



KAROLINSKA INSTITUTET
Department of Public Health Sciences
Division of Social Medicine



WHO COLLABORATING
CENTRE
ON
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***** LETTER FROM THE EDITOR*****

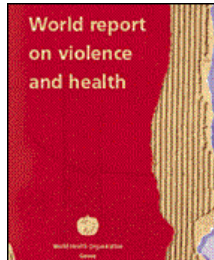
Welcome to the Thirty-First issue of Safe Community Weekly News, the electronic Safe Community Weekly News will be send from Harstad - Norway on behalf of Safe Communities Network.

WHAT IS NEW AT SAFE COMMUNITIES?

In this issue:

- **REPORT: World Report on Violence and Health, WHO**
- **TRAINING: Dr. Lorraine & Dr. Gaines seminars, Harstad. Norway**
- **SAFETY ACTIONS: Safe Traffic, Harstad, Troms, Norway**
- **VACANCIES: Chair of Injury Prevention, Australia**

WHO WORLD REPORT ON VIOLENCE AND HEALTH



WHO has launched the World Report on Violence and Health on 3rd October 2002. The morning session of the gathering was dedicated to introducing the report with statements from Mr. Guy Verhofstadt, Prime Minister of Belgium, Gro Harlem Brundtland, Director-General WHO, Anna Diamantopoulou, Member of the European Commission, Commissioner for Employment and Social Affairs, 2 testimonial speeches (victim and perpetrator) on video and a testimony from Dr Mick North, father of a Dunblane victim. This session was followed by a press conference attended by DG, Mr J Tavernier, Minister of Health, and Mrs Diamantopoulo, as well as Dr M Danzon, Dr D Yach and Dr E Krug. During the press conference, Dr A Butchart presented the content of the report in the main hall.

The afternoon session was devoted to a panel discussion on implementing the World report on violence and health. Dr Danzon opened the afternoon session. His remarks were followed by a panel discussion, involving ten representatives of government and NGOs from various regions. The discussion began with a brief presentation by the Mayor of Bogotá, Colombia who described his city's success at decreasing levels of violence in recent years. The panel moderator (Ms Hilary Bowker) then involved the panellists in a discussion about ways in which to implement the recommendations of the report, giving the opportunity for each to provide his or her own perspective on moving the agenda forward.

EXD/NMH provided concluding remarks, recognizing the report's contribution to "defining the unacceptable", and expressing the need for some local short-term successes in preventing violence. The Minister of Health of Belgium closed the afternoon session, calling for firm political commitments from governments to preventing violence.

The enormous level of death and disability caused by violence makes it one of the most important public health issues of our time. This groundbreaking Report demonstrates that violence is predictable and preventable. The Report provides a public health prescription for preventing violence before it occurs.

The World Report on Violence and Health is the first comprehensive report of its kind to address violence as a global public health problem. Violence kills more than 1.6 million people every year. Public health experts say these statistics are just the tip of the iceberg with the majority of violent acts being committed behind closed doors and going largely unreported. This report aims to shed light on these acts. In addition to the deaths, millions of people are left injured as a result of violence and suffer from physical, sexual, reproductive and mental health problems, says the first comprehensive World report on violence and health released on 3rd October 2002 by the World Health Organization (WHO).

The death and disability caused by violence make it one of the leading public health issues of our time, says the report. Violence is among the leading causes of death for people aged 15-44 years of age, accounting for 14% of deaths among males and 7% of deaths among females. On an average day, 1424 people are killed in acts of homicide—almost one person every minute. Roughly one person commits suicide every 40 seconds. About 35 people are killed every hour as a direct result of armed conflict. In the 20th century, an estimated 191 million people lost their lives directly or indirectly as a result of conflict, and well over half of them were civilians. Studies have shown that in some countries, health care expenditures due to violence account for up to 5% of GDP.

"The report challenges us in many respects. It forces us to reach beyond our notions of what is acceptable and comfortable—to challenge notions that acts of violence are simply matters of family privacy, individual choice, or inevitable facets of life," said Dr Gro Harlem Brundtland, Director-General of WHO on releasing the report. "Violence is a complex problem related to patterns of thought and behaviour that are shaped by a multitude of forces within our families and communities, forces that can also transcend national borders," she added.

The World report on violence and health is the first comprehensive review of the problem of violence at a global level. It focuses not only on the scale of the problem, but also covers issues related to the causes of violence and the methods for preventing violence and reducing its adverse health and social consequences. In addition to the familiar issues of collective violence such as war or conflict, the report examines equally significant yet frequently overlooked issues such as youth violence, child abuse, elderly abuse, intimate partner violence, sexual violence, and self-inflicted violence or suicides.

The data on youth violence show that youth homicide rates have increased in many parts of the world. For every young person killed by violence, an estimated 20-40 receive injuries that require treatment. Research shows that fighting and bullying are common among young people and that drunkenness is one of the situational factors found to precipitate violence. As far as child abuse is concerned, data from selected countries suggest that about 20% of women and 5-10% of men suffered sexual abuse as children.

Women often face the greatest risk at home and in familiar settings, says the report. Almost half the women who die due to homicide are killed by their current or former husbands or boyfriends, while in some countries it can be as high as 70%. While exact numbers are hard to come by due to lack of reporting, available data suggest that nearly one in four women will experience sexual violence by an intimate partner in their lifetime. Most victims of physical aggression are subjected to multiple acts of violence over extended periods of time. A third to over half of these cases are accompanied by sexual violence. In some countries, up to one-third of adolescent girls report forced sexual initiation.

Abuse of the elderly is one of the most hidden faces of violence according to the report, and one that is likely to grow given the rapidly aging populations in many countries. Up to 6% of the elderly report having been abused. As for suicide or self-inflicted violence, it is recognised as one of the leading

causes of death in the world. Among those aged 15-44 years, suicide is the fourth leading cause of death and the sixth leading cause of disability and ill-health.

The statistics are chilling but the situation is far from hopeless, say the experts. "There is nothing inevitable about violence, nor is it an intrinsic part of the human condition," said Dr Etienne Krug, Director, Department of Injuries and Violence Prevention. "Evidence from around the world suggests that violence can be prevented by a variety of measures aimed at individuals, families and communities," he added. As a complement to the law and order approach to violence, the report promotes a public health understanding of the complex social, psychological, economic and community underpinnings of violence. While recent research suggests that biological and other individual factors may explain some of the predisposition to aggression, these factors more often interact with family, community, cultural and other external factors to create a situation where violence is likely to occur. Understanding these situations and these causes creates opportunities to intervene before violent acts occur, providing policy-makers with a variety of concrete options to prevent violence.

Among the recommendations for prevention made by the report are primary prevention responses such as preschool and social development programmes for children and adolescents, parent training and support programmes and measures to reduce firearm injuries and improve firearm safety. Other recommendations include strengthening responses for victims of violence, promoting adherence to international treaties and laws, and improving data collection on violence.

For more information please visit http://www5.who.int/violence_injury_prevention/
You can download the report (Full version = 2,37 Mb Pdf format)
http://www5.who.int/violence_injury_prevention/main.cfm?p=0000000682

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Dr. Monroe and Dr. Gaines training sessions in Harstad



On September 20th , 2002, Dr. Monroe and Dr. Gaines visited Harstad and conducted a one day training session for teachers, administrators, social and health care workers in Troms region, in the use of Lorraine Monroe Leadership Institute tools for creating effective schools. The training, held in Harstad in Harstad university college.

This one day training offered a fine opportunity for intellectual stimulation and intercultural exchange.



Dr. Lorraine Monroe--internationally acclaimed educator who has been featured on *60 Minutes*, in the *New York Times*, *Ebony Magazine* and the *Reader's Digest*--has written a book entitled ***Nothing's Impossible: Leadership Lessons from Inside and Outside the Classroom***. Published in hardback by Random House in 1997 and now available in paperback through Harper Collins, *Nothing's Impossible* has been translated into Swedish and Norwegian. This inspirational book is being read and utilized by educators all over the United States, in Canada, Norway, Sweden, and in several countries in Latin America.

When Lorraine Monroe became principal of Harlem's Frederick Douglass School, it was well known for violence, poor attendance, and a low level of academic achievement. Five years later, student test scores ranked it among New York City's best high schools.



Dr. Monroe and Dr. Gains visit to Harstad was a part of their visit to Norway to held training sessions in (Bergen, Kristiansand, Oslo and Harstad). the visit was supported by Vesta insurance company.

For more information on Dr. Lorraine Monroe Leadership Institute please visit <http://www.lorrainemonroe.com/>



Trygg Trafikk

Traffic Action for High School Graduates in 2003

The Safe Traffic action group in Troms County is focussing on youth and road safety. We know from experience that this age group are frequent car drivers. Driving under the influence of alcohol is not always the biggest problem. Tired drivers, high noise in the care combined with high speed are the main problems. In addition their vehicles are often filled up and seat belts are not used.

Safe Traffic in Troms in collaboration with other actors targeted the next years high school graduating students. The activities many months a head of the graduation ceremonies. Many of graduates getting their driving licence and a car during the last year at the high school. In Troms county and the rest of the country the statistics shows that the "18 years old" youth are the most engaged age group in traffic accidents. That's due to little driving experience combined with big exposure in traffic



On 1st October 2002 the traffic safety action took place in Harstad for graduating students in South Troms region. At the beginning the students from Stangnes, Heggen and Skånland high schools took part in these demonstrations, The meeting took place in sport halls in Stangnes high school, they received information from Police, State Road Authorities, Ambulance team from Harstad hospital and Safe Traffic.



Later on the students went down to Stangnes base. Viking Harstad/Evenskjer arranged the real cross accident in 50 km/h speed. followed by rescue by police, fire fighters, ambulance and Viking Rescue Group.

This is the 6th Traffic Safety Action taking place for graduating students in Harstad region.

For more information on Safe Traffic in Norway visit: <http://www.tryggtrafikk.no/velkommen.htm> (Norwegian)

VACANCY

CHAIR OF INJURY PREVENTION

The University of Sydney AUSTRALIA Chair of Injury Prevention and/or Trauma Care Institute for International Health Reference No. C38/002998 Applications are invited from suitably qualified candidates for the Chair of Injury Prevention and/or Trauma Care, in the Institute for International Health. The Institute is a joint initiative of the Central Sydney Area Health Service and the Faculty of Medicine, University of Sydney, with links to both the School of Public Health and the Central Clinical School. The appointee will be based at the Institute for International Health, currently located in university premises, but moving in 2003 to premises located on the Royal Prince Alfred Hospital campus. The Chair is a conjoint position and will be held concurrently with the position of Program Director of the Injury Prevention and Trauma Care Program at the Institute for International Health.

The appointee will be responsible to the University primarily for matters related to teaching and to the Institute primarily for matters related to research and development. The Professor will be required to manage and provide strategic direction to the Injury Prevention and Trauma Care Program of the Institute for International Health (IIH). This includes the management of several ongoing large-scale randomised controlled trials and observational epidemiological studies, as well as the further expansion of a program of injury prevention and trauma care research and development. Currently the Injury Prevention and Trauma Care Program employs seven on-site research staff, supervises several postgraduate students, and through its research studies, has responsibility for the employment of a large number of staff off-site. The Professor will also be expected to contribute to postgraduate teaching and training in injury prevention and trauma care. This will include the supervision of doctoral and masters level students, as well as other teaching and examining responsibilities for courses conducted within the Faculty of Medicine at the University of Sydney. The Professor will be required to take a leading role in the development of initiatives to foster training, research and development related activities in the middle and lower-income countries, particularly within the Asia Pacific region.

This will involve the establishment of collaborative relations with universities, international health agencies and government departments throughout the region, as well as within Australia. Applicants must have a doctoral degree in a health-related discipline, or if the applicant were a clinical specialist, a higher degree in surgery or related fields would be expected. He or she should have substantial experience in the conduct of epidemiological and/or clinical research, as well as experience in postgraduate teaching and training. Applicants should have a solid track record of publications in academic journals and evidence of success in the procurement of research funding. Work experience in developing countries or with international health agencies would be a significant advantage.

The successful candidate will be an employee of the Institute for International Health and will be offered an appointment for a five year term in the first instance. The conditions of employment and levels of remuneration will be comparable to those offered to a professorial appointee within the University of Sydney, including a clinical loading, where appropriate. Informal enquiries concerning the Chair should be directed to Professor Robyn Norton on (+6 2) 9351 0012 or e-mail: rnorton@iih.usyd.edu.au at the Institute for International Health. Applicants should obtain a detailed statement of information concerning the position from Personnel Services, College of Health Sciences (A27), University of Sydney, NSW 2006 on (+61 2) 9351 2221, fax (+61 2) 9351 5488. Alternatively, a detailed statement regarding the position, including information concerning the method of application and additional information, may be obtained from the web at:

http://www.chs.usyd.edu.au/vacancies/injury_prevention_intl_hlth.html The University of Sydney and the Institute for International Health reserve the right to appoint by invitation and not to proceed with an appointment for financial reasons. Closing: 21 November 2002 The University is a non-smoking workplace and is committed to the policies and principles of equal employment opportunity and cultural diversity. The University reserves the right not to proceed with any appointment for financial or other reasons. See <http://www.usyd.edu.au/>

****NOTES TO CONTRIBUTORS****

The editors must hear from you so that Safe Community Weekly News can effectively serve as a medium of communication for Safe Community Network members, and those whom are interested in injury prevention and Community safety promotion.

We are soliciting contributions from all members who have information relevant to the Safe Community Network. There are a number of specific items we are seeking:

- Information on new designated communities, affiliated centres and their activities;
- Announcement of conferences or seminars in Safe community, injury prevention and related subjects;
- Calls for papers by journals and book editors;
- Announcements of new appointments and promotions;
- Articles describing activities or new initiatives at your community, institution, Centre or firm (perhaps describing your departmental or university programs in safety promotion, discussing new practices, methods, and tools used in Injury prevention and community safety promotion, describing new governmental policy initiatives / programs, and so forth).

Please send your activities, programs and reports via post/ e-mail to the editor

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