IFRC STRATEGY ON VIOLENCE PREVENTION, MITIGATION AND RESPONSE

2011-2020

Appendices

International Federation
of Red Cross and Red Crescent Societies

IN SUPPORT OF
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APPENDIX 1: SUMMARY OF 11 THEMATIC PAPERS ON VARIOUS FORMS OF VIOLENCE

This appendix provides a summary of 11 thematic papers that give an overview of people at particular risk of violence and multiple types of violence. The papers highlight the context, prevalence, vulnerabilities, and prevention strategies for each type of violence, as well as examples of successful programming among National Societies. The papers make it clear that different types of violence share similar risk factors and are likely to co-occur and reinforce one another.

While the thematic papers are not exhaustive and do not reflect all vulnerable groups, they do provide a general overview of populations, settings and unique factors that highlight the scale and scope of this global catastrophe.

CATEGORY	TYPE	TARGET	AUTHOR
Self-directed violence	Substance abuse		Australian Red Cross
	Suicide		Canadian Red Cross
Inter-personal violence	Family/partner	Children	Guyana Red Cross
		Youth	Red Cross of Serbia
		Elderly	Spanish Red Cross
		Women	Irish Red Cross
		Men	IFRC & Canadian Red Cross
	Community	Indigenous people	Canadian Red Cross
		Xenophobic violence	Spanish Red Cross
		Urban violence	Colombian Red Cross
		Violence during and after disasters	Australian Red Cross and Canadian Red Cross

SUBSTANCE MISUSE AND VIOLENCE

Paper by Australian Red Cross

Drug addiction is killing millions of people every year, creating misery for tens of millions of others and is a key factor in spreading HIV and hepatitis.[1]

CONTEXT

There are many linkages between substance misuse and self-directed violence; to understand the linkages it is necessary to clarify definitions as there are many terms related substance abuse: "Drug use is not always drug misuse."[2] Not all illicit drug use can be considered as 'misuse'. For example, someone who used an illegal substance once, without harm, would not necessarily be considered as misusing substances and as such, in this context would not be considered to be undertaking an act of self directed violence. This distinction becomes particularly important when designing strategies to address, reduce or prevent substance use and misuse. Understanding motivations is critical to enabling behaviour change. There are broadly, 5 categories of substance using patterns[3]: Experimental, Occasional/recreational, Situational, Regular and Dependent.

The key conceptual framework to reduce the harm associated with substance misuse is harm minimisation/reduction. "Harm reduction does not exclude abstinence as a goal for individuals,"[4] however, it is acknowledged that people do use and misuse substances "and that society is unlikely to ever be drug-, drink- or nicotine free."[5] These approaches have developed from the public health (keeping people healthy and safe) and human rights (respecting the dignity of individuals) approach. The key aims of a harm minimisation strategy include[6]:

- To minimise the harm and the social problems to the individual and the community (associated with substance abuse)
- To reduce the prevalence of hazardous levels and patterns of drug use in the community; and
- To prevent the initiation into harmful or hazardous drug use, especially by young people.

PREVALENCE

Approximately 5 per cent of the world's population are estimated to use illicit substance and just over 25 per cent use alcohol.[7] It is further estimated that just over 20 per cent of "all users of illicit drugs have experienced a period of misuse."[8] The consumption of tobacco, an addictive, psychoactive drug that is sold widely in open, albeit regulated markets, affects as much as 25 per cent of the world adult population. Importantly, mortality statistics show that illicit drugs take only a small fraction of the lives claimed by tobacco.[9]

Substance misuse is linked to many other types of violence including violence against children, violence among youth, intimate partner violence, and elder abuse.[10]

VULNERABILITY

Two ways that substance abuse can be explored in the context of self-directed violence include: a) as a consequence or symptom of vulnerability in an individual's life that may result in substance misuse and b) as the potential impacts that may occur as a result of such misuse. Vulnerabilities can be seen as short-term and long-term. Short-term vulnerabilities include overdoses resulting in immediate negative physical or mental outcomes; overdoses resulting in death; harms associated with the pattern of administration of the substance; environmental issues such as unsafe physical environments that can lead to injuries; also the misuse of substances can lead to an individual's participation in additional risky behaviours such as drunk driving, unsafe sexual practices (including vulnerability to sexual violence, exposure to sexually transmitted diseases and unplanned pregnancy), fighting, brawling or drowning.[11]

Long-term correlations between substance misuse and self-directed violence include: negative social effects like stigmatization, discrimination and exclusion; harmful effects to health and wellbeing; impact on social relationships; linkages to illegal behaviours and reduced economic security that may limit the capacity of an individual to financially support themselves.[12]

SNAPSHOT OF RED CROSS AND RED CRESCENT WORK ADDRESSING SUBSTANCE MISUSE

Globally, Red Cross and Red Crescent societies are involved in many different areas of substance abuse work. Some areas of focus include:

- Treatment and rehabilitation programmes: Italian Red Cross operates the *Villa Mariani Foundation*, a holistic residential rehabilitation programme for substance users.
- Peer education programmes: The Australian Red Cross *Save-A-Mate* (SAM) targets young people and provides training, education and health promotion initiatives that are led and driven by peer educators who have some trust with the target groups. Strong peer education programmes on drugs and other health issues are also conducted by the Chinese, Italian and Spanish Red Cross societies in addition to many other National Societies.
- Needle exchanges: Some National Societies – for instance, the Belarus, Croatian, Italian and Latvian Red Cross societies – provide needle exchanges to injecting drug users.
- Psychological support: National Societies including Italy and Kazakhstan are engaged in psychological support services.
- Social isolation: National Societies like Australia, China and Norway deliver peer mentoring or one-to-one social support programmes that provide social connectedness and support to marginalised people including those recovering from substance dependence.
- Advocacy: Changing public opinions and policy is a critical strategy to alleviating the harms resulting from alcohol and other drugs use and in particular the stigma associated (which prevents so may people from seeking help). Some of the National Societies involved in advocacy include those from Bosnia and Herzegovina, Italy and Vietnam.
- Drug substitution treatment: Some National Societies provide substitution treatment (e.g. Methadone) to assist drug users to regain control of their lives and dependency.

EXAMPLE OF SUCCESS - HUMANITARIAN EDUCATION
Australian Red Cross – **Save-A-Mate (SAM) programme**

The Australian Red Cross Save-a-Mate (Note: in Australia the word "mate" means "a good friend") programme (SAM) has been operating since 1997. The SAM programme provides training, peer education and health promotion services for 50,000 young people annually on key and emerging health issues, particularly those relating to alcohol and other drug misuse and mental health.

The programme is run by young people for young people. Peers are recruited to deliver training and basic health promotion to other young people. A particular focus is the recruitment of *true peers* (i.e. sex workers are recruited to work with other sex workers and people with previous substance dependency are recruited to provide education to those currently dependent on or misusing illicit substances, etc.).

SAM uses a non-judgemental perspective and operates from a harm reduction approach; therefore, the programme aims primarily to reduce or eliminate the harm from substance misuse, while reduction or cessation of drug abuse is a secondary goal. This non-judgemental approach that does not focus on anti-drug messaging has proved to resonate effectively with young people who access the programme.

The programme has been successful in engaging young people because it is relevant and practical and is communicated in a youth appropriate method. Through various evaluations, the programme has shown to increase the likelihood of peers providing support and guidance to each other on key health issues, to build literacy and to increase the likelihood of seeking professional assistance.

SUICIDE

Paper by Canadian Red Cross

Worldwide, the prevention of suicide has not been adequately addressed due to basically a lack of awareness of suicide as a major problem and the taboo in many societies to discuss openly about it. In fact, only a few countries have included prevention of suicide among their priorities.[13]

CONTEXT

In some situations when an individual feels trapped or hopeless, the only solution they perceive to be available is suicide, a form of violence whereby an individual deliberately kills themselves.[14] Suicide is quite frequently used as an effort to escape unending frustration, grief and emotional pain. This form of violence is prevalent throughout the world, and almost no community is untouched. In fact suicide is the number one cause of death due to violence in the world.[15] The complexity of factors that lead to decisions to end one's own life are not entirely understood; however, like other forms of violence the risk of suicide is influenced by the interaction of many different personal, historical, social and contextual factors.[16] It is experienced across all socioeconomic classes, ethnicities, and genders.

Although suicide most often occurs individually, on rare occasions suicide occurs on a larger scale; mass suicide is defined as "the simultaneous suicide of all the members of a social group."[17] Mass suicides may be influenced by the same risk factors as for individuals, however there are two trends: oppressed populations who are forced to escape from a reality where they are marginalized or populations "in which the motivation stems from a distorted evaluation of reality, although there is neither an intolerable situation nor a real risk of death."[18]
Where suicide is often a response to unending frustration, grief and emotional pain, prevention involves counteracting these unbearable emotions and experiences, developing coping mechanisms and providing other means of changing or escaping those intolerable circumstances.[19]

PREVALENCE

Worldwide approximately one million individuals die of suicide each year.[20] Annually, even more individuals, 10-20 million, attempt suicide and 50-120 million are profoundly affected by the suicide or attempted suicide of a close relative or associate.[21] Suicide accounts for 54 per cent of all violence-related deaths in the world.[22]

- Asia accounts for 60 per cent of the world's suicides; at least 60 million people are affected by suicide or attempted suicide in Asia each year.[23]
- With 21 per cent of the world's population, China has been estimated to account for 30 to 44 per cent of global suicides.[24]
- Rural rates of suicide are higher than urban rates in Australia, China, India, the Republic of Korea and Sri Lanka, but in New Zealand urban rates are higher than rural rates.[25]
- In Europe, suicide is among the top three causes of death in the population aged 15–34 years. In this age range, suicide is the first or second cause of death for both the sexes.[26]

- About 4,000 people in Canada per year die by suicide, of who between 6 to 10 per cent is Aboriginal.[27]
- Data on suicide attempts indicate that the number of suicide attempts may be up to 20 times higher than the number of completed suicides.[28]

VULNERABILITY

Anyone can be vulnerable to suicide; however there are individual, relationship and community contributors to suicide in terms of risk factors that increase the likelihood of suicidal behaviour and protective factors that reduce it.[29] These risk and protective factors include: the physical and social environments; individual constitution, temperament, or developmental experiences; interpersonal relationships; alcohol and substance abuse; suicidal ideation and previous suicide attempts; and co-existing psychiatric disorders.

EXAMPLE OF SUCCESS - VIOLENCE RESPONSE
Spanish Red Cross – **Emergency Immediate Response Team (ERIE)**

The Psychosocial Intervention Emergency Immediate Response Team (Equipos de Respuesta Inmediata en Emergencias - ERIE in Spanish) was created by the Spanish Red Cross to provide an immediate, organized and effective response in order to alleviate the suffering of victims, family and relatives of people affected in an emergency situation and/or disaster by providing them an integral approach taking care of their medical, social and psychological needs. The Spanish Red Cross also provides technical advice to the emergency coordinators regarding the psychosocial factors that negatively affect victims, their families, and staff and volunteers in case of an emergency and/or disaster; and provide psychological support to volunteers and staff working in disaster or emergency response.

These specialized multidisciplinary teams are made up of psychologists, social workers, qualified nursing personnel and emergency technicians and act at a provincial level. The multidisciplinary approach allows the team members to adapt to diverse critical situations and diverse people affected in an emergency situation, which are provided individualized support taking into account their individual capacities and potential.

While it was originally established as a psychological support team for specific emergency situations (road accidents with casualties, disasters and emergencies), the specialized teams are also activated to provide support to prevent potential suicides, when the victim has no familiar or other support or when the victim is an adolescent or a young adult. In both cases, the Psychosocial Support ERIE, works in coordination with the local social services. Together with the psychosocial support role, the information, follow up support and referral to specialized health services, are also among the Psychosocial Support ERIE's functions. In some Spanish Red Cross branches the Psychosocial Support ERIE also provides psychosocial advice to victims of other types of violence, such as gender-based violence in La Rioja branch.

CHILDREN

(PERSONS UNDER THE AGE OF 18 YEARS)

Paper by Guyana Red Cross

No violence against children is justifiable, and all violence against children is unacceptable.[30]

CONTEXT

Children, defined by the UN Convention on the Rights of the Child as those less than 18 years of age, are the most vulnerable to violence. In every setting of their lives - homes, schools, institutions, workplaces and communities - children are beaten, sexually assaulted, tortured, neglected, maimed, bought and sold, and killed. Violence against children includes any form of physical or psychological abuse, including sexual abuse, and neglect. Violence has harmful consequences for a child's health, growth, survival and dignity; in the long-term the impact can manifest in the form of: depression, anxiety disorders, smoking, alcohol and drug abuse, aggression and violence towards others, risky sexual behaviours and post traumatic stress disorders.[31] Violence against children affects a child's family, community and whole society for years, a lifetime or even generations. When children are hurt by violence it means that someone who is bigger, older and stronger or more powerful has failed to make a healthy choice.

PREVALENCE

Many acts of violence against children, including those that lead to death, are not routinely investigated and post-mortem examinations are not always carried out – this is compounded by the secrecy, shame and fear surrounding violence against children.

- 500 million – 1.5 billion children experience violence each year. [32]
- 150 million girls (14 per cent of the planet's child population) and 73 million boys (7 per cent of the planet's child population) have been subjected to sexual violence.[33]
- More than half the children living in displacement camps in Africa's Great Lakes region have experienced some form of sexual abuse; in some camps the level is as high as 87 per cent. [34]
- After disasters such as Hurricane Hugo in the USA and the Loma Prieta earthquake in Peru – the level of child abuse has been shown to increase substantially at three and six month periods after the disasters. [35]
- In 2002, in West Africa, Save the Children and UNCHR found more than 40 humanitarian agencies and aid workers were accused of sexual exploitation and abuse of children in emergency settings; similar allegations have been made around the world. [36]
- In India, a study by the Ministry of Women & Child Development, UNICEF and Save the Children found more than 50 per cent of children had experienced sexual abuse and two-thirds of the children surveyed had experienced physical abuse.[37]
- 1.8 million children are estimated to be sexually exploited for profit across the world at any one time. [38]
- Cyberspace is host to more than 1 million images of tens of thousands of children subjected to sexual abuse and exploitation. [39]
- 218 million children are involved in child labour; 1.8 million of these are involved in prostitution and pornography and 1.2 million children are victims of trafficking.[40]
- Only 2.4 per cent of the world's children are legally protected from corporal punishment in all settings - homes, schools, institutions, workplaces and communities.[41]

VULNERABILITY

Violence against children is not a new problem. Reports of infanticide, mutilation, abandonment and other forms of violence against children date back to ancient civilizations. Children's vulnerability can be seen at multiple levels:

- Individual level: includes a child's biological and personal and family history. Risks for a child can include being seen as different for many reasons like; physical and mental development, disability, health or ethnicity and having a history of violence in their family.
- Family/relationship level: includes relationship within the family, with other children, and with relatives. A history of abuse in the family, alcohol or substance abuse, or high stress can all increase the risk of hurt to children. Having a parent work overseas and being dependent on other relatives can also be a risk factor.
- Community level: includes community support systems; both formal and informal, at the level of poverty of violence in the community.
- Societal/cultural: includes social values that give some people power over others, and values that determine gender roles and the status of children. These are influenced by media messages, gender stereotypes and laws, all of which can either help prevent violence or increase the risk of violence.

SNAPSHOT OF RED CROSS AND RED CRESCENT WORK ADDRESSING VIOLENCE AGAINST CHILDREN

A number of National Societies have programmes to help keep children safe from violence, reduce the impact when it does occur and also rehabilitate and support children who have been affected by violence. The Argentina Red Cross integrates child protection into all of its programmes, as do the Canadian, Comoros, Kenyan, Liberian, and Sierra Leone National Societies; The Colombian, Canadian, Guyanese Red Cross' and the Red Cross of Serbia each have education programmes for children to prevent violence; while the Colombian and Democratic Republic of the Congo Red Cross' each have specific outreach programmes for children of the street; The Canadian, Salvadoran, and South African Red Cross' and the Red Cross of Serbia engage youth participation in violence prevention; the Canadian, Netherlands and Irish Red Cross' have unique programmes to educate adults on how to protect children; and the South African Red Cross works with vulnerable children including orphans affected by HIV/AIDS to help ensure their safety from violence and abuse.

EXAMPLE OF SUCCESS - SPECIAL FOCUS ON CHILDREN AND YOUTH

"Be Safe!" a child personal safety programme – a partnership between the Guyana Red Cross and the Canadian Red Cross.

"Be Safe!" is a personal safety programme with the goal to prevent sexual and physical abuse against children ages 5-9. It utilizes a participatory learning approach that combines story telling, puppetry, songs and games with training for children, parents, teachers and community members.

The programme is collaboration between the Guyana Red Cross and partners including government, schools and helping agencies from around Guyana. It is based on a similar programme within the Canadian Red Cross which is used in Canada and South Asia.

The objectives of the programme are to teach children:
- Body ownership
- Bodies are private
- Touches can be safe or unsafe
- Secrets about touching should never be kept
- Personal safety rules:
  - Say "No"!
  - Get away
  - Tell someone you trust – keep telling until someone helps you.

An evaluation study by the University of Guyana found: "Be Safe!" training increased the knowledge, attitudes and skills of all adult participants; in some categories the changes were very significant. The evaluation recommended that the programme scale up to reach children and adults across the entire country.[42]

EXAMPLE OF SUCCESS - COMPREHENSIVE APPROACH

"Ten steps to creating safe environments for children and youth" - Canadian Red Cross.

The "Ten Steps" approach to comprehensive risk management was developed through the experience of the Canadian Red Cross RespectED programme. It is based on the understanding that all adults have a responsibility to protect children from harm – and every organization that serves children can contribute to building safer communities. "Ten Steps" is a process that uses concrete steps to help organizations that work with children to ensure that their duty of care is met and that young people are safe.

1. Understand the issue
2. Recognize the vulnerability and resilience of children
3. Define protection instruments
4. Create a prevention team
5. Complete a risk assessment
6. Develop policies and procedures
7. Educate adults, youth and children
8. Respond to disclosures of violence and abuse
9. Meet challenges
10. Maintain safe environments.

To download a copy, visit: www.redcross.ca/tensteps

YOUTH

Paper by Serbian Red Cross

It is not possible for civilization to flow backwards while there is youth in the world. Youth may be headstrong, but it will advance its allotted length (Helen Keller).

CONTEXT

The definition of youth varies across countries and communities. However it generally refers to children in their adolescence and adults in their twenties or early thirties. Violence – emotional, physical, and sexual – by youth, often against other youth, occurs in schools, on streets, and in cities and communities around the world. Not only can youth be perpetrators of violence, they can also be victims and observers/bystanders who witness violence occurring. Homicide and non-fatal assaults involving young people contribute greatly to the global burden of premature death, injury and disability.[43]

The links between youth violence and other forms of violence are intimate; "witnessing violence in the home or being physically or sexually abused, for instance, may condition adolescents to regard violence as an acceptable means of resolving problems" and similarly prolonged conflict can also increase the risk of youth violence.[44]

Common forms of youth violence can include self-directed violence such as suicide or self harm; or interpersonal violence such as bullying, harassment, physical assaults, and sexual violence – these occur in-person or through electronic technologies such as computers and cell phones of which youth often have a far better command of than do their parents and other adults.

Prevention of violence against youth requires a multi-faceted approach that recognizes youth as agents of change and encourages their participation in decision-making around the design, implementation, monitoring and evaluation of projects aimed at reducing the risk of violence. While youth must have a central role in addressing violence among youth, they do need to be supported by adults; youth from across the IFRC have called on governments and the international community to ensure "education is applied in order to prevent violence and abuse affecting children and young people."[45]

PREVALENCE

- The *World Report on Violence and Health*[46] reports:
  - In 2000, estimated 199,000 youth homicides (9.2 per 100,000) occurred globally; on average 565 young people (between the ages of 10-29 years) die each day from interpersonal violence.
  - In Colombia the youth homicide rate is 84.4 per 100,000 people
  - For every youth homicide there are around 20-40 victims of non-fatal youth violence receiving hospital treatment.
  - The ratio of fatal to non-fatal (actions that do not result in death) suicidal behaviour among youth can reach 1:100-200 while among older adults it is 1:2-3.
  - Suicide is the third leading cause of death in adolescents around the world.
- *The World Report on Violence*[47] against Children reports:
  - In the Global School-Based Student Health Survey carried out in a wide range of developing countries, between 20 per cent and 65 per cent of school aged children and youth reported having been verbally or physically bullied in school in the previous 30 days.
  - The International Dating Violence Study, conducted at 31 universities in 16 countries across Asia, Latin America, the Middle East and North America, found a high prevalence of physical violence perpetrated by both males and females against their dating partners (17 per cent to 38 per cent of males, and 17 per cent to 48 per cent of females).

VULNERABILITY

Adolescence and early adulthood is a period of transition from dependence to independence, change, growth, identify development, creation of peer relationships, new experiences, value setting, and a great deal of personal learning. For these very reasons, youth can be vulnerable to exposure of violence as victims, bystanders who observe violence, or perpetrators who commit acts of violence against others or even themselves.

Many youth have increasing access to sexual and violent content from a mix of media that includes the internet, television, movies, video games and magazines; youth also are living in a time of unparalleled globalization and urbanization which hold promising potential but also carry the risk of harm.

Youth who are seen as "different" because of physical or cognitive status, economic level, sexual orientation, health status, caste, ethnic or religious identity or other factors may be at higher risk of experiencing marginalization, discrimination and violence from adults or other youth especially in the form of bullying. Youth may also be vulnerable targets for recruitment by armed groups or crime networks in urban settings because of their size, maturity, and because of their dependence, and eagerness to belong they can be manipulated and coerced into acts of violence. This means youth continue to be recruited into violent conflicts to attack others (who are often also youth) and they continue to suffer as victims of violence by armed groups, adults in positions of power and other youth.

SNAPSHOT OF RED CROSS AND RED CRESCENT WORK ADDRESSING YOUTH VIOLENCE

Many National Societies engage youth in diverse ways and some include a violence prevention element in their projects. For example, the Sierra Leone and Liberia Red Cross National Societies support youth who have been affected by conflict through rehabilitation centres that provide safe environments and provide youth with government-sanctioned education to help them complete their studies at an accelerated rate. The Liberian Red Cross also engages female youth in gender committees to tackle violence against women and girls. The Canadian Red Cross works with youth to become peer facilitators who train other youth to address bullying, harassment and relationship violence. The Colombian Red Cross has a number of projects that work with youth to reduce violence including outreach to youth in deprived urban contexts, and also work with youth on the streets, and in the prevention of violence in schools. The Red Cross of Serbia promotes violence prevention through engaging youth in humanitarian education focusing on non-violent communication and conflict resolution skills. The Norwegian Red Cross works with youth on peer mediation programmes. The Spanish and South African Red Cross Societies each involve youth in a spectrum of activities that include components on violence prevention.

EXAMPLE OF SUCCESS - **YOUTH AS AGENTS OF BEHAVIOURAL CHANGE**

IFRC principles and values department – **Youth as Agents of Behavioural Change (YABC) initiative**

Since April 2008, the IFRC secretariat and a network of youth leaders from 45 National Societies have developed and implemented a programme called "Youth as Agents of Behavioural Change" (YABC).

YABC seeks to empower youth world-wide to take a leadership role in positively influencing mindsets, attitudes and behaviour in their communities to enhance a culture of non-violence, equality and social inclusion; it promotes Mahatma Gandhi's famous vision to "be the change you want to see in the world."

YABC does this through peer education. It uses an innovative non-cognitive learning approach that takes youth on a journey "from the heart to the mind," which means that through role-plays, simulations, games and visualization exercises, youth first develop and enhance their own empathy, active listening, critical thinking, non-judgment, mediation and non-violent communication skills. After this, youth then engage in practical projects within their communities to lead behavioural change.

A successful example of YABC is the Sierra Leone Red Cross Society (SLRCS) Youth Empowerment - YABC project, which won the Youth Award in the 2009 General Assembly in Nairobi.

Using the YABC initiative's approach and content as its cornerstone, this SLRCS project aims to build the capacity of vulnerable youth in priority communities, such as war-affected, unemployed or street youth, commercial sex workers, drug addicts, children at risk of trafficking, and youth living with HIV/AIDS or suffering from sexual exploitation, abuse and violence. Through peer education, it endows them with vocational, managerial and YABC behavioural skills so as to play a key role in promoting sustainable development and behavioural change in favour of a culture of peace in a society affected by decades long violence.

YABC is an example of youth leading behavioural change, as highlighted in the 2009 Youth Declaration from Solferino.

EXAMPLE OF SUCCESS - **PEER MEDIATION**
Norwegian Red Cross - **Street mediation programme**

Over a five-year period, the Red Cross branch in Oslo has established a conflict and crime prevention program ("Gatemeglingsposjektet") in cooperation with the Oslo Mediation and Reconciliation Service. The programme is aimed at training young people in non-violent communication and mediation skills which youth then apply in their everyday lives. The programme consists of workshops on conflict mediation with youth who are at risk of engaging in criminal and violent activities; youth are trained to become street mediators with other youth.

The street mediation programme also mobilizes an experienced standby mediation team that handles ongoing conflicts, such as gang conflicts, through mediation, restorative conferences, and peace circles. The street mediation concept has become a method for crime and conflict prevention work which can be adapted in other major cities to tackle violence and youth crime.

ELDER ABUSE

Paper by Spanish Red Cross

There has been slow but increasing awareness of elder abuse over the past 20 years. As challenging as it is for the population at large to acknowledge, it is even harder for older people to admit that they have been victimized. As a result, statistical evidence on the extent of elderly abuse is scarce.[48]

CONTEXT

There is no universal definition of violence against elders – or even who is considered an "elder." The WHO defines elder abuse as "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person."[49] One way to examine violence against elders is to view it through three axis points: expectation of trust, intentionality and impact of harm or distress. Violence against elders can take the form of physical abuse (assault, unjustified use of physical restraint, inappropriate use of medicines; sexual abuse); psychological abuse (intentional cause of pain, fear, distress, forced isolation, insults, terrorizing, etc.); neglect of basic needs; and financial abuse or economic exploitation (taking or accessing money or resources without consent, controlling an elder's own finances, forcing changes to personal wills/testaments or other legal documents, falsifying signatures on legal or financial documents, etc.).

The prevention of elder abuse requires many actions at many levels. Prevention includes reducing social isolation of elders; enhancing their ability to be self-reliant; ensuring that adults who care for elders know how to manage their personal stress in non-harmful ways and that these adults have access to family and community support systems; and supporting institutions that care for the elderly to develop and implement education, policies and procedures that maximize the safety of the elderly.

PREVALENCE

- The *World Report on Violence and Health*[50] reports:
  - The suicide rates of people 75 years and older are approximately three times that of people aged 15–24 years
  - On average, there are estimated to be two to three attempted suicides for every completed suicide among people over the age of 65 years
  - 4 per cent to 6 per cent of elderly people experience some form of abuse in the home
- In one study, 36 per cent of nursing home staff reported having witnessed at least one incident of physical abuse of an elderly patient in the previous year, 10 per cent admitted to having committed at least one act of physical abuse themselves, and 40 per cent said that they had psychologically abused patients
- Globally, an estimated one in 20 elderly people experience abuse.[51]

VULNERABILITY

As individuals age, their risk of harm can grow. Violence against the elderly is an issue in all corners of the world. Specific risk factors for violence exist at the individual, family, community/institutional and social/cultural levels.

- Individual level: physical or cognitive deterioration or injuries that limit the ability to carry out daily activities; social isolation; emotional dependence associated with psychological disorders or moods; physical dependence; financial dependence.
- Family level: stress within families and among carers; other forms of violence within the family; alcohol or substance misuse within the family; economic or other challenges among the carer; and lack of social or extended family support to individuals within the family.
- Community/institutional level vulnerabilities include: lack of support systems for the elderly or stressed carers in the community; the physical structures of institutions that do not account for the needs of the elderly; and lack of appropriate education, policies or monitoring for the safety of elderly people in institutions.
- Social/cultural level the risk of violence is increased by: stereotyped images of the aging, including the view that the elderly are a burden, and age-based discrimination.

EXAMPLE OF SUCCESS - NETWORKING AND ADVOCACY
The Austrian Red Cross - "Breaking the taboo"

The "Breaking the taboo" project aimed to raise awareness among the public as well as health and social service professionals of all levels concerning violence against older women in families and contribute to breaking this taboo. The overall purpose of the project was to improve the situation of older women in families by empowering health and social service professionals to recognize abusive situations and to help combat them. The specific objectives were to (i) develop awareness-raising activities and materials and to (ii) develop tools and strategies to improve early recognition of violence against older women in the family and to support professionals to react accordingly.

The project was carried out from 2007-2009 within the European Commissions' Daphne II programme. It was coordinated by the Austrian Red Cross and implemented by partners from Austria, Belgium, Finland, France, Germany, Italy, Poland, and Portugal.

The project recommended a series of steps be taken by stakeholders to help address violence against older women. At an organizational level it recommended: develop clear policies, educate staff, secure appropriate work conditions, and enable multi-disciplinary cooperation and communication. At the policy level, it recommended: raise awareness of the problem, enforce prevention and early detection, support networking initiatives, create adequate structures, improve the legal framework, encourage further research, and secure sustainable funding.

WOMEN

Paper by Irish Red Cross

Female infanticide and prenatal sex selection, early marriage, dowry-related violence, female genital mutilation/cutting, crimes against women committed in the name of 'honour', and maltreatment of widows, including inciting widows to commit suicide, are forms of violence against women that are considered harmful traditional practices, and may involve both family and community.[52]

CONTEXT

The 1993 United Nations Declaration on the Elimination of Violence against Women[53] defined violence against women as any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women. This includes threats of such acts as coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Despite some progress on this issue over the past decade, violence against women and girls is a problem of pandemic proportions. It transcends the bounds of geography, race, culture, class and religion touching virtually every community, in every corner of the globe[54]. At least one out of every three women around the world has been beaten, coerced into sex, or otherwise abused in her lifetime — with the abuser commonly someone known to her[55] and often even a family member[56]. However, violence against women exists on a wide continuum that includes the violence perpetrated by an intimate partner at home to violence as a weapon of war[57] used to instil fear and shame in a community. Violence against women has been described by the UN Secretary General as one of the most heinous, systematic, and prevalent human rights abuses in the world[58], it devastates lives and fractures communities.

Furthermore, violence against women is a health issue and a major threat to social and economic development and conflict resolution. The consequences for health include physical injury or death, mental illness, sexually transmitted disease, and reproductive health concerns.[59] The social and economic costs of violence against women are enormous and have ripple effects throughout society. Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities, and limited ability to care for themselves and their children[60]. Also widely recognised is the impact in particular of the experience of sexual and gender-based violence during and after conflict. High levels of gender-based violence cause high levels of morbidity, and fear.

PREVALENCE AND INCIDENCE

- It is estimated that one in five women will become a victim of rape or attempted rape in her lifetime.[61] Nearly 50 per cent of all sexual assaults worldwide are against girls 15 years of age or younger.[62] 60 per cent of women, whose first sexual experience was forced, experienced sexual violence later in their lives.[63]

- In certain parts of the world, sex-selective abortions of female foetuses, female infanticide and fatal neglect of female children have caused dramatic imbalances in sex ratios between males and females. Some researches place the global numbers of "missing females" – those who should currently be living but are not because of discriminatory practices – at between 50 million and 100 million.[64]

- Worldwide about 5,000 women are murdered in the name of honour by family members each year.[65]

- An estimated 130 million or more women alive today have undergone female genital mutilation or cutting.[66]

- Between 500,000 to 2 million people are trafficked annually[67] in what can be called the "largest slave trade in history."[68] An estimated 80% of these are women and girls. Most are trafficked into the commercial sex industry.[69]

- Violence against women has become a weapon of war. Between 250,000 and 500,000 women were raped during the 1994 Genocide in Rwanda and between 20,000 and 50,000 women were raped during the conflict in Bosnia in the early 1990s.[70]

- The most common form of violence experienced by women globally is physical violence inflicted by an intimate partner. Women subjected to such violence are 48 per cent more likely to be infected by HIV/AIDS. Several global surveys suggest that half of all women who die from homicide are killed by their current or former husbands and partners[71] yet half of almost all states have no specific legal provisions against domestic violence.[72]

VULNERABILITY

A combination of factors put women at risk of violence; each of these factors adds up and sends a clear message: because of their sex, women can be treated in ways that humiliate and hurt them; tarnish and reduce their safety; and make them feel as though their worth is less than that of men.

The factors that combine are varied but include: discrimination; unequal power relations that benefit men over women; local traditions and customs; threats of violence for speaking out; fear of shame, stigma and retribution; family survival and financial security; exclusion from power and decision making mechanisms; class, race poverty, ethnicity and age. These factors all compound violence against women thus re-enforcing marginalization within a vicious circle.

SNAPSHOT OF RED CROSS AND RED CRESCENT WORK ADDRESSING VIOLENCE AGAINST WOMEN

A number of approaches have been adopted by National Societies across the globe to address violence against women. These approaches reflect and address local realities of the environment in which each National Society operates, as well as their organizational capacities and opportunity to undertake violence prevention and response activities.

For example, the Argentina Red Cross has developed an awareness and empowerment campaign on violence against women. In El Salvador, a pilot project is currently underway within the framework of the Regional Strategy for Violence Prevention to promote the rights of children and adolescents and to promote the active engagement of youth in decision making on those issues affecting the wider community; in South Africa, the National Society has created support groups for 2,000 victims of violence against women benefiting both survivors and the wider community; in Cambodia the Red Cross provides support to victims of human trafficking and their families, while the Norwegian Red Cross has developed a country-wide campaign on human trafficking; it also trains volunteers and the community on domestic violence and abuse.

EXAMPLE OF SUCCESS - PARTNERSHIP AND NETWORKING
Irish Red Cross - **Irish Gender-based Violence (GBV) Consortium**

Irish Red Cross is a member of the Irish Gender-based Violence Consortium which includes 13 Irish human rights, humanitarian and development agencies as well as two Irish government departments: the Department of Defence and Irish Aid, that unit of the Department of Foreign Affairs responsible for overseas assistance. The overall aim of the consortium is to promote the adoption of a coherent and coordinated response to gender-based violence

1. by ensuring that actions to prevent and respond to GBV are visible and systematically addressed in the policies and work of all member agencies

2. by developing and strengthening skills and capacities of member organizations towards more effective prevention and response to GBV at programme levels, and by informing, effecting and monitoring policy implementation to improve actions on prevention of and response to GBV

3. by building on the resources and skills of all its members, such as a unique partnership benefits all by providing a platform for joint action as well as a safe and respectful space for each individual partner to develop their capacity to address GBV.

EXAMPLE OF SUCCESS -
INVOLVING MEN IN GENDER-BASED VIOLENCE PREVENTION
HIV Programme – Cambodian Red Cross

The Cambodian Red Cross HIV programme promotes greater understanding among male police officers on gender roles; their responsibilities to their wives and other sexual partners; gender equality; and the reduction of sexual and gender-based violence.

The programme uses peer educator training (with ongoing support provided to the educators), life skills development and targeted information tools. The programme has developed outreach support to the wives and partners of police targeted through the programme.

VIOLENCE AGAINST MEN

Summary by the IFRC and Canadian Red Cross

Although males are victims of nearly 80 per cent of all homicides, 60 per cent of suicides, and 80 per cent of violence-related injuries, limited attention is paid to preventing male suicide or male-to-male interpersonal violence.[73]

CONTEXT

Men are often associated with violence only in terms of being perpetrators. While it is a fact that males are disproportionately represented as aggressors of violence around the world, this does not exclude them from also being vulnerable to violence. The vulnerabilities of men to violence are often neglected and minimized; the unique risk factors associated with their gender are often lost. However, men can be vulnerable to a host of different forms of violence including self-harm, assault, and homicide. Research on violence against men, especially sexual violence, has largely been neglected; yet coercive sex against men by other men occurs in schools, homes, on the streets, in militaries and during war, and in prison and detention facilities[74].

In many countries sexual violence against men is not acknowledged or addressed in laws and when men are sexually assaulted the impact is diminished and it is not treated as equal to sexual harm against women.

PREVALENCE

- The *World Report on Violence and Health*[75] reports:
    - There are three male suicides worldwide for every female suicide
    - Men are victims of 80 per cent of violence-related injuries
    - The highest rates of homicide in the world are among males aged 15–29 years (19.4 per 100, 000); the second highest rate is among males aged 30–44 years (18.7 per 100,000)
    - Men account for 77 per cent of all homicide rates.
- Men who have sex with men can be at increased risk of all forms of violence within their relationships. One study found 34 per cent experienced psychological abuse; 22 per cent experienced physical assault and 5 per cent experienced sexual assault.[76]
- Men aged 15–44 years are at many times greater risk of being involved - as victims and perpetrators - in fatal and severe non-fatal violence.[77]
- Men continue to lead in homicide rates accounting for nearly 80 per cent of victims and 60 per cent of suicides.[78]
- Males overwhelmingly represent the majority of substance abusers and the "clients" of criminal justice systems.[79]

VULNERABILITY

Social norms around masculinity, sexuality, and acceptable ways to handle emotions and shame can all combine to put males in more situations where violence can erupt. These same norms synergize to deter and silence males from disclosing violence and seeking support or help. The forms, context and scope of violence against men are far less understood, resourced, prioritized or examined than violence against women and children. "In most countries, there is much to be done before the issue of sexual violence against men and boys can be properly acknowledged and discussed, free of denial or shame. Such a necessary development, though, will enable more comprehensive prevention measures and better support for the victims to be implemented."[80]

INDIGENOUS POPULATIONS

Paper by Canadian Red Cross

Human kind has not woven the web of life.
We are but one thread within it.
Whatever we do to the web, we do to ourselves.
All things are bound together.
All things connect.
(Chief Seattle)

CONTEXT

It is estimated there are 300 million to 350 million Indigenous/Aboriginal people in the world. This is six per cent of the world's population, and represents more than 5,000 distinct groups in more than 72 countries, with 75 per cent of the 6,000 living languages.[81]

The interaction between non-Indigenous and Indigenous peoples throughout history has been complex with high degrees of violence and subjugation against Indigenous people. As a direct result Indigenous communities around the world are suffering high levels of self-directed and interpersonal violence, with some experiencing collective violence. Factors such as stolen land and resources; loss of language, spirituality and traditions; racism; lack of livelihoods and higher education; substance abuse; poverty; histories of physical, sexual and/or emotional abuse and harassment; and collective and individual loss of identity have created environments in which Indigenous peoples are marginalized and vulnerable.

Prevention strategies need to be multi-faceted and comprehensive so as to address the complex root causes of violence. They are most effective if they provide support, develop life skills, and provide education and employment, and build health and justice systems and reverse a history of cultural fragmentation, isolation and discrimination. Preventing, mitigating and responding to violence needs to include cultural approaches which address issues such as:[82] self-esteem/self-acceptance; obtaining help from others; connection with culture/tradition; expressing emotions/cleansing; spiritual connection; responsibility to others; future goals/hope; learning from elders/role models; participation in ceremonies; connection to nature; guiding visions/dreams; understanding violence and how to prevent it; helping others; recognizing emotions; humour; learning problem solving/communication skills; and reducing misuse of drugs and alcohol.

PREVALENCE AND INCIDENCE OF VIOLENCE

- The Guarani of Brazil, who once numbered 1.5 million and are now around 30,000, have an extremely high suicide rate; between 1985 and 2000 more than 300 children and youth killed themselves.[83]
- The Inuit of Greenland reportedly have the highest rate of suicide in the world: it is the leading non-natural cause of death among this population.[84]
- In Bangladesh, there are reports of human rights violations by security forces present in the Chittagong Hill Tracts, including reports of arbitrary arrests, detentions and ill treatment of the tribal peoples who live there.[85]
- It has been reported that the Batwa in the Democratic Republic of Congo and Rwanda have been excluded from emergency relief.[86]
- In Canada, Aboriginal women are three times more likely to be victims of spousal violence than non-Aboriginal women; in almost half of these cases, children witnessed the violence. Rates of spousal homicide among Aboriginal women are more than eight times higher than for non-Aboriginal women; for Aboriginal men, the rates of spousal homicide are 18 times greater than for non-Aboriginal men.[87,88]
- In Australia, Indigenous people in remote areas were three times as likely as those in non-remote areas to have witnessed violence (30 per cent compared with 10 per cent); 45 per cent of these also reported being a victim of physical or threatened violence; 17 per cent reported sexual assault.[89]

VULNERABILITY

Racism, systematic fragmentation of culture, economic exclusion, political marginalization, fragmentation of families, lack of education opportunities, substance abuse, addictions, health risks, lack of access to justice, and exposure to armed conflict and civil unrest.

EXAMPLE OF SUCCESS - COMMUNITY PARTICIPATION/OWNERSHIP AND PEER EDUCATION
Canadian Red Cross – **Walking the prevention circle**

Since 1998, the Canadian Red Cross has been working in partnership with more than 200 Aboriginal communities on violence prevention. Walking the prevention circle (WTPC) is a prevention education programme that has evolved over the past ten years. It started as a three-day workshop for Aboriginal adults on the prevention of child abuse. From there it grew to a capacity building model that included the three day workshop followed by prevention educators' training for community members to deliver programmes to youth and adults in their own communities. More recently, a new aspect has been included to help communities put risk management systems in place so that the prevention education is surrounded by a comprehensive safety net for children and youth.[90]

Walking the prevention circle goes through a number of steps:
1. The programme is requested by the community
2. Consultation is held with the community to embed the education in the history and cultural traditions of each community
3. The community chooses who will attend the three-day workshop on prevention of child maltreatment. Often the community chooses two main groups: elders and traditional support people to provide support, and other community members to become prevention educators
4. During the three-day workshop, participants learn, through traditional teaching practices, the root causes of violence and how to prevent it. A comprehensive safety net is planned by the community. The three days are facilitated by an Aboriginal trainer
5. After the three-day workshop, the community chooses who will receive more training and become prevention educators. They also choose what type of Canadian Red Cross RespectED programme they want to deliver to their children, youth and adults
6. Community members are educated and certified as prevention educators
7. Community members deliver prevention education to chosen audiences
8. The programmes are evaluated by the community with guidance from Aboriginal researchers
9. Ongoing support is given to the communities by Canadian Red Cross Aboriginal personnel.

XENOPHOBIC VIOLENCE

Paper by Spanish Red Cross

Increasing migration means that a growing number of States have become or are becoming more multi-ethnic, and are confronted with the challenge of accommodating peoples of different cultures, races, religions and language. Addressing the reality of increased diversity means finding political, legal, social and economic mechanisms to ensure mutual respect and to mediate relations across differences.[91]

CONTEXT

Xenophobia refers to hatred or hostility towards foreigners or people who are considered "different." It often takes the form of community violence where an individual or small group will hurt someone unknown to them; the target is selected simply for being "different" or for being considered "foreign." Xenophobic violence is a concept related to racism and ethnocentrism, although xenophobia finds its roots in historical, linguistic, religious, cultural and national prejudices in combination with economic, social and political power. Xenophobia can combine with racism, castism and immigration in ways that result in violence.

There are several factors that contribute to racist and xenophobic violence: immigration is viewed as a social problem especially in relation to migrants who are undocumented or are refugees who add to a perception that the migration is uncontrolled; immigration is perceived as a threat to existing citizens because the new migrants are seen to compete for labour and put a strain on social systems like health care, education and housing; and their may be a fear of losing cultural homogeneity.[92,93]

PREVALENCE

- In South Africa, in 2008, 62 people lost their lives through xenophobic violence and thousands were displaced.[94]
- In the United States, in 2007, 2,025 law enforcement agencies reported 7,624 hate crime incidents involving 9,006 offences.[95]

VULNERABILITY

There are a number of factors that make some people, often immigrants or refugees, vulnerable to xenophobic violence. This vulnerability can be driven by stigma, stereotypes and discrimination that places the blame for social, political, economic or security problems on people who are considered "different" or who are new to a community – this vulnerability is increased when it is combined with other variables like: high numbers of migrants or people who are considered as outsiders from a community; significant differences of ethnic, cultural and behavioural customs; entrenched negative prejudices and stereotypes that exist around specific ethnic groups, countries, or groups which are culturally distant; economic contexts, which may include a high rates of unemployment; media that directly or in subtle ways reinforces negative, stereotyped messages; and the failure of the integration of immigrants who are already established in the receiving society..

SNAPSHOT OF RED CROSS RED CRESCENT RESPONSES TO XENOPHOBIC

A few National Societies are helping to address xenophobic violence through advocacy, dialogue, material support, education, health services, social and psychological support, and treatment for victims. For instance, the Irish Red Cross carries out a vocational skills programme at a national level, which is focused on the general public and especially youth; the Cambodian Red Cross Society implements a project to prevent human trafficking and to respond to the needs of vulnerable returnee migrates, victims and survivors of rape, domestic violence and trafficking, and those with missing family members. The Norwegian Red Cross delivers a street mediation programme at reception centres for asylum seekers that aims to improve conflict management skills; the South African Red Cross Society has been active in supporting migrants affected by xenophobia through direct assistance; and the Spanish Red Cross integrates migrants, together with other vulnerable groups, into its general assistance, educational and support programmes, with the aim to avoid potential tensions with the hosting population, especially in times of economic crises when social systems face a higher demand[1]. The campaign "La diversidad, nuestra mejor opción" (Diversity, our best option), addressed to young people and educational staff, is also a useful awareness raising tool used by Spanish Red Cross for promoting inter-cultural dialogue, tolerance and respect for diversity.

EXAMPLE OF SUCCESS - VIOLENCE RESPONSE
South African Red Cross Society – **Urban violence relief operation**

In May 2008, in response to a series of riots based on anger against migrants, during which 62 people dead were killed, the South African Red Cross Society (SARCS) launched the urban violence relief operation. SARCS mobilized its volunteers and staff as soon as the crisis started to provide first aid, hygiene kits, trauma counselling and family reunification assistance to the displaced population. SARCS also carried out anti-discrimination campaigns aimed at addressing the root causes of violence.

While the large-scale violence against migrants was unexpected, the SARCS was able to respond quickly – and to learn key lessons. Some of the lessons learned include:
- Focusing on actions as a priority rather than plans was crucial to success; SARCS responded first to the needs of vulnerable people and then reached out to others such as the media for support
- Standard operating procedures for responding to urban violence and similar disasters need to be mandatory and standardized so response is similar across all levels of a National Society
- Training programmes that can be activated to train new volunteers are essential
- Communication with stakeholders throughout a response is necessary.

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[1] As recommended by the IFRC Policy on Migration (2009) on principle 2
(http://www.ifrc.org/Docs/pubs/who/policies/migration-policy-en.pdf)

URBAN VIOLENCE

Paper by Colombian Red Cross

Violence in urban areas poses a particular challenge, where problems are often aggravated by rapidly growing populations, poverty and economic inequalities, unemployment, social exclusion and marginalization, insufficient public security and services, and the easy availability of drugs and weapons.[96]

CONTEXT

As of 2005, for the first time in history more than 50 per cent of the world population is living in urban areas, and the numbers continue to grow, especially in some locations like sub-Saharan Africa (nearly 6 per cent urban growth a year) and in Asia (3-4 per cent a year)[97]. One in three city dwellers – nearly one billion people – live in slums[98].

As the planet urbanizes, the social, cultural, political and economic factors that bind, divide and also wedge apart different communities and populations, continue to shape the lives of individuals. In far too many urban environments across continents, this has resulted in pockets of relevant prosperity, security and calm which are contrasted with expanding zones of human insecurity that make the most vulnerable populations, such as youth, even more at risk of violence.

Urban violence can be analyzed in multiple ways; community or ethnic violence; institutional violence and discrimination; criminal activities; and interpersonal violence that stays hidden, as secrets, behind closed doors of homes.

Enhancing the impact of urban violence are small weapons, poverty, lack of opportunities for labour, education or positive social interactions, overcrowding, alcohol and drugs/illegal substances.

PREVALENCE

- The *World Report on Violence and Health*[99] reports:
    - There are estimated 30,000-35,000 gang members in El Salvador and a similar number in Honduras
    - In 1996 there were approximately 31,000 gangs operating in about 4,800 cities and towns in the United States
    - In Guam, more than 60 per cent of all violent crime reported to the police is committed by young people, much it related to gang activities.

VULNERABILITY

The risk of urban violence occurring is very complex and multidimensional. There are many forms that violence can take within urban settings and each has some commonalities and also some unique factors.

- Individual level risk factors for running-away from home[100] and joining gangs[101] include being physically or sexually abused in their homes; in turn, once they are living on the street or part of a gang their risk for further violence escalates, intensifies and becomes more visible.[102,103]
- Relationship/family level factors include socio-economic status of a family which has been associated with potential violence. Studies from the USA, Brazil and Peru[104,105,106] have shown that the prevalence of self-reported assault and robbery among youths from low socio-economic classes is about twice that among youth from high socio-economic levels. In addition, bullying has been linked to the notorious school shootings in North America since the 1990s.[107] While clear linkages between bullying and recruitment into gangs is currently still to be understood in detail, the data does underscore that bullying behaviours can help put youth on a trajectory towards physical violence.[108]
- Community level factors include high-levels or existing crime , and the presence of gangs, guns and drugs. Where all three are present, studies have shown homicide rates by youth increase.[111,112,113]
- Societal/cultural level factors include societies that have undergone a traumatic "shock" induced by economic, political, environmental, and/or conflict related stresses, the risk of violence against and by youth can increase. The ensuing deficit of social support systems, security and law, and labour can result in deficits of human security, poverty and a lack of dependable social or economic options. Cities in transition can also create unsafe landscapes for youth.[114]

EXAMPLE OF SUCCESS - YOUTH INVOLVEMENT IN VIOLENCE PREVENTION
Colombian Red Cross – **Mitigating urban violence through multiple programmes**

The Colombian Red Cross works in an environment where urban violence is significant and its impact is felt by many. In response, the Red Cross has intervened through multiple programmes that are each unique and vary in size; however, each shares a common goal of reducing the risk of self-directed and interpersonal violence in communities.

Initiatives to help confront urban violence from the Colombia Red Cross include: education on humanitarian values, human rights and international humanitarian law – these occur in part through education brigades; a peace, action and coexistence (PACO) programme for youth; youth violence initiatives in schools and in deprived urban settings; care for the homeless; and capacity building in urban locations to help reduce gender-based violence.

VIOLENCE DURING AND AFTER DISASTERS

Paper by Canadian Red Cross and Australian Red Cross

Disaster after disaster produces irrefutable evidence that with displacement – be it as a result of natural hazards or conflict – the risks of physical abuse to women and girls rises substantially.[115]

CONTEXT

There is a growing recognition, and increasing evidence-base, that show violence escalates during after disasters – whether human-made or natural and regardless of whether the disaster is environmental, health or economic in nature.

In disasters individual, family and community stress increases while family and community support systems become strained and can even break-down; there is a heightened sense of instability, insecurity and fear, a loss of autonomy, and dependency on others for aid.[116] The potential of violence not only spikes for the general population but can disproportionately affect those categories of people who were discriminated against, marginalized and more at risk of violence prior to the disaster. This often means that children, youth and women can be the most vulnerable to interpersonal violence during and after disasters.

Disasters and emergency situations are generally understood to cover the period of time leading up to an acute crisis and ending when people are returned to the places from which they have fled or 'resettled' elsewhere. This period can be extremely protracted – especially for those who have found refuge in places that then become unsafe, forcing them to flee once again. As noted by the WHO, emergency situations are often cyclical, with periods of stability interrupted by recurrent instability. Indeed, emergency situations are mostly characterised by a lack of stability (even in places of refuge).[117]

According to UNFPA, almost two billion people worldwide were affected by natural disasters in the last decade of the 20th century; 86 per cent of them by floods and droughts.[118] In 2004, a single event – the tsunami in East Asia – killed more than 280,000 people and displaced more than one million. Whilst natural disasters occur in many places in the world (with devastating effects on all communities) it is the poor who are disproportionately affected by the impacts of such occurrences because of limited resources and/or infrastructure available to them. Figures show that those in low-income countries are four times more likely to die from extreme natural events than those in high-income countries. During the 1990s, more than two-thirds of all deaths from natural disasters occurred in Asia (the continent that experiences natural disasters the most).[119] Forms of violence known to occur include:[120]

- Physical assault
- Emotional and psychological abuse
- Sexual assault and rape, especially if food, water or fuel sources are far away from settlements or located in risky areas. This is the most immediate form of violence in the acute phase of emergencies
- Sexual exploitation, including sexual bartering in exchange for essential goods and services
- Trafficking and sexual slavery
- Forced marriage.

The use of sexual violence, especially against women and girls, as a "weapon of war" to instil fear, terror, and shame within opposing communities, break-up community structures, force people to flee, and to "reward" armed combatants for their victories is a particularly brutal, vicious and degrading form of violence that targets innocents in times of conflict.[121]

PREVALENCE

- After Hurricane Hugo hit the USA, child abuse increased at three months, six months and 11 months after the hurricane, compared to the proceeding year – in the first three months there was a nearly 300 per cent increase.[122]
- After the Loma Prieta earthquake in the USA, child physical abuse increased at three months, six months and 11 months after the earthquake.[123]
- Six months after Hurricane Floyd in North Carolina, USA, brain injuries were five times more common in the areas hardest hit by the disaster – the researchers concluded the increase was due to increased stress among parents leading to higher child abuse.[124]
- Increases in intimate partner violence levels have been reported in the Philippines after the Mt. Pinatubo eruption and in Nicaragua after Hurricane Mitch, in the USA after the Loma Prieta earthquake and the eruption of Mt. Saint Helens, and in several refugee camps worldwide.[125]
- In the Great Lakes Region of Africa more than 50 per cent of children in displacement camps had experienced some form of sexual abuse; in one camp the rate was 87 per cent.[126]

VULNERABILITY

ECPAT International describes six factors that can combine to increase the risk of violence against children in emergency settings, these same factors can in many ways be applied more broadly to all age groups[127]:

1. Pre-existing risks for violence and discrimination against in a community before a disaster
2. The nature, scale, scope and duration of a disaster
3. The amount and quality of support in response from helping agencies: includes how, when and by whom people's needs are met and the behaviour and conduct of individuals representing helping agencies
4. Availability of support systems: includes informal and formal structures to support children and families
5. Protection mechanisms that are in place: including prevention and response systems.
6. Prevention education provided to children and adults prior to and reinforced during an emergency.

ILLUSTRATION: **RISK OF VIOLENCE IN DISASTERS**

PRE-EXISTING SOCIAL CONTEXT & VALUES

NATURE OF DISASTER

PROTECTION MECHANISMS

RESILIENCE & COPING STRATEGIES

RISK OF VIOLENCE

SOCIAL SUPPORT SYSTEMS

INFLUENCE OF ACTORS

EXAMPLE OF SUCCESS - INTEGRATION

Canadian Red Cross – Integrating violence prevention into standardized training of disaster personnel

Since 2006 the Canadian Red Cross (CRC) has made education on the prevention of violence, especially against children, a part of the core training received by its disaster management volunteers and leaders. A three-hour workshop that covers the types of violence, risk of violence in disasters, prevention strategies and how to respond to violence if it does occur is facilitated by trained CRC personnel. The workshops are one part of a larger commitment by the CRC to ensure the entire organization integrates the prevention of violence into all of its programmes and operations through a comprehensive approach called "Ten steps to creating safe environments" which includes screening, education, monitoring, and support systems to develop and maintain safety for all staff, volunteers and beneficiaries.

APPENDIX 2: IFRC DECLARATIONS, MOVEMENT STATUTES AND DECISIONS

Violence and its devastating humanitarian consequences have increasingly become part of the focus of the IFRC; this is reflected in global and regional declarations, statutes and decisions:

1969: The **Istanbul declaration from the 21stInternational Conference** stated, "*It is a* **human right** *to be free from fears, acts of violence and brutality, threats and anxieties likely to injure man in his person, his honour and his dignity.*"[128]

1999: The **27th International Conference** declared that National Societies and States "*will co-operate and, as appropriate, take initiatives to promote* **tolerance, non-violence in the community and respect for cultural diversity.**"[129]

1999: Strategy 2010 stated the Movement's humanitarian values as:
- Protection of life, health and human dignity
- Respect for the human being
- Non-discrimination
- Mutual understanding, friendship, cooperation and lasting peace
- Service by volunteers.

2001: The **Movement's Council of Delegates** asked National Societies, ICRC and IFRC to, "*actively advocate to protect the* **basic rights of groups and individuals at risk** *in their countries and to work with partners, including government agencies, to create conditions of* **safety** *for persons endangered by violence or discrimination.*"[130]

2003: At the **28th International Conference**, the IFRC made a pledge on Non-Discrimination and Respect for Diversity, and committed itself to:
- "*Take initiative to learn about and* **understand better** *the trends that fuel intolerance, violence, discrimination and the lack of respect for diversity and actions that can combat these trends*
- *Work towards the provision of* **safe environments** *for vulnerable populations, particularly children, for whom it is providing services and/or care.*"[131]

2003: Santiago de Chile Commitment. National Societies committed themselves to convey their message of tolerance and non-violence and promote non-discrimination, and "*to implement strategies and programmes that address the special vulnerability of* **young people** *recognizing the magnitude, relevance, complexity and urgency of problems associated with* **youth violence.**"[132]

2006: "**Federation of the Future**": "*Humanity expressed every day by people working together to protect human dignity and prepare for and cope with situations that threaten their lives and livelihoods.*" The Federation of the Future identified core goals for the IFRC of which Goals 3 and 4 links directly to violence prevention and mitigation.

2007: The **30th International Conference of the Red Cross Red Crescent** recognized violence as "*a leading cause of preventable death, injury and human suffering worldwide.*" In "*Together for Humanity*", National Societies expressed they are resolved to "*work together to develop at all levels comprehensive violence prevention and reduction programmes in order to build **safer communities** through practical measures.*"[133]

2007: At the **30th International Conference of the Red Cross Red Crescent**, 13 National Societies signed a pledge on prevention of sexual exploitation and abuse (PSEXA) with the main objective to create **safe environments** free of all types of violence, abuse and exploitation against Red Cross Red Crescent staff, volunteers, and beneficiaries.[134]

2007: Guayaquil Commitments. At the 18th Inter-American Conference, National Societies committed themselves to significantly increase their work to promote respect for diversity and human dignity, and to reduce **intolerance, discrimination, violence and social exclusion**, by promoting positive behaviour change, and advocate to influence public policy and decision-making and giving priority to reducing stigma related to HIV and AIDS, and to addressing the increasing problems related to all forms of violence.[135]

2008: Johannesburg Commitment. At the 7th Pan-African Conference, National Societies committed themselves in two action areas:
1. "*To address the needs of migrants, recognizing their special vulnerability to threats to their health, as well as exploitation and violence in countries of origin, transit and destination*"
2. National Societies, feel themselves as "*well positioned to detect, prevent and alleviate urban violence and its impact by promoting community harmony and social dialogue, and commit to: a) invest in and build their capacities to prevent, mitigate and respond to urban violence, including through strengthened humanitarian diplomacy; and* b) *engage in proactive violence prevention programmes in the community, particularly through the promotion of humanitarian values and a culture of non-violence and peace.*"[136]

2009: Youth Declaration. The youth of 150 countries, representing the Movement's 50 million youth volunteers, gathered in Solferino. They committed to "*inner change and the development of skills to promote harmony and positive attitudes within communities*"; "*live our seven Fundamental Principles as agents of behavioural change*"; and "*renounce violence, promote non-discrimination and respect for diversity, and a culture of peace in the world.*"[137]

APPENDIX 3: IFRC GLOBAL AND REGIONAL INITIATIVES

IFRC global and regional initiatives in violence prevention have been developed in recent years involving National Societies from all over the world. Examples of regional initiatives are the Regional Strategy for Violence Prevention in Central America, Mexico and the Caribbean, and the forthcoming Regional Child Protection Strategy for Southern Africa. The Humanitarian Drug Policy and the PSEXA Pledge are good examples of global initiatives which involve National Societies from different regions and continents.

REGIONAL STRATEGY FOR VIOLENCE PREVENTION IN CENTRAL AMERICA, MEXICO AND THE CARIBBEAN

The Regional Strategy for Violence Prevention (RSVP) aims at preventing any kind of violence, intolerance and discrimination against people in Central America, Mexico and the Caribbean, from a development approach.

The research and elaboration process began in 2004, oriented by Spanish Red Cross, in support of the National Societies from Costa Rica, Cuba, Dominican Republic, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama and El Salvador. The process was developed in strong collaboration with the IFRC and ICRC, and ended in the final edition of the strategic document in 2006.

The strategic proposal leads the intervention approach in two areas, education in values and promotion of citizen participation. The methodological proposal is based on a protagonist model of street education - for community intervention projects - and mediation and generation of youth leadership - for projects of incidence in public policy. This RSVP is based on experience acquired at a regional and local level since 1998.

In summary, under a prism of values, the intention is to focus in contributing to...

	EDUCATION	CITIZENSHIP
COMMUNITY INTERVENTION	Strengthen social skills of vulnerable and excluded people and improve their development opportunities	Optimize local capacities at the organizational level and ensure participation of all views in community forums and network
INCIDENCE IN PUBLIC POLICES	Promote inter-institutional dialogue culture and generation of a strong social network in areas of higher vulnerability and exclusion	Promote assurance of social rights of the most vulnerable and excluded people and facilitate articulation of better laws and public policies.

Extracted from Regional Strategy for Violence Prevention, 2006

ROME CONSENSUS FOR A HUMANITARIAN DRUG POLICY

The Rome Consensus[138] for a Humanitarian Drug Policy is a joint project of the Italian Red Cross and the International Council On Security and Development (ICOS)[139]. The consensus commits 118 National Societies worldwide and acts as a catalyst for the Movement to promote public health oriented drug responses and implement corresponding programmes. A humanitarian drug policy is both an approach and a practice. As an approach, humanitarian drug policy, understands the drug problem as a human reality, intrinsically connected to public health and social development issues. It is based on rationality, compassion and the non-stigmatization of the drug users. In practice, humanitarian drug policy takes a realistic and non-judgemental approach to drug consumption, trafficking and production: it takes care of drug users using treatment and public health measures, such as clean needle exchange or methadone substitution treatment. It empowers drug users to take control of their addiction and their lives, restoring their self esteem and aiming to reintegrate them in the labour market and wider social life.

With the aim to obtain a tailored response in each region, a three-pronged approach has been developed:

- Research and knowledge development. To assess the drug consumption landscape and drug policy issues in the different regions
- Knowledge sharing and capacity building. To foster exchanges of knowledge and know-how in different regions and strengthen capacity among health practitioners
- Humanitarian drug policy implementation. To implement public health based, humanitarian approaches to drug policy the Rome Consensus implements a series of pilot projects in different regions in cooperation with local partners

With the support of the European Commission, The Rome Consensus has established the *Rome Consensus Europe* initiative to bring together National Societies and European Institutions to promote public health based responses to one of Europe's most humanitarian challenges: drug related suffering.

IFRC REGIONAL GENDER-BASED VIOLENCE (GBV) STRATEGY. SOUTH AFRICAN REGION

The Southern Africa region is developing a regional gender based violence strategy, with the aim to integrate GBV into the IFRC's Global Alliance HIV Programme in Southern Africa. The process began at the end of 2008 when the secretariat zone office requested technical assistance from its colleagues in Geneva towards the implementation of the GBV objective within its regional HIV programme. In January 2009, a joint study (zone office and Geneva) was commissioned to a) assess the current level of the IFRC's facilities to respond to GBV-related issues in the Southern Africa Region and b) to prepare a regional GBV/HIV strategy to enable National Societies to improve their effectiveness in fighting both HIV and GBV.

The Southern Africa region has also developed a regional child protection strategy that aims to integrate child protection policies and procedures across National societies to ensure that child beneficiaries are safe from all forms of violence and abuse of power.

APPENDIX 4: INTEGRATION OF VIOLENCE PREVENTION INTO IFRC POLICIES AND OTHER RESOURCES

The secretariat and National Societies have translated the framework set by statutory decisions into policies, programming tools and concrete activities adapted to the specific realities, context and needs at local, country and regional levels. Violence has either been dealt with as a stand-alone humanitarian issue, or as an issue which is mainstreamed into other thematic areas of work of the Red Cross Red Crescent. The focus has predominantly been on violence in the community, and the required action to address this. Since 2002, the IFRC has also taken a number of concrete actions to address violence occurring within the organization itself or committed by staff and volunteers.

AREA	SUB-AREA	POLICIES	RESOURCES
HEALTH	HIV/AIDS	***HIV/AIDS policy***[140] encourages the IFRC and National Societies to fight "stigmatization and discrimination everywhere by creating tolerant and supportive environments for PLWHA (People Living with HIV/AIDS) within the organization"	• "***Improving health and care in the community***"[141], and "***Standards for HIV peer educator programmes***"[142] address reproductive health and SGBV prevention as a means for HIV/AIDS prevention, and highlight the unique vulnerability factors for different genders. • "***HIV prevention, treatment, care and support. A training package for community volunteers***"[143], includes fear of violence (discrimination, abandonment, violence by partners) as a barrier to taking an HIV test; it also emphasizes the special needs of PLWHA who are survivors of rape, assault or domestic violence and individuals with substance abuse challenges. • "***Orphans and other children made vulnerable by HIV/AIDS —Principles and operational guidelines for programming***"[144] highlights the needs of children at special risk, such as street children, internally displaced and refugee children, unaccompanied children, migrant children, children affected by armed conflict, children in abusive homes or environments, children living with elderly and frail grandparents, child labourers, disabled children, and children in child-headed households, who may be predisposed to early sexuality, sexual violence or abuse which increases the risk of infection
	First Aid	***First Aid policy***[145] reinforces the need for the IFRC and National Societies to provide additional training and preparation for staff and volunteers who may be involved in special situations of violence. It also tasks the IFRC to form partnerships with international bodies, including additional training support in first aid team action in situations of violence.	

AREA	SUB-AREA	POLICIES	RESOURCES
HEALTH	Psychological Support	***Psychological support policy***[146] encourages the IFRC and National Societies to promote safe environments for volunteers and staff who deal with long-term or multiple losses due to, amongst other causes, violence, through stress management, security measures and skill	• "***Psycho-social assistance for children affected by armed conflicts***"[147] focuses on how high-levels of violence in armed conflict can psychosocially affect children and increase their vulnerability to violence and abuse. • "***Community-based psychological support***"[148] addresses issues such as provision of support to help school-aged children to cope with fear after a situation of violence; alcohol or drug abuse; and sexual abuse of children as requiring special psychological support. • "***Managing stress in the field***"[149] provides psychological advice for humanitarian workers in order to help them when they work in extreme situations of violence or natural disaster.
	Substance abuse		• "***Spreading the light of science. Guidelines on harm reduction related to injecting drug use***"[150] describes the inadequacies of some approaches to address drugs abuse, and how they can lead drug users to "routinely face harassment, stigmatization, violence and social exclusion", instead of the care, compassion and real alternatives they need. It also mentions the mutually reinforcing relationship between violence and drugs and alcohol consumption.
	Malaria		• The IFRC malaria programme has included the module on the prevention of violence against child beneficiaries as part of its core curriculum; the same module has also been added as a supplementary resource to the community-based health and first aid (CBHFA) curriculum.
	Road Safety		• "***Practical guide on road safety***"[151] in a summary of road safety problems and solutions worldwide, including violence on the road.
DISASTERS MANAGEMENT	Accountability and integrity	***The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief***[152] **(2007)** includes particular references to violence, exploitation and abuse. The human resources department has designed a briefing on the Code of Conduct which includes information on the prevention of abuse of power against beneficiaries	
	Disaster response	***Integrating relief, rehabilitation and development policy***[153] and the ***emergency response policy***[154] each adopt a "do no harm" approach by tasking the IFRC and each National Society to "ensure that relief does not inadvertently reinforce tension or conflict within or between communities", and to design programmes that contribute to co-operation and reconciliation "in a manner that does not add to the threat of violence against the assisted population".	• Tools designed for conducting assessments such as the ***Guidelines for Assessment in Emergencies***[155], the ***Disaster Response and Contingency Planning***[156], the ***Vulnerability Capacity Assessment*** (**VCA**)[157] and the ***Disasters Preparedness Training Manual***[158] include information and checklists for the identification of some situations of violence including: domestic violence; abuse of power; physical violence and aggression, particularly in disasters involving refugees and internal displaced persons; and sexual violence/rape. • In addition the ***Better Programming Initiative*** (**BPI**)[159] and ***Guidelines for Cash Transfer Programming***[160] do not specifically mention violence but do include the "do no harm" approach.

AREA	SUB-AREA	POLICIES	RESOURCES
MIGRATION	Migration	The **Policy on Migration**[161] has recently replaced the IFRC Refugees and other displaced people policy. It encourages National Societies and the IFRC to "protect migrants against abuse, exploitation, and the denial of rights". The policy "addresses the needs and vulnerabilities of, amongst others, labour migrants, stateless migrants, irregular migrants, as well as refugees and asylum seekers" along the migratory trails, encouraging National Societies to work together to optimise their humanitarian action, including to assist and protect migrants and help them to face the particular challenges they find when they do return to their countries of origin. Whatever approach National Societies use to assist the needs and vulnerabilities of migrants, e.g. through special programmes or projects for this vulnerable groups, or by including them in their general humanitarian action "addressing the needs and vulnerabilities of the population in its diversity", in order to avoid tensions between migrants and host communities. the policy encourages National Societies to guarantee impartiality and non-discrimination, taking into account the humanitarian needs of the host population as well.	

VIOLENCE AND ACCOUNTABILITY

Of high concern for humanitarian agencies is the significant level of accusations of sexual abuse and exploitation against vulnerable populations, especially women and children, by humanitarian aid workers.[162,163,164,165,166]

In response, the IFRC has taken a number of concrete actions to address the issues and prevent their occurrence within the network. Most notably, these include a new **Code of Conduct (2007)**, integration of the issues into several programme education materials, and the **IFRC Pledge on Abuse of Power** at the 30th International Conference, 2007[167]. The evaluation criteria for the pledge (by 2011) are to:

- Support National Societies to adopt and implement a zero tolerance approach towards sexual exploitation and abuse
- Assist National Societies in promoting safe environments for all vulnerable populations, especially children within their own institutions and throughout their operations and programmes
- Promote awareness on the abuse of power and support capacity building efforts and training in preventative approaches
- Collaborate with other international, inter-governmental and non-governmental organizations in reviewing the implementation and impact of collective efforts to eliminate abuse of power.

APPENDIX 5: CHALLENGES AND STRENGTHS

GUIDING STANDARDS		APPLICATION	
		CHALLENGES	STRENGTHS
ACCOUNTABILITY	Donors and beneficiaries are essential to maintaining the integrity of the Red Cross Red Crescent. Accountability in this context includes transparency, monitoring and evaluation, complaint and reporting systems, and participation of key stakeholders MONITORING AND EVALUATION, helps measure success, recalibrate strategies where they are not producing expected results and support accountability RESEARCH AND SHARING OF LESSONS LEARNED, helps identify effective programs and approaches; reduce repetition of mistakes, build on strengths and increase efficiency	▪ Lessons learned by National Societies in implementing violence programs are rarely documented, analysed, or shared within National Societies, within the IFRC, or among partners ▪ Few monitoring systems are utilised ▪ Evaluations are rare and inconsistent in terms of scope, depth quality and effectiveness ▪ Evaluations rarely conducted in collaboration with neutral, external partners such as academic institutions ▪ Financial and human resource capacity for evaluations is lacking	▪ Potential to adapt, replicate and scale-up successful existing programmes between National Societies is high ▪ Examples of evaluation tools and processes exist that can be replicated or adapted ▪ Recognition growing that monitoring and evaluations need to be built across programme cycles
CULTURE OF NON-VIOLENCE	Through respect for human dignity, the IFRC can act as a model of a non-violent culture globally	▪ Most National Societies do not know what a "culture of non-violence" exactly means	▪ Our community-based structure allows a wider dissemination of a culture of non-violence through our current actions with vulnerable population - especially in conflict areas where Red Cross Red Crescent is example of neutrality, humanity and impartiality, and by being the living example in our daily work
GENDER-SENSITIVE APPROACH	Each gender has unique vulnerabilities and also factors of resilience that need to be acknowledged, incorporated and leveraged in order to effectively address violence. Embracing both male and female perspectives; active participation in the identification of strategies and solutions	▪ Most violence initiatives only address the needs of women as victims ▪ Violence against men is the most neglected form of violence by National Societies ▪ Where men are incorporated it is in protection roles or as perpetrators but not as vulnerable populations ▪ Women are also known to use and support violence against children and men - this needs to be addressed	▪ Programmes that address violence against women and girls are done with sensitivity and care
SAFETY AND SECURITY	Personnel and/or partners must be safe and secure in the implementation of violence prevention initiatives	▪ Clear procedures, best practices and documented lessons learnt to ensure physical and emotional safety of personnel are lacking within National Societies	▪ Security and psychosocial support procedures and best practices exist within the IFRC that can provide guidance for developing similar tools for violence prevention issues.

GUIDING STANDARDS	APPLICATION	
	CHALLENGES	STRENGTHS
BASIC NEEDS ARE MET	In addition to violence, basic needs including food, shelter and education must be prioritized in order to ensure personal safety; if basic needs are not met it becomes far more difficult to address violence		
INTEGRATION INTO ALL IFRC PROGRAMMES AND SERVICES	It helps to allow long-term planning, identify clear linkages with other sectors, increase the likelihood of organizational support, and create and maintain ownership of the issues across a National Society. Ensure that violence prevention is built into National Societies and programme policies and procedures.	▪ Violence issues are often separated from other programmes; violence addressed in isolation or "silos" ▪ Violence perceived as a specialised topic that does not relate to other topics ▪ Violence is seen as affecting only some populations - for example, women. Integration of violence prevention/abuse of power are not occurring in a vast majority of National Societies despite the IFRC Abuse of Power pledge	▪ Successful integration of violence issues, including abuse of power by a few National Societies
EVIDENCE-BASED PROGRAMMES	RESEARCH AND EVALUATION	▪ Research is rarely built into the design and implementation of violence programmes ▪ Anecdotal evidence suggests there are more qualitative evaluations focusing on participant experiences; less focus on scientific qualitative or quantitative evaluations	
COMPREHENSIVE/ HOLISTIC MULTIDISCI-PLINARY APPROACH Addressing risk factors and root causes of violence	A comprehensive/ holistic multidisciplinary approach helps to recognize and situate programs within individual, relationship, community and societal/ cultural risk and protective factors	▪ Most violence programmes are not using comprehensive models to address violence ▪ Programmes are often one-dimensional or touch on violence issues in simplistic ways; they do not address the larger context	▪ The experience of the Movement in addressing complex health, injury prevention and disaster management and response issues has built-up considerable experience, learning, and capacity that can be applied to violence prevention
SPECIAL FOCUS ON CHILDREN AND YOUTH	Children and youth are the most vulnerable to violence due to their age, dependence on adults, size and physical/emotional/intellectual capacity	▪ Some National Societies have been reluctant to identify children/youth as the most vulnerable ▪ Some National Societies conclude that other agencies are dealing with this population so the Red Cross Red Crescent dos not need to ▪ Some National Societies are not empowering youth to act as agents of change	▪ A high proportion of the Red Cross and Red Crescent work is with children and youth ▪ There has been integration of violence prevention, mitigation and response into some key documents ▪ The Youth as Agents of Behavioural Change (YABC) project could be a good platform to empowering youth as agents of change ▪ IFRC's Strategy 2020 integrates youth as key actors for social change
SUSTAINABILITY OF ACTION	It helps to ensure a long-term approach which means that sustainability and capacity are addressed from the start of a programme	▪ Financial and human sustainability is lacking ▪ Technical knowledge and capacity is minimal	▪ Some programmes have existed in the IFRC for an extended period of time, even decades; their experiences may be useful identifying best practices

	GUIDING STANDARDS	APPLICATION	
		CHALLENGES	STRENGTHS

PARTNERSHIP	It helps to optimize coordination and reduce overlap in programmes; build on unique strengths of the different partners; support best use of financial and human resources; and enhance a multi-sector approach.
	
	Partners to share same ideals as the Movement's Fundamental Principles and humanitarian values and commitment to addressing violence
		• Some partnerships in name only and not resulting in real collaboration
		• Most partnerships between National Societies focus on funding
		• One National Society helps fund another; genuine technical collaborations are rare
			• Types and models of partnerships vary considerably; successful strategies include:
			  • leveraging the auxiliary role to work with government partners
			  • working through schools and institutions in partnership with staff
			  • supporting peer-to-peer projects
			• IFRC violence network promising new forum for collaboration

COMMUNITY PARTICIPATION AND OWNERSHIP	It helps to address issues in ways that are appropriate to local circumstances, resources, and traditions. All stakeholders involved, including victims/survivors, witnesses, perpetrators and the community	• Tools, processes and documentation on community-participation and ownership are lacking	• The IFRC disaster and health programs have experience in working in diverse settings and being locally-driven; these experiences can be learned from

APPENDIX 6: KEY FINDINGS FROM THE SURVEY OF 16 NATIONAL SOCIETIES

Across the IFRC, there is an increasing number of National Societies addressing violence through a range of community-based programmes and activities. From an informal survey of 16 National Societies working in the area of violence, key lessons began to emerge on how to build upon, improve and develop effective programmes. The following chart represents in a quick view which are the main types of violence and targeted groups addressed by the 16 National Societies who participated, as well as the prevention, mitigation and response actions they are carrying out.

TYPE OF VIOLENCE	
SELF- DIRECTED VIOLENCE	
Substance abuse	****
Suicide	*
INTERPERSONAL VIOLENCE	
Children	*****
Youth	****
Women	****
Men	***
Elderly	***
COMMUNITY VIOLENCE	
Xenophobic violence	****
Urban violence	***
Indigenous people	***

TARGET GROUP	
Victims	*****
People who inflict violence	**
Witnesses, family of victims	****
General public	*****

PREVENTION, MITIGATION AND RESPONSE ACTIONS	
Research	****
Policy development	****
Advocacy	*****
Dialogue, providing friendship	*****
Material support	***
Legal support	*
Social welfare support	***
Health support	****
Psycho-social support	****
Treatment/rehabilitation	**

LEGEND

*****	80%–100%	**	20%–40%
****	60%–80%	*	>20%
***	40%–60%		

Despite the short sample of National Societies consulted, the survey showed relevant findings in terms of their action on violence prevention, mitigation and response. The outputs of the survey showed that all 16 National Societies are engaged in prevention, mitigation and response of interpersonal violence. Within this category, 100 per cent cover children, and 75 per cent also address interpersonal violence against youth. 75 per cent of National Societies address violence against women, and 56 per cent focus on elderly.

As to self-directed violence, whereas 75 per cent of the 16 National Societies confirm addressing substance abuse, only 19 per cent (three out of 16) are dealing with suicide.

Other relevant output from the survey was that, whereas a high percentage of National Societies (81 per cent) focus their activities on victims, only 38 per cent of National Societies stated that they are working in any capacity with people who inflict violence. Hence, within the network of National Societies there is a much higher focus on working with victims rather than with people who inflict violence.

Although it is included as a thematic paper (appendix 1), violence during and after disasters was not included in the survey (it was included as a thematic area later in the process as a need identified by several National Societies).

Only two of the 16 National Societies reported that they provide legal support to persons affected by violence.

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- Support National Societies to adopt and implement a zero tolerance approach towards sexual exploitation and abuse;
- Assist National Societies in promoting safe environments for all vulnerable populations, especially children within their own institutions and throughout their operations and programs;
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THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

HUMANITY

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace among all peoples.

IMPARTIALITY

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

NEUTRALITY

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

INDEPENDENCE

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

VOLUNTARY SERVICE

It is a voluntary relief movement not prompted in any manner by desire for gain.

UNITY

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

UNIVERSALITY

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support, it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.