

# Costing Violence and Returns to Investments in Preventing Interpersonal Violence

Revised Draft  
February 25, 2023

**PATHFINDERS**  
FOR PEACEFUL, JUST AND INCLUSIVE SOCIETIES  
HOSTED BY THE NYU CENTER ON INTERNATIONAL COOPERATION

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Thanks to Anke Hoeffler, and to Sarah Cliffe, Daniel Mack, Luisa Portugal and Bojan Francuz, for advice and feedback on an early draft, and to Daniel Friedman for comments on the final draft. The Halving Global Violence Task Force provided excellent feedback during early consultations, and especially to Stephanie Burrows (WHO) and Angela Me (UNODC) for follow up discussions. Special thanks also to Philip Alpers at GunPolicy.org and Alistair Gee at Centre for Armed Violence Reduction.

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## Executive Summary

### Costing Violence and Returns to Investments in Preventing Interpersonal Violence

This report lays out ways to think about the business case for investments in preventing interpersonal violence in the community and at home.<sup>1</sup> It outlines what we know about the extent of such violence, how the costs of violence can be quantified, and what works to prevent violence.

While the public focus is, understandably, often on homicides and gang related violence, and the U.S. and much of Latin America looms large, non-lethal violence is even more pervasive around the world, with severe repercussions for survivors. High rates of assault characterize many countries, while the worst dozen countries are all in Sub-Saharan Africa. Gender disaggregated data shows that women are often facing higher rates of assault, as well as high rates of intimate partner violence (IPV), which is experienced by about one in seven women globally, every year.<sup>2</sup> The fear of violence is also pronounced, with around 30 percent of people fearful to walk in their neighborhood at night, rising as high as 88% among women in Afghanistan.

The good news is that a growing body of studies document the impacts of violence prevention programs and their costs, including intimate partner violence. Interventions at the individual, community, city and national levels have all been shown to achieve major reductions in various forms of interpersonal violence.

As part of the Pathfinders' Halving Global Violence initiative, this report takes stock of what we know about the business case for boosting investments in violence reduction. Our focus on the business case does not detract from the principle that all people, regardless of gender, race and residence, have the right to live free of violence.

#### ***What do we know***

Our snapshot of prevalence of violence around the world brings together some well-established facts and points to some new findings relevant to thinking about investing in violence prevention. Rates of violence vary significantly across and within countries, underlining that violence is not inevitable.

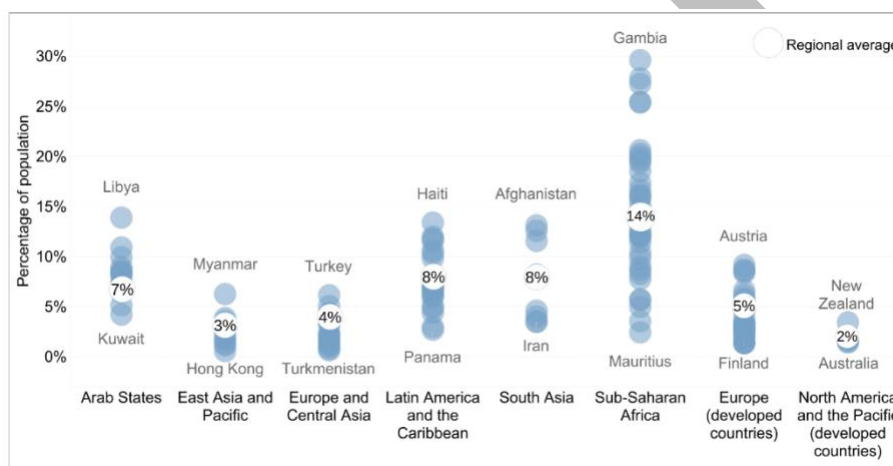
Every year, the number of homicide victims is around triple the number of people killed in armed conflict and terrorism combined.<sup>3</sup> In some regions and countries, homicide rates are very high; intentional homicide is the leading cause of death for people aged 15-49 years in Latin America.<sup>4</sup> The rates of intentional homicide are highest in Latin America and the Caribbean, and Sub-Saharan Africa. Sex-disaggregated data show that men are more likely to be the perpetrators of violence, with male identity and masculine norms being one of the main underlying drivers of the phenomenon.<sup>5</sup>

Assault rates are highest in Sub-Saharan Africa – with about one in seven people saying that they had been victims of assault or mugging in the past year. However, there is enormous variation behind regional and country averages. Across all regions there is significant variation around the average, with the worst performing countries often having assault rates double the regional average, while the best performing is below half the average. For example, in Africa, rates range as high as

three in ten in Gambia, down to below one in 40 in Mauritius. Given extensive under-reporting of assault in many countries, due to low levels of trust and capacity in police and justice institutions, we draw on population-based data from Gallup World Poll. National and even state level averages also conceal the ways in which violence tends to be concentrated within neighborhoods in cities.

Patterns of IPV across regions and country groups also reveal large differences. There is significant cross-country variation in prevalence, with the lowest rates of current (past year) IPV reported from Canada, Hong Kong and Switzerland, at less than 2%, and the highest rate is in Iraq, where a shocking 45% of women have experienced intimate partner violence within the past year. Regionally, intimate partner violence is highest in Sub-Saharan Africa – with almost one in five women experiencing violence in the home in the past year – closely followed by South Asia and the Arab States. Worst in Sub-Saharan Africa is Madagascar at 35% and lowest in Comoros, at 7%. We also show that in countries where IPV rates are high, women also tend to feel unsafe in their neighborhoods at night.

**ES Figure 1. Share of population who had been victims of assault in the last 12 months, by region and country outliers**

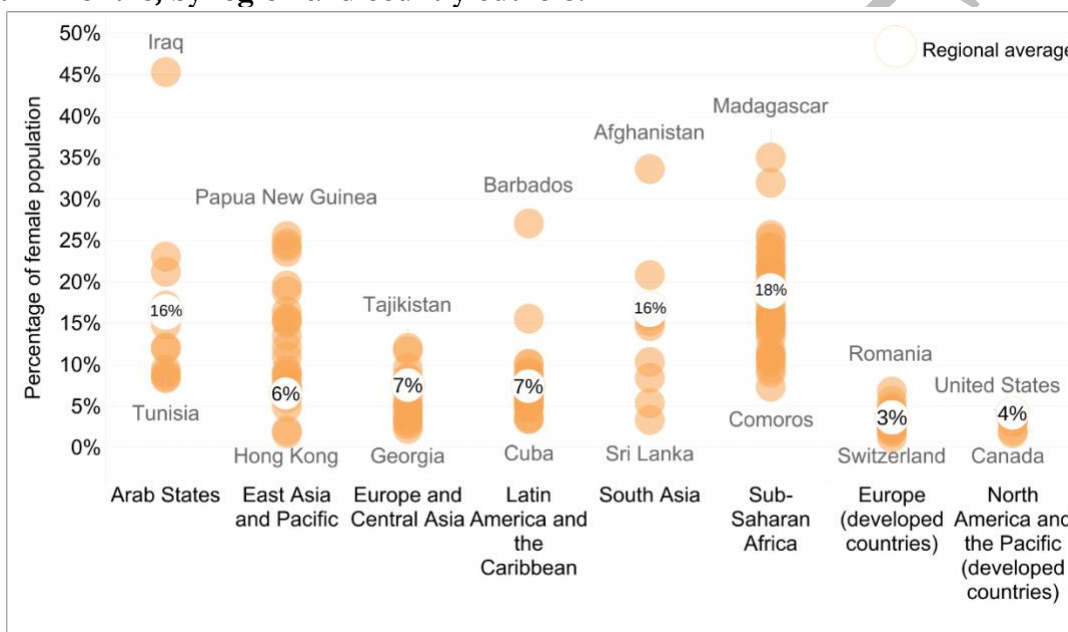


We compare the relative risks of different forms of violence, and how those risks vary between men and women. While homicide remains a relatively rare event in national statistics, measured per 100,000 and peaking at 50 in Venezuela, the risks of assault and experiencing violence in the hands of an intimate partner are much higher.

Globally, annual rates of violence committed against women by intimate partners vastly exceeds the overall rates of assault — 10 versus 6.5%. By region, we see some variation — on an annual basis, the risks facing women in Arab states and the US are much more likely to be subject to violence at home (16 and 4.2% respectively), than the overall likelihood that anyone will experience assault in the community (7.4 and 1.9%). In LAC and Europe, the rates of assault and IPV are more similar, and can go the other way — overall assault and IPV rates at 8 and 7.6 % respectively in LAC, and 3.5 and 2.5 in Europe.

Across the 140 countries with data on assault and IPV, there are 54 countries where women face a significantly higher risk of experiencing IPV than their risk of assault.<sup>6</sup> This is true even in fragile settings. For example, in Iraq and Afghanistan, rates of past year IPV are 45% and 34% respectively, compared to reported annual rates of assault in population surveys of around 7%. In Pakistan, current IPV rates are around 15%, compared to assault rates below 5%. On the other hand, there is a diverse set of about a dozen countries where women’s assault rates exceed IPV in the past year by more than 3% percentage points, including Venezuela, Nigeria, the UK and Austria.

**ES Figure 2. Share of women who have experienced intimate partner violence (IPV) in the last 12 months, by region and country outliers.**



We know that IPV largely affects women, while assault rates tend to be much higher for men. But how do those overall rates compare? Assault rates by gender are fairly similar in some regions —women are generally as likely to be victims as men in Africa and Europe, although in Arab states and ECA, assault victims are more likely to be men. There are 50 countries in which the risk of women experiencing IPV is significantly (more than 3 times) higher than the risk of men being assaulted. For example, in Madagascar and Tanzania, rates of past year IPV are 35 and 22% respectively, compared to reported annual rates of assault for men around 14 and 4 % respectively. In 28 countries, the risk of women experiencing IPV exceeds the risks of men being assaulted by more than 5% percentage points.

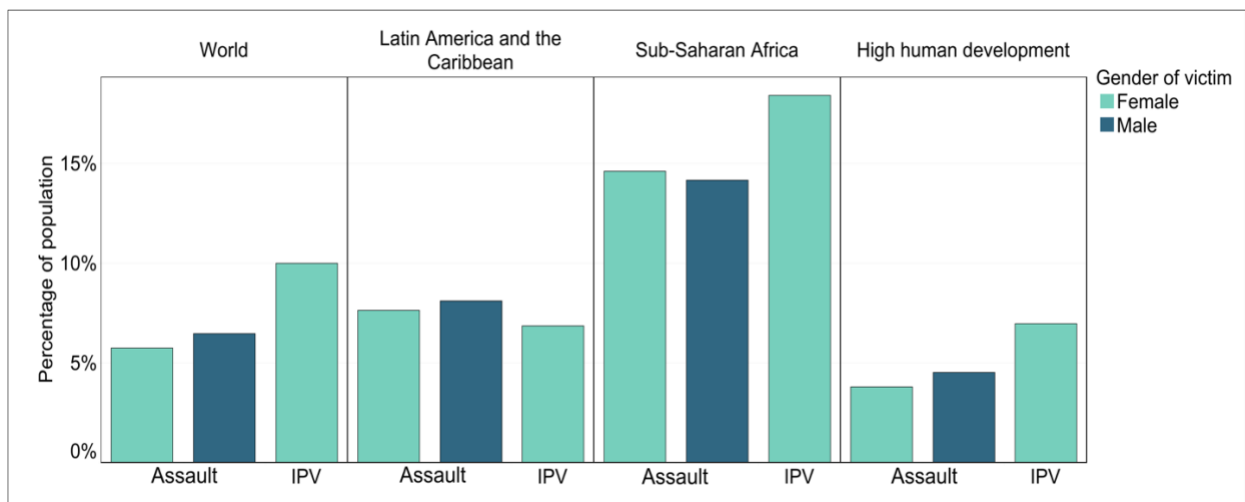
This report examines gender breakdowns in rates of homicide and assault, alongside a focus on IPV. Some key highlights and nuances warrant underlining, as also illustrated in ES Figure 3:

- While homicide is far less common than assault or IPV, most victims are men. Globally, the homicide rate is about 10 per 100,000 for men, compared to 2.3 for women. The gender gaps are even larger in Latin America, where the male : female ratio is 37:4 and Sub-Saharan Africa, 23:4 per 100,000.
- In several regions, men are somewhat more likely to be victims of assault than women, although the overall difference is less than a percentage point – 6.6% for men and 5.7% for

women. In Latin America the respective rates are also similar, 8.1 versus 7.6%, while in Sub-Saharan Africa, with the highest regional rates of assault in the world, assaults reported by women are slightly higher, 14.6 versus 14.1%.

- Around the world, annual rates of IPV experience by women are much higher than total and male rates of assault, and of course much higher than homicide rates. Latin America is the only regional exception – rates of assault against men are 8%, compared to women’s IPV rates of 7%. In all other regions, IPV rates are much higher than assault rates – including Sub-Saharan Africa, 18 versus 14%, and South Asia and Arab states, both averaging 16% for IPV and 8% for assault. For North America, the IPV rate averages 4% and assault is reported by 2% of the population.

**ES Figure 3. Annual assault and IPV rates by gender, selected comparisons**



Source: Statistical Table 2; regions and country groups defined in Appendix 1

We do not know, globally, what share of interpersonal violence takes place in urban areas, although data for the US indicates that almost nine out of ten homicides are urban. We do know that the world is rapidly urbanizing, including many countries in sub-Saharan Africa, and that urban violence tends to be associated with economic and social deprivation.<sup>7</sup> Many argue that rising inequality exacerbates the risks of violence.<sup>8</sup>

This empirical picture underlines the urgency of concerted efforts to meet the SDG targets on violence reduction, to which all national governments have signed up. The data also underline the importance of considering IPV alongside other forms of violence in efforts to address global violence, because it is so pervasive, and has major repercussions for survivors.

## What works to prevent violence

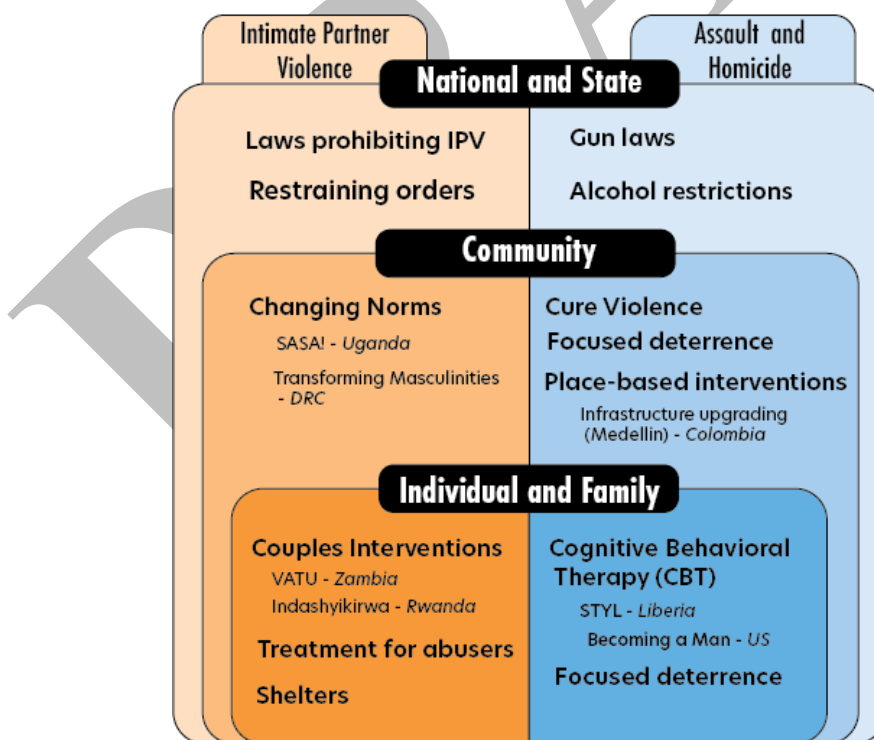
Evidence is accumulating about what works to prevent violence, at three broad levels –interventions targeted at individuals and families; in the community; and nation-wide.<sup>9</sup> This evidence comes from the United States, Africa (including Liberia, Zambia, Nigeria, Rwanda, South Africa, Uganda, Senegal, DRC, Ghana, Sierra Leone) and Brazil, Nicaragua, Colombia, Nicaragua in Latin America.

Three key, inter-related approaches emerge as most promising and cost effective. First, interventions that target specific at-risk places, people, and behaviors, second, investing in changing norms and behaviors, at the level of both the community and individual attitudes,<sup>10</sup> and the adoption of multi-sectoral approaches.<sup>11</sup>

Since prevailing norms at the individual and community levels may underpin the use of violence as a means of exerting power or resolving conflict, an increasingly prominent theme is that violence reduction efforts need to transform harmful gender norms and be anchored in the community if they are to galvanize change.<sup>12</sup> This is central to efforts to combat IPV, and efforts to combat gang and urban violence are also increasingly seeking to addressing harmful gender norms.<sup>13</sup>

Framing in an ecological model helps point to the multiple levels at which violence can occur and potential entry points, as well as the interconnectedness of the different spaces. Indeed, many of the community level programs focus on high-risk individuals, for example, which underlines how the various levels are interconnected.

### Typology of actions to prevent violence and selected examples



Source: Adapted from Centers for Disease Control and Prevention, 2013 *Selecting Effective Interventions*.



At the individual and family level, a number of successful programs have been documented, including those with major elements of cognitive behavioral therapy and counselling. Some proactively seek to engage high risk individuals, and others seek to work with those who have already perpetrated violence.

- **ADD RE INDIVIDUAL**

- The Cure Violence public health model has reduced rates of assault and homicide in a diversity of settings.<sup>14</sup>
- Community-based interventions aimed at reducing violence against women and girls have shown encouraging impacts<sup>15</sup> --
- A growing number of norm transformative programs have targeted groups of men, the best known of which is *Programme H*, which was launched in Brazil, and has now been adapted in at least 36 countries.<sup>16</sup> The program aims to educate young men on issues of gender equality and partner violence over a period of several months, with a participatory curriculum offered by trained mentors in weekly small group sessions at the core of the program, with encouraging results in terms of attitudes and behaviors around violence. For example, in India, intervention participants were up to five times less likely to report partner violence compared to a control group.
- State and nation-wide efforts include regulations and laws designed to prevent or reduce violence include the prohibition of domestic violence and gun laws. An obvious attraction of legal reforms to address violence is that legislative change per se can be relatively inexpensive, although the costs of implementation and enforcement may be high. Moreover, there may also be negative unintended consequences, including over-policing and repercussions for minority communities. Laws prohibiting intimate partner violence are more recent, and some countries still don't have laws under implementation, and evidence on impacts is just emerging.

The summary table below highlights key evidence, by level of intervention and program. Some have evidence on impacts only, but several have evidence on costs and impacts. The upshot is that a range of interventions have been successfully implemented in low resource settings, often with promising impacts,<sup>17</sup> although better evidence is needed to build the evidence base to advocate for increased efforts in violence prevention.

We also recognize that 'scaling up' of specific projects and programs may face major challenges. Recent feminist writings have highlighted that *how* norms change programs are designed, adapted and implemented is critical, and that "the adaptation and expansion of programming can inadvertently reinforce the status quo, despite good intentions."<sup>18</sup> It is important that programs fit as part of larger, locally driven efforts for social change, "centering the voices, needs, priorities and actions of marginalized communities" and "add to existing activism rather than functioning in siloed ways."

**Table 1. Selected summary of evidence on outcomes tracked, by program**

Type of intervention ( <b>Randomized Control Trial, RCT</b> ), and years of implementation		Outcomes tracked		
		Intimate partner violence	Assault &/or homicide	Norms around violence
Individual, family and couples-based	<b>Fast Track program (United States, 1991 - 2003)</b> Intensive, multi-component intervention to prevent aggression in at-risk children -- parenting classes, academic tutoring, and social-skill training.			
	<b>Sustainable Transformation of Youth Program (Liberia, 2009-2011)</b> Long-term follow-up of an 8-week cognitive behavioral therapy (CBT) intervention with financial incentives for high-risk men and street youth.			
	<b>Becoming a Man program (Chicago, United States, 2012-2013)</b> School-based group counselling program for at-risk youth, including CBT. BAM is available in various US cities, such as Boston, Dallas, Kansas, Los Angeles and Washington DC.			
	<b>Trauma-focused CBT for children (Lusaka and Kabwe, Zambia, 2012 -2013)</b> CBT intervention for children who experienced at least one traumatic event.			
	<b>Violence and Alcohol Treatment Trial (Lusaka, Zambia, 2016 - 2018)</b> Intervention aimed at couples to address IPV and unhealthy alcohol use.			
	<b>Indashyikirwa (Rwanda, 2015 - 2018)</b> Changing gender norms through individual and couple-based IPV prevention programs, as well as through training community activists. Intervention drew heavily on SASA!			
	<b>Gender Socialization and Financial Training Intervention (Ibadan, Nigeria, 2017-2018)</b> Couple-based gender transformative intervention focused on enhancing women's participation in household decision-making and reducing IPV.			
Community-level	<b>The Cure Violence Model (United States, 2010 - 2012).</b> Community mobilization and outreach by Violence Interrupters focused on high-risk individuals; evaluated using quasi-experimental designs. Cure Violence has been implemented in 20 US and Canadian cities, and replicated in 7 countries in Latin America and 8 countries in the Middle East and Africa.			
	<b>Project REASON (Port of Spain, Trinidad and Tobago, 2015 – 2017).</b> Adaptation of Cure Violence Model assessed through a quasi-experimental impact evaluation and a cost-effectiveness analysis.			
	<b>Ceasefire strategies (Oakland, United States, 2012 – 2017)</b> Followed the focused deterrence group violence reduction strategy. Aimed at changing offender behavior through law enforcement, community mobilization and social services action. Quasi-experimental evaluations in Oakland, Boston, Chicago.			
	<b>"Fica Vivo!", Belo Horizonte, Brazil,</b> pilot aimed to reduce homicides in high risk favelas, with strong police and military police effort, workshops for young people, and community involvement			
	<b>Gang Reduction and Youth Development (Los Angeles, United States, 2008 – 2015)</b> Aimed to strengthen youth/young adults, family and community resilience to gang influence through community engagement, gang prevention and intervention and violence interruption (Community Intervention Workers). Evaluated using qualitative and quantitative data.			
	<b>Operation Peacemaker Fellowship (California, United States, 2010 - 2014).</b> 18-month program for high-risk men helping build life outside gangs using a quasi-experimental design and evaluated through a cost-benefit analysis.			
	<b>SASA! (Kampala, Uganda, 2008 – 2011).</b> Community mobilization approach to prevent violence against women comprising four strategies: local activism, media and advocacy, communication materials, and training. SASA! has also been adapted and implemented in at least 30 countries. RCTs have been conducted in Uganda and Tanzania. The annual cost was estimated for Uganda.			
	<b>Safe Dates (North Carolina, United States, 1994 – 1995)</b> Workshops for middle-school students to raise awareness about healthy relationships and reduce dating violence among adolescents.			

	<b>Programme H (Rio de Janeiro Brazil 2002).</b> Workshops and community mobilization to change attitudes among young men. Aimed to educate young men on issues of gender equality and IPV. The program adapted and / or implemented in 32 countries.			
	<b>Tostan (Kolda Region, Senegal, 2012 - 2016).</b> A human rights-based education program that aimed to reduce female genital mutilation and IPV by changing existing gender norms and beliefs. Evaluated through a quasi-experimental approach.			
	<b>Transforming Masculinities (Kinshasa, Democratic Republic of Congo, 2014 - 2015)</b> Aimed at men and focused on integrating conversations about gender equality into traditional activities such as sermons and prayer meetings.			
	<b>Rural Response System. (Central Region, Ghana, 2016 -2018).</b> Community Based Action Teams aimed to prevent IPV by raising awareness and supporting survivors.			
	<b>Women Training and Integration Program (Liberia, 2019 – 2021).</b> Multifaceted female empowerment program which includes intensive psychosocial therapy and vocational skills training.			
	<b>Men as Partners (Johannesburg, South Africa, 2004 - 2005)</b> Group education, community workshops and activities for young men that focusing on gender equality, healthy relationship dynamics and HIV/AIDS. Evaluation had qualitative component and pre- and post- workshop questionnaires.			
	<b>Stepping Stones and Creating Futures (eThekwin, South Africa, 2015 – 2018)</b> Program aimed to reduce IPV and HIV-risks in informal settlements through peer-led, interactive sessions with young adults.			
	<b>Medellín, Colombia,</b> Neighborhood transit and infrastructure investments evaluated via natural experiment		BLUE	
	<b>Project Safe Neighbourhoods (United States, 2000-2006)</b> Multi-agency initiative to reduce gun violence in 82 cities through enhanced enforcement and deterrence; quasi-experimental design.			
National and local laws	<b>Introduction of firearm regulations (South Africa, 2001- 2009)</b> Legislation to reduce the number of firearms in civilian hands.			
	<b>State firearm de/regulation (United States)</b> US “shall issue” state gun laws -- i.e. eliminates most restrictions on carrying a concealed weapon -- associated with more firearm homicides, and vice versa.			
	<b>Waiting period laws (United States, 1970 – 2014)</b> States with waiting periods (which delay the purchasing of firearms) reduced gun homicide.			
	<b>Laws against domestic violence (Nicaragua, 2012)</b> Introduction of comprehensive laws against domestic violence.			
	<b>Laws against domestic violence (Brazil, 2013)</b> Maria da Penha Law increased attention and resources for violence against women.			
	<b>PMC- Saliwansai (Sierra Leone, 2014 – 2015).</b> Education through entertainment using a national radio drama addressing major gender issues.			

Legend:

	Evidence on costs only
	Evidence on impacts only
	Evidence on both
	Unclear

## Costing violence and the returns to prevention

Interpersonal violence is expensive. The costs to individuals and families, in terms of lost income and medical expenses, as well as pain and suffering, are large. Governments spend large amounts of public money dealing with the consequences of violence. And firms, families, and governments spend large amounts of money on security in the community and home to prevent violence.

Recent estimates suggest that the costs of interpersonal violence amount to around 10% of world GDP.<sup>19</sup> However, there is a huge range in estimated monetary values of violence averted – and these could potentially be the difference between concluding and not concluding that an intervention is economically justified.

We review methods to estimate the costs of interpersonal violence, coupled with evidence about the returns to spending to reduce those costs. A recurring theme is that the scale and costs of what is needed to prevent violence will vary enormously by context and it is affected by local institutions and culturally specific gender norms, among other things.

There are a series of methodological challenges, beginning with the fact that both costs and benefits of violence range across diverse tangible and less tangible outcomes, and are difficult to monetize. Further difficulties arise around:

1. Data on violence suffers from major issues of under-reporting and inconsistent definitions.
2. Accurate health-related and criminal justice data may not be available at the country level, and findings from US studies or global norms may not hold in low resource settings.
3. Shortcomings in rigorous evidence about the extent to which programs work in reducing violence,<sup>20</sup> and variability in reported impacts and benefits of different interventions depending on the target group and type of violence, among other things. For example, prevention research does suggest that earlier interventions tend to yield better results than interventions targeted at adolescents or adults, and have a longer time horizon for returns. Likewise, the fact that domestic abuse tends to be recurring over time, rather than once off, suggests that the payoffs would be larger than a single incident being averted.
4. Lack of data on intervention costs. The review reveals a lack of comparability across cost measures used – some studies measure cost per participant, others per incident prevented, and many simply report the total budget spent. Moreover, the spending requirements for a pilot or specific intervention may not be representative of resources needed to implement the program at scale, or in different national settings. Since no program is 100% effective, the cost of incident averted will exceed the cost per participant.

Still, a recent systemic review of economic evaluations of violence prevention in high income countries concluded that most violence prevention programs yield good value for money. It is plausible that the returns would be at least as high in settings associated with higher levels of violence.

The upshot is that we know enough to expand rapidly violence prevention efforts, especially in high violence settings and, as we saw, the benefits would be broad based, for women and men. The magnitude of the challenge calls for substantially more efforts to apply what is known to prevent various forms of violence, and to test and evaluate innovative approaches.

Last, but not least, not included in conventional estimates of the benefits of prevention of interpersonal violence are the broader benefits to other areas of development and the SDGs. We saw at the outset that the challenge of interpersonal violence is not confined to one region, and that major risks face both men and women. It is clear that a range of development priorities, from poverty reduction, to education to gender equality, among others – would be significantly bolstered if the risks of interpersonal violence were significantly reduced.

DRAFT

## Chapter 1. Introduction and Motivation

All people, regardless of gender, race and residence, have the right to live free of violence. Breaches of this basic human right – arising from the intentional use or threat of force or power – are widespread around the world, and raise major human rights issues. The need to address these challenges are explicit in the Sustainable Development Goals, which commit to “significantly reduce all forms of violence and related death rates everywhere,” (16.1) and even more ambitiously, pledges the elimination of all forms of violence against women and girls (5.1), and against children (16.2).

Every year, the number of homicide victims is around triple the number killed in armed conflict and terrorism combined.<sup>21</sup> Non-lethal violence is even more pervasive, with severe repercussions for survivors -- intimate partner violence is experienced by about one in seven women globally, annually.<sup>22,23</sup>

According to the leading Global Burden of Disease study, interpersonal violence ranked as the fourth leading cause of death among all injuries in 2019, and accounted for about 415 000 deaths.<sup>24</sup> In some countries, such as Venezuela, Honduras and Guatemala, homicide is one of the largest killers. In Latin America overall, homicides are the largest cause of death for people aged 15-49 years.<sup>25</sup>

Yet, while it is widely accepted that interpersonal violence is a huge scourge, investments in efforts to prevent and reduce violence are lagging. For example, both humanitarian and development assistance directed to combating violence against women and girls has been extremely low.<sup>26</sup> The OECD tracks the total volume of development assistance directed to ending violence against women and girls. In 2019, the latest available year, less than 0.3 percent of total bilateral official development assistance went toward ending violence against women and girls, amounting to roughly USD \$0.86 per woman. Only 13 countries averaged more than one dollar per woman.<sup>27</sup>

This under-investment persists despite the growing evidence base, grounded in research and practice, confirming that violence is preventable. As we explore in Chapter 4, community-based interventions aimed at reducing violence against women and girls have shown encouraging impacts,<sup>28</sup> while the Cure Violence public health model is one among a range of approaches that have been shown to reduce rates of assault and homicide in a diversity of settings.<sup>29</sup>

As part of the movement to Halve Global Violence, the aim of this report is to lay out the business case for boosting investments in preventing violence, by showing the extent and costs of violence, and what works to prevent violence, and outlines options for further work. Assessing the business case for investments in prevention should be informed by knowledge about the extent to which programs work in reducing violence. We review the available evidence in order to ground arguments for increased violence prevention efforts. The good news is that a growing body of studies document the impacts of violence prevention programs and their costs, including intimate partner violence, although, as we explain below, the numbers tend to vary widely.

Cost and savings estimates can be a powerful tool to incentivize governments and partners to actively address violence and ensure adequate resource allocations. Such research has been used to influence policy and programming: for example, in Egypt, the Ministry of Planning increased the budget for violence against women related activities based on the findings of a 2015 national costing study.<sup>30</sup> Another example of a policy impact comes from the US state of Washington, where a return-on-

investment model was developed to estimate the economic returns of various policy options, and to synthesize data in a form that was comprehensible to non-expert audiences in the state legislature.<sup>31</sup>

Our expectation is that estimates of the costs of interpersonal violence – violence against women and children, assaults and homicides -- would be more persuasive if coupled with evidence about the returns to spending to reduce those costs. This motivates the accompanying focus on the returns to investment, while recognizing that the evidence on the economic value of violence prevention programming is scarce, and as outlined below, there are major methodological challenges.

An important goal of this report is to review the pros and cons of alternative costing methods, and review options to inform future work. However, we do not provide an exhaustive review of the evidence -- the methodology of this report was a rapid desk-based review, undertaken in March-July 2022, and restricted to English language publications, including searching online academic databases and scanning research-agency and practitioner websites for useful articles, evaluations, resources, manuals, and other relevant materials.

Chapter 2 outlines global and regional patterns in the main outcome indicators used to measure violence, to see what can be established in terms of prevalence. Chapter 3 outlines different methods that have been used to estimate the costs of violence, highlighting key challenges and possible ways forward. Chapter 4 reviews what we know about what works to prevent interpersonal violence, and the associated program costs, and the final chapter reviews evidence about the effectiveness of national and local legislative reforms which aim to reduce violence.

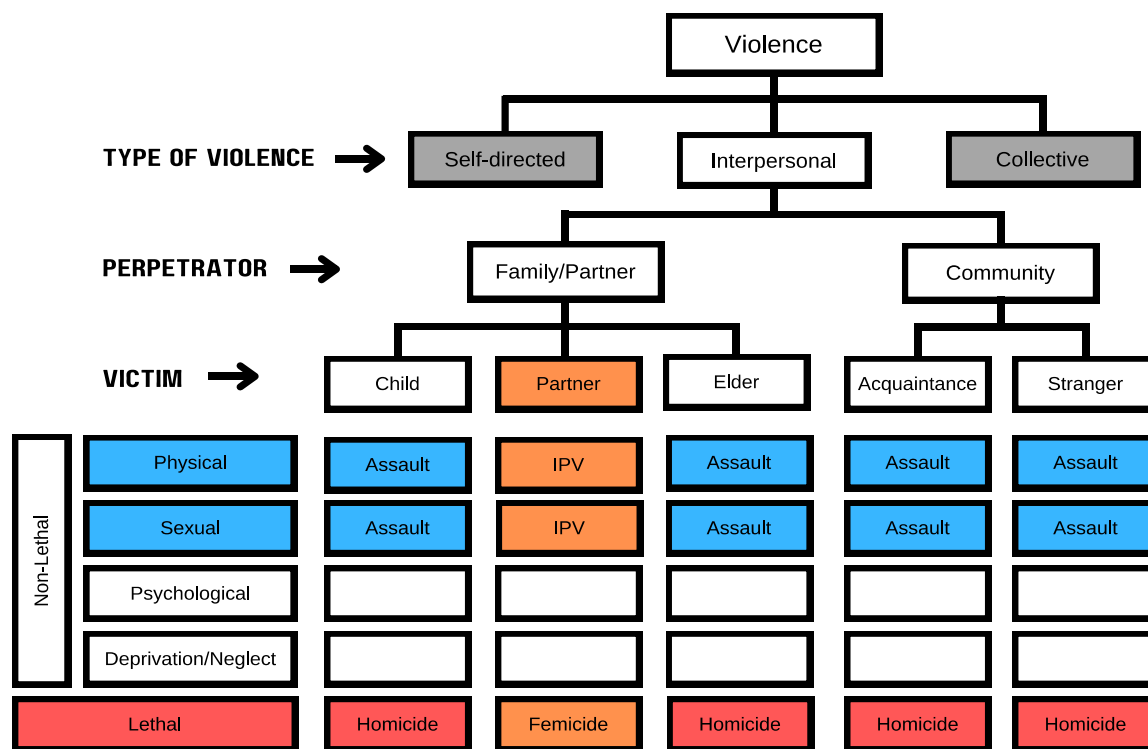
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## Chapter 2. Patterns of inter-personal violence around the world.

The World Health Organization (WHO) defines interpersonal violence as ‘violence that occurs between family members, intimate partners, friends, acquaintances and strangers. It includes child maltreatment, youth violence, intimate partner violence, sexual violence, elder abuse and violence against women and girls’.<sup>32</sup>

This violence occurs at home and in the community, as highlighted in Figure 2.1. Within the family, we focus on intimate partner violence (IPV), while also spotlighting evidence about violence against children and elder abuse.

**Figure 2.1. Typology of violence with a focus on interpersonal violence**



Source: Adapted from the World Report on Violence and Health, 2002

### Data sources, definitions and cautionary notes

Over the past several decades, governments, UN agencies, survey organizations and researchers have expanded the pool of reliable data on the three main indicators of interpersonal violence – viz, homicide, assault and IPV. Yet major data constraints remain.

Many nations lack the requisite administrative agencies, and in some cases the political will, to compile reliable data on homicide and assault, with major gaps in data availability in countries at lower levels of human development and in Africa. Indeed, only 7 out of 33 low human development index (HDI) countries have reported homicide data to the UN (Afghanistan, Burkina Faso, Burundi, Guinea-



Bissau, Haiti, Tanzania and Uganda), and only 7 have data on assault (Benin, Burundi, Guinea-Bissau, Haiti, Madagascar, Tanzania and Uganda). Thus only 5 low-HDI countries have data on both homicide and assault.

Moreover, the administrative data reported by governments and to UN agencies is plagued by under-reporting, especially in settings where trust in institutions and police responses is low. This is true for IPV and assault, and even homicide. One recent estimate for developing countries is that only 7% of women experiencing gender-based violence formally reported the violence, ranging as low as 2% in India and East Asia.<sup>33</sup> In Europe, only around 14% of survivors of IPV reported to the authorities.<sup>34</sup> For this reason, we rely on representative population surveys and not administrative reporting for IPV estimates.

The extent of under-reporting of violent crimes has been investigated in several settings. A state level assessment in Brazil between 2004-2011 estimated that about one-third of violent crimes were not reported.<sup>35</sup> Recent analysis in Nigeria starkly illustrates the challenges. The officially reported homicide rate in Nigeria in 2019 was 6 per 100,000 inhabitants, whereas a household survey conducted by the United Nations Office on Drugs and Crime (UNODC) and the National Bureau of Statistics in 2016 suggested that the national homicide rate was 34 per 100,000 population.<sup>36</sup>

As UNODC points out, these discrepancies underline the urgency of improved criminal justice statistics in countries with low levels of data coverage, in order to determine more accurately the actual level of lethal violence and to inform strategies for tackling such violence. As outlined below, it is not just a matter of statistics, but of reporting to local law enforcement, in particular, if trust and confidence in institutions is low, people are unlikely to report violent crimes and data will be weak – which means that problems with the data can run deep. Major problems can also arise where police lethal violence inflicted by police does not fall within state and national definitions of homicide (Box 2.1).

### **Box 2.1 Police and lethal violence and homicide statistics**

The deaths of many black people in the USA in recent times, including George Floyd, Michael Brown, Breonna Taylor, Eric Garner, have brought the role of police in lethal violence to the fore. This is not only a challenge for the US – as reports of Amnesty and others document from Brazil, Jamaica and The Philippines.

There are strict international laws and standards governing how and when police can use force – particularly lethal force. Under international law, police officers should only use lethal force as a last resort, that is, when such force is strictly necessary to protect themselves or others from the imminent threat of death or serious injury, and only when other options for de-escalation are insufficient. It also means that police killings that do not meet these criteria should be reported as intentional homicide.

Yet in some countries, killings by the police do not meet these criteria, and are not legally sanctioned – for example, Mexico's National Law on the Use of Force does not require that officers use the minimum level of force to resolve a situation, and in the USA, nine states have no laws at all on the use of lethal force by law enforcement officers. In countries and jurisdictions where police lethality is not deemed unlawful, such killings would not be included in homicide statistics.

Source: Amnesty, Police Violence Around the World. <https://www.amnestyusa.org/issues/deadly-force-police-accountability-police-violence/>

Data availability is currently somewhat better for IPV, where the standardized definition of “current IPV” is the percentage of women who have been subjected to physical and/or sexual violence by a current or former intimate partner in the preceding 12 months. These data have become more widely collected in representative population surveys following appropriate ethical protocols, so that there is no need to rely on reporting to the police. The expansion of field surveys has significantly improved country coverage of IPV estimates, so that 20 low-income countries have adequate data. However, only 4 low-income countries (Burundi, Haiti, Tanzania and Uganda) have data on all three main indicators of violence: homicide, assault and IPV.

For assault, the Gallup World Poll has far more extensive country coverage than the WHO or UNODC. Moreover, the data appears to be more reliable because it is based on representative population samples, and does not depend on people’s trust in police and law enforcement. UNODC is based on police reports and Gallup on self-reporting, and UNODC includes all ages, but Gallup only covers people above age 15. It is noted that indicators from UNODC and from Gallup measure different concepts: UNODC refers to physical injuries "Assault: “injuries inflicted by another person with intent to injure or kill, by any means”, while Gallup's question is broader and includes being mugged or threatened. However, the latter seems consistent with the WHO (2002) definition of violence, and Gallup appears to be the preferred source for assault data, and used in our analysis below.

The foregoing points to the need for caution when analyzing published data on violence. In particular, the imputations used to address missing data means that analysis of cross-national variations may be spurious – if the same socio-economic variables used to generate for example homicide rates are also employed as explanatory variables, the associated correlations will be misleading.<sup>37</sup> For this reason we abstain from any analysis of drivers of cross-country variations in homicide.

### **Headlines from global data and patterns**

Here we review the headlines on intentional homicide, assault and IPV, for the most recent year available. The full data and sources are presented in Statistical Table 1, and the regional and country groupings are defined in Appendix 1.

The three main indicators of violence – homicide, assault and IPV – are conventionally presented in different scales – because the number of homicides is always much lower, these are shown per 100,000, whereas assault and IPV are presented as percentages (per 100). If lethal and non-lethal violence were both presented as percentages, the figures for the former would be tiny. And if we converted non-lethal to per 100,000, this would create confusion if quoted out of context. So, we maintain the conventional metrics to present the national data.

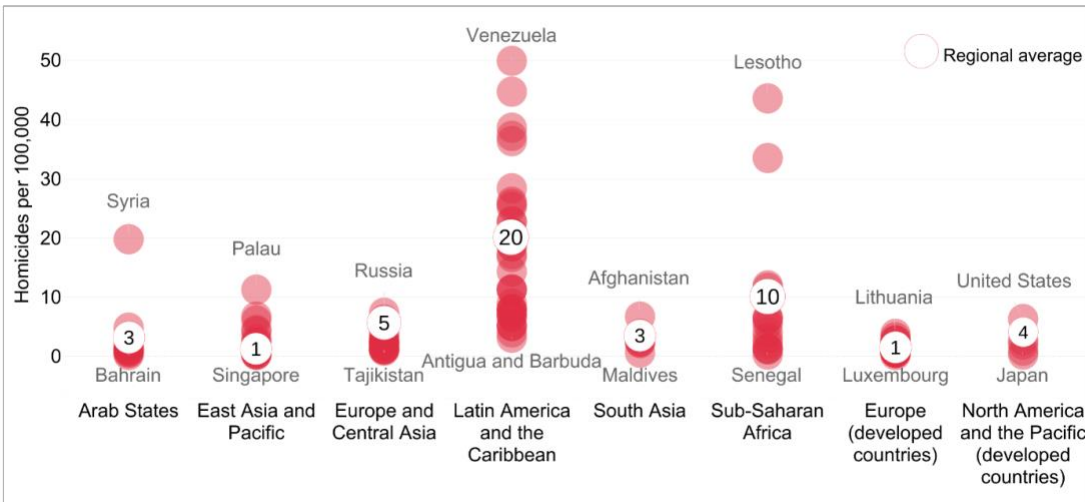
### **Patterns in national rates of violence**

Rates of violence vary significantly across countries, underlining that violence is preventable. Across most of Europe, for example, fewer than 0.1% of deaths are the result of homicide. Homicide rates in East Asia and Europe average one per 100,000, that is a 20-fold difference relative to Latin America, which averages 20.<sup>38</sup>

Figure 2.2 shows regional averages and outliers for intentional homicide, that is, unlawful death purposefully inflicted on a person by another person(s), based on official data and with the caveats

outlined above. We see that the regional average in Latin America is more than double that of Africa. Several regions and country groups have group averages in the single digits per 100,000. But there is also significant variation within the worst performing regions, with low rates of homicide being recorded in countries in all regions.

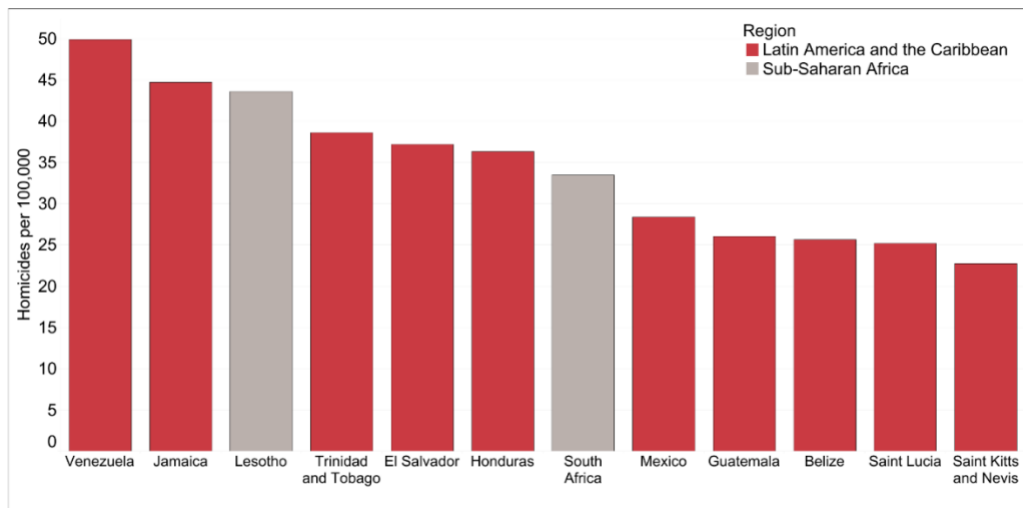
**Figure 2.2. Intentional homicides (per 100 000 people), by region and country outliers**



Source: See Statistical Table 1.

Figure 2.3A shows the officially reported homicide rates (per 100,000) in the twelve most violent countries for the period 2016-2020. The highest rates were experienced in Venezuela (about 50), while a further nine countries in Latin America and the Caribbean rank in the worst dozen countries. Note that Nigeria does not show here – given the problems with official data outlined above – although UNODC surveys suggests that the rate is similar to Honduras and South Africa.

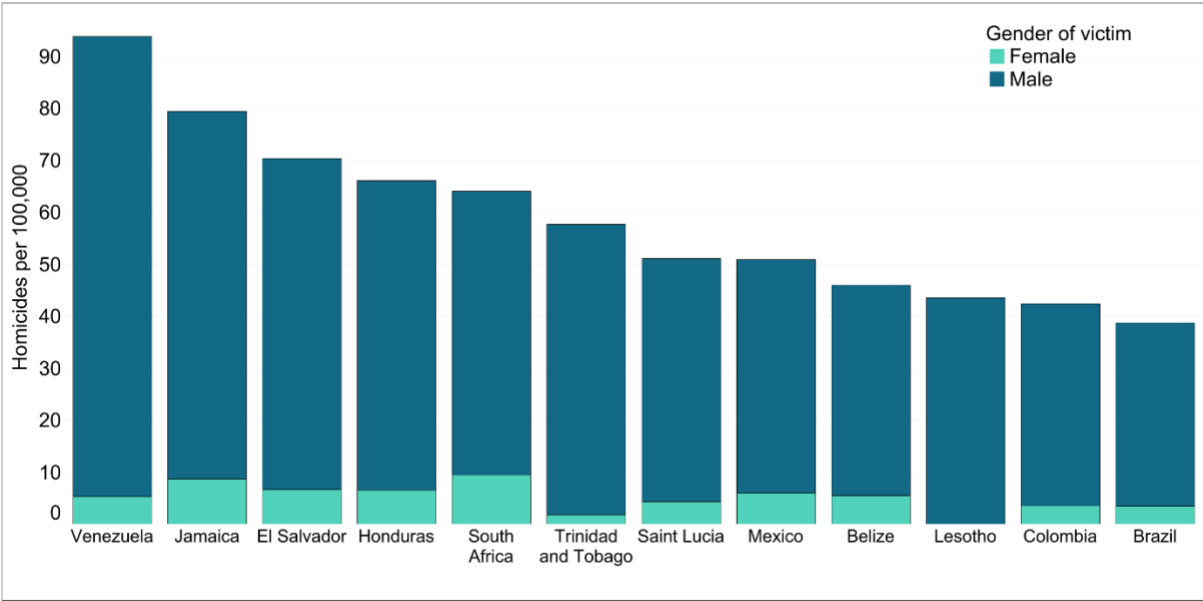
**Figure 2.3A. The worst dozen countries in homicide rates**



Source: Statistical Table 1

How do homicide rates differ by sex? Male identity and masculine norms make men and boys more likely to perpetrate violent crimes as well as more likely to die by homicide and suicide -- boys and men are often socialized and encouraged to be violent with harmful masculine norms shaping the likelihood of both experiencing and perpetrating violence.<sup>39</sup> These harmful norms include: achieving socially recognized manhood, policing masculine performance and reinforcing patriarchal power.<sup>40</sup> Figure 2.3B shows sex-disaggregated homicide rates for the worst 12 countries – and underlines the huge disparities, with rates for men often ten times higher than for women. The worst male homicide rates (per 100,000) were in Venezuela (94), Jamaica (80) and El Salvador (70), while the worst female homicide rates were in South Africa (10), Jamaica (9) and El Salvador (7).

**Figure 2.3B. Countries with the highest number of homicides, by gender**

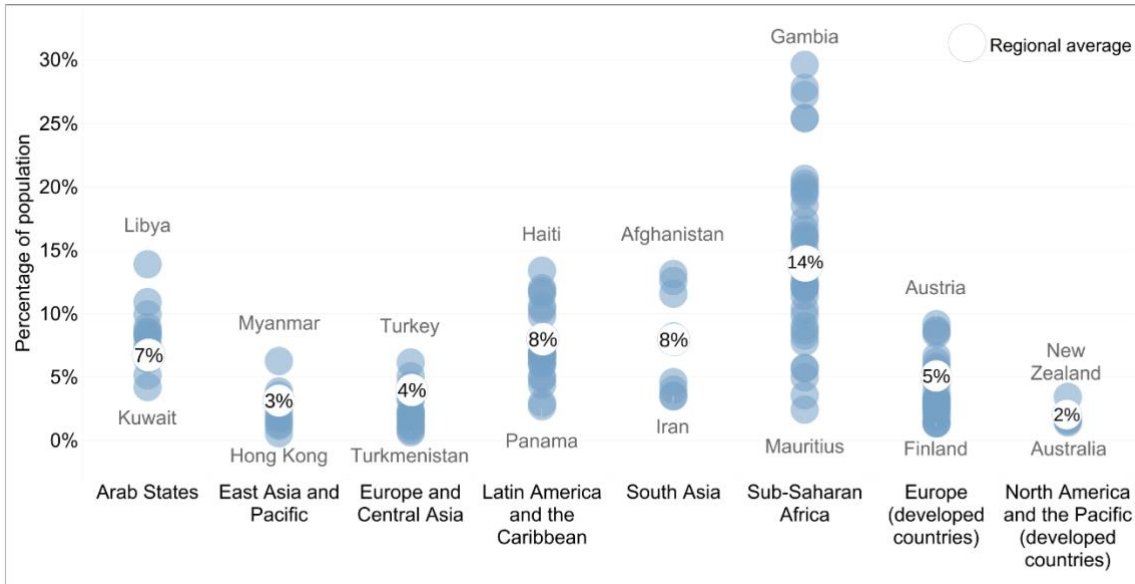


Source: Statistical Table 1. Note: Lesotho does not have sex-disaggregated data.

Turning to assault, we draw on population surveys carried out by Gallup rather than official crime reports, for the reasons outlined above and elaborated further below. Figure 2.4 shows a range in past year assault from a high of 30% in The Gambia, to lows around 1% in several diverse countries, including Australia, Finland, Hong Kong and Turkmenistan.

People experience the highest assault rates in sub-Saharan Africa, where 14% of the population said that they had been assaulted in the past year, followed by Latin America and the Arab States, both around 7-8%. Across all regions there is significant variation around the average, with the worst performing countries often having assault rates around double the regional average, and the best performing below half the average.

**Figure 2.4. Share of population who had been victims of assault in the last 12 months, by region and country outliers**

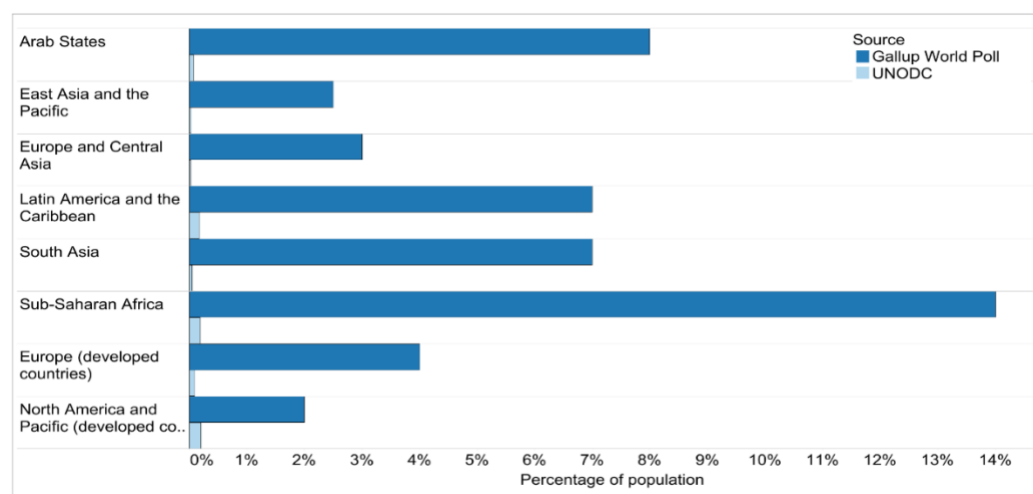


Source: See Statistical Table 1.

The picture which emerges from the Gallup data on assault shown in Figure 2.4 is very different to that reported by UNODC, which is the main official international source. Indeed, there is negligible correlation between the two series. For example, the worst ten countries reporting assault in the Gallup series are (from the worst) Sierra Leone, Uganda, Congo Brazzaville, Kenya, Ghana, Mali, Cameroon, South Africa, Zambia, and Nigeria, compared to a totally different set of countries in the UNODC – namely, Bahamas, United Kingdom, Botswana, Saint Vincent and the Grenadine, Cabo Verde, Belgium, New Zealand, Monaco, Barbados, France.<sup>41</sup> The higher rates of reporting in high income countries in the UNODC series may reflect factors around trust in authorities as well as institutional capacity.

Figure 2.5 illustrates the differences -- most obviously, the rates reported by Gallup are far higher overall, and in every region, than the rates reported by UNODC. These differences are remarkable, even if, as noted above, the discrepancies in definitions and methods which mean that the measures of assault are not directly comparable.

**Figure 2.5. Comparison of assault rates reported by Gallup and UNODC, by region**



Source: UNODC, 2022 and Statistical Table 1.

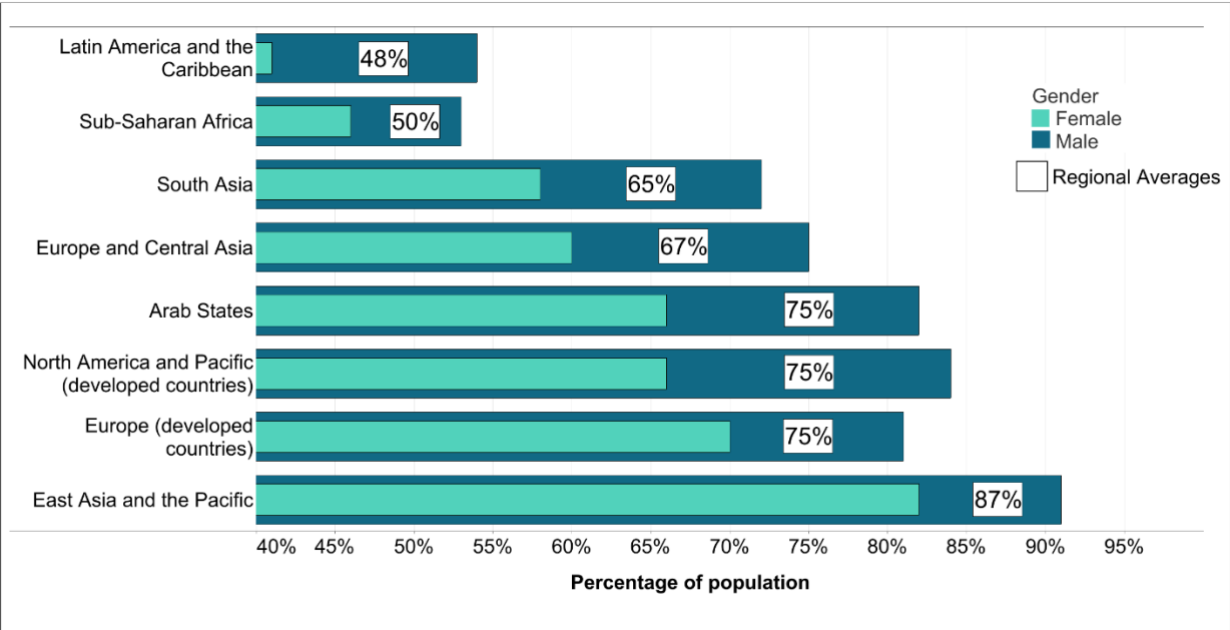
It is important to underline that there is enormous variation behind the country averages, and even city-wide averages can be misleading. Multiple studies have demonstrated how assault and homicide tend to be clustered. For example:

- In Latin America, 50% of crimes are concentrated in 3-8% of street segments.<sup>42</sup> In 2011 about 44% of El Salvador’s homicides occurred in just ten municipalities (fewer than 4 % of the total). In 2016, 2% of municipalities accounted for over half of all homicides in Brazil and in the analysis of crime in five Colombian cities and one Venezuelan city also found that half of all homicides occurred in 10% of their neighborhoods.<sup>43</sup>
- In some cities in the United States, about 50% of violent crimes occur in 5-7% of street segments.<sup>44</sup>
- In 2021, violent crime in South Africa was concentrated in fewer than 250 of the 1,100 police precincts.<sup>45</sup> The Institute for Security Studies examined patterns of murder and robbery in Cape Town, comparing high and low incident neighborhoods, only 20km apart, finding that over a 12-year period, the number of murders were 3,236 and 145 respectively.<sup>46</sup>

Given evidence about the localized nature of violence, it is interesting to review the extent to which people feel safe in their own community, which has direct links to SDG16.1.4, which measures the share of population who feel safe walking alone in the area where they live.

Figure 2.6 highlights gender gaps in perceived levels of neighborhood safety – with women feeling least safe in Latin America, where only 41% women feel safe walking alone in their city, followed by Sub-Saharan Africa (46%) with East Asia and the Pacific perceived as the safest, for both women and men. On average, people in Latin America felt the least safe; with only 48% stating they felt unsafe walking alone at night (41% of women and 54% of men). These estimates were very similar to the sub-Saharan African region where only half of people felt safe walking alone at night.

**Figure 2.6. Share of population that feels safe walking alone at night, by gender and region**



Source: Gallup World Poll, 2022

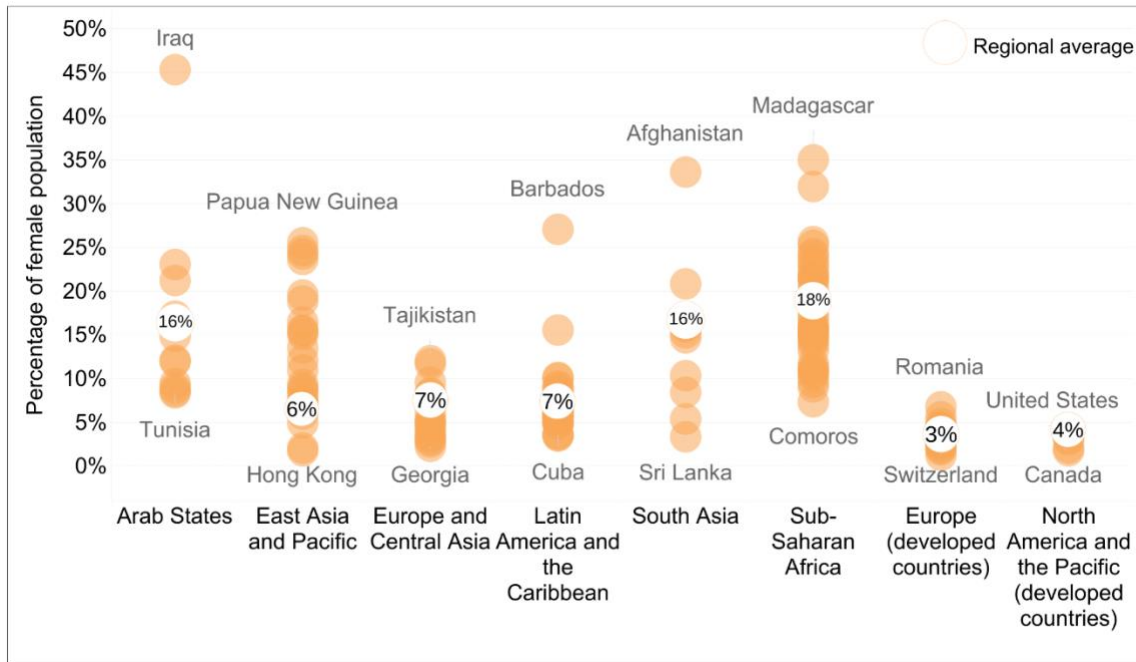
**Intimate Partner Violence**

Intimate partner violence is the most common form of violence experienced by adults around the world, which the global community has pledged to end.

There is significant cross-country variation in prevalence, with the lowest rates of current intimate partner violence reported from Canada, Hong Kong and Switzerland, at less than 2%, and the highest rate is in Iraq, where a shocking 45% of women have experienced intimate partner violence within the past year.

Patterns of intimate partner violence across regions and country groups also reveal large differences (Figure 2.7). Across developing country regions, average rates of intimate partner violence are lowest in Central and Eastern Europe and Eastern Asia and Latin America and the Caribbean (both 7%), and highest in Arab States, Sub-Saharan Africa and South Asia (around 18%). The variation within developing country regions is illustrated by the high and low outliers. In Sub-Saharan Africa, for example, highest in the region is 35% in Madagascar and lowest in Comoros, at 7%. These wide-ranging patterns underline the broad scope for concerted efforts to meet the SDGs, to which all national governments have signed up.

**Figure 2.7. Share of women who have experienced intimate partner violence (IPV) in the last 12 months, by region and country outliers**

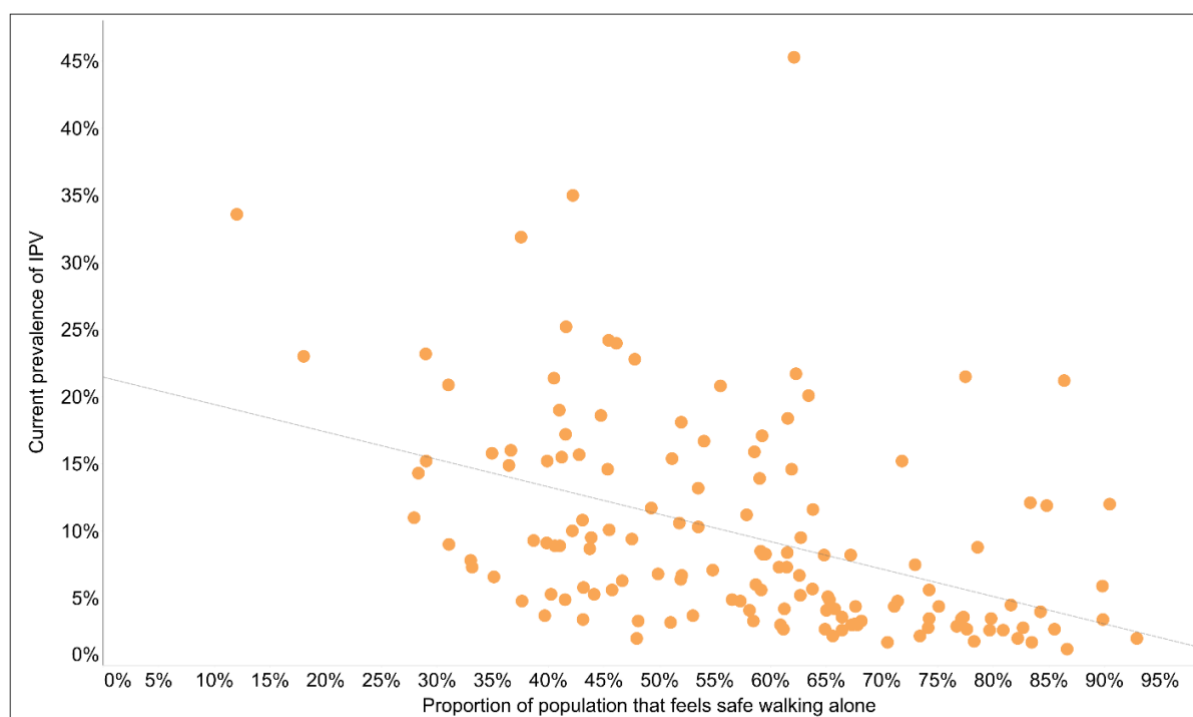


Source: Statistical Table 1.

Earlier work has reported that women who feel unsafe at home are often also unsafe in their community.<sup>47</sup> We confirm this relationship using the Gallup World Poll question, "Do you feel safe walking alone at night in the city or area where you live?" Figure 2.8 shows that in some countries with high IPV rates, women also do not feel safe walking alone at night – as in Afghanistan, Ethiopia, Guinea, Iraq, Madagascar, and Uganda. On the other hand, there are several countries where women feel safe (85-90%) and the IPV rates are low (1-4%) -- Azerbaijan, Croatia, Luxembourg, Norway and Switzerland.



**Figure 2.8. Cross country correlation between the share of women that felt safe walking alone at night and the share of women who have experienced IPV**



Source: Author estimates based on Statistical Table 1

It is instructive to compare the relative risks of different forms of violence that are being experienced around the world, and how those risks vary between men and women. While homicide remains a relatively rare event in many countries, measured per 100,000 and peaking at 50 in Venezuela, the risks of assault and experiencing violence in the hands of an intimate partner are much higher.

Specifically, when we compare the risks of assault and IPV for women for the 140 countries with data on both measures, there are 54 countries where women face a significantly higher risk of experiencing IPV than their risk of assault.<sup>48</sup> This is true even in fragile settings. For example, in Iraq and Afghanistan, rates of past year IPV are 45% and 34% respectively, compared to reported annual rates of assault in population surveys of around 7%. In Pakistan, current IPV rates are around 15%, compared to assault rates below 5%. On the other hand, there is a diverse set of about a dozen countries where women's assault rates *exceed* IPV in the past year by more than 3% percentage points, including Venezuela, Nigeria, the UK and Austria.

We know that IPV largely affects women, while assault rates tend to be much higher for men. But how do those overall rates compare? Again, there are 50 countries in which the risk of women experiencing IPV is significantly (more than 3 pp) higher than the risk of men being assaulted. For example, in Madagascar, and Tanzania rates of past year IPV are 35 and 21% respectively, compared to reported annual rates of assault for men around 14 and 4 % respectively. In 28 countries, the risk of women experiencing IPV exceeds the risks of men being assaulted by more than 5% percentage points.

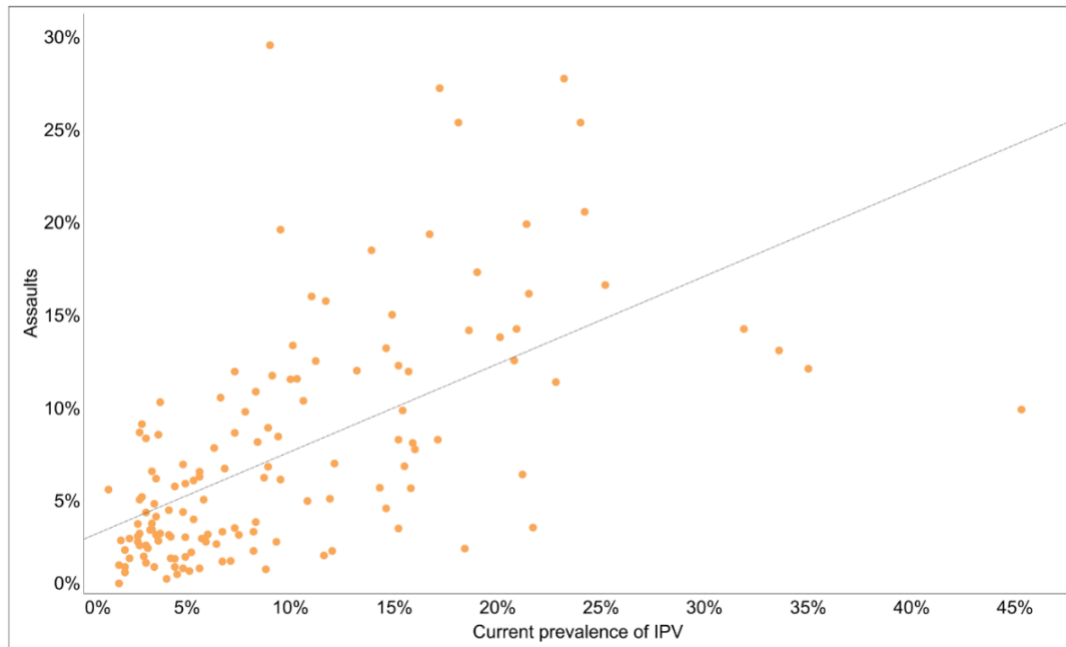
These figures underline the importance of considering IPV alongside other forms of interpersonal violence in efforts to address global violence, because it is so pervasive, with major repercussions for survivors.

### Correlations across aspects of measured violence

To inform policy and program responses, it is important to understand how different aspects of violence are related. As noted above, available evidence suggests that violence is geographically concentrated in cities, neighborhoods and even street blocks— here we step back to examine the patterns of assault, intimate partner violence and intentional homicide across countries.

We might expect countries with high levels of assault in the community to also experience high levels of violence in the home. Figure 2.9, showing the 140 countries with data on both variables, suggests that there is moderate correlation.<sup>49</sup> By way of contrast, when we compared assault and homicide rates for the 110 countries with data on both variables, contrary to our expectations, there was a very low correlation.<sup>50</sup>

**Figure 2.9. Cross country correlation between assault rates and IPV**



Source: Author estimates based on Statistical Table 1. Note R-squared= 0.35, p-value <0.01.

We might also expect that rates of IPV and homicide would be correlated at the country level. However, our data – available for 122 countries -- suggests that the correlation is low, with an  $R^2$  of only 0.012.<sup>51</sup>

This snapshot of prevalence of violence around the world brings together some well-established facts and points to some new findings that are critical to establishing the business case for investing in

violence prevention. Rates of violence vary significantly across (and within) countries, underlining that violence is not inevitable, and is preventable.

The rates of intentional homicide are highest in Latin America and the Caribbean, and Sub-Saharan Africa. Sex-disaggregated data show that men are more likely to be the perpetrators of violence, with male identity and masculine norms being underlying drivers of the phenomenon.

Assault rates are highest in Sub-Saharan Africa – with about one in seven people saying that they had been victims of assault or mugging in the past year. However, there is enormous variation behind regional and country averages. Rates range as high as three in ten in Gambia, down to much lower rates (below one in 20) in Mauritius. National averages also conceal the ways in which violence tends to be concentrated within neighborhoods in cities.

Intimate partner violence is also highest in Sub-Saharan Africa – with almost one in five women experiencing violence in the home in the past year – closely followed by South Asian and then the Arab States. We also saw that in countries where IPV rates are high, women also tend to feel unsafe in their neighborhoods at night.

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### Chapter 3. Options on costing

Human life is invaluable, and some people argue that the whole exercise of costing violence is unethical. However, the costing of human lives and injury is done every day, explicitly by insurance companies and the courts and implicitly in the ways in which public and private resources are allocated. Governments spend large amounts of public money dealing with the consequences of violence, and the costs to individuals and families, in terms of health care and loss of income, as well as pain and suffering, are large. And firms, families, and governments spend money on security in the community and home to prevent violence.

As outlined in the introduction, this study is motivated by the expectation that a solid business case, which establishes a better understanding of the costs of societal “bads” – in this case, violence – and the returns on investments to prevent violence, can attract public interest and garner the attention of policymakers, and inform prioritisation.

To establish the business case for violence prevention programs, information is required on several fronts – about the interventions and their effectiveness, and about the costs incurred by violence, the flipside of which are the benefits of violence that are averted. The language can become confusing because the word “costs” is often used to refer to things on both sides of the equation – that is, both the actual spending on prevention programs (costs of prevention), as well as the costs resulting from the violence (costs of violence). The focus of this chapter is on the different methods that have been used to estimate the costs of violence, before highlighting key challenges.

#### Costing methods

A variety of methods have been used in local, national, and global costing studies. It is useful to review key concepts and methods before highlighting key advantages and disadvantages.

For intervention programs, we need to know the estimated intervention cost per participant, and the estimated number of violent incidents averted through the intervention. Since no program is 100% effective, the cost of an incident averted will exceed the cost per participant. For example, if the program halves the rate of violence, then the cost of averting a violent incident will be double the participant cost. Typically, the success rates are lower than 50 % -- in Table 4.1, which is limited to interventions with significant and larger impacts, the range is from 5% to 63% reductions in violent crime (for the North Carolina project safe neighborhoods and the NYC Cure Violence project respectively), with only 5 out of 23 studies reporting reductions in violence over 50%.

We need to work out how to cost or value different types of violence incidents. To estimate total costs at the national level, the unit cost per incident can be multiplied by the number of victims (i.e. the prevalence rate) for the type of violence, or a top down approach can be used, as outlined below.

In conceptualizing and measuring the costs of violence, an important basic distinction is between *tangible* and *intangible* costs.

Tangible costs can be monetised in fairly straightforward ways, and include health care–related services and medical costs arising from injuries, loss of income and the costs of policing and the criminal justice

system. Spending for health care–related services include emergency department visits, hospitalizations and outpatient visits, services of physicians, dentists, physical therapists, mental health professionals, and ambulance transport and paramedic assistance. WHO underlines that cost data should distinguish between fatal, serious and slight injuries in order to enable reliable assessment.<sup>52</sup>

Income or productivity that is lost due to missing work can be readily quantified if there are data on the age and sex of victims, the number of days of work missed, and a way to value those days. The work days missed are the number of days when victims were unable to perform paid work and/or household chores (including household chores and childcare for women not employed outside the home) because of illness, injury, or disability related to violence. UN Women’s 2013 study of Viet Nam illustrates how survey data can be used to establish the number of work days typically lost from the type of violence, to which the out-of-pocket expenditures that women incur to access medical treatment, police support, legal support, counseling, and judicial support were added.<sup>53</sup>

The avoidable costs of policing and the criminal justice system are more difficult to conceptualise in this context, since there is no agreement on what would be the optimal level of spending. Whereas public policy objectives may well seek to minimise lost income and health-related costs due to violence, the optimal level of spending on police and criminal justice is unlikely to be zero.

Spending on law enforcement varies across the OECD, from about 0.5% of GDP in Finland, up to about 1.4% in Hungary.<sup>54</sup> Recent estimates suggest that police account for relatively large shares of national income in Russia (2.3%) and China (2.8%), for example.<sup>55</sup>

The share of police in local government spending has increased over time in the US – and now accounts for about 10% in Boston, Los Angeles and Milwaukee, compared to about 5% of spending on housing, and 3% on parks.<sup>56</sup> While there have been fraught debates in America around defunding police, there is no consensus on how much of a budget priority the police ought to be, alongside schools and parks and housing and health care.

Among the potential tangible benefits of reductions in violence are the potential impacts on property values and property tax receipts in the community. For example, it was estimated that reducing homicide by 10% for five years in Philadelphia would boost tax revenue by some \$114 million.<sup>57</sup>

*Intangible costs* include pain and suffering, and reduced quality of life. While intangible costs are somewhat more challenging to quantify, this type of costing is often done by courts in compensating for injury, and is known as “damages”. This amount compensates the victim for the physical and/or emotional pain and suffering that would not have arisen had the violence never occurred.<sup>58</sup> It should be noted that intangible costs do not include tangible costs.<sup>59</sup>

A key practical point is that estimates of intangible costs per violent incident (pain, suffering and loss of quality of life) are *much* larger than tangible costs.

- For homicide, the ratio of intangible to tangible costs tends to be around 9:1.<sup>60</sup> For example, a recent CDC study estimates that in 2019, the economic cost of fatal and non-fatal injury in the US totaled \$4.2 trillion – of which 3.8 trillion was due to losses in the value of statistical life and quality of life, compared to \$327 billion in medical care and \$69 billion in work losses.<sup>61</sup>

- The tangible and intangible costs of IPV have been estimated in various settings. A report commissioned by the Canadian government estimated that the total economic impact of spousal violence in 2009 was \$7.4 billion, amounting to \$220 annually per Canadian, of which about 7.3% (\$545.2 million) were costs incurred by the judicial and criminal justice system, including policing services, courts, and legal aid. The bulk – 6 billion -- was borne by the primary victims, in which the intangible costs of pain and suffering and loss of life accounted for over 91%. Direct costs – due to medical attention, hospitalizations, lost wages, missed school days, and stolen/damaged property – amounted to \$525 million.<sup>62</sup> For IPV, estimates for the UK inclusive of loss of life satisfaction arrived at estimates of about 10% of gross domestic product (Santos 2013);<sup>63</sup> whereas recent UK Home Office estimated that the cost for a single victim of domestic abuse is £34,015, totaling £66 billion pounds or about 3 % of GDP in 2017.<sup>64</sup>

Anke Hoeffler (2017) points out that the intangible costs are best understood as welfare losses – and warns that since GDP does not measure welfare, it does not make sense to present intangible costs as a share of GDP.<sup>65</sup> Welfare loss does not reduce GDP, since GDP is the sum of economic activity, not the sum of welfare. At the same time however, Hoeffler has presented her intangible costs as a percentage of GDP in her analysis and papers – since this enables a better sense of the costs that can be compared to other spending and across countries.

One way to think about the costs of violence is to distinguish based on whom incurs the costs. In a 2017 regional study of Latin America, the IDB adopted a three-fold typology to examine costs:<sup>66</sup>

1. Social costs to victims (which is mainly the income foregone, by victims as well as imprisoned offenders);
2. Private – eg security;
3. Government spending on police and justice.

An different approach has been pursued in the UK Home Office method,<sup>67</sup> which distinguishes costs incurred at different stages:

1. In anticipation – eg home security;
2. Consequence – property, injury, lost quality of life;
3. Response – police, criminal justice.

Everytown for Gun Safety, which the largest gun violence prevention organization in the US has adopted a similar method<sup>68</sup> which includes three types of costs:

1. Immediate costs starting at the time of an incident;
2. Subsequent costs such as treatment, long-term physical and mental health care, forgone earnings, criminal justice costs; and
3. The quality-of-life lost over a victim's lifespan.

This method leads to estimates that the total annual bill for taxpayers, survivors, families, employers, and communities in the US due to gun violence in 2020 was \$557 billion, which is about 2.6% of GDP.<sup>69</sup> The bulk of total cost (about 76%) arises in the third category -- lost quality of life – which, as outlined above, is an intangible cost. It is noted that the headline Everytown estimates include gun violence due to suicide, which accounts for about 59% of the total. The amount associated with *inter-personal* gun violence is about \$280 billion, which is about 1.2 % of GDP, which is equivalent to federal spending on Elementary, Secondary and Vocational Education in 2021.<sup>70</sup>

Everytown, and others, argue that estimates neglecting lost quality of life severely under-estimate the total costs of violence. Everytown applies an Injury Cost Model that is also used by the CDC to cost injuries from a broad array of causes, including gun violence.<sup>71</sup>

An alternative approach used by Anke Hoeffler<sup>72</sup> and others draw on the value of statistical life (VSL) based on the premium paid to workers carrying out risky jobs, as estimated for the US.<sup>73</sup> Although the level of distress arising from violence may be considerably higher than the distress expected from a risky work environment, such a calculation arguably captures the lower bound of estimates for the risks to life and health associated with violent crime. In this way, labor market data allows statisticians to calculate the cost of a life – or more precisely, a livelihood.<sup>74</sup> It also provides a way to represent intangible costs that are otherwise difficult to quantify. However, it does not explicitly capture the tangible, more direct economic costs incurred by violence on the health care, police, and judicial systems.

Normalizing the VSL for GDP makes the numbers more comparable across countries – otherwise the costs of violence could far exceed national income in low income countries. However, this is also problematic, because differences across countries in income and life expectancy, among other factors, may influence a nation’s VSL.<sup>75</sup> The VSL approach is also problematic because the value of life depends on the current monetary wealth of the country. As an example, we take the accepted estimated of VSL in the USA of about 10 million USD which is equivalent to 10 million purchasing power parity (PPP) international dollars. Table 3.1 below presents estimated VSL for Qatar, Malawi and Honduras, derived from the 10 million USD VSL for the USA. Crudely speaking, this means that a life in a rich country is worth more than in a poor country – for example, the life of a Qatari is worth 81 times as much as that of a Malawian, and a US citizen’s life is valued at more than 10 times that of a Honduran.

**Table 3.1. Estimated VSL for selected countries**

2020	2020 GNI per capita	VSL
	PPP (constant 2017)	
USA	60726.5	10,000,000
Qatar	83720.7	13,786,518
Malawi	1051.6	173,170
Honduras	4792.0	789,112

Source: Author estimates based on World Bank (2022). World Development Indicators (WDI) database, accessed on June 16, 2022

Another disadvantage of the VSL approach, and other approaches that include the large intangible costs associated with violence is that such estimates may be less persuasive for decision-makers than evidence about tangible costs – in particular, actual fiscal costs to governments and societies as well as lost economic activity.

While limiting the focus of the costing to the financial effects of violence on the public treasury is narrow, it may be that governments are most interested in fiscal costs and lost productivity, and less in pain and suffering.

This approach is similar to the human capital method recommended by the WHO/ CDC *Manual for estimating the economic costs of injuries due to interpersonal and self-directed violence*, which measures the value of time lost due to absence from work or reduced productivity, plus health-related costs.<sup>76</sup> For fatalities, the time lost is measured in years, and for non-fatal injuries due to violence, time lost is measured in days. Information on the employment status and occupation of injury victims can be used to refine estimates. Estimates need to be imputed to value unpaid work for people not in the paid labor force.

DRAFT



## Health costs

Health facility level data on patients and unit costs can be used to cost injuries, as listed in Box 3.1. It is noted that the timeframe needs to be determined. One year is appropriate for many types of injury, but risks ignoring the long-term physical and mental health consequences, which could be large.<sup>77</sup>

### **Box 3.1. Minimum information at the individual level for a violence-related injury.**

Data on the patient and unit costs is needed at the facility level:

- sex and age of the patient;
- employment status and occupation;
- hourly income/wage;
- injury intent (interpersonal, self-directed, undetermined) ;
- injury severity (emergency department [ED] only, hospitalization only, death);
- injury mechanism (firearm, sharp object, other);
- length of inpatient stay in days;
- whether the patient required transport to the ED, such as an ambulance;
- list of all operations carried out on the patient;
- list of all drugs given to the patient during and after the stay;
- the number of examinations (e.g., X-rays) carried out on the patient;
- the number of blood transfusions given to the patient;
- the number and type of physicians consulted during the stay;
- the estimated number of days the patient will be convalescing (i.e., not be able to work) after leaving the facility; and
- the estimated number of out-patient visits the patient will undertake after leaving the facility.

The last two items should be collected via follow-up interviews with patients, or otherwise predicted by hospital staff.

Data on unit costs needed at the facility level includes:

- the average “hotel cost” per bed-day (i.e., the total budget of the facility minus drugs, operations and physicians divided by the number of beds);
- the average cost of an ambulance or other transport to the ED;
- the costs of the various drugs used;
- the average cost per type of operation, examination and blood transfusion;
- the average cost per physician consultation; and
- the average cost per outpatient visit.

*Source: WHO/CDC 2008*

In the absence of detailed facility level data, health-related costs can be assumed based on expected costs per incident. For example, a careful and comprehensive study estimated 2015 costs for the US from the individual perspective based on two publicly available data sources—Healthcare Cost and

Utilization Project hospital discharge databases and MarketScan medical claims databases, which enabled very large sample sizes (e.g. 818,053 non-fatal injuries, and a much larger control groups).<sup>78</sup> The time horizon for fatal costs was the emergency department visit or hospitalization which ended in death, and the time horizon for non-fatal costs was one year. The mean cost of fatal injuries was \$40,650. Table 3.2 highlights selected results most relevant to violence-related costs. One obvious finding is that much higher costs are incurred in the event of hospitalization, especially in the cases of non-fatal injury.

**Table 3.2. Average medical cost of fatal and non-fatal injuries due to assault in the USA, USD 2014**

Fatal injury due to assault	
Emergency department	6,921
Hospitalization	52,787
Non-fatal injury due to assault	
Emergency department	17,709
Hospitalization	37,435

*Source: Peterson, Xu and Florence, 2019*

In the absence of country level data, it is possible to utilize the US estimates, normalized for the level of per capita national income. Box 3.2 provides worked through method and example.

An alternative, broader brush approach to bottom-up individual and facility-based costing is to use published government fiscal data on health-related spending, and apportion some share to approximate the fiscal health costs of violence-related injuries.

### Box 3.2. Utilizing US data on the medical costs of injury due to assault

In Table 3.3A, the medical costs of fatal and non-fatal injuries due to assault in 2014 are presented alongside 2014 gross national income (GNI) per capita in constant PPP international dollars. These costs are then proportionally adjusted by the ratio of the GNI per capita of Guatemala, India and South Africa, and the USA to approximate the medical costs in these countries in 2014.

**Table 3.3A. Average medical cost of fatal and non-fatal injuries due to assault in the USA and approximated average costs in selected countries (in USD)**

2014	Fatal injury due to assault		Non-fatal injury due to assault		GNI pc, 2014 PPP (constant, 2017)
	Emergency department	Hospitalization	Emergency department	Hospitalization	
USA	6921.0	52787.0	17709.0	37435.0	58392.8
India	598.2	4562.7	1530.7	3235.7	5047.2
South Africa	1487.4	11344.7	3805.9	8045.4	12549.5
Guatemala	916.7	6992.0	2345.7	4958.5	7734.5

The costs can be projected to 2020 by using GNI per capita in PPP constant terms and adjusting the relevant medical costs, as shown in Table 3.3B. This assumes that the average medical cost of fatal and non-fatal injuries due to assault changes proportionately to the change in GNI per capita in PPP terms.

**Table 3.3B. Projected average medical cost of fatal and non-fatal injuries due to assault in the USA and selected countries (in USD) in 2020**

2020	Fatal injury due to assault		Non-fatal injury due to assault		GNIpc	GNIpc
	Emergency department	Hospitalization	Emergency department	Hospitalization	2014	2020
USA	7197.60	54896.66	18416.75	38931.11	58392.8	60726.5
India	723.87	5521.22	1852.24	3915.45	5047.2	6107.5
South Africa	1475.60	11254.51	3775.67	7981.37	12549.5	12449.7
Guatemala	976.81	7450.21	2499.40	5283.47	7734.5	8241.4

## Criminal justice costs

The fiscal costs associated with inter-personal violence include police, prosecution, judicial services and legal aid, and the costs of imprisonment. These costs vary enormously across countries, in part due to the prevalence of violence, but more due to differences in incarceration rates, as well as the quality of services, the extent of overcrowding in prisons, and so on. It is unclear what would be the optimal level of spending.

In a sample of 36 countries from around the world, total spending on the criminal justice system as a share of GDP averaged about 0.2 %, ranging from 0.02% in Finland and 0.2% in Israel to 1.2% in the United States and 1.5% in Brazil.<sup>79</sup>

The bulk of these costs arise from policing and incarceration. While prison populations have been rising globally – from 8 to 11 million between 2002 and 2018, many people in prison have not committed violent crimes – according to Penal Reform International, only about half of prisoners committed violent crimes.<sup>80</sup> UNODC reporting, based on data from 93 countries, suggest that roughly one out of every 14 prisoners worldwide (7%) had been convicted of homicide.<sup>81</sup>

A recent review of government expenditures on prisons across 54 countries found an average below 0.3% of GDP, which largely goes to staff and infrastructure, and, in many countries, alarmingly low amounts on food and rehabilitation programs.<sup>82</sup> Penal Reform International reports that in many developing countries, prison authorities rely on families, NGOs or religious organizations to provide food, healthcare services and other essentials.<sup>83</sup> This reduces fiscal costs, but not the total costs and burden of imprisonment. In other countries, especially those which have adopted mass incarceration strategies to tackle crime, spending can be much higher -- for example, El Salvador has spent substantially on mass incarceration, amounting to 4% of GDP in 2014.<sup>84</sup>

At the same time, as already underlined in the context of reporting on assault and IPV, many crimes go unreported and unprosecuted. Even for homicide, in the US, the clearance rate in 2017 was only 62%,<sup>85</sup> and the 2017 clearance rate for violent crime in Canada in the same period was 64%.<sup>86</sup> On the other hand, average costings of one conviction per incident are still relevant because there is often more than one offender in a shooting, so the results may roughly even out.<sup>87</sup>

To estimate the costs associated with violent offenders who are incarcerated, costs from countries that are well documented could be applied to incarceration rates – for example, in 2020 in the United States, the annual cost for every person detained in a federal facility was \$39,924.<sup>88</sup>

## Challenges

Beyond the fact that both costs and benefits range across diverse tangible and less tangible outcomes, and are difficult to monetize, there are several other larger difficulties, including:

1. Data constraints around the prevalence of violence raise major issues of under-reporting and inconsistent definitions. As outlined in Chapter 2, official criminal statistics substantially under-report assaults and intimate partner violence. Country level investigations suggest that even homicide rates may be significantly under-reported, as revealed in the case of Nigeria.
2. Accurate health-related data is critical to reliable costing. This includes information about the share of violent fatalities and assaults that involve hospital admission, average length of stay in hospital and the average cost per bed-day of hospital treatment. In the absence of national data, WHO norms can be used, or the findings of existing studies can be extrapolated to other settings, although there are many reasons why findings from US studies, or global norms may not be accurate. Many cases in low-income settings may not make it to the hospital emergency room or other medical treatment, especially where universal care is not free or low cost, or too far away. There may be no clinic, or it may be too costly. In some settings, it may not be contrary to local norms for women to visit health facilities without their partner's consent<sup>89</sup> or to visit without their partner:<sup>90</sup> in Mali and Senegal, more than 75% of women report that their husbands were the main decisionmakers for their own healthcare.<sup>91</sup>
3. Reliable data on program effectiveness in reducing different types of violence is essential and, as investigated in the next chapter, the potential impacts of different types of interventions will depend on the target group and type of violence, among other things. For example, prevention research does suggest that earlier interventions tend to yield better results than interventions targeted at adolescents or adults, and have a longer time horizon for returns. Focusing on types of violence or interventions for older age groups could understate what can be achieved by primary prevention with children and adolescents. It may also be valid to account for the fact that domestic abuse tends to recur over time – suggesting that the payoffs would be larger than just considering a single incident being averted.
4. Costs of the intervention are often not collected, and the measures vary. Data is needed on the fixed and marginal intervention costs per participant, coupled with the outcome impact measures.<sup>92</sup> Sometimes no spending data are available, or only data on total program costs is reported. A major weakness of the evidence base is that the costing analyses are of varying quality, and the studies measure a variety of outputs associated with the interventions, making it difficult to compare the relative efficiency of different interventions. Since no program is 100% effective, the cost of incident averted will exceed the cost per participant.
5. There is a huge range in estimated monetary values of violence averted, as shown in Table 4.2. A local adaptation of Cure Violence in Trinidad and Tobago prevented crimes at an estimated cost of \$3,577, while the cost of averting one violent gang crime through the Gang Reduction and Youth Development program in Los Angeles was approximately \$162,000.<sup>93</sup> Likewise, Peterson and Kern's systematic review found that the values reported for averted sexual assault ranged from \$15,000-- \$103,000 across high income countries.<sup>94</sup> The authors point out that this difference could potentially be the difference between concluding and not concluding that an intervention is economically justified.
5. Most unit cost estimates are from single sites and small-scale pilots, making it difficult to generalize and use current unit cost data to inform future budgeting at a national or global level.<sup>95</sup> The spending requirements for a pilot may not be representative of resources needed

to implement the program at scale, or in different national settings. For example, the existence of well-functioning services with good outreach in a rich country setting would be expected to lower the incremental costs of introducing a new program, relative to a setting where a whole set of delivery arrangements needs to be set up from scratch.

6. Choosing the time horizon for presenting costs. Studies often adopt a one-year time horizon, and discount for future costs. Choosing a one-year horizon has the advantage for readily allowing for comparison with GDP.
7. Finally, and certainly not least, the scale and costs of what is needed to prevent violence will vary enormously by context and it is affected by local institutions and culturally specific gender norms, among other things.

A fundamental precondition for assessing the business case for investments in prevention is knowing the extent to which program works in reducing violence. This means estimating program's impact relative to what would have occurred in the absence of the program.<sup>96</sup>

A number of studies report on the effectiveness in reducing the risk factors for violence perpetration – for example, attitudes toward intimate partner violence. However, it is not possible to directly link changes in such factors to measured outcomes of violence averted. Without a robust estimate of program success in reducing rates of assault, homicide and IPV, and the associated spending requirements, it is not possible to construct a robust business case for the intervention.

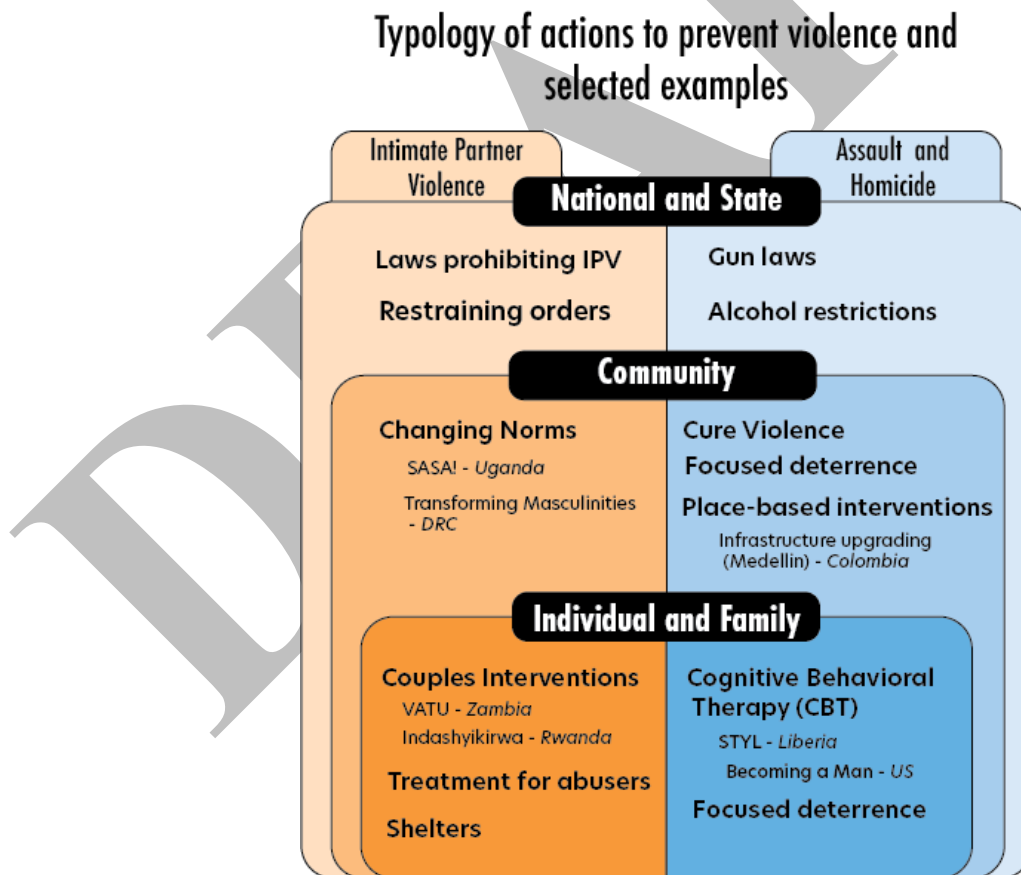
A final more general point to underline is that 'scaling up' of specific projects and programs may face major challenges. Recent feminist writings have highlighted that *how* norms change programs are designed, adapted and implemented is critical, and that "the adaptation and expansion of programming can inadvertently reinforce the status quo, despite good intentions."<sup>97</sup> It is important that programs fit as part of larger, locally driven efforts for social change, "centering the voices, needs, priorities and actions of marginalized communities" and "add to existing activism rather than functioning in siloed ways."

## Chapter 4. Evidence about what works to reduce violence, and costs

There is a growing body of evidence about what works to reduce different types of violence.<sup>98</sup> This chapter maps the landscape of existing knowledge on the effectiveness of violence reduction programs. Such programs range from specific individual treatment interventions (focused on perpetrators) to broader place-based investments in neighborhood infrastructure. Interventions to reduce violence against women take a variety of forms – from individual psychotherapeutic interventions, to workshop-based interventions (for individuals, couples and/or communities) and school-based programs which aim to affect gender attitudes and social norms. Some prevention programs are implemented using existing social services, whereas others are free-standing.

The evidence can be usefully examined within an ecological framework (Figure 4.1), recognizing the advantages as well as limits of this approach.<sup>99</sup> An ecological framework allows framing of the multiple levels at which violence can occur and potential entry points, as well as the interconnectedness of the different spaces. Indeed, many of the community programs focus on high-risk individuals, for example, which underlines how the various levels are interconnected.

**Figure 4.1. Types of Interventions to Reduce Violence**



Source: Adapted from Centers for Disease Control and Prevention, 2013 *Selecting Effective Interventions*.

As outlined in Figure 4.1, interventions to address intimate partner violence, as well as homicide and assault, can be broadly conceived as falling into **four** levels:

**High-Risk Individuals and families:** Interventions that target and work directly with persons most at-risk of perpetrating violence, for example through Cognitive Behavioral Therapy, sometimes engaging with partners and families.

**Community-level interventions can take various approaches, some seek to directly interrupt cycles of violence in high-risk communities (eg Cure Violence), while others focus more shifting community norms around gender norms and masculinities, and violence.**

**National and State-level actions reform the larger legal and institutional setting, especially through changes to laws and regulations (eg firearms).**

While our typology is useful, we recognize that the distinctions are sometimes blurred. For example, there are a number of community level programs that focus on high-risk individuals (e.g. Cure Violence) that we chose to categorise as a community level program because of the substantial community level components.

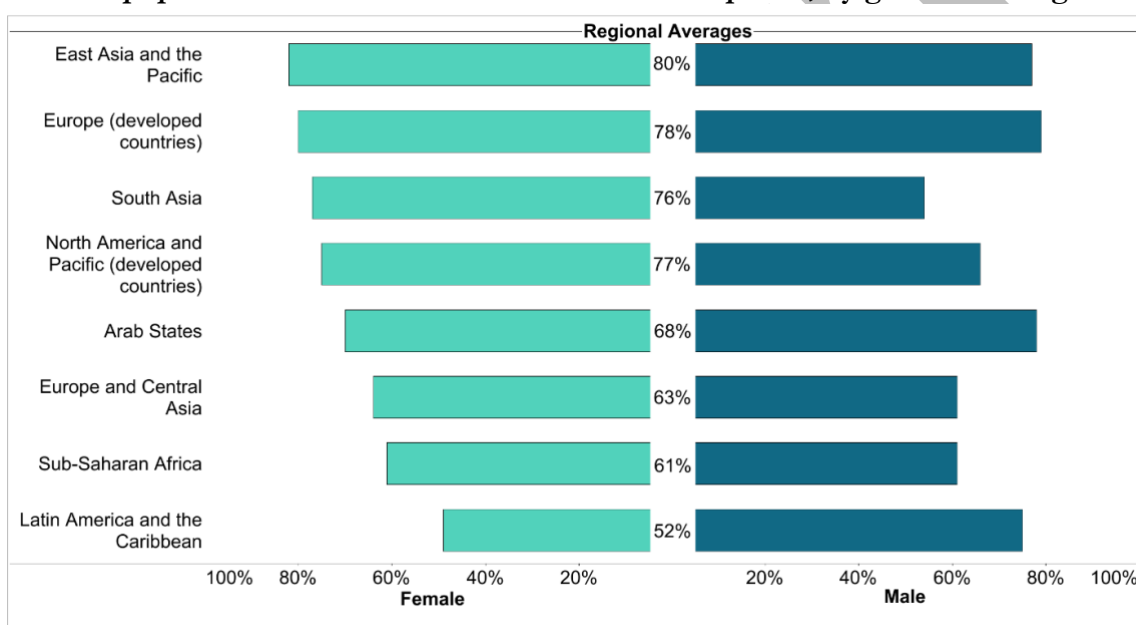
One aspect of violence prevention not covered is the role of police and law enforcement in general. This is an important topic but raises a host of issues that are outside the scope of this paper. For example, the accumulating evidence on police-led diversion of low-risk youth who come into contact with the justice system, from experimental and quasi-experimental studies reviewed in a recent Campbell Collaboration, found that diversion is more effective in reducing a youth's future reoffending than traditional processing.<sup>100</sup> We do address how the role of police in various community level programs, like “Focussed Deterrence”, which is a hybrid approach to crime reduction that involves police as well as considerable non-police resources.<sup>101</sup> Box 4.1 summarises recent regional patterns on people’s trust in police, shows that significant shares of the population lack confidence in their local police, as low as about half in Latin America and the Caribbean. In the context of community level interventions, we also include a box summarizing recent experience around “community policing”.



### Box 4.1. Trust in police

Healthy relationships between police and the communities they serve is crucial to their effectiveness, and to crime prevention.<sup>1</sup> However, significant shares of the population lack confidence in their local police, declining to about half in Latin America and the Caribbean. There are also gender gaps in confidence in local police by region, suggesting that women tend to have more confidence in the local police than men, except in Latin America and the Arab States. At least one third of the population does not trust the police in several regions, namely Europe and Central Asia, sub-Saharan Africa and Latin America, although there are large differences between men and women. There are also major racial gaps in the degree of trust where this has been measured, as in the United States.

#### Share of population that has confidence in their local police, by gender and region.



Source: Gallup World Poll, 2022

Another critical dimension relates to larger structural challenges – like racial and income inequality and poverty, access to education and job opportunities, and governance. These factors play deeply into patterns of violence, but the focus here is on interventions with the primary aim of reducing various forms of violence, which sometimes address these related factors. For example, place-based interventions can help address structural deficits in local infrastructure and services.

It is also important to emphasize that evaluating what works to reduce violence can be methodologically complex. For example:

- Some types of interventions are more amenable to evaluations with control groups, quasi or natural experimental design (eg randomly assigned individual treatment) than, for example, legislative reforms.

- It is difficult to directly compare dissimilar types of interventions – e.g., individual therapy versus place-based actions like greening of vacant lots.
- Ethics requirements are also challenging, and it is not always possible to run rigorous trials if it could be unethical to withhold treatment.
- Many evaluations of prevention programs measure intermediate impacts, rather than violence outcomes directly – for example, attitudes toward intimate partner violence rather than the experience of violence.
- There are also temporal issues – short term impacts may not be sustained over time, while evaluations of early prevention programs must follow subjects for an extended period of time – for example programs with at-risk children. Tracking over an extended period is an expensive as well as process, but important for understanding effects are sustained over the longer term. In some settings, especially with high mobility and weak administrative systems, tracking people over time can be difficult.

Much of the evidence about what works to reduce interpersonal violence has been gleaned from developed countries, especially the United States. A major recent systematic review provides valuable insights, but was limited to high-income countries.<sup>102</sup> At the same time however, evidence about what works to reduce intimate partner violence has grown exponentially over the past decade, with good coverage across more geographically diverse and low resource settings, from Nepal to Uganda.

### **Individual and Family-based Interventions**

Individual and family-based interventions typically target high-risk adults, perpetrators, and at-risk children and youth. Programs working with parents and caregivers, and intimate partners can pay off. Psychological interventions, such as cognitive-behavioral therapy (CBT), are increasingly popular in the United States,<sup>103</sup> and have been successfully implemented in developing country settings like Liberia. Related types of interventions focussed on high-risk individuals include focussed deterrence and interventions like “Cure Violence”, which are reviewed in the next section.

Table 4.1 provides a summary of selected violence interventions at the individual, couple and family levels with costing data, and Table 4.2 highlights interventions targeting violence at the community-level. The tables highlight interventions with evidence, where available, on *both* effectiveness and costs, and seeks to cover programs from around the world. Description and analysis of the programs follows.

**Table 4.1. Selected individual, couple and family-based interventions to reduce different types of violence**

Intervention and goal	Aim and description of intervention, method and sample size.	Impacts on violence – outcome measure	Costs per X (USD)
<b>Reducing assault and homicide</b>			
<p><b>Sustainable Transformation of Youth Program STYL (Cognitive Behavioral Therapy)</b>  <i>8-week CBT intervention and financial incentives for high-risk men.</i></p> <p>Liberia (2009 – 2011).</p> <p>Blattman et al., 2022</p>	<p>Aimed at high-risk men and street youth.</p> <p>N=999 high risk men randomly placed in groups.</p> <p>Two experimental interventions: 8 week CBT program and a cash grant.</p>	<ul style="list-style-type: none"> <li>• Long-lasting results. Self-reported results 10 years after implementation of the program:</li> <li>• Weapon carrying was 7.5% lower for Therapy group and 4.4% lower for Therapy + Cash group compared to 2.8% decrease for control group</li> </ul>	\$530 total program cost per participant.
<p><b>Becoming a Man (Cognitive Behavioral Therapy)</b>  <i>In school programs for at risk youth.</i></p> <p>Chicago (2012-2013).</p> <p><i>Abt, 2019; Prochaska, 2014.</i></p>	<p>Aimed at at-risk school children.</p> <p>N= 5,000 at risk high school students in Chicago.</p> <p>RCT</p>	<ul style="list-style-type: none"> <li>• Becoming a Man (BAM) students are 40-50% less likely to be arrested for a violent crime.</li> </ul>	\$1100 per student.
<b>Addressing child abuse</b>			
<p><b>Triple P (Positive Parenting Program).</b></p> <p><i>Multi-level preventive intervention systematic training regimens for providers/practitioners and coordinated resource materials for parents.</i></p> <p>South Carolina, US and various countries.</p> <p>Prinz, RJ (2009).</p>	<p>Aimed at parents to strengthen parenting and reduce child maltreatment.</p> <p>Randomized control trial (RCT) in South Carolina, US with two-year follow up.</p> <p>Intervention consists of sessions on parenting, resources and media campaigns.</p>	<ul style="list-style-type: none"> <li>• After two years, the county-level effects of Triple P had: <ul style="list-style-type: none"> <li>◦ 33% reduction in child maltreatment cases</li> </ul> </li> <li>• 13% reduction in child hospitalizations for injuries.</li> </ul>	Not determined.
<p><b>Fast Track Intervention</b>  <i>Focused on supporting ninth graders with diagnosed conduct disorder.</i></p> <p>United States (2005).</p> <p>Foster, M. et al. 2006</p>	<p>Aimed at school children with conduct disorders.</p> <p>Several components based on age e.g. at the families of elementary school aged children offered parent training with home visits academic tutoring and social skills training. A randomized trial with cost effectiveness analysis</p>	<ul style="list-style-type: none"> <li>• Positive effects on the highest-risk group of ninth graders diagnosed with conduct disorders.</li> <li>• Intervention prior to when children could show delinquency and involvement in crime.</li> </ul>	Cost per child: \$58,283.
<p><b>Trauma-focused CBT for children.</b>  <i>CBT intervention for children who experienced at least one traumatic event.</i></p> <p>Zambia (2012 -2013).</p>	<p>Aimed at orphan and vulnerable children aged 5-18 years that experienced at least one traumatic event.</p> <p>RCT with 257 children.</p>	<ul style="list-style-type: none"> <li>• Achieved an 82% reduction in the trauma symptom score among orphan and vulnerable children at high risk for experiencing trauma</li> </ul>	Not determined.

<i>Murray, LK (2015)</i>	Intervention group received 10-16 sessions of trauma-focused CBT.		
<b>Reducing IPV</b>			
<b>Violence and Alcohol Treatment Program (VATU)</b> <i>Couples intervention.</i>  <b>Zambia (2016-2018).</b> <b>Ferrari et al, 2022, Kane et al, 2017.</b>	Interventions for couples to address depression, anxiety, IPV and unhealthy alcohol use.  N=148 couples. RCT	<ul style="list-style-type: none"> <li>Reported a 40% decrease in IPV reports by women in participating families</li> <li>Reached 246 adults and estimated to have achieved 264 IPV-free person-years.</li> </ul>	12 sessions of one-to-one psychotherapeutic intervention cost US\$1,324 per adult client
<b>Gender socialization and financial training intervention.</b> <i>Gender transformative intervention</i>  <b>Nigeria (2017-2018).</b>  <b>John, NA (2022).</b>	Couple-based gender transformative intervention focused on enhancing women's participation in household decision-making and reducing IPV.  Clustered RCT of 1080 women and their partners. Four-arms. 1. Couple receives gender socialization (GS) training 2. Financial literacy training and GS training. 3. GS training, financial literacy education and contraceptive counselling. 4: control.	<ul style="list-style-type: none"> <li>Intervention resulted in significant reductions in physical IPV, compared with the control group.</li> </ul>	Not determined.
<b>Indashyikirwa</b> <i>Couple-based IPV prevention program.</i>  <b>Rwanda (2015 – 2018).</b>  <b>Jewkes, R et al. (2020).</b>	Aimed to change gender norms through individual and couple-based IPV prevention programs, as well as through training community activists. Intervention drew heavily on SASA!  Structured as an RCT, and treatment delivered as 21 sessions of three hours.  Of the 840 couples, 500 participants trained for ten days as community activists and deployed in the community intervention	<ul style="list-style-type: none"> <li>Women were less likely to report physical and/or sexual IPV at 24 months (adjusted relative risk 0.44).</li> <li>Men were significantly less likely to report perpetration of physical and/or sexual IPV at 24 months (aRR=0.54)</li> </ul>	Not determined.

### ***Individual level interventions to Reduce Assault and Homicide***

There are a number of successful individual level violence reduction programs centered on CBT, which are typically targeting high risk individuals, and aim to reduce self-destructive habits and attitudes while developing positive new habits (e.g. reduction in substance abuse or not carrying a weapon).<sup>civ</sup> A typical CBT treatment involves cognitive skills training, anger management, and supplementary components such as social skills and relapse prevention.<sup>cv</sup>

Measured impacts of CBT programs include the following:

- According to a meta-analysis of 16 “Reasoning and Rehabilitation” programmes in the U.S., Canada, Europe and the UK, participants averaged a 14% decrease in recidivism compared to controls, for both low-risk and high-risk offenders, in both community and institutional settings.<sup>cvi</sup>
- In Chicago, the Becoming A Man (BAM) program combines sports, youth engagement, positive masculinity training with CBT, and weekly counselling. Two separate and rigorous studies found that BAM students were 40-50% less likely to be arrested for violent crimes.<sup>cvii</sup>
- The Sustainable Transformation of Youth program in Liberia included 999 high-risk men actively involved in crime, violence and, drug peddling. Participants were randomly assigned and were offered CBT alone, cash worth US\$200, therapy followed by cash, or neither. The bundle of treatments cost around US\$530 per person.<sup>cviii</sup> Over a decade, positive behavior change was sustained, especially when the therapy was combined with cash. The self-reported number of drug sales, thefts, and robberies fell by about half, with large effects among the participants. Individual treatment alone produced smaller and weaker results than individual plus financial assistance. When the cash grants supported the pursuit of legitimate business activity, this appeared to reinforce learning-by-doing and positive habits.<sup>cix</sup>
- A 2012 systematic review concluded that the most effective types of CBT – focussed on high-risk offenders, with the inclusion of distinct anger control and interpersonal problem solving components -- reduced recidivism by 52%, with average reductions of 25%.<sup>cx</sup>
- Trauma-focused CBT for children has been found to be effective in Lusaka, Zambia, where there was an 82% reduction in the trauma symptom score among orphan and vulnerable children at high risk for experiencing trauma.<sup>cxii</sup>

Abt and Winship’s meta-review of the evidence draws the strong conclusion that “CBT works”, and is effective in reducing recidivism in adult and juvenile offenders, and was a reliable and versatile intervention.<sup>cxiii</sup> In “Bleeding Out”, Thomas Abt argues that implementing focused deterrence and CBT programs could reduce the US homicide rate by 10% annually for the foreseeable future, and save the US more than \$100 billion.<sup>cxiiii</sup>

Some data on CBT program costs has been published. Becoming a Man (BAM) based in Chicago operates at a cost of US\$1100 per student, and pupils are 40-50% less likely to be arrested for a violent crime compared to students without the treatment.<sup>cxv</sup> The Liberia program outlined above had an estimated cost of US\$530 per participant.<sup>cxvi</sup> According to the Washington State Institute for Public Policy, every dollar spent on offering CBT to adult offenders saves US\$6.31 in avoided criminal justice

and associated healthcare expenditures, with a 97% chance that the benefits will outweigh the cost of providing the program.<sup>cxvi</sup>

### Parenting programs to reduce child abuse

Interventions that support parents and promote nurturing interactions between parents and caregivers and young children have been found to minimize childhood aggressiveness and the likelihood of future violent behaviors, and reduce the risk of child maltreatment.<sup>cxvii</sup> Successful interventions have been implemented in a range of settings.

The Triple P (Positive Parenting Program) has been implemented in more than 25 countries from North America and Europe to Iran and Mexico. In South Carolina, for example, a randomized controlled trial (RCT) assigned 18 counties to a group that implemented the Triple P System county-wide for families with at least one child under eight years old, or a control group with only the usual county services. After two years, the county-level effects of Triple P included a 33% reduction in substantiated child maltreatment cases and a 13% reduction in child hospitalizations for injuries.<sup>cxviii</sup>

### *Individual and couple-based programs to prevent IPV*

Individual and couple-based programs to prevent IPV have been tried in a variety of settings, and typically involve training sessions, workshops and information activities, and may include support for mental health and couples-counselling.

Overall evidence on the impacts of individual and family interventions on IPV appear to be mixed.<sup>cxix</sup> Some programs that aim to change norms on gender equality and relationship dynamics have helped shift unhealthy behaviors towards partners – as in Violence and Alcohol Treatment Program in Zambia (VATU) in Zambia and Indashyikirwa in Rwanda – others, like Change Starts at Home in Nepal, have not shown reduced levels of intimate partner violence.

3ie's Evidence Gap Map underlines the lack of research on the shift of beliefs on gender roles and healthy relationships, especially for individual based programs that target men, while noting that the existing evidence on individual and couples' programs do suggest positive changes in men's attitudes.<sup>cxx</sup>

VATU is a mental health support program that was one of the first in sub-Saharan Africa to target a range of factors, including alcohol abuse,<sup>cxxi</sup> designed to address multiple common mental health problems in low resource settings.<sup>cxxii</sup> The approach was implemented over 4-9 months (depending on the participants' schedules),<sup>cxxiii</sup> and reduced IPV reports by women in participating families by 40%, based on surveys administered six months afterwards. The estimated cost per program participant was US\$1,324. There are rigorous evaluations of comparable interventions, including in Ibadan, Nigeria,<sup>cxxiv</sup> that successfully reduced physical IPV, but data on costs are not reported.

A growing number of individual and couple-based programs aim to directly transform gender norms. A multipronged intervention for heterosexual couples in Nigeria which sought to boost financial and reproductive knowledge, foster gender equality and improve relationship quality through contraceptive counselling, The program consisted of two parts, gender socialization training and financial training.<sup>cxxv</sup> The former focused on building knowledge, awareness, critical consciousness around power, care work and gender inequalities with skills in egalitarian decision-making, conflict management, negotiation, and

communication. A randomized control trial in 2018 found that the intervention resulted in significant reductions in physical IPV, compared with the control group. However, changes in emotional and sexual IPV were marginally significant and insignificant, respectively. <sup>cxxvi</sup>

Some programs directly seek to change existing beliefs and attitudes within couples. *Change Starts at Home* was an intervention program wherein couples participated in activities and discussions about gender equality and healthy behaviors in Nepal. Discussion sessions as well as community events such as theaters and family meetings were used to raise awareness. However, after almost 9 months of activity, the program had shown no impact on IPV rates. <sup>cxxvii</sup>

*Indashyikirwa*, a couples-based program in Rwanda, focused on addressing the triggers that led to violence, such as alcohol and substance use and jealousy. The program consisted of participatory and experimental learning elements designed for “developing skills in critical reflection, emotional regulation, conflict resolution and communication; and the overall goal was enabling stronger, more equitable, nonviolent relationship.”<sup>cxxviii</sup> An RCT found that women participating in the program were less likely to report physical and/or sexual IPV at 24 months (adjusted relative risk 0.44), and men significantly less likely to report perpetration of physical and/or sexual IPV at 24 months (aRR=0.54).<sup>cxxix</sup>

### *Programs working with individual survivors, and perpetrators*

Programs working with the survivors of IPV can also serve to avert the risk of future violence. Programs that respond to survivors’ needs play a critical role – from health and counselling, through financial support and housing options. These are sometimes provided through One Stop Centers (OSCs) which provide health, welfare, counseling and legal services in one location, typically in or adjacent to a health facility, and also link to police services through referrals.<sup>cxxx</sup> *Sukoon*, which operated OSCs in India, reported significantly increased prosecution rates.<sup>cxxxi</sup> However, evidence about whether OSCs reduce future risk of IPV is needed.

A systematic review of IPV response programs that work to improve survivor’s wellbeing in mostly developed countries between 1980 and 2017 finds that most of the programs resulted in “improvements in social support and/or mental health outcomes of survivors, with little evidence of their effect on IPV reduction or increase in healthcare utilization.”<sup>cxxxii</sup>

At the same time, there is evidence that a stay at a shelter can significantly reduce the likelihood of repeated abuse.<sup>cxxxiii</sup> This was confirmed most recently in a 2022 study which analyzed US data and found that opening a shelter where none previously existed reduced rates of intimate partner homicides.<sup>cxxxiv</sup>

### *Treatment Programs for Abusers*

Many countries provide rehabilitation programs for perpetrators of intimate partner violence which aim to change their existing beliefs and attitudes towards their partners, often through mental health services and education. Some of these programs have achieved substantial reductions in violence, although other evidence is mixed.

An evaluation of the Batterer Intervention Program (BIP) in the US found that men who completed treatment were less than half as likely to be rearrested for intimate partner violence as men who did not (14 v 35%).<sup>cxxxv</sup> BIP aims to educate and rehabilitate offenders by changing their thinking and behavior, and emphasizing accountability for their actions.<sup>cxxxvi</sup> Boots et al. (2016) compared BIP with alternative sanctions and concluded that men mandated to abuser intervention programs were significantly less likely

to abuse again than those who were imprisoned without treatment.<sup>cxxxvii</sup> In Spain, Lila et al. (2014) also observed statistically significant reductions in IPV rates for men attending abuser intervention programs.<sup>cxxxviii</sup> However, a 2017 review of various intervention programs treating abusers and aiming changing their behavioral patterns concluded that the results are mixed, with several smaller experimental studies in the US finding no impact on IPV rates.<sup>cxxxix</sup> This was attributed to differences in methodologies of the studies, including the selection of sample sizes, sources of data, and timeframes.

To test a CBT program for abusers in Taiwan, 70 high-risk domestic violence offenders were subjected to protection orders as well as court-ordered batterer therapy, while 231 low-medium risk DV offenders were subjected to protective orders only. Follow-up at six months found that offenders in the treatment group showed larger relative reductions (38%) in physical violence than the control group (10%).<sup>cxl</sup>

However, while such programs can be mandated for offenders, it may be difficult to enforce where abusers are not imprisoned. A recent report in Turkey showed that most abusers (85%) did not participate in recommended treatment programs, and noted that the programs focused on anger management and self-control, rather than on the need for perpetrators to take responsibility for their actions and question their attitudes and beliefs towards women.<sup>cxli</sup>

### **Community level Interventions to Address Violence**

Rates of violence – homicide, assault and intimate partner violence -- vary enormously across countries. Within countries and cities, violence typically clusters in specific places, among specific people, and around specific behaviors. In the US, for example, it is reported that in Minneapolis, 0.15% of the population was involved in 54% of the city's shootings.<sup>cxlii</sup> This suggests that programmatic interventions that target individuals and communities most at risk of violence are more likely to be successful. Another prominent theme, especially in efforts to reduce intimate partner violence, is that changing community norms around gender equality and violence are central.

Table 4.2 summarises selected **community-level violence interventions with cost information, under several headings, namely:**

- **Reducing Homicide and Assault**, which entail efforts to interrupt community-violence cycles and change community-norms around homicide and assault. There are various models, including Focussed deterrence and Cure Violence.
- **Reducing IPV**, which involves efforts to shift norms around intimate partner violence.
- **Service-based programs** that utilize social services to help reduce violence.
- **Place-based approaches** to deliberately improve the urban environment and community infrastructure in ways that are expected to reduce violence.



**Table 4.2. Selected community-level violence interventions with cost information**

Intervention name, sites and dates	Method, sample size	Impacts on violence – outcome measure	Costs per X (USD)
<p><b>The Cure Violence Model</b> <i>Community mobilization and outreach focusing on high-risk individuals.</i></p> <p>New York City (01/2010 to 05/2012). Chicago. Middle East, Latin America, Europe, Africa.</p> <p>Carbonari, F., et al. 2020, Picard-Fritsche and Cerniglia, 2013.</p>	<ul style="list-style-type: none"> <li>Intervention was focused on training community members to work as Violence Interrupters and de-escalate potentially violent crimes.</li> <li>New York City: comprehensive impact and process evaluation conducted using a quasi-experimental time-series design comparing violence rates pre- and post- intervention.</li> <li>Chicago: quasi-experimental comparison group design</li> </ul>	<ul style="list-style-type: none"> <li>In New York City: 63% drop in shootings.</li> <li>In Chicago: 48% decrease in shootings.</li> </ul>	<ul style="list-style-type: none"> <li>Estimated cost: \$3,500-\$4,500 for every prevented violent incident.</li> </ul>
<p><b>Project REASON</b> <i>Adaptation of Cure Violence.</i></p> <p>Port of Spain, Trinidad and Tobago (2015 – 2017).</p> <p>Maguire et al 2018.</p>	<ul style="list-style-type: none"> <li>Community members trained as Violence Interrupters.</li> <li>Quasi-experimental, mix method evaluation.</li> <li>Systemic control method and interrupted time-series analysis used.</li> <li>N=16 communities that represent 6% of country’s population</li> </ul>	<ul style="list-style-type: none"> <li>Within 1 year: 45.1% lower violent crime vs comparison group</li> <li>Within 7 years: 38.7% reduction in shootings based on hospital recorded injuries</li> <li>Reported 23% reduction in violent crime based on police reports.</li> </ul>	<ul style="list-style-type: none"> <li>Total program cost was \$937,139.82—78% for salaries, 10% for community outreach and activities.</li> <li>Estimated cost of preventing one violent crime: \$3,577.</li> </ul>
<b>Focused deterrence approach</b>			
<p><b>Ceasefire strategies</b> <i>Data-driven strategy coordinating law enforcement, social services, and local community.</i></p> <p>Oakland (2012-2017). Braga et al, 2019</p> <p>Boston (1991-1995). National Institute of Justice, 2001</p> <p>Chicago. Skogan, et al 2008.</p>	<ul style="list-style-type: none"> <li>Program aimed to reduce shootings and killings by focusing social service, community-based, and criminal justice resources on a small group of people involved in most of the city’s violence (i.e. gangs).</li> <li>In Oakland, two quasi-experimental impact evaluations were conducted. One was a cross-city quasi-experiment.</li> <li>Impact evaluation for Oakland: cross-city comparison of gun homicide trends in 12 comparison cities between 2010 and 2017.</li> </ul>	<ul style="list-style-type: none"> <li>In Chicago: <ul style="list-style-type: none"> <li>Shootings at 17.42% of pre-program levels.</li> <li>63% increase in “no-murder” months compared to 50% in comparable area.</li> </ul> </li> <li>In Oakland: <ul style="list-style-type: none"> <li>43% reduction of gun homicides and 50% decrease in nonfatal shootings</li> </ul> </li> <li>In Boston: <ul style="list-style-type: none"> <li>63% decrease in mean monthly youth homicide and 32% decrease in “shots-fired” calls</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Chicago annual budget \$240 000.</li> </ul>
<p><b>Gang Reduction and Youth Development</b> <i>Increase community’s awareness, protect at-risk youth, and coordinate well-structured responses to gang violence.</i></p> <p>Los Angeles, 2008-2015.</p> <p>Brantingham et al., 2017. Tremblay, A., et al. 2020.</p>	<ul style="list-style-type: none"> <li>Aimed to strengthen youth/young adults, family and community resilience to the influence of gangs using community engagement, gang prevention, gang intervention and violence interruption.</li> <li>Community members were trained as Community Intervention Workers</li> <li>Analysis of crime records provided by Los Angeles Police Department.</li> </ul>	<ul style="list-style-type: none"> <li>Reported 30% reduction in gang retaliation.</li> <li>In 2014 and 2015, outreach workers prevented 185 violent gang crimes.</li> </ul>	<ul style="list-style-type: none"> <li>\$30 million per year.</li> </ul>
<p><b>Operation Peacemaker Fellowship</b> <i>18-month long program for high-risk men helping build life outside gangs.</i></p> <p>Richmond, California (2010-2014).</p>	<ul style="list-style-type: none"> <li>Program aimed at high-risk men (offenders) and was focused on helping these men build lives outside of gangs.</li> <li>Program used a stipend and incentivised workplace training for offenders.</li> <li>Cost-benefit analysis.</li> </ul>	<ul style="list-style-type: none"> <li>Reported 55% decrease in gun related homicides.</li> </ul>	<ul style="list-style-type: none"> <li>Total costs 2010-2014: \$5,492,278.</li> <li>Participants paid \$1000 per month.</li> </ul>

Intervention name, sites and dates	Method, sample size	Impacts on violence – outcome measure	Costs per X (USD)
Huguet, et al. 2016.	<ul style="list-style-type: none"> <li>Quasi-experiment evaluation not a RCT due to ethical concerns.</li> </ul>		
<b>Community programs to address intimate partner violence</b>			
<b>Stepping Stones and Creating Futures (SSCF)</b> South Africa (2015 – 2018). Jewkes 2020.	<ul style="list-style-type: none"> <li>Program aimed to decrease IPV and HIV-risks in informal settlements through peer-led, interactive sessions held with young adults.</li> <li>Aimed to build knowledge, risk awareness and communication skills around gender, HIV, violence and economic skills.</li> </ul>	<ul style="list-style-type: none"> <li>39% reduction in physical IPV, a 54% reduction in economic IPV, a 32% reduction in sexual IPV, and a 28% reduction in non-partner rape perpetration</li> </ul>	<ul style="list-style-type: none"> <li>Not determined.</li> </ul>
<b>Programme H</b> <i>Workshops and community mobilization to change attitudes among young men.</i> Brazil. Remme et al, 2014. India. Verma et al 2008.	<ul style="list-style-type: none"> <li>Aimed to educate young men on issues of gender equality and intimate partner violence, with a participatory curriculum offered by trained mentors in weekly small group sessions.</li> <li>Three arm experimental design (for Indian version).</li> </ul>	<ul style="list-style-type: none"> <li>Significant positive changes in gender attitudes, partner communication, and partner violence.</li> <li>Results in India: men who reported IPV declined more than two-fold to less than 20% (p&lt; 0.05) at follow up.</li> </ul>	<ul style="list-style-type: none"> <li>US\$ 108 – 161 per male participant.</li> </ul>
<b>Men as Partners</b> <i>Educational workshops with groups of men.</i> South Africa (2004-2005). Ditlopo 2007.	<ul style="list-style-type: none"> <li>Launched to challenge attitudes, values and behaviour of men that compromise their health and encourage men to be involved in HIV prevention.</li> <li>Educational workshops with groups of men.</li> <li>Evaluation had qualitative component and also pre- and post-workshop questionnaires.</li> </ul>	<ul style="list-style-type: none"> <li>95% of respondents said that MAP workshops changed their way of thinking about gender, mostly in terms of eliminating violence against women.</li> </ul>	<ul style="list-style-type: none"> <li>Not determined.</li> </ul>
<b>SASA!</b> <i>Community interventions to combat imbalance of power between men and women.</i> Uganda (2007-2012). Abramsky et al, 2016, Remme et al, 2014, Tanzania Women Research Foundation, 2018.	<ul style="list-style-type: none"> <li>SASA! consisted of four strategies: local activism, media and advocacy, communication materials, and training.</li> <li>Community activists were also trained.</li> <li>Cluster randomized trial with adjusted cluster-level intention-to-treat (ITT) analysis comparing outcomes in intervention and control communities at follow-up (as per the primary trial analysis).</li> <li>N= 1,583 (baseline) and N= 2,532 (post intervention).</li> </ul>	<ul style="list-style-type: none"> <li>Women in intervention communities were 52% less likely to report past year experience of physical IPV, compared with women in control communities.</li> <li>In Tanzania: the rate of current IPV fell from 36.5% to 23.2%</li> </ul>	<ul style="list-style-type: none"> <li>US\$ 392 per community activist supported per year.</li> </ul>
<b>Women Training and Integration Program (Liberia National Red Cross Society)</b> <i>Multifaceted female empowerment program which includes intensive psychosocial therapy and vocational skills training.</i> Liberia (2019 -2021) Park, Kumar, 2022. <sup>145</sup>	<ul style="list-style-type: none"> <li>Program consisted of psychological support via group counselling and therapy sessions, and economic empowerment through skills and business training sessions.</li> <li>Evaluated by RCT.</li> </ul>	<ul style="list-style-type: none"> <li>Emotional, physical, and sexual IPV fell by 10-26 percentage points (from control bases of 24-62 %) among participating girls</li> </ul>	<ul style="list-style-type: none"> <li>Not determined.</li> </ul>
<b>Tostan</b> <i>A human rights-based education program.</i> Senegal (2012 – 2016). Rowley, Diop, 2020.	<ul style="list-style-type: none"> <li>Human rights-based education program that aimed to reduce IPV by changing existing gender norms and beliefs.</li> <li>Evaluated through a quasi-experimental approach.</li> </ul>	<ul style="list-style-type: none"> <li>Statistically significant lower rates of past 12-month physical IPV</li> </ul>	<ul style="list-style-type: none"> <li>Not determined.</li> </ul>
<b>Transforming Masculinities</b>	<ul style="list-style-type: none"> <li>Focused on integrating conversations about gender equality into traditional activities such as sermons and prayer meetings.</li> </ul>	<ul style="list-style-type: none"> <li>A 39% decrease in any forms of IPV</li> </ul>	<ul style="list-style-type: none"> <li>Not determined.</li> </ul>

Intervention name, sites and dates	Method, sample size	Impacts on violence – outcome measure	Costs per X (USD)
<p><i>Integrating conversations about gender equality into faith-based traditional activities.</i></p> <p>Democratic Republic of Congo (2015 - 2015).</p> <p>Jewkes et al 2020.</p>	<ul style="list-style-type: none"> <li>Focused on men.</li> </ul>		
<p><b>Rural Response System</b> <i>Community mobilisation and social norms change intervention.</i></p> <p>Ghana (2016 – 2018).</p> <p>Jewkes et al 2020.</p>	<ul style="list-style-type: none"> <li>Community volunteers were trained (COMBAT) and facilitated activities around gender, violence against women, and the law, and provided counselling for couples experiencing conflict and violence.</li> <li>Evaluated using a RCT.</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>In intervention communities, women's past year experience of both sexual and physical IPV fell from about 17 to 8%</li> </ul>	<ul style="list-style-type: none"> <li>Not determined.</li> </ul>
<p><b>Safe Dates</b> <i>Workshops for middle-school students raising awareness on what constitutes a healthy and abusive relationships.</i></p> <p>North Carolina, United States (1998).</p> <p>Foshee et al, 2004, Blueprints Program.</p>	<ul style="list-style-type: none"> <li>Focused on school children.</li> <li>RCT with baseline date from 1 in 10 schools in North Carolina.</li> <li>Follow-up data collected 1 month after implementation, then annually for next 4 years.</li> </ul>	<ul style="list-style-type: none"> <li>Treatment group reported significantly less physical, serious physical, and sexual violence than the control group, at 4 years follow-up.</li> <li>Reported 25% less psychological and 60% less physical violence.</li> </ul>	<ul style="list-style-type: none"> <li>US\$ 17.40 per student.</li> </ul>
<b>Service-based programs to reduce intimate partner violence</b>			
<p><b>School based</b></p> <p>“Paz Educa” evaluated by Varela et al. (2009); Tijmes and Varela (2008), adapted, and evaluated by Varela (2011) and Pérez et al. (2013).</p>	<p>Based on principles of positive behavior support and prevention through environmental design.</p>	<ul style="list-style-type: none"> <li>Measures included perceptions of violence, self reported acts and witnessing violence</li> <li>Mixed results across studies – some recorded reductions in violence, others no change or worsening</li> </ul>	<ul style="list-style-type: none"> <li>Not reported</li> </ul>
<p><b>IMAGE</b> <i>Microfinance initiatives combined with gender and HIV training.</i></p> <p>South Africa (2001-2004).</p> <p>Jan et al, 2011, Remme et al, 2014.</p>	<ul style="list-style-type: none"> <li>Cluster randomized trial, Cost-effectiveness</li> <li>Costs of program / costs per DALY averted.</li> <li>Cost-effectiveness measured for both trial and initial scale-up phases.</li> <li>N= 3,453</li> </ul>	<ul style="list-style-type: none"> <li>Trial: cost effective.</li> <li>Initial scale-up: highly cost effective.</li> <li>Reported 55% reduction in the past year experience of physical and/or sexual violence by an intimate partner.</li> </ul>	<ul style="list-style-type: none"> <li>US\$ 52 per client in the trial phase (855 clients) and at US\$ 16 per client in the initial scale up phase when the client base trebled (2598 clients).</li> </ul>
<p><b>Shelters</b></p> <p>Arizona, USA (1998).</p> <p>Chanley et al. 2001.</p>	<ul style="list-style-type: none"> <li>Social cost-benefit analysis (short term and long term).</li> </ul>	<ul style="list-style-type: none"> <li>Cost benefit ratio &gt; 1 (6:4).</li> <li>Minimum net social benefit: \$3,494,934 (short term).</li> </ul>	<ul style="list-style-type: none"> <li>Lower and upper estimates of annual operating costs: US\$253,183 -- \$440,558.</li> </ul>

## *Community interventions to address assault and homicide*

Community-level efforts to address assault and homicide typically aim to identify individuals most at risk of spreading violence and seek to intervene to change their behavior and attitudes. Here we review experience from these types of programs, most notably the Cure Violence and Focused Deterrence models, which share some common elements – namely, working to change individual and group norms around violence<sup>144</sup> and providing support like access to education and jobs. One distinction is that Focussed Deterrence tends to emphasise links with law enforcement, messaging about punitive law enforcement and seeking to improve views of police legitimacy in the intervention community.

The "**Cure Violence**" model aims to transform community and individual level attitudes among young people where it is a norm to carry a gun to solve various forms of conflicts.<sup>145</sup> There are three key elements:

- Directly interrupting the transfer of violent behavior,
- Identifying and changing the thoughts of people at the greatest risk of perpetrating violence, and
- Altering group norms.

Program participants are aged between 16-25, and come from a gang, drug, criminal backgrounds, or have been shooting victims. Violence Interrupters are usually young men, selected because of their own experiences with violence and crime, and for their ability to establish rapport with the most at-risk youths. They also work to de-escalate tensions in the aftermath of an injury or shooting. Outreach workers manage cases, build trusting relationships with the most vulnerable members of the community, and connect high-risk individuals with community resources that include employment, housing, recreational activities, and education.

The Cure Violence model has been introduced in multiple high violence settings, in more than 50 cities, across more than 15 countries. Evaluations have found significant reductions in assault and homicide in several cities in Latin America, from Cali, Colombia to San Salvador, El Salvador.<sup>146</sup> In San Pedro, Honduras, implementation of Cure Violence began in 2013 with all program locations achieving large reductions in violence, with shooting reductions averaging 88% in 2014 and 94% in 2015. Similarly, in Cape Town, South Africa, there was a 64% reduction in gang-related crimes during the first six months of the program in 2013.<sup>147</sup> In a decade after implementation, Ceasefire (which began in partnership with Cure Violence) helped over 700 individuals in Cape Town leave gangs.<sup>148</sup>

In the US, 20 cities have introduced Cure Violence programs, with several cities achieving major reductions in violence up through the pandemic. It is difficult to ascertain how much was due to the program, since crime rates also fell more generally during this period, and typically several different initiatives were underway. For example in New York City, the murder rate fell by 53% between 2006-2018,<sup>149</sup> a period during which Cure Violence was implemented from 2010, while in 2014, the Mayor's Action Plan for Neighborhood Safety (MAP) introduced a targeted approach to reduce violent crime in and around public housing, which included investments in infrastructure, social support and youth job opportunities.<sup>150</sup> Other US cities which recorded major reductions in violence after implementing the Cure Violence model include Philadelphia, Chicago and Baltimore.<sup>151</sup>

Studies reporting on the results of Cure Violence approaches estimate that the cost of one prevented violent incident – based on calls to police about violent incidents -- is \$3,500-4,500.<sup>152</sup> In Trinidad and

Tobago, within 7 years of implementation of the Cure Violence approach, the number of shootings fell by almost 39% and it was estimated that the cost of preventing one violent crime was \$3,577.<sup>153</sup>

**Focused deterrence** programs also target high-risk people and sites, and seek to underline that violence will no longer be tolerated, reinforced by credible threats of enforcement and credible promises of assistance. Successful interventions reportedly focus on a specific behavior, e.g. gun violence, rather than on criminal behavior more generally. The message is not "stop all crime" or "leave the gang," but rather, "stop shooting, stop killing." An evaluation of ten such programs in the United States found that nine had significant positive impacts, with homicide reductions ranging from 34-63%.<sup>154,155</sup>

An oft-cited successful case of focussed deterrence was in Oakland, California, where killings fell by more than half between 2012 and 2018 after launching Operation Ceasefire.<sup>156</sup> More recently however, Oakland's crime rates have surged to among the highest in the US, with a 23% increase in homicides between 2020 and 2021.<sup>157</sup> This has been attributed in part to restrictions on program operations during the COVID-19 pandemic,<sup>158</sup> and the larger trend of rising violence during the pandemic,<sup>159</sup> which is not yet well understood.

Focused deterrence often involves Group Violence Interventions, in which community members join with law enforcement and social services to target active street groups and seek to substitute deterrence for enforcement, emphasizing "community moral voice". Implementation in multiple US cities has shown success.<sup>160</sup> It begins with a comprehensive data collection effort by law enforcement, and entails significant police interaction with impacted communities, reconciliation for past wrongs, and local government commitment to policy changes desired by the communities.<sup>161</sup> Some key successes include:

- Los Angeles' Gang Reduction and Youth Development (GRYD) program significantly reduced gang-related retaliation shootings, through rumor control, crisis intervention, and related activities. Community Intervention Workers are deployed to avoid retaliation, and the program reportedly reduced the likelihood of retaliation by 98% compared to the non-intervention control. The number of homicides prevented by the program was estimated to save the LA city authorities \$89 million over a two-year period (2014-2015).<sup>162</sup> The annual operating budget of GRYD is around \$30 million.<sup>163</sup>
- In Cincinnati, Ohio, a violence-reduction strategy called Place-based Investigations of Violent Offender Territories (PIVOT) focuses on the most violent micro-locations and sought to block crime activities by using city resources. For example, one strategy involved changes to parking and traffic patterns along a road used in drive-by shootings, and led to major reductions in violent crime (by 71-89% in the two sites).<sup>164</sup>
- In Chicago, targeted deterrence and legitimacy messages were sent to gang factions via a series of hour-long face-to-face meetings with law enforcement and community figures, known as "call-ins." A quasi-experimental study reported a 23% reduction in shootings, and a 32% reduction in gunshot victims in the year following treatment, compared to similar factions.<sup>165</sup>

A 2015 rapid evidence assessment of programs addressing urban youth gun violence found that successful programs focused on the most violent individuals, targeted crime prevention in new cohorts of violent youth, and coordinated interagency leadership.<sup>166</sup> Another study noted that successful interventions can spillover to reduce crime reduction in other areas via diffusion.<sup>167</sup>

Recent focus group discussions with residents, local subject matter experts, and prevention program workers in communities affected by youth violence in Honduras, Guatemala, and El Salvador highlighted several aspects to consider in implementing community-based intervention programs to reduce gang violence in the region -- the need to identify gang territorial control, engagement with gang members and weighing issues of public trust in government institutions.<sup>168</sup>

Community and school-based violence reduction initiatives can seek to change norms among younger age groups.<sup>169</sup> Early childhood programs have included efforts to replace war toys with other toys and books.<sup>170</sup> There are also youth-focused programmes which use fun and playful interaction, theatre, and board games. Some initiatives have been linked to larger violence prevention programmes like Cure Violence.<sup>171</sup>

A recent review of the literature on criminal deterrence usefully distinguishes across different types of strategies, concluding that while the overall evidence suggests that more intensive and problem-oriented policing can reduce crime – “experimental research on hot-spots policing and focused deterrence efforts have, in some cases, led to remarkably large decreases in offending, a fact that may be attributable to the visibility of such policies.”<sup>172</sup> However, the same study concludes that the evidence for ‘broken window’ approaches – which arrest offenders for relatively minor infractions -- is at best mixed, and also raises major concerns about civil rights. Finally, but not least, the study also underlines that local labor market conditions – as proxied by the unemployment rates and wage levels – have a strong impact on crime rates.

#### **Box 4.1. Community policing as a strategy to reduce violence**

Community policing has become a popular approach to combatting crime and improving relations and trust between police and the local community. This may be especially important where heavy handed policing have had negative repercussions.

While the term “community policing” has been used for a wide variety of measures, key elements tend to include citizen involvement and localization, with specific activities, projects, and programs originating from discourse and interaction in each setting. Citizens share their concerns about suspicious people or activities, and information on where crime occurs and who is committing it, which is used to assist police in resource allocations. The aim goes beyond police visits, to strengthen citizen trust and promote greater cooperation, producing a mutually beneficial cycle.<sup>173</sup>

Community-oriented policing strategies vary vastly from city to city, continent to continent. A 2014 comprehensive review of existing research on such strategies found that they have positive effects on citizen satisfaction, perceptions of disorder and police legitimacy, but alone had limited effects on the prevalence of crime and fear of crime.<sup>174</sup>

However, a recent systematic review of 43 randomized trials suggests that the results are mixed.<sup>175</sup> The bulk of evidence comes from three countries -- the US, the UK, and Australia – with some positive results reported in New York City from 2013- 2015 with the adoption of community policing.<sup>176</sup> A randomized trial in New Haven, CT discovered that positive interaction with police—delivered through brief door-to-door nonenforcement community policing visits—significantly improved citizens' attitudes toward police, including legitimacy and readiness to collaborate, which remained significant three weeks

later and were greatest among nonwhite respondents.<sup>177</sup> Another systematic review of 30 randomized experimental and quasi-experimental tests of disorder policing found that such strategies are associated with modest crime reductions but that aggressive strategies targeting individual disorderly behaviours do not reduce crime.<sup>178</sup>

A broader study, covering Brazil, Colombia, Liberia, Pakistan, the Philippines, and Uganda, investigated community policing efforts that reached nine million people in 516 communities. Over a period of 6 to 17 months, the results were disappointing: there was no improvement in crime victimization, citizen perceptions of the police, police perceptions of citizens, or citizen-police cooperation.<sup>179</sup> In Medellin, Colombia, community policing was implemented in 2012, but in 2019, 48% of the citizens said that they do not trust the police or only a little.<sup>180</sup>

A recent Peace in Our Cities brief suggests several cornerstones upon which law enforcement, supported by city leaders, should build their efforts to foster healthier relationships with communities -- including proceeding fairly, narrowing the focus, and taking part in healing with the community.<sup>181</sup>

It appears that, to be effective, community policing requires more resources must be invested and greater community engagement, particularly in areas of low trust in the police. Further evaluations and more evidence are needed to determine what type of community policing is needed in each city.

### ***Community mobilization to address IPV***

Community-based approaches to IPV prevention “are considered promising because they can reach multiple levels of society using educational and behavioral change interventions.”<sup>182</sup> These approaches have been tried in a range of countries from United States to South Africa and Brazil, and aim to motivate and support communities to address violence against women and to change the social norms that make violence acceptable, through education and training activities as well as integrating content on gender equality in traditional community activities, such as religious gatherings and weddings. Evaluation findings suggest that group and community programs have often worked to reduce rates of IPV.<sup>183</sup>

The best-known community mobilization program to reduce IPV is *SASA!* (Start Awareness Support Action), that was first implemented in Kampala, Uganda. The program aims to change community attitudes, opinions and beliefs that perpetuate violence against women. The main stages of the program are identifying the characteristics of the community and local activists, spreading awareness about gender equality, strengthening skills and communication among community members and encouraging new behaviors. To reach these goals, *SASA!* uses local activism, media and advocacy, communication materials, and training sessions—with the specifics of intervention activities evolving in response to community priorities and characteristics.<sup>184</sup> Community activists are supported by health care workers, institutional leaders and police. The 2016 study found that after three years of implementation, women in participating communities were 52% less likely to report past year physical IPV, compared with women in control communities.<sup>185</sup> Due to the successful results, the intervention has been implemented in various other locations. A *SASA!* replication in Tanzania reported that the rate of current IPV fell from 37 to 23% after participation in the intervention.<sup>186</sup>

Another successful community mobilization program is *Tostan* in Senegal, a human rights-based education program that aims to reduce IPV by changing existing gender norms and beliefs. Its gender module works to promote discussions about gender, healthier communication, and healthier relationships for a period of 30 months. Increased couple communication, equitable decision-making and self-efficacy

through participating in the Tostan program was associated with statistically significant lower rates of past 12-month physical IPV.<sup>187</sup>

Examples of community level programs aimed at men include *Transforming Masculinities in the Democratic Republic of Congo (DRC)*, *Indashyikirwa in Rwanda* (the community version of the couples one mentioned above) and *Sonke CHANGE in South Africa*, where community leaders and activists were involved in spreading knowledge on gender equality, healthy relationships and non-violence in community activities and public places.<sup>188</sup> While the DRC Transforming Masculinities program focused on integrating conversations about gender equality into traditional activities such as sermons and prayer meetings, Indashyikirwa consisted of activities that were designed by the program leaders, in which discussions on gender equality and healthy relationships were encouraged for over 19 months. Sonke CHANGE combined workshops on gender and violence with painted murals, door to door campaigns and advocacy in community events to raise awareness on the issues.<sup>189</sup> While the program in Rwanda showed no impact on IPV rates,<sup>190</sup> Transforming Masculinities in DRC reduced the experience of any form of IPV by 39%.<sup>191</sup>

Ghana's Rural Response System uses Community-Based Action Teams 'COMBAT' which aims to prevent violence against women, as well as shift stigmas around gender equality and violence. Volunteers are selected by the community and trained to share their knowledge in community activities such as weddings and school meetings, and participate in the discussions to raise awareness on gender equality and violence.<sup>192</sup> They also visit high-risk homes to offer counseling services. In intervention communities, women's past year experience of both sexual and physical IPV fell from about 17 to 8%.<sup>193</sup>

*Stepping Stones and Creating Futures (SSCF)* is a small group intervention in South Africa that provides training for single sex groups of 14-20 people which aims to build knowledge, risk awareness and communication skills around gender, HIV, violence and economic skills. Combining two different training methods, the program involves two parts that are delivered one after the other, aiming to educate participants in different topics. The initial training sessions -- Stepping Stones -- consist of participatory learning and critical reflection on relationships, followed by Creating Futures training sessions, focused on economic skills and livelihood goals.<sup>194</sup> There were 21 three hour sessions delivered twice weekly by trained facilitators. A 2018 controlled trial reported a 39% reduction in physical IPV, a 54% reduction in economic IPV, a 32% reduction in sexual IPV, and a 28% reduction in non-partner rape perpetration.<sup>195</sup> However a 2020 follow-up cluster randomized trial of SSCF found no reduction in the rates of women experiencing IPV, although lower rates of men perpetuating IPV.<sup>196</sup> One significant impact of the program over the longer term was that men who hadn't participated in the study having two times higher rates of onset IPV than those who had participated.<sup>197</sup>

It is widely accepted that masculine norms have clear and direct links with many forms of violence, which points to the importance of gender norm transformative intervention programs for men.<sup>198</sup> A number of initiatives have targeted groups of men, the best known of which is *Programme H*, which was launched in Brazil.<sup>199</sup> This has since become one of the most recognized programs globally, adapted in at least 36 countries.<sup>200</sup> Programme H aims to educate young men on issues of gender equality and partner violence over a period of several months, with a participatory curriculum offered by trained mentors in weekly small group sessions at the core of the program. Combining group education sessions and youth-led activism campaigns, Programme H has "evolved from focusing on workshops and community mobilization to a multipronged strategy combining participatory training with advocacy and lifestyle social marketing aimed at changing community norms."<sup>201</sup> The results of the program include positive impacts on behavior and opinions about gender equality and partner violence – however, its impact on



IPV rates were not measured.<sup>202</sup> The costs were reported at \$108- \$161 per participant. *Yaari Dosti*, initiated in 2005, is an Indian version of Programme H that was implemented in Mumbai and Gorahkpur for 6 months. The program resulted in male participants being about five times and two times less likely to report perpetration of physical or sexual partner violence, respectively.<sup>203</sup>

A recent review assessed Program H programs which included young men aged 12 – 24 years, through impact evaluations in 12 countries.<sup>204</sup> The review included three randomized-controlled trials, nine quasi-experimental designs and two pre and post evaluations. Findings showed that Programme H produced positive changes in gender attitudes in most (but not all) settings – for example, in India, young men receiving group education or the combined intervention showed positive changes in attitudes. In two studies, violence perpetration was reduced compared to a control group, however, not all men were partnered thus this was not always possible to measure. There were positive changes in sexual and reproductive health in Programme H adapted interventions that aimed to reduce HIV-risk. Increased condom use was found in India, Brazil and Vietnam.<sup>205</sup>

*Men as Partners* in South Africa<sup>206</sup> and *Ethiopian Male Norms Initiative*<sup>207</sup> included group education, community workshops and activities for young men that focus on gender equality, healthy relationship dynamics and reducing stigmas around HIV/AIDS. The community workshops are held in workplaces, faith-based organizations and community halls. The Ethiopian Male Norms Initiative also uses newsletters and drama skits to raise awareness on issues of gender equity. These approaches have been found to have significantly changed men's beliefs and behavioral patterns, resulting in healthier relationships.<sup>208</sup> The latest study of Men as Partners in 2007, showed that “95% of the respondents said that MAP workshops changed their way of thinking about gender, mostly in terms of eliminating violence against women.”<sup>209</sup> Results from the Ethiopian Male Norms Initiative reported that the share of participants reporting violence toward their partner six months after the program fell, from 53 to 38%.<sup>210</sup>

Group intervention initiatives around the world have also targeted young girls, aiming to educate girls about gender equality, how they should be treated in a relationship and what they should do in the face of potential violence by their partners, as well as empowering girls and building their self-confidence. One such program was the female empowerment program by Liberia National Red Cross Society which targeted marginalized women in informal settlements of Monrovia. The program consisted of psychological support via group counseling and therapy sessions, and economic empowerment through skills and business training sessions. Participants attended daily meetings of 4-5 hours over a 12-month period. A 2022 study revealed that emotional, physical, and sexual IPV fell by 10-26 percentage points (from control bases of 24-62 %) among participating girls.<sup>211</sup>

The overall evidence for girls' empowerment programs is positive, especially when gender transformative approaches are combined with components designed to enhance their economic prospects.<sup>212</sup> The Global Women's Institute recommends that service providers from health, psychosocial support, legal and security sectors be supported to target services to younger and older adolescent girls, within broader response programming. Building girls' trust in services and ensuring service providers' attitudes that are supportive of adolescent girls accessing help are critical, as well as targeting parents to change harmful attitudes and practices, and as conduits to support girls' access to services.<sup>213</sup>

### **Service based programs**

Various activities have been successfully delivered through existing social services and programs. One well-established school-based prevention program is the Safe Dates program in the USA, which is

designed for middle and high school students, aiming to “change adolescent norms on dating violence and gender-roles, improve conflict resolution skills for dating relationships, promote victims’ and perpetrators’ beliefs in the need for help and awareness of community resources for dating violence, encourage help-seeking by victims and perpetrators, and develop peer help-giving skills.”<sup>214</sup> It involves 10 weekly training sessions, plays, poster contests designed to engage youth in conversations about healthy relationship dynamics, the reasons why people abuse, gender equality and healthy ways to communicate in relationships. A 2014 RCT found 23% less violence perpetration among minority adolescents exposed to Safe Dates.<sup>215</sup> Another cluster-randomized study of Safe Dates in North Carolina, USA, indicated that the program resulted in 25% less psychological and 60% less physical violence. It was also linked to lower levels of peer aggression and weapon carrying. After four years, there was a significant decrease in self-reported perpetration and physical and intimate relationship violence.<sup>216</sup> Safe Date-type programs have also been implemented in countries such as Haiti.<sup>217</sup> A recent systematic review which synthesized evidence on adolescent dating violence prevention programs found that about half of the evaluations (26/52) reported significant preventative effects in at least one outcome for adolescent dating violence.<sup>218</sup>

The Microfinance for AIDS and Gender Equity (IMAGE) in South Africa is an example of a gender and HIV training curriculum appended to a poverty-focused microfinance initiative.<sup>219</sup> Group based lending was accompanied by training on gender roles, cultural beliefs and healthy relationships. In the second phase of the program, men and women participate together in microfinance and gender equity trainings. Over a period of 12 months in 2006, this approach reportedly reduced IPV levels by 55 %, improved household wellbeing, social capital and gender-equitable attitudes<sup>220</sup> and was found to be cost-effective.<sup>221</sup>

### **Place-based Interventions**

Broader interventions that address local environment and infrastructure deficits in poor communities have demonstrated success in some US cities.<sup>222</sup> This is not about prosecution of individuals for minor crime or “broken windows” – but rather a focus on improving the built environment. Remediation of vacant urban land – which currently accounts for about 15% of land in US cities, for example -- can also help to reduce the number of fire arm shooting incidents resulting in injury or death.<sup>223</sup>

Among the best-known place-based interventions is Medellin, Colombia. In 2004, municipal authorities built a public transit system to connect isolated low-income neighborhoods to the city's urban center, together with municipal investment in neighborhood infrastructure. A study of the effects of this exogenous change in the built environment on violence compared intervention neighborhoods with comparable control neighborhoods using a longitudinal sample of residents and homicide records, and found that the homicide rate fell by 66% more in intervention neighborhoods, and resident reports of violence decreased 75% more in intervention neighborhoods.<sup>224</sup> These results show that interventions in neighborhood physical infrastructure can reduce violence, although cost information was not presented in the study.

Useful evidence about place-based approaches comes from Philadelphia in the US:

- In one Philadelphia neighborhood between 2008 and 2014, the presence of street lighting, painted sidewalks, public transportation, and parks were associated with at least 76% lower odds of homicide.<sup>225</sup>

- In 2011, Philadelphia also enacted a "doors and windows ordinance," which required property owners of abandoned buildings to install working doors and windows. This was linked to 39% and 13% declines in gun and non-gun-related assaults respectively. This ordinance has an estimated cost of US\$2,550 for remediation of abandoned buildings, US\$1597 for remediation of vacant lot, and US\$180 annually to maintain.<sup>226</sup>
- Statistical analysis of trends from 1999 to 2008 attributed reductions in assaults and gun violence by about 4 and 9% respectively to the Philadelphia LandCare program's cleaning and greening of vacant lots, with the aim of reducing space or refuges for criminal activity.<sup>227</sup> The annual cost of maintaining the green lots and community gardens was estimated at about US\$177 per lot, and that every dollar invested in the program yielded US\$26 in net benefits to taxpayers from reduced gun violence, and up to US\$333 in societal costs, such as pain and suffering associated with a gun assault.<sup>228</sup>

Cities in developing country settings often experience rapid informal growth with poor quality housing and utilities, and without adequate attention to the spaces between buildings or to public spaces.<sup>229</sup> These areas are characterized by high levels of violence.<sup>230</sup> South Africa experiences among the highest levels of crime in the world, and in Cape Town, areas like Khayelitsha have above average murder rates.<sup>231</sup>

Upgrading informal settlements involves working toward the provision of services, infrastructure, and tenure security, as well as social and economic programs that address broader structural inequalities. The Violence Prevention through Urban Upgrading implemented in 2009 in an informal settlement in Cape Town's Khayelitsha sub-district included creating small public spaces, sports and community facilities, and business creation. Surveys found that 60% felt that the projects had reduced crime and improved infrastructure, although data on actual changes in homicide rates is not available.<sup>232</sup>

Another type of place-based intervention is to upgrade housing conditions. A rigorous evaluation of a program providing better houses in situ to slum dwellers in El Salvador, Mexico and Uruguay found that treated households were happier with their quality of life. However, perceptions of security and safety only improved in El Salvador, and there were no such changes on the security front felt in the other two countries.<sup>233</sup>

In sum, there is an accumulating body of evidence documenting what works to reduce violence, with promising programs at the individual and community levels, grounded in solid understanding of local norms and dynamics, typically in close collaboration with local community groups. It appears that the most promising and cost-effective programs are characterized by the following features:

- Targeting specific at-risk places, people, and behaviors,
- Investing in changing norms and behaviors, at the levels of both the community and individual attitudes.
- Successful interventions often multi-pronged.

While the bulk of evidence is from the US but knowledge is expanding in a number of countries in Latin America and Africa -- including from fragile settings.

## Chapter 5. Laws and regulations to prevent violence

All countries prohibit and criminalize homicide and assault – and in most countries the laws are long and well established. Prohibitions against violence toward women in the home are much more recent, since the first national laws were passed less than five decades ago, although most countries – at last count around 150– now have such laws on the books.<sup>234</sup>

Clearly enacting legal prohibitions on violence do not suffice to prevent violence – although such laws play a critical role both in signifying what is not acceptable in the society – and allowing recourse for victims.

Laws can also be a lever to affect the underlying drivers of violence – specifically by restricting access to weapons and alcohol, which are known drivers of interpersonal violence, and by changing social norms about the acceptability of violence. Table 5.1 summarises information on selected laws that aim to reduce various forms of violence. Most do not provide information on costs.

An obvious attraction of legal reforms to address violence is that legislative change per se is relatively inexpensive, although the costs of implementation and enforcement may be high. Moreover, there may also be negative unintended consequences, including over-policing and repercussions for minority communities.

Evidence about the effectiveness of legal reforms is uneven across countries. Most studies and reports about gun regulations are based on the United States, which is a particularly complex case for multiple reasons, including constitutional limitations and the variation of state laws. Several other countries also report on the use of other weapons and means of inflicting violence. Studies about alcohol restrictions have been primarily about North America and Europe. Laws prohibiting intimate partner violence are more recent, and evidence on impacts is just emerging.

**Table 5.1. Selected large-scale and national regulations and interventions**

Intervention	Method, sample size	Impacts on violence – outcome measure	Costs per X (USD)
<b>Laws and regulations</b>			
<b>Firearm regulations.</b> <i>Legislation to reduce the number of firearms in civilian hands.</i>  South Africa (2001 – 2009): Matzopoulos, et al 2014.	<ul style="list-style-type: none"> <li>Legislation to reduce the number of firearms in civilian hands.</li> <li>Retrospective population-based study of firearm and non-firearm homicide cases before and after legislation was enacted (n=37 067).</li> </ul>	There was a statistically significant decrease in firearm homicides after the law was passed. A 13.6% decrease was estimated per annum, equating to 4585 lives saved over the period 2001 to 2005.	<ul style="list-style-type: none"> <li>Not available.</li> </ul>
<b>State firearm regulations</b>  United States (1979 – 1998).	Analysis of gun control by state and homicide rates.	US “shall issue” state gun laws (i.e. eliminates most restrictions on carrying a concealed weapon) were associated with greater number of firearm homicides and all homicides.	<ul style="list-style-type: none"> <li>Not available.</li> </ul>
<b>Waiting period laws</b>  United States (1970 – 2014).	Comparison of gun control legislation on waiting period when purchasing firearms and homicide rates.	States with waiting periods - which delay the purchasing of firearms - have reduced gun homicide.	<ul style="list-style-type: none"> <li>Not available.</li> </ul>
<b>Firearm regulations.</b> <i>A national reform unified and extended local laws around safe-storage, firearm registration, suicide prevention, gun-owner licensing, and introduced a gun buyback program.</i>  Australia: Negin, et al, 2021.	Review.	Firearm related mortality fell significantly from 3.6 to 1.2 per 100,000.	<ul style="list-style-type: none"> <li>Not available.</li> </ul>
<b>Alcohol regulations.</b> <i>Restrictions on alcohol policy in terms of – outlet density, hours and days of sale, pricing/ taxation.</i>  International review: Brewer, 2015.	Review.	<ul style="list-style-type: none"> <li>Outlet density regulations: In Buckhead, a 3% decrease in alcohol outlet density was reportedly associated with 6% reduction of violent crimes.</li> <li>Limiting days and hours of sale: Diadema, Brazil, introduced a law requiring bars to close at 11 PM, and after 3 years, there was 17% decrease in reported assaults against women.</li> </ul>	<ul style="list-style-type: none"> <li>Not available.</li> </ul>
<b>Laws against domestic violence.</b> <i>Introduction of comprehensive laws against domestic violence.</i> Nicaragua: Ellsberg, et al 2022.	Three waves of a national survey were compared (Demographic and Health Survey).	Nicaragua’s second largest city recorded a 63% reduction in lifetime physical IPV since 1995, as well as a 71% decrease in current rates of physical IPV.	<ul style="list-style-type: none"> <li>Not available.</li> </ul>
<b>Campaigns</b>			
<b>Soul City</b> <i>Education through weekly TV drama series about social problems.</i>  South Africa (1994-2015): Remme et al 2014. Heise 2011.	<ul style="list-style-type: none"> <li>Longest running primetime drama series in South Africa. Educational weekly TV drama series about social problems, including domestic violence.</li> <li>National surveys, Interviews (N=4,000 plus 500 interviews)</li> </ul>	<ul style="list-style-type: none"> <li>Increased levels of support seeking and giving behavior.</li> </ul>	<ul style="list-style-type: none"> <li>Costs US\$ 0.16; \$0.01 and \$0.10 per person reached by television, radio and print media with the VAWG theme.</li> </ul>
<b>PMC- Saliwansai</b> <i>Education through entertainment on national radio</i>  Sierra Leone (2012-2015): PMC Website.	<ul style="list-style-type: none"> <li>Education through entertainment using a national radio drama. The 208 episodes focused on obstetric fistula, ending female genital mutilation, stopping gender-based violence, and preventing HIV infection.</li> </ul>	<ul style="list-style-type: none"> <li>Listeners 1.6 times more likely than non-listeners to say they know of an organization or people that advocate against domestic violence.</li> <li>Actual impact on IPV rates are unknown</li> </ul>	<ul style="list-style-type: none"> <li>Costs US\$0.53 per listener.</li> </ul>

## Restrictions on gun ownership and use.

Guns can be lethal. The most recent global data suggests that there are about 857 million firearms held by civilians, with huge variations in ownership rates across countries, from a high of 120.5 firearms per 100 residents in the US, down to fewer than one per 100 residents in Indonesia and Japan.<sup>235</sup>

Globally, 38% of lethal violence involves firearms. In 2016, guns were used in 44% of homicides; studies generally indicate a positive association between availability of firearms and violent crimes such as homicides, although the studies exploring the relationship on a cross-national level are limited.<sup>236</sup> Overall, levels of gun ownership (measured without distinguishing between illicit and legal firearms) are not always associated with levels of violence. Gunpolicy.org provides the best source of data on this topic. Czech Republic has 13 firearms for 100 civilians and a rate of 1.6 gun deaths per 100,000 people,<sup>237</sup> and Denmark has 10 firearms per 100 civilians and around 2 gun deaths per 100,000<sup>238</sup> – compared to Colombia<sup>239</sup> and El Salvador<sup>240</sup> which have reported rates of firearm ownership of around 10 per 100, but much higher death rates from firearms per 100,000 of 19 and 26 respectively.

Many countries restrict the ownership of guns – according to GunPolicy.org, in 135 countries gun regulations can be classed as restrictive (e.g. Mexico and Norway), while 34 countries have some rules in place (e.g. Kuwait and Iceland). At the other end of the spectrum, 14 nations have laws that can be classified as permissive (e.g. United States and Panama) and 12 countries have no regulations, including Turkmenistan and Afghanistan.<sup>241</sup>

Gun reforms often adopt comprehensive approaches with multiple measures.<sup>242</sup> Overall, evidence about the impacts of gun reform suggests stricter gun regulations do limit access to firearms and lower risk of suicides, domestic violence,<sup>243</sup> and homicides.<sup>244</sup> Comparisons across US states reveals this association. According to Giffords' State reports, New York, which up until recently had very strict laws, has rates of gun death 61% below the national average, whereas Arkansas and Mississippi have lenient gun laws and high rates of gun death – 66% and 110% respectively above the national average.<sup>245</sup>

There are examples of successful reforms. One well known example comes from Australia: after a mass shooting in 1996, a comprehensive national reform unified and extended local laws around safe-storage, firearm registration, suicide prevention, gun-owner licensing, and introduced a gun buyback program. A recent retrospective published in the New England Journal of Medicine reports that firearm related mortality subsequently fell significantly, from 3.6 to 1.2 per 100,000.<sup>246</sup>

Another well-known case study involves gun laws in Japan, which are among some of the most restrictive in the world. Japan has a long history of gun control; it is the first nation to have imposed gun laws in the world in 1958, stipulating that "no person shall possess a firearm or firearms or a sword or swords."<sup>247</sup> If someone wants to own a gun in Japan, they must attend an all-day class, pass a written test, and achieve at least 95% accuracy during a shooting-range test. Then they have to pass a mental-health evaluation, which takes place at a hospital, and pass a background check.<sup>248</sup> Estimated rates of private gun ownership in Japan are extremely low: 0.25 guns per 100 people.<sup>249</sup> Gun deaths have also been on a gradual decline in the last two decades (dropping from 101 to 2000 to nine in 2018), suggesting the role of factors beyond legal restrictions, such as a strong cultural aversion to gun ownership.<sup>250</sup>

Another review was done to ascertain whether there were associations between firearm-related laws and firearm homicides, suicides and unintentional injuries/deaths.<sup>251</sup> The review found that laws targeting multiple firearm restrictions are associated with a reduction in deaths from firearms.<sup>252</sup> Particularly, laws on restricting firearms purchase (e.g. background checks) were associated with reduced rates of intimate partner homicides, while laws restricting access (e.g. safe storage) were associated with reduced unintentional deaths in children.<sup>253</sup>

In contrast, a number of countries in Latin America and the Caribbean have restrictive firearm regulations, at least on paper, alongside high levels of gun-related violence.<sup>254</sup> For example:

- In Trinidad and Tobago, gun ownership is regulated by Firearm Act of 1970, last amended in 2011.<sup>255</sup> Legal ownership is conditional on passing a background check (criminal, mental health, addiction, and domestic violence) and a genuine reason is required to purchase a firearm. Yet the rate of gun deaths rose from 4.1 per 100,000 in 1995 to 24.1 in 2012.<sup>256</sup>
- In the Dominican Republic, the Commerce, Carrying, and Possession of Firearms Act of 1965 has similar regulations—however, persons with a history of domestic violence are not prohibited from ownership, and the rate of gun deaths increased from 5.4 per 100,000 in 1999 to 16.3 in 2013.<sup>257</sup>

There are also examples of successful reforms in Latin America and the Caribbean. Colombia had very high homicide and gun violence rates in the 1990s, as well as a long running civil war. Several cities introduced gun restrictions to prohibit carrying weapons, including in Bogotá (1997) and Medellín (2005), which resulted in rapid declines in homicide rates, while the national rates remained stable. However, after initial declines, the rates stagnated— with some observers pointing to a “glass floor of homicides”.<sup>258</sup>

In South Africa, legislation was passed in the year 2000 (Firearm Control Act (FCA)). A retrospective study was done to compare rates of firearm and non-firearm homicide in 5 South African cities before and after legislation was passed and found a statistically significant decreasing trend in firearm homicides from 2001, showing that legislation led to a significant decrease in homicide overall, especially firearm-related homicide.

In the United States, gun ownership is widespread, and guns are involved in about four out of five homicides.<sup>259</sup> Everytown For Gun Safety provides an excellent overview of the current status of laws and the impacts of reforms:

- Federal Background Checks are now required for every firearm purchase. However, purchases can be automatically completed if the background check is not completed within 3 business days. In 2020, about 10% (over 6,000) purchases were purchased through this loophole.
- Waiting Period Laws are believed to be especially important in cases of mental crises. The *Proceedings of the National Academy of Sciences of the United States* recently reported that introducing a waiting period for firearm purchases reduces homicides by roughly 17%, and estimated that 17 states avoid roughly 750 homicides annually due to waiting period laws.<sup>260</sup>
- Extreme Risk Protective Order (ERPO or ‘red flag’) Laws allow family, friends, and law enforcement agents to petition the court to limit access to guns for a person who shows symptoms of mental crisis or desire to harm others. This type of law can reduce the incidence of mass shooting and gun suicide – an estimated 56% cases of mass shootings are conducted by people who exhibit worrisome behaviors beforehand.<sup>261</sup>

- Secure Gun Storage reforms seek to ensure firearms are available only to licensed owners, to protect against suicides, unintentional shootings, and keeping guns away from children. Currently, 23 U.S. states have storage laws to keep guns out of children's reach. Safe storage regulations are associated with 85% lower risk of unintentional firearm injuries among children and youth, as well as 78% decrease in risk of self-harm involving firearms.<sup>262</sup>

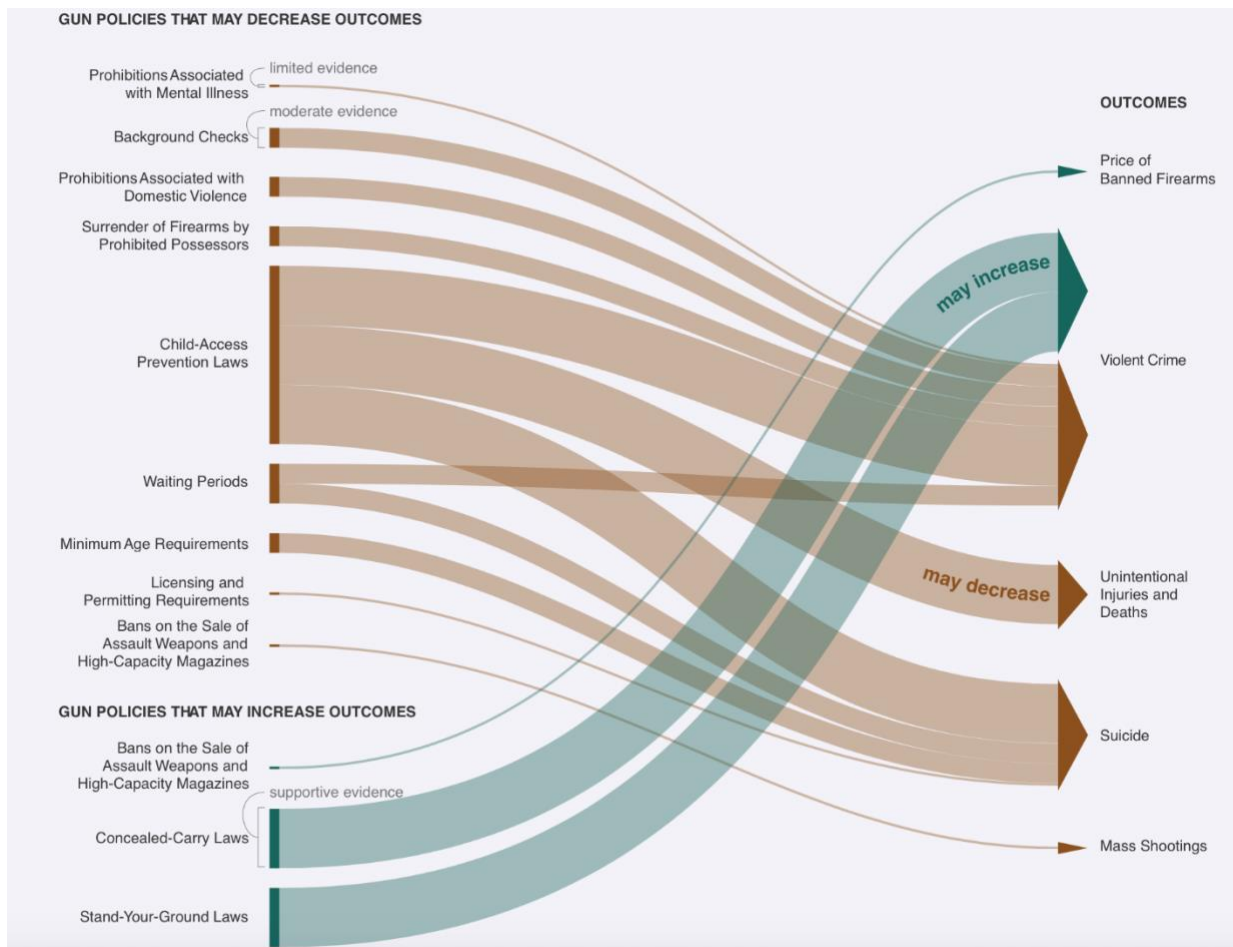
In the United States, a systematic review aimed to evaluate the association between firearm laws and preventing firearm homicides<sup>263</sup> and found that stronger laws were associated with decreased rates of firearm homicides, especially laws that strengthen background checks and permit-to-purchase.<sup>264</sup>

A recent synthesis reviewed thousands of studies regarding the effects of 18 state firearm policies on several outcomes, including firearm deaths and violent crime, was undertaken by the Rand Corporation.<sup>265</sup> The results are summarized in Figure 5.1, and were summarized by the authors as follows:

- Available evidence supports the conclusion that child-access prevention laws, or safe storage laws, reduce self-inflicted fatal or nonfatal firearm injuries and homicides among youth.
- There is supportive evidence that both stand-your-ground laws and "shall-issue" concealed-carry laws are associated with increases in firearm homicides.
- There is moderate evidence that
  - state laws prohibiting gun ownership by individuals subject to domestic violence restraining orders decrease total and firearm-related intimate partner homicides.
  - background check requirements reduce homicides.
  - waiting periods reduce total suicides and homicides.

While some policies had no significant effects on the outcomes tracked, several policies did affect one or more of four of the outcomes, as shown in Figure 5.1. For example, evidence shows that waiting periods may decrease (brown lines) suicide rates and that concealed-carry laws may worsen (teal lines) violent crime. The thicker the line, the stronger the evidence.





Source: Smart et al 2023

Examples of recent firearm reforms focused on reduction of gun-related domestic violence, with the impact yet to be determined:

- In 2021, Canada implemented ‘Bill C-21’ law establishing ‘yellow’ and ‘red’ flags that give friends and family a chance to petition to the court for an immediate removal of firearms and revoking gun licenses.
- Brazil's federal law reform from 2019 gives police the power to confiscate firearms from households in which domestic violence was reported, supported by linked databases.<sup>266</sup>

It must be noted that some countries may have gun laws but that these are not enforced. For example, Brazil reports high rates of gun-related homicides.<sup>267</sup> On paper, Brazil has comprehensive gun laws and in 2003 the country passed a disarmament statute; there are age limits for gun ownership (25 years) and background checks are needed every 5 years. However, these laws have not been fully enforced and have been undermined by pro-gun politicians.<sup>268</sup>

## Legal reforms to reduce alcohol consumption

Research studies indicate a strong association between alcohol consumption and IPV,<sup>269</sup> and alcohol consumption and homicide.<sup>270</sup> Three alcohol policy areas – outlet density, hours and days of sale, pricing/taxation– are popular regulatory reforms.

The WHO global strategy on alcohol advises municipal-level policies to combat harmful use of alcohol.<sup>271</sup> A review of the effectiveness of policies and programs to reduce the harm caused by alcohol and a recent review of effectiveness of city-based policies – drawing on 23 individual studies and 5 systematic reviews from North America, Nordic countries, Australia and New Zealand– concludes that:

- Outlet density regulations are successful policy measures with particularly positive impact on violence and harm to others. In Buckhead, a 3% decrease in alcohol outlet density was reportedly associated with 6% reduction of violent crimes.<sup>272</sup>
- Limiting days and hours of sale is also proven to be an effective regulation, as it decreases consumption and related harm. Diadema, Brazil, introduced a law requiring bars to close at 11 PM, and after 3 years, there was 17% decrease in reported assaults against women.<sup>273</sup>
- Based on 132 studies, it is estimated that higher alcohol taxes reduce acute and chronic alcohol-related harms. In New York City, alcohol taxation (10% tax) reportedly reduced alcohol-related homicides from 3.2 to 2.4 per 100,000.<sup>274</sup>

However, the same review concluded that education and information campaigns are generally ineffective and inconclusive, rarely indicating any evidence of effectiveness. Parenting and social marketing campaigns yielded inconclusive effects. School-based programs are ineffective in reducing alcohol-related harms.<sup>275</sup> A 2018 meta-review by Anderson et al. identified five relevant studies about municipal-level policies, and concluded that the impact of adult-oriented comprehensive community and municipal action to reduce the harmful alcohol use remains to be studied, making recommendations for closing this evidence gap.<sup>276</sup>

A 2022 WHO report argues that the alcohol industry gets actively involved with the intention of derailing policy reforms.<sup>277</sup> In Scotland, the industry opposed the establishment of a minimum price for alcohol while in Brazil it pressured lawmakers to eliminate a statute forbidding consumption of alcohol in stadiums.

In South Africa, alcohol sales amount to over 3% of GDP, and efforts to ensure affordability have been deliberately pursued by the industry.<sup>278</sup> However, there are strong opposition movements and during the COVID-19 pandemic, lawmakers in South Africa attempted to reduce interpersonal violence, particularly against both women and children forced to stay at home with male abusers, by introducing a country-wide ban on the sale of alcohol and cigarettes. The ban was initially justified in terms of reducing the burden on hospitals when the pandemic was overwhelming the system, and the government's resolve was reportedly strengthened by alcohol's contribution to interpersonal violence and injuries.<sup>279</sup> It has been estimated that the total tangible and intangible costs of alcohol harm to the economy at 10 – 12% of GDP, of which about 1.6% was tangible<sup>280</sup> (see Chapter 3).

In turn, during the early months of COVID-19 lockdowns, trauma unit admissions for alcohol-related injury fell rapidly,<sup>281</sup> and the decrease in “alcohol related trauma, alongside alcohol's perceived role in crime and undermining public safety, has won political and popular support for

maintenance of these restrictions.<sup>282</sup> The alcohol ban was subject to legal challenge by industry, which tried to take the government to court.<sup>283</sup> Crime statistics released by police Minister Bheki Cele reported that, comparing the period March 29 -- April 22 in 2020 and 2021, murder cases dropped by 72%; and attempted murder by more than two-thirds; assault by 85%, and domestic violence dropped by 69% over the same period of time in 2019<sup>284</sup> – Minister Cele stated in a 2020 interview that, “[m]y first prize would be that we shut down alcohol [for good].”<sup>285</sup>

In China, alcohol-related harm has not been systematically studied because reliable data are not available, although the WHO estimates rates of alcohol use disorders in China to be 7% and 0.2% among men and women, respectively.<sup>286</sup> As in many other countries, in China, excessive drinking has shown an association not just with health-related harm, but also with crime and child abuse, domestic violence, and injuries of all types.<sup>287</sup> However, the country takes a fairly lax policy approach towards alcohol, particularly compared to its neighboring countries: it has no enforceable legal drinking age and does not regulate when or where alcoholic products are sold.<sup>288</sup> Changes in alcohol taxation throughout the past few decades have been observed to have significant effects on the level of alcohol consumption in China, and also on levels of alcohol-related mortality.<sup>289</sup> In 2001, a volumetric tariff of ¥0.5 per 500 g or 500 mL was added to the alcohol tax, and was associated with a significant drop in alcohol production and consumption, whereas in 2006, the central government lowered the tax on spirits, and alcohol consumption rose.<sup>290</sup>

### **Laws against Intimate Partner Violence**

According to the World Bank’s Women, Business and the Law, 160 out of 190 economies have legislation addressing domestic violence, while 32 countries currently still do not criminalize marital rape, including India and Nigeria.<sup>291</sup> A recent study across 159 economies found that domestic violence legislation was associated with a 2.3% decline in the women-to-men adult mortality ratio, translating into hundreds of thousands of female lives saved.<sup>292</sup> At the same time, however, we know that laws on the books are not enough to fully prevent violence or deliver justice to survivors.

Clearly high rates of violence against women often persist despite legal prohibitions. For example, laws in Timor-Leste and Central African Republic prohibit domestic violence, sexual harassment, and marital rape, but 80% of women justify harm they face due to social norms.<sup>293</sup>

Still the law can make a difference. Klugman and Li (2019) compared the average current prevalence of violence in countries with and without legislations prohibiting violence. The results show that countries with laws in place have significantly lower average rates of violence (11.4%) compared to countries without such laws (20.7%) based on data from 146 countries. This is suggestive, but like any cross-country empirical relationship, does not show causality.

One of the most dramatic, documented declines in rates of IPV occurred in Nicaragua during a time period which included the passage of a comprehensive law on domestic violence. A 2016 study on the prevalence of IPV in Nicaragua’s second largest city found a 63% reduction in lifetime physical IPV since 1995, as well as a 71% decrease in current rates of physical IPV.<sup>294</sup> A recent review attributed this success to a combination of factors including the efforts of the Nicaraguan women’s movements to reform laws, provide services for survivors, transform gender norms, and increase women’s knowledge of their human rights.<sup>295</sup>

In Europe, the Istanbul Convention sets the standards for prevention, protection, and prosecution of violence against women and domestic violence. Implementation is monitored by an independent

expert body and a Committee of the Parties. So far, 20 baseline evaluations have been completed and published, although evidence about impacts on outcomes are lacking.<sup>296</sup> For example, evaluation of Poland's compliance includes a regulation allowing law enforcement agencies to temporarily evict suspected domestic abusers from their place of residence. The evaluation also exposed administrative burdens requiring victims to prove they showed "sufficient resistance" during assaults. Turkey withdrew from the agreement in 2021, causing international backlash. At the same time, there are discussions about additional countries, such as Moldova, joining the convention.<sup>297</sup>

Italy has enacted successive National Action Plans (NAPs) to address violence against women. Italy's NAP supported the establishment of a National Observatory on violence in 2016 to monitor the implementation of the NAPs and identify best practices.<sup>298</sup> The second NAP, approved in 2017, addressed victims' empowerment, preventing secondary victimization, and focused on the needs of the children orphaned by femicides.<sup>299</sup>

Croatia has adopted its fourth National Strategy of Protection against Domestic Violence, the most recent covering 2017-2022, with prevention programs, harmonizing Croatian legislation with international requirements, and providing financial support to shelters and counselling centers.<sup>300</sup> Evidence on impacts is not yet available.

In Asia, relatively recent laws against domestic violence face significant enforcement challenges but show promise. China's first domestic violence law took effect in 2016, creating new protections for survivors through comprehensive legal procedures including protection orders (similar to restraining orders) and compulsory intervention procedures. The Chinese law prohibits physical, mental, and other violations committed by family members on other family members but does not explicitly include sexual violence such as marital rape.<sup>301</sup> By December 2019, courts in China had issued 5,749 protection orders for domestic violence victims, compared to only 687 in 2016.<sup>302</sup> The latest data from the Ministry of Public Security claims that the police stopped or prevented more than six million incidents of domestic violence in the past four years.<sup>303</sup> However, many service providers reportedly lack the awareness and training to sufficiently manage domestic violence cases, and existing shelters are chronically underused due to inadequate services and strict eligibility requirements.<sup>304</sup> While some of the data may be outdated, a 2016 report noted that only 149 persons were admitted to the 2,000 odd shelters set up for victims of domestic violence.<sup>305</sup> Nonetheless, the law appears to be subject to rollout. By November 2019, various levels of governments in 24 provinces, municipalities, and autonomous regions had issued directives on aspects of the domestic violence law, including guidelines for warning letters, protection orders, and mandatory reporting.<sup>306</sup>

Nepal's 2009 *Domestic Violence (Offence and Punishment) Act* aims to punish violent acts within the family or at home and provide justice for victims for domestic violence.<sup>307</sup> This law allows victims of domestic violence to file a complaint with the police, the local government, or a women's commission within 90 days.<sup>308</sup> However, there are implementation constraints: officials and advocates report that they have received very little training and lack sufficient resources to carry out their tasks.<sup>309</sup> One study found that between March and July 2020, only 4% of domestic violence incidents reported to the police were forwarded for prosecution, and analysis found that 42% were sent to mediation, often in violation of the rules prohibiting out-of-court settlements of serious cases.<sup>310</sup> Nonetheless, there has been some progress. Nepal opened its first one-stop crisis center in 2011 in its central and far-western regions, which are being placed in hospitals around the country.<sup>311</sup> These one-stop crisis centers, while not mandated by law, offer multi-faceted services to women in a healthcare environment, placing support services inside hospitals and training providers to identify and refer abused patients. In 2015,

the government developed a protocol to help health providers identify and refer more patients to the crisis centers.<sup>312</sup>

In contrast, Russia has adopted legislative and policy changes in the opposite direction despite a high prevalence of femicide, domestic violence, abduction, female genital mutilation and other forms of gender-based violence against women.<sup>313</sup> In 2017, the Russian Parliament passed a law making any act of domestic violence that does not cause significant injury requiring hospital treatment, an administrative rather than criminal offense.<sup>314</sup> First-time offenders can walk away with fines as low as 5,000 rubles (\$88).<sup>315</sup> A fifth of all Russian women have been physically abused by a partner, and an estimated 14,000 women in the country die as a result of domestic violence each year.<sup>316</sup>

As Chapter 2 underlined, many countries in Latin America experience very high rates of interpersonal violence. A number of governments have responded with national strategies and various laws and programs to address violence. Box 5.2 reviews some selected experiences prior to and during the COVID-19 pandemic.

#### **Box 5.2. National Strategies to Combat Interpersonal Violence in Central and South America: Selected Experiences**

In 2015, *El Salvador* launched a five-year, 2 billion dollar program, “Plan El Salvador Seguro” (“PESS”) aiming to prevent crime and violence, improve the criminal justice system, rehabilitate and reintegrate former inmates, protect victims, and strengthen institutional support. While authorities reported that PESS reduced homicides and other violent crimes, other sources indicate that violence increased. Reports suggest that the increase in violence is due, in part, to the use of armed police forces to effectuate the program’s policies, including through state-sanctioned extrajudicial killings.

In 2019, PESS was replaced with the Territorial Control Plan (“TCP”), with many of the same goals and initiatives. Current El Salvadoran President Nayib Bukele credits the TCP for recent purportedly significant declines in homicide rates, according to official statistics, falling from 2,398 in 2019 to 1,322 in 2020. Others argue that this was due to other factors, with reports of the government offered privileges to imprisoned gang members in exchange for gang commitment to lower homicide rates.

Over the past decade, *Honduras* has adopted various legislative measures with the stated aim of reducing violence. For example, in 2011, Honduras enacted “La Ley de Seguridad Poblacional”, levying taxes to increase government spending on security, defense, and justice. Laws were passed to reduce gender-based violence, including establishing the offense of femicide in the Criminal Code (2013) and supporting women’s rights via the International “Plan Nacional Contra la Violencia contra La Mujer” (2014-2022). This National Plan provided for the prosecution of gender-based crimes and provided support for survivors. However, reports indicate that these laws were not properly implemented, and there were delays in judicial proceedings, among other problems.

COVID-19 movement restrictions were associated with decreases in violence, which subsequently rose back to pre-pandemic levels, which has been linked to inter-gang warfare, ineffective law enforcement and economic pressures. Reports indicate that some gangs used the COVID-19 pandemic to increase recruitment efforts and launch attacks on rival gangs. In response, the Honduran government dispatched military forces to communities and imposed military rule over prisons. At the

same time, however, a law aimed at recognizing and funding safe houses for survivors of violence has been stalled in the National Congress since 2019.

From 2007-2011, *Ecuador* enacted a series of programs and policies to reduce violence, including a law in 2007 to “legalize” gangs. Through legalization, gangs were remade as “cultural associations” that could register with the government, receive public grants, and benefit from social and cultural programming. Some reports cite these efforts as a cause of a significant reduction in the homicide rate, from 22 per 100,000 in 2011 to 5 in 2017.

However, interpersonal violence significantly increased during the pandemic in Ecuador, and violent deaths increased by 53% from 2020 to 2021, the highest since 2011. The government attributes the rise in violence to gangs and drug trafficking. This prompted current President Guillermo Lasso to declare a state of emergency in October 2021 and to deploy armed forces to especially violent areas. However, media reports suggest that increasing crime is due to economic hardship, exacerbated by budget cuts and a lack of investment in certain areas of the government.

Sources: Nina Lakhani, “Trying to End Gang Bloodshed in El Salvador,” *Aljazeera America*, January 19, 2015; Members of the Civil Society, “What El Salvador Does Not Recognize: Civil Organizations’ Report on Cases of Forced movement due to Violence 2017-2018. What El Salvador Does Not Recognize.pdf; *see also* Roberto Valencia, “La Fase 2 del Plan Control Territorial es parecida a lo que planteaba el Plan El Salvador Seguro.” *El Faro*. January 11, 2019. “La Fase 2 del Plan Control Territorial es parecida a lo que planteaba el Plan El Salvador Seguro”; Paola Nagovitch, “Explainer: Nayib Bukele’s Territorial Control Plan.” *Americas Society: Council of the Americas*; Washington Office on Latin America, “Crime and Insecurity in Honduras: Evaluating State Capacity to Reduce Violence; Immigration and Refugee Board of Canada, “Honduras: Domestic violence, including legislation and protection available to victims.” Dec. 10, 2013 Honduras: Domestic violence, including legislation and protection available to victims (2010-November 2013); The Advocates for Human Rights, “Honduras’ Compliance with the International Covenant on Civil and Political Rights: Suggested List of Issues Relating to Violence Against Women.” 8681; United States Department of State: Bureau of Democracy, Human Rights, and Labor, “2019 Country Reports on Human Rights Practices: Ecuador.” Ecuador - United States Department of State; Sigal Samuel, “Ecuador legalized gangs, murder rates plummeted.” (2019). Ecuador legalized gangs like the Latin Kings. Murder rates plummeted; Boris Miranda, “Ecuador ‘Legalizes’ Gangs and Slashes Murder Rate.” *BBC News Mundo*, (2018). Ecuador ‘Legalizes’ Gangs and Slashes Murder Rate; Stefano Pozzebon, “El Salvador proclaims state of emergency as homicides soar.” *CNN*, 2022; Human Rights Watch, “El Salvador Events of 2021.”; Maryanne Murray Buechner, “UNICEF Inside Look: Coping with COVID-19 In El Salvador.”, 2020

## Media and communications

Communications programs, often in the form of “edutainment”, aim to change existing cultural beliefs about gender roles, equality and relationship dynamics on a large scale. While it is difficult to quantify changes in attitudes, the overall evidence suggests that there are positive changes in the beliefs and attitudes of people after being exposed to media content that spreads knowledge on healthy relationships and gender equality. However, impacts on actual IPV experiences have not been documented.

One prominent IPV prevention program using media channels is *Soul City* of South Africa, which ran between 1994 and 2015. The program used a weekly TV drama to educate the public on intimate partner violence as well as other issues such as HIV and alcohol abuse. The series included one-hour television episodes, radio drama episodes, booklets and an advertising campaign.<sup>317</sup> Running over 10 seasons in South Africa, the series has been associated with increased levels of support seeking and support giving behavior. Although the impact on IPV rates is unknown, reported attitude shifts were

associated with the intervention, with a 10% increase in respondents disagreeing that domestic violence was a private affair and 22% shift in perceptions of social norms on this issue.<sup>318</sup>

A clustered randomized controlled intervention in Nigeria invited young people to view screenings of a local television series, MTV Suga, which fuses sexual health messaging with gripping storylines, while a control group was shown a series with no sexual health messages.<sup>319</sup> Participants in the trial arm improved knowledge and attitudes, and there was evidence of behaviour change, as rates of a sexually transmitted infection (chlamydia) was lower relative to the control group.

Bell Bajao launched in India in 2008 and combined a media campaign with community mobilization activities. Various media channels including television, radio, print and internet were used to spread messages on women's rights and domestic violence, while workshops and training sessions were conducted to educate the public on the same issues. Significant changes in attitude towards IPV were reported, with increased numbers of people reporting that taking action and standing up against violence.

The Population Media Center (PMC) supported *Salimansai* (Puppet on a String), a radio drama that aired in Sierra Leone between 2012 and 2014, with an audience of 3 million, and episodes featured different stories of four women who experienced IPV, with each story ending in a way that empowered the women and brought the perpetrators to justice.<sup>320</sup> While exposure to the drama resulted in listeners being 1.6 times more likely than non-listeners to say they know of an organization or people that advocate against domestic violence, the impacts on IPV rates is unknown. Another PMC radio serial drama is *Nau Em Taim* (Now is the Time) that aired between 2011 and 2013 in Papua New Guinea. Similarly, this program led listeners to be more likely to seek domestic violence-related services,<sup>321</sup> but the impacts on IPV are unknown.

While the intentional use of media can work to shift beliefs and attitudes on IPV, some commentators have suggested that combining community mobilization activities with media campaigns is more effective than media/communications methods alone.<sup>322</sup>

### **Emerging Conclusions on What Works**

Overall, results from violence prevention programs from around the world show enormous promise. While a 2020 assessment by WhatWorks of 15 IPV programs, mostly in developing countries between 2007 and 2019, notes that the differences in planning, quality, execution, staffing and target groups mean that results vary across programs,<sup>323</sup> it is clear that valuable evidence is accumulating. However there are also some gaps – for example, an evidence gap map about research on IPV prevention programs in low and middle income countries found that there were gaps in evidence targeting the institution or society level, as well as around lesbian, bisexual, gay, transgender and queer partners.<sup>324</sup>

Two key, inter-related approaches emerge as most promising and cost effective from our review. First, interventions that target specific at-risk places, people, and behaviors, and second, investing in changing norms and behaviors, both at the community level, and at the level of individual attitudes. Successful interventions often adopt multi-sectoral approaches.<sup>325</sup>

Since prevailing norms at the individual and community levels may underpin the use of violence as a means of exerting power or resolving conflict, an increasingly prominent theme is that violence

reduction efforts need to transform harmful gender norms and be anchored in the community if they are to galvanize change.<sup>326</sup> This is central to efforts to combat IPV, and efforts to combat gang and other forms of violence are also increasingly seeking to addressing harmful gender norms.<sup>327</sup>

Individual, couple-based and group-based programs often adopt similar methods in terms of target audience and the inclusion of men in discussions and workshops, although individual and couple-based programs tend to involve smaller groups and more tailored approaches. Group-based programs cater to larger numbers of people from more mixed backgrounds, and usually work with a general curriculum in workshops and training sessions. While WhatWorks suggests that it is better to combine men and women when carrying out the intervention programs -- as in Violence and Alcohol Treatment Program in Zambia, Gender Socialization Program in Nigeria, Indaskyikirwa in Rwanda, SASA! in Uganda and Tostan in Senegal -- findings from some same-sex interventions suggest that they can work to transform gender norms and reduce IPV. Results from working with girls, as well as Promundo's work on changing masculine norms show that programs that have same sex target groups have a significant impact in reducing forms of violence.<sup>328</sup>

This review did uncover some useful cost information. One key problem is the lack of comparability across cost measures used – some studies measure cost per participant, others per incident prevented, and a number simply report the total budget spent. We identified fewer than 30 evaluations (16 evaluations from developing country and 13 from developed country settings) with relevant data on costs and impacts. In our sample, the costs range from \$0.01 per person reached by TV advertisement to \$58,283 per child in a “Fast Track Intervention”. In interventions where the cost per incident prevented was reported, for the Cure Violence program, this ranges from \$3,577 in Trinidad and Tobago to \$4,500 in cities across the United States.<sup>329</sup> For many interventions, the costs are reported as annual budgets, and vary enormously.<sup>330</sup>

Nonetheless a recent systemic review of economic evaluations of violence prevention, in high income countries, concluded that most violence prevention programs yield good value for money. We now turn to look at the evidence of effectiveness of broader legal reforms and prohibitions designed to reduce violence.



## Statistical Tables

**1: Homicide, assault and intimate partner violence, by country and gender, most recent year**

Country/Year	Homicide			Assault victims			Intimate Partner Violence
	Rate per 100,000			Percentage of population, age 15 and older			Percentage of population, age 15 and older
	All	Female	Male	All	Female	Male	Female
	2016-2020*			2017-2021*			2018
Afghanistan	6.7	0.9	12.2	13.1	6.7	19.9	33.6
Albania	2.1	0.6	3.6	1.2	0.6	1.9	5.1
Algeria	1.3	0.4	2.3	8.5	8.5	8.4	9.4*
Andorra	2.6	..	..	..	..	..	..
Angola	..	..	..	..	..	..	22.1
Antigua and Barbuda	3.1	2.0	4.3	..	..	..	..
Argentina	5.1	1.8	8.7	10.3	10.3	10.3	3.7
Armenia	1.8	1.0	2.6	1.0	0.8	1.3	4.5
Australia	0.9	0.6	1.2	1.4	0.8	2.1	2
Austria	0.7	0.8	0.6	9.1	9.9	8.3	2.8
Azerbaijan	2.3	1.6	3.0	0.8	0.9	0.7	4
Bahamas	18.6	5.4	32.4	..	..	..	..
Bahrain	0.1	0.2	0.2	8.6	5.1	10.7	..
Bangladesh	2.4	..	..	12.6	12.8	12.4	20.8
Barbados	16.7	3.4	31.0	..	..	..	27.0*
Belarus	2.4	1.7	3.1	2.2	2.3	2.2	5.2
Belgium	..	..	..	6.6	5.6	7.6	3.3
Belize	25.7	5.5	46.0	..	..	..	6.6
Benin	..	..	..	12.0	14.9	8.9	13.2
Bermuda	7.9	..	..	..	..	..	..
Bhutan	2.5	1.4	3.4	8.2**	7.3**	9.0**	8.4
Bolivia	7.0	5.3	8.7	6.9	8.0	5.8	15.5
Bosnia and Herzegovina	1.2	0.6	1.8	5.1	5.6	4.5	2.7
Botswana	..	..	..	12.3	11.3	13.5	15.2
Brazil	20.9	3.5	38.8	6.1	7.2	5.0	5.3
Brunei Darussalam	..	..	..	..	..	..	..
Bulgaria	1.0	0.7	1.3	4.5	3.2	5.8	4.1
Burkina Faso	1.3	..	..	10.4	10.4	10.4	10.6
Burundi	6.1	2.3	9.9	13.8	12.2	15.5	20.1
Cabo Verde	6.5	3.3	9.7	..	..	..	10.2
Cambodia	..	..	..	2.3	2.6	1.9	8.2
Cameroon	1.2	0.9	1.4	17.3	18.8	15.8	19.0
Canada	2.0	0.9	3.0	1.5	1.1	2.0	1.7

Central African Republic	..	..	..	25.4	19.1	32.2	18.1
Chad	..	..	..	13.2	14.8	11.8	14.6
Chile	3.9	1.0	7.0	7.0	6.3	7.7	4.8
China	0.5	..	..	2.8****	2.4****	3.2*** *	5.9
Colombia	22.6	3.5	42.5	11.6	10.5	12.7	10.0
Comoros	..	..	..	8.7	8.7	8.6	7.3
Congo	..	..	..	20.2	19.2	21.3	..
Congo, DR	..	..	..	14.3	14.6	14.0	31.9
Costa Rica	11.2	1.9	20.4	5.1	3.2	7.0	5.8
Cote d'Ivoire	..	..	..	9.9	9.2	10.5	15.4
Croatia	1.0	0.9	1.0	5.2	4.9	5.6	2.8
Cuba	5.1	2.1	8.0	..	..	..	3.4
Cyprus	1.2	0.7	1.8	2.6	3.2	1.9	3.0
Czechia	0.7	0.7	0.7	2.0	1.7	2.3	2.9
Denmark	1.0	0.6	1.3	2.3	2.5	2.2	2.0
Djibouti	..	..	..	..	..	..	..
Dominica	20.8	..	..	..	..	..	..
Dominican Republic	8.9	2.4	15.4	9.8	8.6	11.0	7.8
Ecuador	7.8	1.9	13.6	10.6	9.1	12.2	6.6
Egypt	..	..	..	5.1	4.6	5.6	11.9
El Salvador	37.2	6.7	70.4	4.4	4.1	4.7	4.8
Equatorial Guinea	..	..	..	..	..	..	25.6
Eritrea	..	..	..	..	..	..	..
Estonia	3.2	1.4	5.1	2.6	2.0	3.3	2.7
Eswatini	11.6	..	..	7.8	8.6	6.7	16.0
Ethiopia	..	..	..	11.4	12.1	10.7	22.8
Fiji	2.2	..	..	..	..	..	16.4
Finland	1.6	1.1	2.1	1.4	1.2	1.5	5.6
France	1.3	0.9	1.7	6.2	4.7	7.9	3.5
Gabon	..	..	..	14.3	15.6	12.8	20.9
Gambia	..	..	..	29.6	28.2	31.1	9.0
Georgia	1.9	0.9	3.7	1.9	2.0	1.8	2.2
Germany	0.9	0.8	1.0	8.4	10.0	6.6	3.0*
Ghana	2.1	..	..	19.6	19.1	20.1	9.5
Greece	0.8	0.3	1.2	3.2	3.9	2.5	3.7
Grenada	14.3	1.8	26.6	..	..	..	5.6
Guatemala	26.0	7.0	37.6	7.9	7.5	8.2	6.3
Guinea	..	..	..	14.2	14.7	13.6	18.6
Guinea-Bissau	1.2	..	..	..	..	..	..
Guyana	20.0	10.0	29.8	..	..	..	8.5
Haiti	6.7	1.0	12.5	13.4	10.9	16.0	10.1
Honduras	36.3	6.6	66.1	6.7	6.3	7.2	6.8
Hong Kong, China (SAR)	0.3	0.2	0.4	0.6	0.3	0.8	1.7
Hungary	0.8	0.8	0.9	3.1	2.3	3.9	4.2
Iceland	1.5	0.6	2.3	2.9	4.1	1.6	1.8

India	3.0	2.5	3.4	8.1	7.6	8.5	15.9
Indonesia	..	..	..	3.2	2.8	3.5	7.5
Iran	2.2	..	..	3.5	3.4	3.7	15.2
Iraq	..	..	..	9.9	7.0	12.7	45.3*
Ireland	0.7	0.2	1.1	8.7	10.5	6.8	2.7
Israel	1.5	0.6	2.2	5.8	4.9	6.7	4.4
Italy	0.5	0.4	0.6	3.0	2.8	3.1	2.2
Jamaica	44.7	8.7	79.5	3.0	3.2	2.7	5.7
Japan	0.3	0.3	0.2	1.7	2.5	0.8	3.0
Jordan	1.0	0.4	1.5	7.0	5.1	8.6	12.1
Kazakhstan	3.2	1.6	5.0	2.0	2.1	1.9	4.9
Kenya	4.0	1.9	6.1	19.9	21.2	18.6	21.4
Kiribati	..	..	..	..	..	..	19.5
Korea (DPR)	..	..	..	..	..	..	..
Korea, Republic of	0.6	0.5	0.6	1.3	1.3	1.4	8.8
Kosovo	1.2	..	..	1.6	1.2	2.0	..
Kuwait	..	..	..	4.2	5.4	3.6	..
Kyrgyzstan	2.2	..	..	2.1	2.2	1.9	11.6
Lao PDR	..	..	..	1.7	0.6	2.9	6.7
Latvia	2.6	2.8	2.4	1.9	1.9	1.9	4.4
Lebanon	1.9	..	..	8.9	5.9	12.0	8.9*
Lesotho	43.6	..	..	5.7	2.0	9.9	14.3
Liberia	..	..	..	27.8	25.5	30.1	23.2
Libya	..	..	..	13.9	10.0	17.0	..
Liechtenstein	2.6	..	..	..	..	..	..
Lithuania	3.7	2.0	5.7	3.2	4.2	1.9	4.1
Luxembourg	0.2	0.0	0.3	3.2	3.8	2.7	2.7
Macao, China (SAR)	0.3	0.6	0.7	..	..	..	..
Madagascar	..	..	..	12.1	10.3	14.1	35.0*
Malawi	..	..	..	8.3	6.0	10.9	15.2
Malaysia	..	..	..	3.8	2.1	5.6	..
Maldives	0.6	2.6	9.5	4.0	3.4	4.6	5.3
Mali	..	..	..	19.4	16.7	22.2	16.7
Malta	1.6	0.5	2.7	2.4	1.3	3.7	3.1
Marshall Islands	..	..	..	..	..	..	15.0
Mauritania	..	..	..	9.0	9.0	9.0	..
Mauritius	2.9	2.2	3.7	2.4	2.1	2.7	18.4*
Mexico	28.4	6.0	51.0	6.8	5.3	8.5	8.9
Micronesia	0.9	1.8	..	..	..	..	18.8
Moldova	3.9	2.0	5.9	3.3	4.4	2.1	8.2
Monaco	..	..	..	..	..	..	..
Mongolia	6.0	2.2	9.9	2.8	1.1	4.6	9.3
Montenegro	2.9	0.9	4.8	4.2	3.2	5.1	3.5
Morocco	1.3	0.5	2.2	..	..	..	8.5
Mozambique	..	..	..	12.0	10.1	14.1	15.7
Myanmar	2.3	0.2	3.9	6.3	5.5	7.0	8.7
Namibia	11.9	6.9	17.3	15.0	13.9	16.3	14.9
Nauru	..	..	..	..	..	..	15.5

Nepal	..	..	..	11.6	10.4	12.9	10.3
Netherlands	0.6	0.5	0.7	3.2	2.4	4.0	3.5
New Zealand	2.6	1.1	3.7	3.4	3.6	3.2	3.2
Nicaragua	7.9	1.6	14.3	6.3	4.7	8.0	5.6
Niger	..	..	..	18.5	21.5	15.5	13.9
Nigeria	..	..	..	15.8	16.9	14.7	11.7
North Macedonia	1.2	0.4	1.9	3.8	4.7	2.8	3.3
Norway	0.6	0.6	0.6	1.4	1.9	1.0	3.4
Oman	0.5	0.4	0.5	..	..	..	..
Pakistan	3.8	..	..	4.6	4.6	4.5	14.6
Palau	11.2	..	..	..	..	..	10.9
Palestine	0.9	0.6	1.3	8.3	7.1	9.6	17.1
Panama	11.1	2.4	19.8	2.7	1.8	3.6	6.4
Papua New Guinea	..	..	..	..	..	..	25.5
Paraguay	6.7	2.0	11.4	5.9	6.2	5.6	4.9
Peru	7.5	3.3	11.8	11.7	11.4	12.1	9.1
Philippines	4.4	0.8	8.0	3.0	3.4	2.7	4.9
Poland	0.7	0.5	1.0	3.1	3.3	2.9	2.6
Portugal	0.9	..	..	2.8	2.2	3.6	3.6
Puerto Rico	18.5	3.1	35.6	..	..	..	..
Qatar	..	..	..	..	..	..	..
Romania	1.5	1.0	2.0	3.3	2.1	4.5	6.7
Russian Federation	7.3	3.5	11.7	3.2	2.0	4.6	6.0*
Rwanda	..	..	..	16.2	18.3	13.6	21.5
Saint Kitts and Nevis	22.7	..	..	..	..	..	..
Saint Lucia	25.2	4.3	51.1	..	..	..	..
Saint Vincent and the Grenadines	17.2	12.9	33.9	..	..	..	..
Samoa	6.6	..	..	..	..	..	13.5
San Marino	..	..	..	..	..	..	..
Sao Tome and Principe	..	..	..	..	..	..	15.5
Saudi Arabia	0.8	..	..	..	..	..	..
Senegal	0.3	..	..	5.0	5.4	4.5	10.8
Serbia	1.0	0.5	1.5	4.4	5.1	3.5	3.0
Seychelles	10.2	..	..	..	..	..	..
Sierra Leone	..	..	..	27.2	25.5	29.1	17.2
Singapore	0.2	0.2	0.2	1.1	0.7	1.5	2.0
Slovakia	1.2	1.0	1.2	1.4	1.6	1.3	4.4
Slovenia	0.5	0.6	0.5	2.8	3.4	2.2	2.6
Solomon Islands	..	..	..	..	..	..	23.6
Somalia	..	..	..	6.4***	7.1***	5.7***	21.2*
South Africa	33.5	9.5	64.1	16.0	13.9	18.3	11.0
South Sudan	..	..	..	25.4	22.8	28.0	24.0
Spain	0.6	0.5	0.8	3.7	3.4	4.0	2.6
Sri Lanka	3.5	2.3	4.8	3.5	3.4	3.5	3.3
Sudan	..	..	..	..	..	..	14.8
Suriname	5.2	2.4	5.8	..	..	..	5.9
Sweden	1.2	0.5	2.0	1.4	1.4	1.3	4.8

Switzerland	0.5	0.6	0.5	5.6	5.8	5.4	1.2
Syrian Arab Republic	19.7	8.8	30.6	..	..	..	23.0*
Tajikistan	0.9	0.2	1.8	2.3	4.1	0.4	12.0
Tanzania	6.5*	2.8*	12.0*	3.6	3.6	3.5	21.7
Thailand	..	..	..	1.8	1.3	2.3	7.1
Timor-Leste	4.1	..	..	..	..	..	24.6
Togo	..	..	..	12.5	12.9	12.2	11.2
Tonga	2.9	1.9	3.8	..	..	..	12.1
Trinidad and Tobago	38.6*	1.9*	57.7*	6.6	7.8	5.3	5.6
Tunisia	4.8	1.9	7.6	10.9	9.9	11.9	8.3
Turkey	2.4	1.1	3.8	6.2	3.8	8.5	9.5
Turkmenistan	..	..	..	0.6	0.6	0.7	..
Tuvalu	..	..	..	..	..	..	15.4
Uganda	9.8	4.0	19.3	20.6	23.4	17.6	24.2
Ukraine	6.2	1.9	11.1	3.9	3.0	4.9	8.3
United Arab Emirates	0.7	0.7	0.6	7.5	6.5	7.9	..
United Kingdom	..	..	..	8.6	7.4	9.8	3.6
United States	6.3	2.2	7.7	1.9	1.2	2.6	4.2
Uruguay	11.3	2.7	20.6	4.8	4.9	4.8	3.4
Uzbekistan	1.2	0.8	1.6	1.3	0.5	2.1	..
Vanuatu	0.3	0.7	0.0	..	..	..	24.2
Venezuela	49.9	5.3	93.9	12.0	10.7	13.3	7.3
Viet Nam	..	..	..	3.5	3.3	3.8	7.3
Yemen	..	..	..	8.1	8.1	8.1	..
Zambia	5.4	..	..	16.6	20.1	12.8	25.2
Zimbabwe	..	..	..	5.7	4.9	6.5	15.8

**Notes:**

\* Data are from the UN Women Global Database on Violence Against women. (<http://evaw-global-database.unwomen.org/en>). Based on DHS Data.

\*\* Refers to 2015

\*\*\* Refers to 2016

\*\*\*\* Refers to 2022

Countries excluded due to lack of data: Brunei Darussalem, Djibouti, Eritrea, Korea (DRK), Monaco, San Marino, and Qatar.

**Definitions:**

Homicide (intentional): Intentional homicide is defined as unlawful death purposefully inflicted on a person by another person(s).

Homicide IPFM: Intentional homicide by intimate partner or family member.

Assault: Percentage of people (both sexes) ages 15 and older who answered "Yes" to the question: "Within the past 12 months, have you been assaulted or mugged?"

Intimate partner violence: Percentage of ever-partnered women ages 15 and older in a given population who have been subjected to physical and/or sexual violence by a current or former intimate partner in the 12 months preceding the survey.

**Sources:**

Homicide: UN ODC (2022), <https://dataunodc.un.org/content/homicide-country-data>. Downloaded on April 7, 2022

Assault: Gallup's World Poll database, downloaded on April 25, 2022

Intimate Partner Violence: UN SDG

Database, <https://unstats.un.org/sdgs/dataContacts?selectIndicator=&selectAgency=who>, downloaded on April 7, 2022

DRAFT

**2: Homicide, assault and intimate partner violence, by regional group and gender, most recent year**

Group/Year	Homicide			Assault victims			Intimate Partner Violence
	Rate per 100,000			Percentage of population, age 15 and older			Percentage of population, age 15 and older
	All	Female	Male	All	Female	Male	Female
	2016-2020			2017-2021			2018
<b>Developing regions</b>							
Arab States	3.1	1.6	5.7	7.4	6.6	8.2	16.0
East Asia and the Pacific	0.9	0.6	4.9	2.9	2.5	3.3	6.4
Europe and Central Asia	4.5	2.2	7.2	3.5	2.5	4.7	7.0
Latin America and the Caribbean	20.4	3.9	36.9	7.8	7.6	8.1	6.8
South Asia	3.0	2.4	3.6	8.0	7.6	8.4	16.2
Sub-Saharan Africa	9.9	4.2	22.9	14.4	14.6	14.2	18.4
<b>Developed regions</b>							
Europe (developed countries)	0.9	0.7	1.2	5.2	5.0	5.4	3.3
North America and the Pacific (developed countries)	4.2	1.5	5.2	1.8	1.5	2.1	3.6
<b>By level of income</b>							
High income	2.6	1.1	3.4	3.5	3.3	3.8	3.6
Upper-middle income	6.8	3.7	29.2	4.4	3.9	5.0	6.9
Lower-middle income	3.4	2.2	4.7	7.6	7.4	7.8	13.7
Low income	8.4	3.5	17.6	13.9	13.6	14.3	22.6
<b>By level of human development</b>							
Very high human development	3.1	1.4	4.4	3.8	3.3	4.3	4.3
High human development	6.5	3.4	30.1	4.2	3.8	4.5	7.0
Medium human development	3.6	2.4	4.7	8.6	8.3	8.9	16.2
Low human development	6.5	2.5	13.8	13.4	13.4	13.5	19.3
<b>Total</b>							
World	4.7	2.3	10.4	6.1	5.7	6.5	10.0

Sources: As per Table 1

Note: Country groups as defined in Appendix 1

## Appendix 1: Country groups

Country Groups:	Europe – developed countries	Sub-Saharan Africa	Latin America and the Caribbean	Europe and Central Asia
<b>North America and Pacific – developed countries</b>				Albania
	Andorra	Angola		Armenia
	Austria	Benin	Antigua and Barbuda	Azerbaijan
	Belgium	Botswana	Argentina	Belarus
Australia	Bulgaria	Burkina Faso	Bahamas	Bosnia and Herzegovina
Canada	Croatia	Burundi	Barbados	Kazakhstan
Japan	Cyprus	Cabo Verde	Belize	Kosovo
New Zealand	Czechia	Cameroon	Bermuda	Moldova
United States	Denmark	Central African Republic	Bolivia	Montenegro
	Estonia	Chad	Brazil	North Macedonia
<b>East Asia and Pacific</b>	Finland	Comoros	Chile	Russian Federation
	France	Congo	Colombia	Serbia
Brunei Darussalam	Germany	DR Congo	Costa Rica	Tajikistan
Cambodia	Greece	Cote d'Ivoire	Cuba	Turkey
China	Hungary	Equatorial Guinea	Dominica	Turkmenistan
Fiji	Iceland	Eritrea	Dominican Republic	Ukraine
Hong Kong	Ireland	Eswatini	Ecuador	Uzbekistan
Indonesia	Israel	Ethiopia	El Salvador	Georgia
Kiribati	Italy	Gabon	Grenada	
DRP Korea	Liechtenstein	Gambia	Guatemala	<b>Arab States</b>
Korea, Republic of	Lithuania	Ghana	Guyana	Algeria
Lao PDR	Luxembourg	Guinea	Haiti	Bahrain
Macao, China (SAR)	Malta	Guinea-Bissau	Honduras	Djibouti
Malaysia	Monaco	Kenya	Jamaica	Egypt
Marshall Islands	Netherlands	Lesotho	Mexico	Iraq
Micronesia	Norway	Liberia	Nicaragua	Jordan
Mongolia	Poland	Madagascar	Panama	Kuwait
Myanmar	Portugal	Malawi	Paraguay	Lebanon
Nauru	Romania	Mali	Peru	Libya
Palau	San Marino	Mauritania	Saint Kitts and Nevis	Morocco
Papua New Guinea	Slovakia	Mauritius	Saint Lucia	Oman
Philippines	Slovenia	Mozambique	Saint Vincent and the Grenadines	Palestine
Samoa	Spain	Namibia	Suriname	Qatar
Singapore	Sweden	Niger	Trinidad and Tobago	Saudi Arabia
Solomon Islands	Switzerland	Nigeria	Uruguay	Somalia
Thailand	United Kingdom	Rwanda	Venezuela, Bolivarian Rep. of	Sudan
Timor-Leste	Latvia	Sao Tome and Principe	Puerto Rico	Syria
Tonga		Senegal		Tunisia
Tuvalu	<b>South Asia</b>	Seychelles		United Arab Emirates
Vanuatu	Afghanistan	Sierra Leone		Yemen
Vietnam	Bangladesh	South Africa		
	Bhutan	South Sudan		
	India	Tanzania		
	Iran, Islamic Rep. of	Togo		
	Maldives	Uganda		
	Nepal	Zambia		
	Pakistan	Zimbabwe		
	Sri Lanka			



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<sup>5</sup> For an excellent review, see *The First Political Order. How Sex Shapes Governance and National Security Worldwide*. Valerie M. Hudson, Donna Lee Bowen, and Perpetua Lynne Nielsen. Columbia University Press. 2020

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<sup>48</sup> Where the difference is greater than 3 percentage points. In 35 countries the risk of women experiencing intimate partner violence is significantly higher than their risk of assault. (5 pp)

<sup>49</sup> Spearman rank correlation is  $r(140) = 0.647$ ,  $p < .001$  and  $R^2 = 0.3515$ . Spearman rank correlations are used because the data was not normally distributed. Correlation values above  $r = .7$  are typically regarded as significant, between  $.5$  and  $.7$  as moderate.

<sup>50</sup> The correlation between assault and homicide is  $r(110) = 0.387$  and  $p = < 0.001$ .

<sup>51</sup> There is low positive spearman rank correlation between Intentional Homicide and IPV,  $r(122) = 0.448$ ,  $p < 0.001$ .

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- <sup>58</sup> While in the US, there is no exact and specific measurement and standard by which pain and suffering damages are calculated, two common methods are used in individual cases: first, multiplying the tangible costs by up to 5, depending on the severity of the injuries, or second, assigning a dollar amount for each day of injury.
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