Violence prevention in the South-East Asia Region

World Health Organization
Regional Office for South-East Asia

Introduction

The *Global status report on violence prevention (GSRVP) 2014* focuses on interpersonal violence, which includes: child maltreatment, youth violence, intimate partner violence, sexual violence and elder abuse. Data cover 133 countries, representing 88% of the world's population. Eight countries in the South-East Asia (SEA) Region participated in the survey, covering 97% of the population in the Region.[1]

This regional fact sheet contains information from the global status report with additional information from other sources to elucidate the situation in the SEA Region.

The current status of interpersonal violence in the SEA Region – Homicides

Over the period 2000–2012, homicide rates are estimated to have declined by just over 16% globally (from 8.0 to 6.7 per 100 000 population). By contrast, homicide rates in low- and middle-income countries have shown a less marked decline over the same period.

In 2012, the homicide rate in the SEA Region reached 4.3 per 100 000 population, the fourth highest of the six WHO Regions (Table 1).

Thailand had the highest homicide rate in the Region in 2012 (5.5 per 100 000 population), followed by Indonesia (4.7) and Myanmar (4.2). (Table 2) Homicide deaths with firearms accounted for 26% of homicides in the Region. This is rather low compared to 47% at the global level. However, Thailand has the highest proportion of deaths due to firearms in the Region at 66%, which is higher than the global average (47%). Homicides due to sharp force make up 26% of homicides in the Region.

Homicide victims are predominantly male and youth, and young adults make up the bulk of homicide deaths.[1]

Table 1: *Estimated number and rates of homicides per 100 000 population, by WHO Region and country income status, 2012*

WHO Regions	Estimated number of homicides	Rate/100 000 population
African Region, low and middle income	98 081	10.9
Region of the Americas, low and middle income	165 617	28.5
Eastern Mediterranean Region, low and middle income	38 447	7.0
European Region, low and middle income	10 277	3.8
South-East Asia Region, low and middle income	78 331	4.3
Western Pacific Region, low and middle income	34 328	2.1
All regions, high income	48 245	3.8
Global	**474 937**	**6.7**

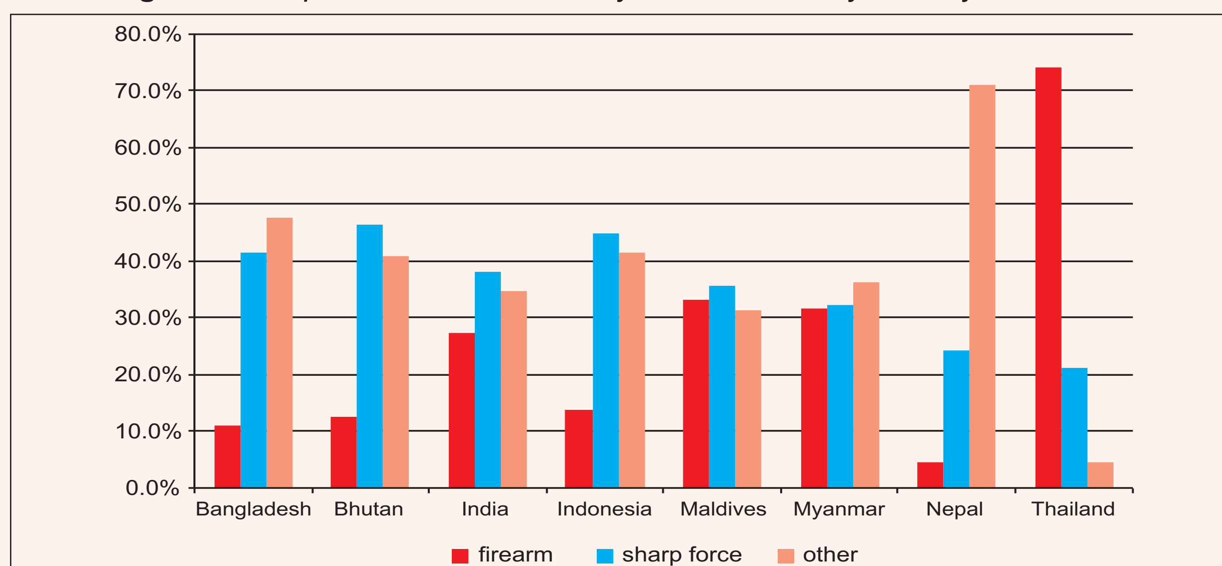
Source: *Global status report on violence prevention 2014.*

Table 2: *Estimated number and rates of homicides per 100 000 population, by country and income level in the SEA Region, 2012*

Country#	Homicide rate per 100 000 pop	Number of homicides	Number of population	World Bank income level
Bangladesh	3.1	4 794	154 695 376	Low income
Bhutan	1.9	14	741 824	Lower middle income
India	4.3	52 998	1 236 686 976	Lower middle income
Indonesia	4.7	11 687	246 864 192	Lower middle income
Maldives	3.5	12	338 442	Upper middle income
Myanmar	4.2	2 198	52 797 312	Low income
Nepal	3.3	905	27 474 376	Low income
Thailand	5.5	3 704	66 785 000	Upper middle income

Source: *Global status report on violence prevention 2014.*
#Democratic People's Republic of Korea, Sri Lanka and Timor-Leste did not participate in the *Global status report on violence prevention 2014.*

***Figure 1:** Proportion of homicides by mechanisms by country, SEA 2012*



Source: *Global status report on violence prevention 2014.*
##Democratic People's Republic of Korea, Sri Lanka and Timor-Leste did not participate in the *Global status report on violence prevention 2014.*

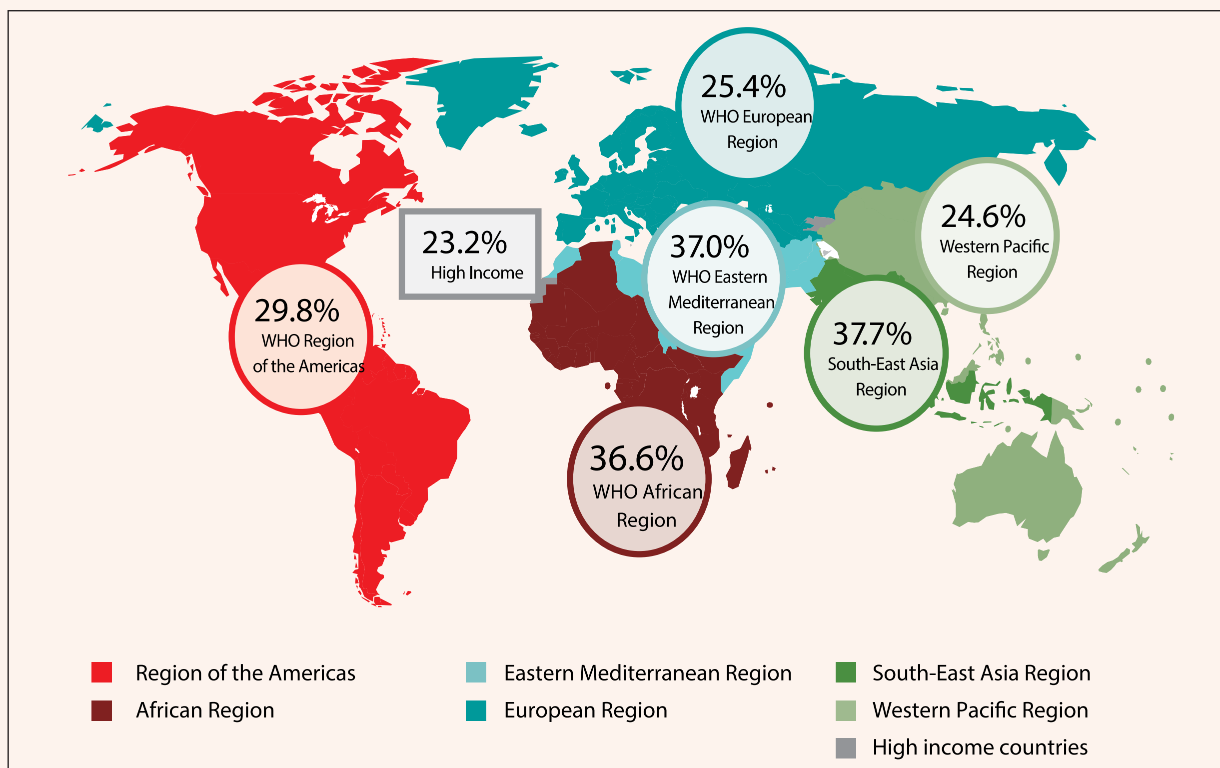
Women, children and the elderly bear the burden of the non-fatal consequences of physical, sexual and psychological abuse

Deaths are only a fraction of the health and social burden arising from violence. The non-fatal consequences are the greatest part of the social and health burden arising from violence. The non-fatal consequences of violence on physical, mental, sexual and reproductive health often last a lifetime. Violence contributes to leading causes of death such as cancer, heart disease and HIV/AIDS, because victims are at an increased risk of adopting behaviours such as smoking, alcohol and drug misuse, and unsafe sex. Evidence shows that victims of child maltreatment and women who have experienced intimate partner and sexual violence have more health problems, incur significantly higher health care costs, make more visits to health providers over their lifetime and have more hospital stays (and longer duration of hospital stays) than those who have not experienced violence.[1]

About 30% of ever-partnered women throughout the world have experienced physical and/or sexual violence[1] by an intimate partner at some point in their lives.

In the SEA Region, approximately 38% of ever-partnered women report experiencing physical and/or sexual violence by an intimate partner in their life. This is the highest proportion found among all WHO Regions (Figure 1).

Data on intimate partner and sexual violence have typically been collected either in dedicated surveys of violence against women, or as part of demographic and health or reproductive health surveys. In the Region, 25% (two countries - Maldives and Nepal) have conducted national surveys on intimate partner violence.[1]



Source: *Global status report on violence prevention 2014.*

For child maltreatment, approximately 41% of countries globally report that they have conducted national surveys on child maltreatment. In the Region, one country reported that it had conducted a national survey on child maltreatment (Maldives - not yet published).[1]

Only 26% of countries globally report having surveyed youth violence. In the Region, one country (Nepal) has conducted a national survey on youth violence.[1]

About 17% of countries globally report having conducted a survey on elder abuse. In the Region, no country has conducted such a national survey on elder abuse.[1]

True extent of the problem hindered by gaps in data

Reliable data on the nature and extent of violence, the populations at risk, and the causes and consequences of violence are essential to developing well-informed national plans of action and policies, programmes and services to prevent and respond to violence. Data on both fatal and non-fatal violence are necessary to inform these efforts.

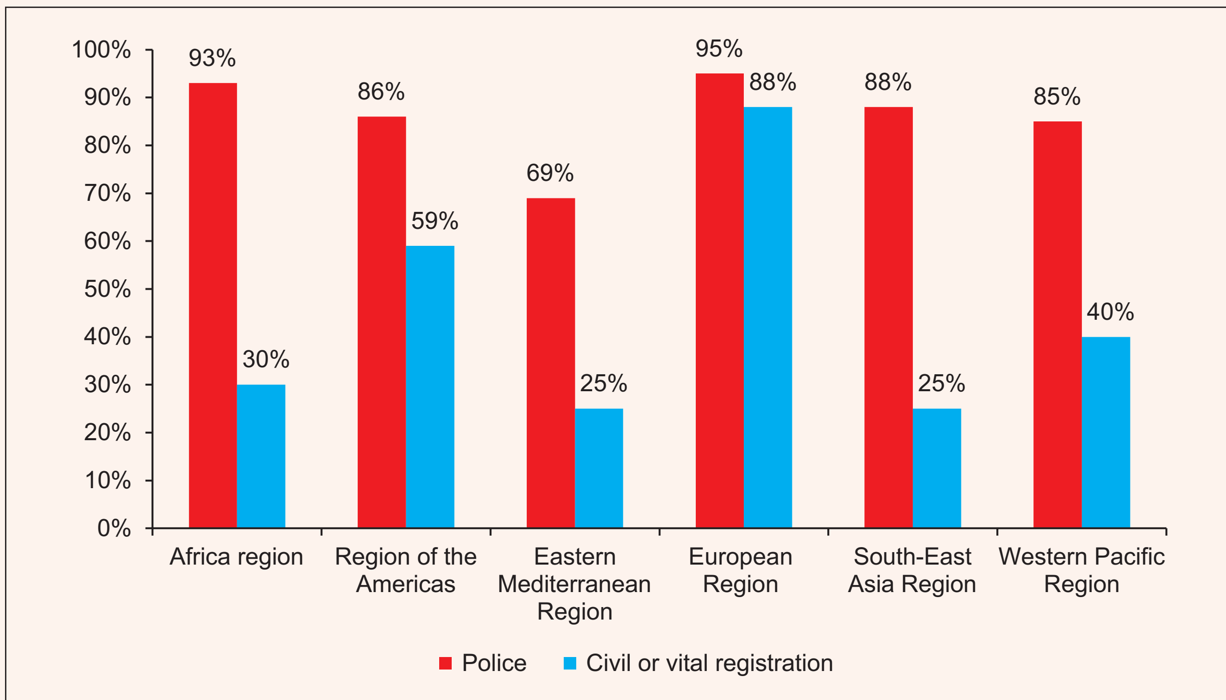
For deaths, information on homicide can usually be obtained from police data and from civil or vital registration data. Both sources have strengths and weaknesses. Strengths of police data include the detailed nature of the information, their comprehensiveness, and their validity and consistency. Weaknesses of police data include the wide variation in homicide information collected by law enforcement authorities within and between countries because of varying legal thresholds for

classifying a death as an intentional homicide and varying police and law enforcement capacity to identify and record homicide events (e.g.: infanticide leading to death or so-called "honour killings" may not be recorded as intentional homicides in police statistics).[2] Civil or vital registration systems typically record homicides using the International Classification of Disease (ICD) external cause of injury codes (see ICD-10, Chapter 20).[3] The manner (or intent) of death is determined by a medical professional along with the underlying cause (e.g.: gunshot, strangulation). In general, civil or vital registration systems are not subject to legal thresholds for classifying a death as a homicide. Thus, some cases may fall in the "undetermined intent" category due to insufficient evidence/information. However, unlike criminal justice data, these systems record all causes of death, which facilitates adjustments to correct for incompleteness when computing national totals. Nonetheless, the quality of public health data on homicides is influenced by insufficient professional health staff, undercounting when not all deaths are properly examined and certified,[4] inadequate information on intents and error in coding or data processing. In several countries in the Region, ICD-10 is not being utilized fully, especially Chapter 20, which is dedicated to violence and other causes of injuries.

Most countries in the SEA Region do not have usable data on homicides from civil or vital registration sources[1]

There are substantial gaps in data across the two sources of homicide information. In the SEA Region, only 25% (two countries - Maldives and Thailand) indicate availability of number of homicides from civil or vital registration sources[1] (Figure 2).

Figure 2: *Proportion of countries with available data on the number of homicides, by source, by WHO Regions, 2014*



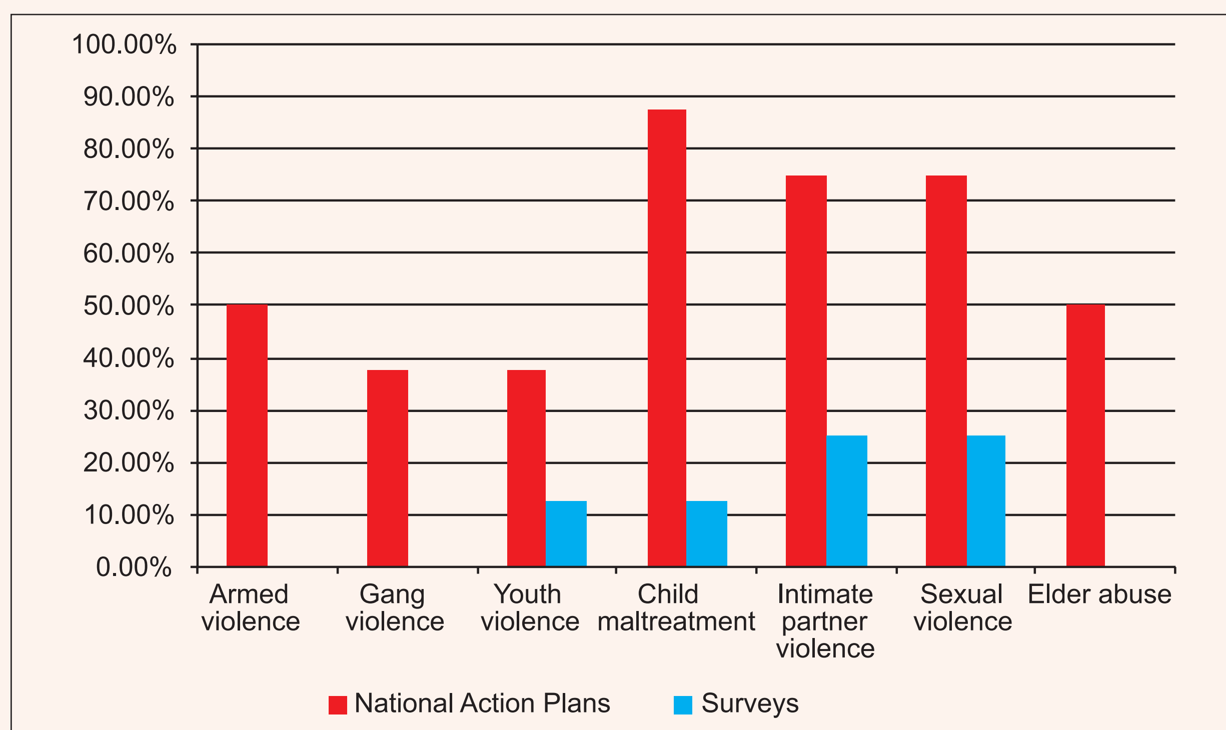
Source: *Global status report on violence prevention 2014.*

However, two countries in the Region (Myanmar and Thailand) have sentinel injury surveillance systems that include injuries from child maltreatment and other types of interpersonal violence in the system, and two countries maintain a database on violence against children and women (Maldives and Thailand).

National action plans are in place in all SEA countries. Integrated plans to prevent all types of interpersonal violence are less common than plans for specific types of violence

Although national surveys have not been widely conducted in the Region, that violence prevention is a concern in these countries is shown by the availability of the national action plan[1] (Figure 3).

Figure 3: *National surveys and plans by type of violence by country, SEA region, 2012*



Source: *Global status report on violence prevention 2014.*

The proportion of countries having national plans for prevention of violence in the SEA Region is about the same or larger than the global average for most types of violence, except for youth violence and plans covering all types of violence (Table 3).

Each member country in the Region has at least a national plan for a certain type of violence or all types of violence or a subnational action plan. Plans covering all types are available in four countries. National plans covering gang and youth violence are available only in three countries. National plans for armed violence are available in four countries, child maltreatment in seven countries, intimate partner violence in six countries, sexual violence in six countries, and elder abuse in four countries[1] (Table 4).

Table 3: *National action plan by type of violence and WHO Region, 2014 (N=133 reporting countries)*

Type of violence	African Region	Region of the Americas	Eastern Mediterranean Region	European Region	South-East Asia Region	Western Pacific Region	All countries
Armed violence	41%	62%	44%	32%	50%	25%	40%
Gang violence	30%	62%	44%	33%	38%	25%	37%
Youth violence	41%	71%	44%	63%	38%	45%	53%
Child maltreatment	56%	91%	69%	78%	88%	55%	71%
Intimate partner violence	63%	86%	44%	78%	75%	55%	68%
Sexual violence	70%	86%	38%	63%	75%	60%	65%
Elder abuse	33%	52%	50%	39%	50%	35%	41%
Interpersonal violence plan (covering all types)	41%	76%	50%	46%	50%	50%	51%

Source: *Global status report on violence prevention 2014.*

Table 4: *National/Region subnational action plans on violence prevention by country and type of violence, SEA 2014*

Type of violence	Countries							
	Bangladesh	Bhutan	India	Indonesia	Maldives	Myanmar	Nepal	Thailand
Interpersonal violence (all types)	Nil	Nil	National plan	Nil	National plan	Subnational plan	National plan	National plan
Armed violence	Nil	National plan	National plan	Nil	Nil	Subnational plan	National plan	National plan
Gang violence	Nil	National plan	National plan	Nil	Nil	Nil	subnational plan	National plan
Violence related to organized crime	Nil	National plan	National plan	National plan	Nil	Nil	National plan	National plan
Child maltreatment	Nil	National plan	National plan	National plan	National plan	National plan	National plan	National plan
Youth violence	Nil	National plan	National plan	Nil	Nil	Subnational Plan	Nil	National plan
Intimate partner violence	Nil	National plan	National plan	National plan	National plan	Nil	National plan	National plan
Sexual violence	Nil	National plan	National plan	National plan	National plan	Subnational Plan	National plan	National plan
Elder abuse	Nil	Nil	National plan	Nil	National plan	Nil	National plan	National plan
Other types with National plan	Violence against women and antitrafficing	Drugs	Drugs & substance abuse; Prevention of sexual harassment; Prevention of sexual offence	NR	NR	NR	Human trafficking; drugs; witchcraft accusation	Drugs; human trafficking; student violence

Source: *Global status report on violence prevention 2014.*

Scientific studies have demonstrated that violence is preventable

Based on systematic reviews of the evidence for prevention, WHO and its partners have identified seven "best buy" strategies – six focusing on preventing violence and one focusing on response efforts. These strategies can potentially reduce multiple types of violence and help decrease the likelihood of individuals perpetrating violence or becoming a victim. The strategies are:

(1) Developing safe, stable and nurturing relationships between children and their parents and caregivers;[14]

(2) Developing life skills in children and adolescents;[15]

(3) Reducing the availability and harmful use of alcohol;[16]

(4) Reducing access to guns and knives;[17]

(5) Promoting gender equality to prevent violence against women;[18]

(6) Changing cultural and social norms that support violence[1,9]

(7) Victim identification, care and support programmes.[20]

Social and cultural norm-change strategies are the most common approach used by countries to address violence against women

The proportion of countries implementing different types of primary prevention programmes on a larger scale in violence prevention are rather low in the SEA Region compared with other Regions. Child maltreatment strategies are implemented on a larger scale in only one country (13%). Child sexual abuse prevention programmes are not implemented on a large scale in any country in the Region. The proportion of countries implementing primary prevention programmes for elder abuse on a large scale are also lower than in most Regions. There is no programme on a large scale for professional and public awareness campaigns on elderly abuse[1] (Table 5).

Social and cultural norm-change strategies are one of the few types of strategies reported to be most widely implemented: by more than 40% of countries in all Regions. However, in the SEA Region 25% of countries report having such strategies to prevent intimate partner violence and 38% to prevent sexual violence (Table 5). Based on other evidence, many countries use these types of strategies to raise awareness about violence against women. Although rigorous evaluations of these strategies are still needed to assess their impact, this can be an important strategy to inform and create cultural shifts in what is acceptable and unacceptable behaviour, and in promoting norms supportive of healthy, non-violent and gender equitable relationships.[1]

Table 5: *Proportion of countries implementing different types of programmes on a larger scale, by type of programme and WHO Region, 2014*

	African Region	Region of the Americas	Eastern Mediterranean Region	European Region	South-East Asia Region	Western Pacific Region	All countries
Child maltreatment							
Home visiting	7%	52%	31%	51%	13%	30%	35%
Parenting education	11%	57%	44%	46%	13%	40%	38%
Child sexual abuse prevention	44%	62%	31%	29%	0%	35%	37%
Youth violence							
Pre-school enrichment	22%	67%	31%	54%	13%	15%	38%
Life skills/social development programmes	33%	71%	56%	63%	38%	30%	51%
Bullying prevention	30%	52%	69%	59%	25%	35%	47%
Mentoring	15%	29%	44%	27%	13%	10%	23%
After-school programmes	7%	43%	31%	59%	25%	20%	35%
Intimate partner violence							
Dating violence prevention programmes	22%	38%	0%	27%	13%	15%	22%
Microfinance with gender equity training	19%	33%	25%	12%	0%	35%	21%
Social and cultural norm-change programmes	41%	67%	56%	48%	25%	50%	49%
Sexual violence							
Prevention programmes for social and college population	30%	52%	38%	37%	25%	25%	35%
Improving physical environments	15%	24%	50%	29%	25%	40%	29%
Social and cultural norm-change programmes	56%	62%	56%	42%	38%	50%	50%
Elder abuse							
Professional awareness campaigns	11%	24%	44%	37%	0%	25%	26%
Public information campaigns	15%	19%	31%	27%	0%	30%	23%
Caregiver support programmes	15%	43%	56%	51%	25%	35%	39%
Residential-care policies	11%	52%	63%	40%	13%	30%	36%

Source: *Global status report on violence prevention 2014*.

Efforts that empower women both socially and economically are important for prevention of violence. Microfinance combined with gender equity training is one of the few interventions with documented evidence showing reductions in intimate partner violence,[5-7] however no country in the Region reported implementing the intervention (Table 5).[1]

It is not surprising that only one country in the Region (Thailand) reported implementing school-based dating violence prevention programmes, as the practice of dating is not yet recognized as acceptable by governments in most countries. The school-based dating violence prevention programmes have been developed to help young people address relationship violence and learn healthy and positive relationship skills that can be carried into adulthood. Evaluations of these programmes in mostly high-income countries show some positive changes in knowledge and attitudes toward relationship violence, and limited reductions in certain forms of abusive behaviours[8-13] (Table 5).

More can be done to address key risk factors for violence through policy and other measures

All types of violence are strongly associated with social determinants such as weak governance; poor rule of law; cultural, social and gender norms; unemployment; income and gender inequality; rapid social change; and limited educational opportunities.

Cross-cutting risk factors such as ease of access to firearms and other weapons and excessive alcohol use are also strongly associated with multiple types of violence.

Together these factors create a social climate conducive to violence. Any comprehensive violence prevention strategy must therefore identify ways to mitigate or buffer against these risks.[1]

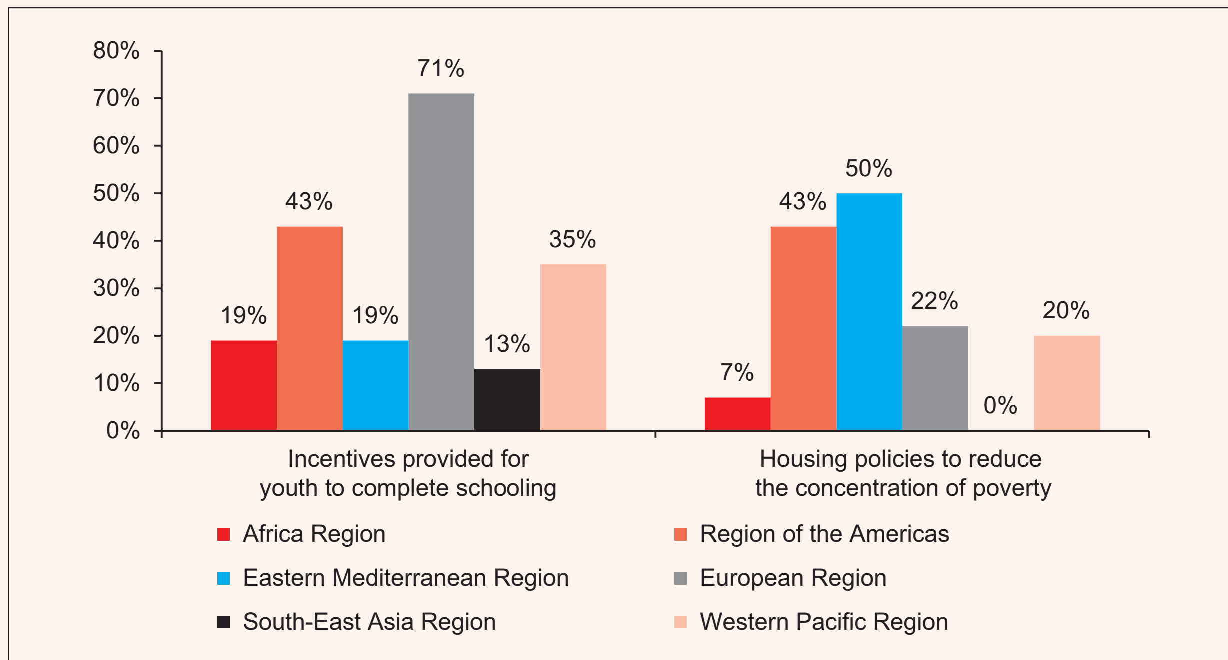
Several case control studies, ecological time-series and cross-sectional studies across countries indicate that gun availability is a risk factor for homicide, particularly firearms homicide.[21,22] Nearly all countries in the survey (99%) across all regions reported having national laws to regulate firearms, including: mandatory background checks before issuing a license to purchase or own a firearm (96%).[1]

Alcohol use is a risk factor for perpetrators and victims of violence of both sexes. Women exposed to intimate partner violence are almost twice as likely to have an alcohol use disorder compared to women who have not been exposed to partner violence. Women who have experienced non-partner sexual violence are also 2.3 times more likely to have alcohol use disorders than women who have not.[23] Although

most countries report tackling the harmful use of alcohol, patterns of risky drinking behaviour remain very high in several countries. Since the last global status report on alcohol and health, globally, total per capita consumption (15+ years) has slightly increased, with regional increases in consumption being reported in the WHO South-East Asia Region.[24] This is in spite of the reported highest prevalence of restrictions on off-premise hours of sales, and most common in regulations on days of sales of spirits on-premise in the Region. According to the *Global status report on alcohol and health 2014*, for the Patterns of Drinking Score (PDS) from 1 as LEAST RISKY and 5 as MOST RISKY, all 5 responding countries scored 3. Bhutan, Maldives and Myanmar did not report the score. All participating countries have alcohol excise taxes on beer, wine and spirits. However, Bhutan does not report having excise tax on beer only.[1]

A few countries are implementing social and educational policy measures to prevent violence. Globally, about 40% of countries surveyed report national policies providing incentives for youth at risk of violence to complete secondary schooling. Meanwhile, national-level housing policies to reduce the concentration of poverty in urban areas (and explicitly aimed at reducing violence) were reported by just 24% of countries globally. In the SEA Region the proportion of countries with national policies providing incentives for youth at risk of violence to complete secondary schooling to reduce the risk of violence is the smallest (13%) compared to other WHO Regions. None of the countries in the Region reported housing policies to reduce the concentration of poverty[1] (Figure 4).

Figure 4: *Proportion of countries with schooling and housing policies to reduce key risk factors for violence, by WHO Region - 2014*



Source: *Global status report on violence prevention 2014.*

Violence prevention laws are widely enacted, but enforcement is often inadequate[6]

The enactment and enforcement of legislation on crime and violence are critical for establishing norms of acceptable and unacceptable behaviour, and creating safe and peaceful societies.

Focusing on better enforcement of existing laws is likely to lead to significant violence prevention gains. This should include strengthening institutional mechanisms and resources and increasing the human capacity needed to ensure that enacted legislation protects people from violence, holds perpetrators accountable and creates safe environments for all citizens.[4]

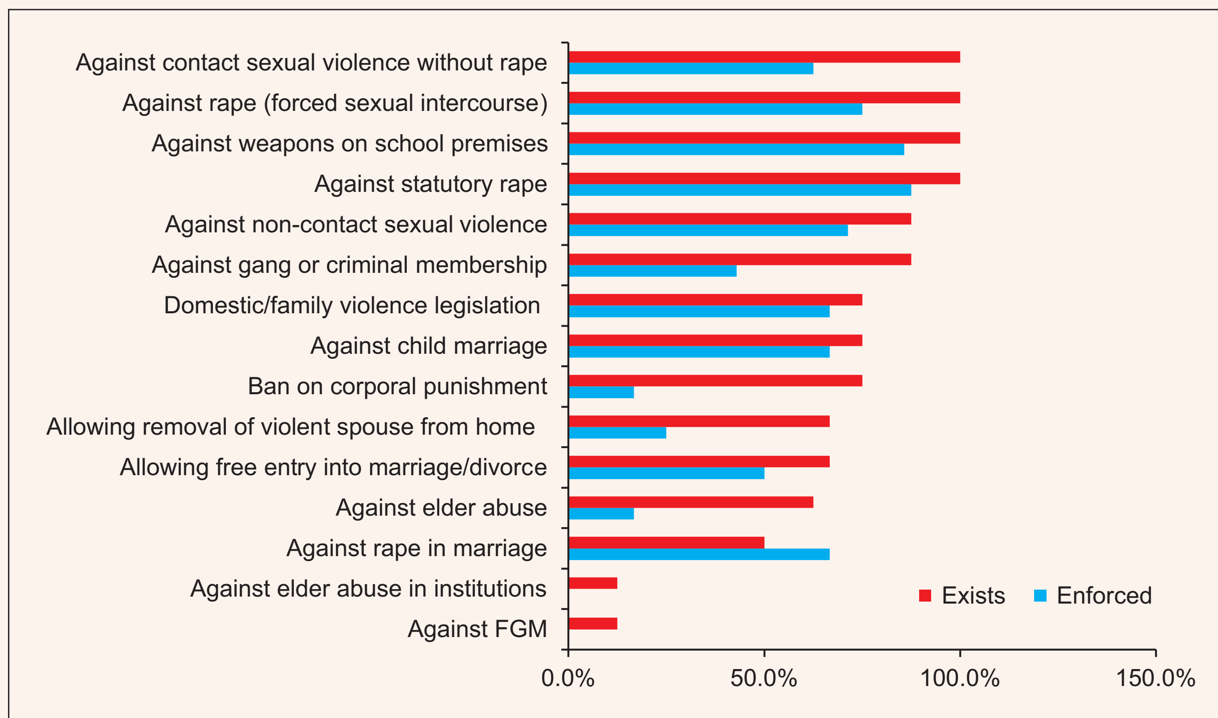
Globally, on average, the laws surveyed were reported to exist in 80% of countries but fully enforced in only 57%.The biggest gaps between the existence and enforcement of laws related to bans on corporal punishment (reported to exist in 76% of countries but with only 30% indicating full enforcement); and to domestic/family violence legislation (reported to exist in 87% of countries but in only 44% of countries indicating full enforcement).

For the SEA Region, the law exists in more than 60% of the responding countries and its enforcement is as follows: (1) ban on corporal punishment – enforced 17%; (2) against child marriage – enforced 67%; (3) domestic/family violence legislation – enforced 67%; (4) against gang or criminal membership – enforced 43%; (5) against non-contact sexual violence – enforced 71%; (6) against statutory rape – enforced 87%; (7) against weapons on school premise – enforced 86%; (8) against elder abuse – enforced 17%; (9) allowing free entry into marriage/divorce – enforced 17%; (10) allowing removal of violent spouse from home – enforced 25%; (11) against rape (forced sexual intercourse) – enforced 75%; (12) against contact sexual violence without rape – enforced 63% (Figure 5).

Availability of services to identify, refer, protect and support victims varies markedly. Child protection services are the most widely available.

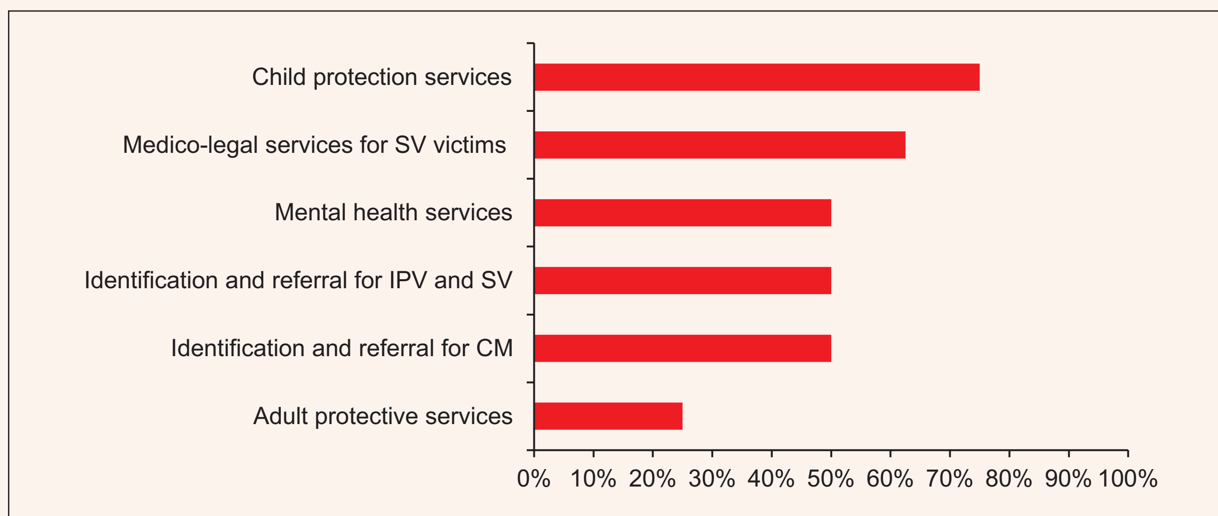
Providing high-quality care and support services to victims of violence is important for reducing trauma, helping victims heal and preventing repeat victimization and perpetration. Despite strong evidence linking experiences of violence to mental health problems, globally, less than half of countries reported the availability of mental health services to address the needs of victims. In the SEA Region, 50% more than of countries reported having services for the victim except adult protective service. Globally, child protection services were the most widely reported of all services (69% of all countries), followed by medico-legal services for victims of sexual violence. The situation in the SEA Region is the same. Six countries in the Region reported having systems in place to identify and investigate potential cases of child maltreatment. Two

Figure 5: *The proportion of countries responding to have the law and enforcement of each law, SEA Region – 2014*



Source: *Global status report on violence prevention 2014.*

Figure 6: *Proportion of countries providing protection services for violence victims, SEA Region, 2014*

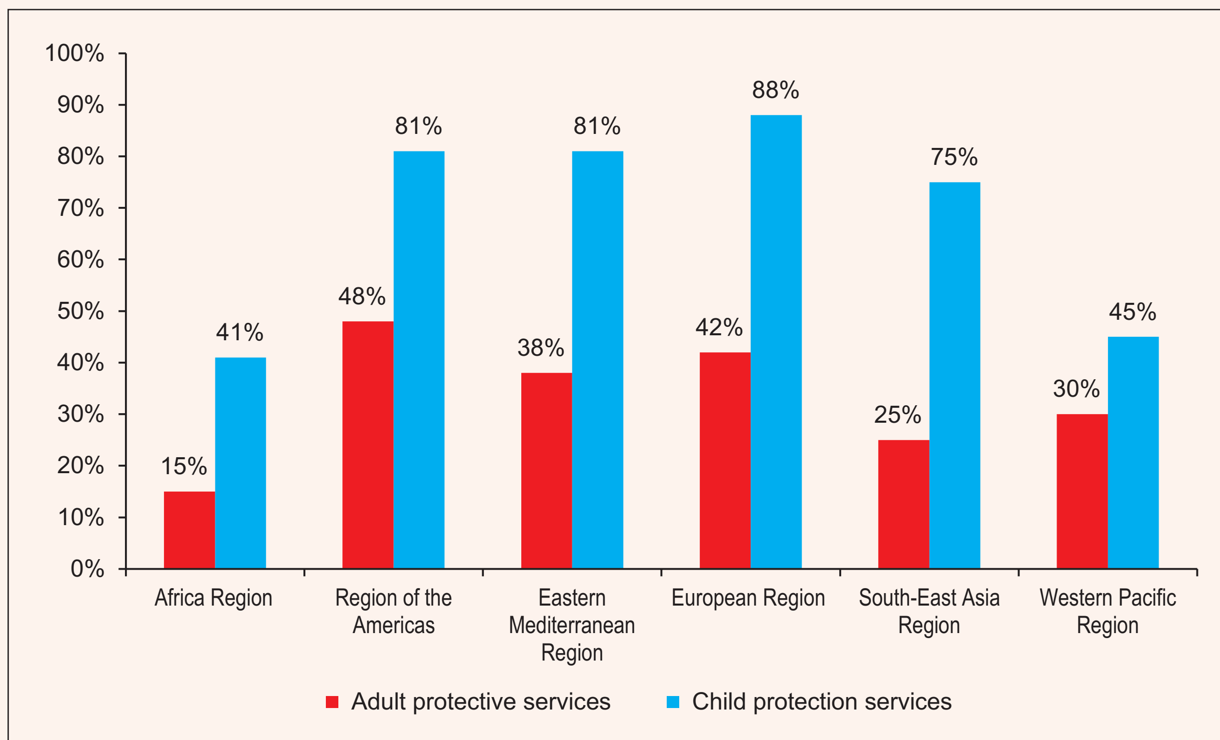


Source: *Global status report on violence prevention 2014.*

countries (Bangladesh, Nepal) in the Region have not yet implemented it on a larger scale. Adult protective services is implemented on a larger scale in two countries in the Region (Indonesia and Thailand) (Figure 6).

Victim support services often extend beyond medical and other care. Legal representation in criminal courts and receiving compensation from the state are important for all types of interpersonal violence. While the majority of countries (86%) globally report laws providing victims with legal representation and participation in

Figure 7: *Proportion of countries with child and adult protective services, by WHO Region (n=133 reporting countries)*



Source: *Global status report on violence prevention 2014.*

criminal courts, only 52% indicate having victim compensation legislation. Both the existence of such laws and the extent to which they are enforced vary by country income level, with existence and enforcement appearing to be much greater in high-income countries than elsewhere.

Recommendations to Member States

Interpersonal violence is predictable and preventable, and the responsibility for addressing it is clearly with national governments. At the national level, the key recommendations are to:

(1) Strengthen data systems of both the police and civil registry sources and look for ways to link data from these and other sources to provide more complete and comprehensive information to target prevention efforts.[1] Strengthen the health information system in the use of ICD-10 in recording and coding of causes of injuries to be more widely implemented.

(2) Develop comprehensive and data-driven national action plans. Set baselines and targets, and track progress.[1]

(3) Integrate violence prevention into other existing health platforms, e.g.: prevention and care programme for HIV and sexually transmitted diseases, mental health and substance abuse, immunization, early childhood development and school health, etc.[1] Various clinical services can also be

integrated, e.g.: emergency department, surgery, trauma care department, paediatrics department, emergency medical services, etc.

(4) Strengthen mechanisms for leadership and coordination including, key rule of law institution establishment of Forums should be held that periodically convene relevant sectors for data sharing and identify emerging problems and appropriate interventions.[1]

(5) Ensure prevention programmes that are comprehensive, integrated and informed by evidence. More countries may wish to consider strategies that economically and socially empower women and promote gender equality.[1]

(6) Ensure that services for victims are comprehensive and informed by evidence.[1]

(7) Strengthen support for outcome-evaluation studies of violence prevention programmes and services for victims.[1]

(8) Enforce existing laws and review their quality.[1]

(9) Implement and enact policies and laws relevant to multiple types of violence. Such policies (incentives for youth to complete secondary schooling, laws designed to reduce access to firearms, misuse of alcohol, etc.) must be more widely implemented and enacted. Resources to do so must be developed.[1]

(10) Build capacity for violence prevention in all concerned sectors.[1]

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