VIOLENCE—A COMPLEX BUT PREVENTABLE PUBLIC HEALTH ISSUE

GUEST EDITORIAL

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In December 2005, images of aggressive crowds of young people in Cronulla, a seaside suburb of Sydney, hit the media.[1] In January 2006, the focus had switched to groups of young men in West Dubbo, NSW, fighting with police.[2] Commentators acknowledged that the causes of youth violence were complex and included the disenfranchisement of young people, the consumption of alcohol, and specific cultural and historical circumstances. Talk of ethnocentrism, xenophobia, and racism underpinned the ensuing debate about whether a 'zero-tolerance' policy to crime should be adopted or whether potential solutions lay in understanding the causes of these events. Both these policy responses have their attractions and proponents. Both are, in themselves, inadequate.

The public health response to violence argues that it is not inevitable, but rather the outcome of interacting factors that operate at individual, family, community and societal levels; factors that can be scientifically studied and analysed. It recognises that the results of violence are a significant burden on the health sector and of direct relevance to a range of health workers, extending from those who treat the victims to those working upstream in policy and planning seeking to develop cost-effective preventive measures. The public health response also entails the careful documentation of prevention interventions acting at the primary, secondary and tertiary levels.

The questions that a public health practitioner might ask in response to the types of violence witnessed in Cronulla and Dubbo are:

- Why were these particular communities at risk of violence?
- What risk factors and protective factors are in place in these communities?

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- Who was most at risk of being either a victim or a perpetrator?
- What role did alcohol and other drugs play?
- How did the health sector respond to these incidents?
- Was there an increase in presentations to hospital, and what types of injuries were sustained?
- What role did general practice play in dealing with victims?
- Was there an increase in sexual assault or domestic violence in concert with the violence on the street?
- What type of interventions could be implemented to prevent further violence?
- What were the longer term effects on the sense of security within these communities?

WORLD REPORT ON VIOLENCE AND HEALTH

International public health efforts to prevent violence have been stimulated by the publication by the World Health Organization in 2002 of the *World Report on Violence and Health*.[3] This report documented the worldwide prevalence and burden of violence and described the effectiveness of interventions. Violence was defined broadly:

'Violence is 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.'

The report documented the burden of, and risk factors for, self-directed violence, child abuse and neglect, sexual violence, intimate partner violence, youth violence, elder abuse, and collective violence. Insights included:

- Violence is among the leading causes of death worldwide for people aged 15–44 years.
- If current trends in violence continue, war, interpersonal violence and suicide will each individually feature in the top 15 burden-of-disease issues confronting global health in 2030.
- The majority of violent incidents are not reported to health, police or other agencies.
- Young men are both the primary victims and the perpetrators of many forms of interpersonal violence.
- Multisectoral, comprehensive interventions, particularly those delivered in childhood and sustained over time, are the most effective in preventing violence.

In NSW the prevention of violence is promoted by a wide range of agencies under the rubric of crime prevention or community safety interventions as well as through injury prevention, mental health promotion, family and domestic violence prevention, drug and alcohol interventions and others. While activities to prevent violence are taking place in many sectors, few are truly multisectoral to ensure a comprehensive effort.

RESEARCH ON VIOLENCE IN NSW

This is the first of two special issues of the *NSW Public Health Bulletin* that present research from NSW that focuses on violence, its causes and solutions, and public health responsibilities in its prevention. Given the broad range of issues that can be investigated under the label of violence, these collections of articles provide a snapshot of current activities and aim to stimulate interest in the documentation, analysis and prevention of violence and the ways in which different stakeholders might better address this problem. This first issue contains four articles that are related to the measurement and surveillance of violence.

Schmertmann and Finch in 'A demographic profile of deaths due to interpersonal violence in New South Wales' draw on Australian Bureau of Statistics death records to document mortality attributed to interpersonal violence in NSW. The authors present age-standardised death rates for the 17–year period 1986 to 2003 for interpersonal violence affecting males and females. They also describe the method of injury. Given anecdotal and media reports that NSW is becoming more violent, Schmertmann and Finch present important trend data. In particular, they document that while deaths from interpersonal violence have decreased over time, injuries caused by sharp or blunt objects or firearms remain a significant cause of death.

Hayen and Mitchell in 'A description of interpersonal violence-related hospitalisations in New South Wales' examine hospital admissions resulting from interpersonal violence in NSW. They consider the number of people admitted every year, and how they are identified. They present data on the most common methods of injury and consider who is most at risk of being a victim of violence. International classification of diseases codes for the relationship between victim and perpetrator have been available since the introduction of ICD-10-AM 3rd edition in 2002, and the authors discuss the results of this surveillance and the value that it adds to recent hospitalisation data in NSW. The demographic risk factors for interpersonal violence identified through the NSW Inpatient Statistics Collection are strikingly similar to those identified elsewhere in the world, suggesting that interventions documented elsewhere may be applicable in NSW.

Black and Degenhardt in 'Drug-related aggression among injecting drug users' examine a specific surveillance system, the Illicit Drug Reporting System, that focuses on the high-risk group of injecting drug users. They examine the links between aggressive behaviour and substance use, in particular the use of potent forms of amphetamines. The study found that injecting drug users experience, and are witness to, high levels of substance-related aggression. Substance-related aggression was significantly associated with younger injecting drug users (physical aggression) and self-reported crime (verbal and physical aggression).

The Illicit Drug Reporting System will provide pertinent information about changes in self reported aggression over time, as the availability and use of various drugs changes. These data can be examined alongside that of drug-related crime.

The article by Butler and Kariminia, 'Prison violence: Perspectives and epidemiology', provides an overview of violence in NSW prisons. The authors present the rates of violent crime in NSW and the number of prisoners in NSW convicted with a violent crime. The prisoner population itself is at significant risk of violence: 'a young predominantly male environment, low socioeconomic status, histories of abuse and neglect, poor educational attainment, unemployment, social isolation, interpersonal conflicts, financial dependence, mental illness and substance abuse'. The authors explain the two main theoretical causes of violence in prisons. They also discuss the potential role of traumatic brain injury in aggressive behaviour. The authors describe a 2002 pilot surveillance project to examine injury presentations in prisons. Their article concludes that interventions to prevent violence in prisons will need to take into account both environmental and biological factors.

Routine data provides valuable evidence regarding population sub-groups who may be at increased or decreased risk of violence, geographic areas with especially high or low rates of violence, and changes in rates of violence over time. Unexpected patterns should stimulate further action, a quest for greater understanding, a search for interventions, or a combination of these.

Alongside epidemiological data are important insights that can only be derived from qualitative studies and analysis. These include community perspectives, studies of perpetrators and victims, and sociological and other analyses of the policy environments in which risk is modified. A starting point, however, is making available routinely collected data, analysing and presenting it in the public domain, and facilitating debate about determinants, causes, consequences and interventions. The NSW data presented here offer one such starting point, and challenge public health practitioners to engage and grapple with this distressing social phenomenon. The second special issue of the *Bulletin* on violence will further investigate data collections, interventions and strategies for preventing violence in NSW. We invite you to submit articles about the work you may currently be doing for this edition (see box below).

Is violence a serious public health issue in NSW? Given the burden of violence outlined here, the knowledge that many forms of violence are known to be significantly under reported, and the documented severe long term physical and psychological effects of violence, it is timely that public health considers its role in preventing and mitigating the effects of violence.

CALL FOR PAPERS: DOES YOUR WORK INVOLVE PREVENTING VIOLENCE IN NSW?

We are currently seeking contributions for the second special issue of the *Bulletin* on the topic of violence, which will focus on interventions and strategies for preventing violence in NSW. If you would like to write a paper, please email a 100-word abstract to phb@doh.health.nsw.gov.au by 11 August 2006, or contact the *Bulletin* Production Manager on 02 9424 5876. Abstracts will be reviewed for suitability by the guest editors.

REFERENCES

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