates of homicides in parts of the United States of America. Males are the ones who predominantly carry weapons and limiting the access of children and young adults to offensive weapons, such as knives, may have a deterrent effect on violent crime (16).

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Empowering women (17) and communities (18) through skills training and training in dispute resolution will help to challenge the established norms in household and communities. The media would serve as a useful tool in this regard as many of the current stereotypical views are reinforced by aspects of culture. Several community based interventions have been demonstrated to be effective (19). Retributional violence may be reduced by organised victim support programmes which involves screening for victims of violence and the provision of appropriate psychosocial interventions (20). In addition, violence prevention strategies must be amalgamated with policies directed at addressing social factors such as social inequities, lack of opportunity and limited employment (21).

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