

Abstract

Interpersonal violence accounts for a significant portion of the global burden of disease and imposes substantial direct and indirect costs on society. This article reviews a public health approach to the problem, describing the health dimensions of interpersonal violence and strategies for intervention, and then looks at human rights approaches to the problem, focusing on specific examples of violence against women and child abuse. The discussion shows that public health and human rights approaches to interpersonal violence are complementary and can operate in tandem with shared goals and strategies. Deliberate integration of the two approaches could facilitate a more comprehensive and sustainable response to interpersonal violence.

La violence interpersonnelle représente une partie substantielle du fardeau des maladies dans le monde et impose des coûts directs et indirects non négligeables à la société. Cet article examine une approche du problème du point de vue de la santé publique, en décrivant la violence interpersonnelle en termes de santé et en proposant certaines stratégies d'interventions, puis il étudie des approches du problème du point de vue des droits de l'homme, en présentant des exemples spécifiques de violence contre les femmes et de mauvais traitements à l'égard d'enfants. La discussion montre que les approches santé publique et droits de l'homme de la violence interpersonnelle sont complémentaires et peuvent être développées en tandem, avec des stratégies et des objectifs communs. Une intégration délibérée des deux approches pourrait faciliter une réponse plus complète et plus viable à la violence interpersonnelle.

La violencia interpersonal es la causa de una porción significativa de los problemas de salud en el mundo e impone costos directos e indirectos importantes a la sociedad. Este artículo examina el problema desde el punto de vista de la salud pública, describiendo el impacto que tiene la violencia interpersonal sobre la salud y las estrategias para la intervención, y luego considera el enfoque de derechos humanos con relación al problema, concentrándose en los ejemplos específicos de violencia contra las mujeres y el abuso de menores. La discusión demuestra que los enfoques de salud pública y derechos humanos con relación a la violencia interpersonal son complementarios y que pueden operar conjuntamente con metas y estrategias compartidas. Este artículo concluye que una integración intencionada de los dos enfoques podría facilitar una respuesta más integral y sostenible a la violencia interpersonal.

INTEGRATING HUMAN RIGHTS AND PUBLIC HEALTH TO PREVENT INTERPERSONAL VIOLENCE

Alison Phinney and Sarah de Hovre

In 2001, violence accounted for an estimated 1.6 million deaths worldwide.¹ Intentional injuries, comprising 2.8% of total deaths that year, caused more fatalities than malaria and nearly as many as tuberculosis.² Violent acts also disabled, injured, or traumatized millions of additional people, numbers that are not reflected in mortality statistics. Violence accounts for a significant portion of the global burden of disease and imposes substantial direct and indirect costs on society.^{3,4} It is a major challenge for global public health.

The *World Report on Violence and Health (WRVH)*, released by the World Health Organization (WHO) in October 2002, defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.”⁵ This definition encompasses physical, sexual, and psychological violence, as well as deprivation and neglect. The typology of violence proposed in the *WRVH* divides violence into three major categories: *Collective violence* is violence committed by states or other groups that is driven by a particular political, social, or economic agenda. *Self-directed violence* refers to self-abuse and suicidal behavior. *Interpersonal violence*, which is the focus of this article, deals with violence between individuals where there

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is no clearly defined political motive.⁶

Interpersonal violence heavily burdens health and resources in nearly every nation. It causes social disruption and creates an obstacle to peace, health, and human well-being. Deaths and suffering from interpersonal violence are not, however, inevitable. A human rights approach has been used to argue for the prevention of child abuse, torture, genocide, violence against women, and other forms of violence. WHO identified violence prevention as a public health priority in 1996.⁷ Although some have argued that the public health approach to violence undermines a human rights approach, the two, in fact, do have shared goals and strategies.⁸ A closer examination of the two approaches and how they complement each other makes clear that both have an important role in preventing interpersonal violence and furthermore suggests that explicitly integrating both approaches would benefit violence prevention.

This article aims to show the complementarity of these approaches to preventing interpersonal violence and to propose an integrated rights-based, public health approach to violence prevention. First, the public health approach to interpersonal violence is reviewed, describing the dimensions of interpersonal violence in terms of subcategories, scope, and risk factors. Then, the human rights approach to interpersonal violence is discussed, specifically regarding violence against women and child abuse. Finally, the complementary aspects of the two approaches are explored, focusing on the rationales and strategies for violence prevention and identifying rights that are prerequisite for preventing interpersonal violence.

A Public Health Approach to Violence

At the heart of the public health approach to any health problem are four steps: documenting and defining the problem, identifying the underlying causes and associated risk factors, developing and evaluating interventions that address those risk factors, and implementing effective interventions.⁹ This approach to interpersonal violence relies on discovering the why of violence and intervening to alter the risk factors associated with it. Although violence is a direct

consequence of individuals' behavior, that behavior is influenced and shaped by factors external to individuals. Interpersonal violence results from a complex interaction between risk factors operating within broader social, cultural, and economic contexts.¹⁰ According to the ecological model proposed in the *WRVH*, the likelihood of experiencing or perpetrating violence is influenced by factors operating and interacting across four levels: a person's *individual characteristics* (i.e., biology, personal history) and proximal *social relationships*, characteristics of the *community* in which a person operates, and *societal factors* (i.e., policies, social norms) that influence violence.¹¹ Reducing and preventing violence requires intervention across all levels of the ecological model.

Interpersonal Violence: The Problem

Interpersonal violence can be divided into two subcategories: family and community.¹² Family violence occurs between family members and intimate partners, often in the home. It includes child abuse and neglect, intimate-partner violence, and elder abuse. Community violence occurs between individuals who are not related and who may or may not know each other. It usually occurs outside the home and includes youth violence, sexual assault by strangers, violence during property crimes, and violence in institutional settings, such as schools.

Beyond fatal and nonfatal physical injuries, interpersonal violence is associated with many other health consequences, including depression and other psychiatric disorders, behavioral changes, substance abuse, sexually transmitted diseases, and unwanted pregnancies.¹³⁻¹⁵ The overall societal impact reaches well beyond the immediate health consequences for individuals and populations. Widespread interpersonal violence contributes to a climate of fear and insecurity in which victims may cease their participation in regular activities, take sick leave from work, or fail to pursue opportunities. The fear or threat of violence contributes to inequality and limits access to resources, particularly for vulnerable groups.^{16,17} Violence also diverts substantial proportions of national and household economies to health

care, law enforcement, social services, and compensation for absenteeism from work, funds that instead could be used for constructive programs, such as those that promote education and employment.

Interpersonal violence accounts for a substantial proportion of the global disease burden.¹⁸ In 2000, an estimated 520,000 people were killed as a result of interpersonal violence worldwide—a rate of 8.8 per 100,000.¹⁹ These deaths, however, represent only the tip of the iceberg because, for each fatality, many more individuals suffer nonfatal and very often repeated acts of physical or sexual violence.²⁰ Interpersonal violence occurs in both developed and developing countries, transcending the boundaries of class, culture, education, and religion. According to evidence gathered in the *WRVH*, children and women are especially vulnerable to nonfatal injuries, psychosocial forms of abuse, and sexual violence, whereas men are more likely to be victims and perpetrators of homicides.

Violence among young people is one of the most prevalent forms of interpersonal violence: In 2000, an estimated 199,000 youths were murdered worldwide—equivalent to an average of 565 young people between the ages of 10 and 29 years old dying each day.²¹ The burden of interpersonal violence, as with many other public health problems, rests disproportionately with the poor, as shown by higher homicide rates observed within low- and middle-income societies and among the poor in societies where large economic inequalities exist.²²

Risk Factors

Risk factors are those individual, relationship, community, or societal factors that predict an increased likelihood of interpersonal violence. They reveal what makes individuals and communities vulnerable to violence. While some risk factors are specific to one type of violence, several are shared across multiple types. Consequently, interventions targeting these cross-cutting risk factors may lead to reductions in multiple types of violence. This analysis focuses on some of the factors that are common to multiple subtypes of interpersonal violence.²³

Poverty and Economic Inequality

Poverty and economic inequality are associated with increased rates of youth violence, child abuse and neglect, intimate-partner violence, sexual violence, and elder abuse.²⁴ Individuals' and families' socioeconomic status and a community's level of poverty influence the risk of interpersonal violence.^{25,26} Not only does absolute poverty affect risk, but relative deprivation also appears significant: Research has shown that economic inequality is strongly correlated to rates of interpersonal violence, particularly to homicide rates.²⁷⁻²⁹

Weak Economic and Social Safety Nets

Weak economic and social safety nets contribute to increased rates of interpersonal violence. For example, high levels of unemployment and limited availability of social capital are associated with increased rates of youth violence, sexual violence, and child abuse and neglect, and rapid social change is known to exacerbate all forms of interpersonal violence.^{30,31} Higher welfare expenditures, strong social welfare systems, and social capital, on the other hand, are associated with lower rates of homicide and child abuse and neglect.³²⁻³⁴

Gender Inequality

Gender inequality creates a social environment that is conducive to intimate-partner violence, sexual violence, child abuse and neglect, and, in some areas, elder abuse.³⁵ Gender-based violence is a manifestation of the unequal power relations between men and women, and often prevents women from realizing their full potential.³⁶ Societies in which men have most of the economic and decision-making power within the household are more likely to have increased levels of wife abuse.³⁷ Likewise, sexual violence is associated with pervasive norms of men's superiority and sexual entitlement.³⁸ Furthermore, unequal opportunities for women can leave them dependent on their partners, which makes leaving a violent relationship or gaining access to justice difficult.

Substance Use and Abuse

Substance use and abuse are associated with all forms of interpersonal violence.³⁹⁻⁴¹ Alcohol and other drugs may facilitate interpersonal violence by reducing inhibitions and impairing judgment.⁴² Alcohol use is a particularly relevant risk factor for perpetration of intimate-partner violence. Diverse studies from a range of countries have consistently found that women whose partners are heavy drinkers are much more likely to suffer intimate-partner violence.⁴³ Substance abuse can also increase stress on individuals and families by the strain it places on economic and emotional resources.

Cultural Norms and Acceptance of Violence

Cultural norms often influence the prevalence of interpersonal violence.⁴⁴ Traditional norms and values significantly influence the way members of a society respond to their environment and help determine what behaviors are socially acceptable. For example, social norms that bestow men the “right” to “discipline” their wives through violence, or that deem violence an acceptable means of conflict resolution and retribution, normalize interpersonal violence into a culture, where it is likely to flourish.

A Prior History of Victimization

A history of being victimized, particularly in childhood, is a formidable risk factor for both perpetrating and being subjected to interpersonal violence in the future.⁴⁵⁻⁴⁷ The risk is not confined solely to directly experiencing physical, sexual, or psychological abuse; children who witness violence in their family environment, even if it is not directed at them, are more likely to become perpetrators of violence in their youth and to abuse and neglect their children and partners later in life.⁴⁸ Given the pattern of interpersonal violence that can develop over generations, primary prevention—addressing the triggers that set a cycle in motion, as well as breaking the cycle itself—can significantly reduce the burden of violence.

Programs and Interventions

The *WRVH* documents many policies, programs, and interventions that have successfully reduced violence. Some specifically focus on one type of interpersonal violence, whereas others address interpersonal violence in general. It is important to note that interventions that address cross-cutting risk factors can influence multiple forms of interpersonal violence. The *WRVH* concludes with nine broad recommendations for advancing violence prevention in general, all of which apply specifically to preventing interpersonal violence. Those recommendations include implementing national action plans for violence prevention; enhancing data-collection capacity; supporting research on the extent, causes, consequences, costs, and prevention of violence; improving primary prevention responses; increasing services for victims of violence; establishing policies that address gender and other social inequalities; increasing collaboration and exchange of information on violence prevention; more thoroughly implementing international human rights standards; and coordinating international responses to the global trade in drugs and arms.⁴⁹

A Human Rights Approach to Violence

Violence prevention is not a new concept for the human rights community, which has characterized various types of violence as acts that both violate human rights and arise from inadequate fulfillment of human rights. People who live amid widespread interpersonal violence cannot fully enjoy their rights to life, liberty, security of person, and health. Levels of interpersonal violence around the world indicate the extent to which states have failed to guarantee these rights to people who live within their borders.

The Inter-American Convention to Prevent, Punish and Eradicate Violence Against Women is the only international instrument that enshrines the explicit right to a life free from violence, but states obligations to fulfill other human rights include taking action against violence.⁵⁰ The Convention on the Rights of the Child (CRC) guarantees

every child the right to life, survival, and development, and obligates States parties to take legal, administrative, social, and educational measures to protect children specifically from violence and exploitation.⁵¹ General Recommendation 19 of the Convention on the Elimination of Discrimination Against Women (CEDAW) identifies gender-based violence as “a form of discrimination that seriously inhibits women’s ability to enjoy rights and freedoms on a basis of equality with men” and recommends that states take action to address it.⁵² States are further responsible for addressing interpersonal violence under their obligations to respect, protect, and fulfill the right to health. The Committee on Economic, Social and Cultural Rights, in General Comment No. 14 on the right to health, declared that a wider definition of health encompasses social problems, such as violence and armed conflict, within the right.⁵³ Accordingly, states should take measures to prevent interpersonal violence, provide adequate services for victims, and collect data for surveillance purposes.

Human rights law has been used to challenge the pervasive belief that violence is an intrinsic part of human existence. The movement against violence against women (VAW) has been particularly successful in this effort. Women’s human rights advocates have long recognized that states have human rights obligations to prevent violence against women, despite the apparent paradox that, according to international law, only states or state actors can commit human rights violations, and interpersonal violence occurs between private actors. State responsibility regarding private acts of violence stems from states’ duty to protect human rights: The obligation to use public power to ensure the free and full enjoyment of human rights includes taking reasonable steps to prevent individuals’ rights from being violated by private actors.⁵⁴ The Inter-American Court of Human Rights clarified this duty in the *Velasquez Rodriguez* case, in which the Court opined that “a state is not directly responsible for human rights violations arising from private acts, but that it becomes responsible when a lack of due diligence to prevent or respond to the violation is apparent.”⁵⁵

Over the past two decades, advocates have successfully

worked to incorporate violence against women into the mainstream human rights agenda.^{56,57} This success is reflected in both the growing attention nongovernmental organizations, such as Human Rights Watch and Amnesty International, are giving to violence against women, as well as in the increase in state-sponsored international human rights instruments and documents that specifically address VAW: General Recommendation 19 of CEDAW (1992), the United Nations (UN) Declaration on the Elimination of Violence Against Women (1993), the Inter-American Convention to Prevent, Punish and Eradicate Violence Against Women (Convention of Belém do Pará, 1994), the appointment of a UN Special Rapporteur on Violence against Women (1994), as well as the explicit attention to VAW within the Beijing Platform for Action (1995).⁵⁸⁻⁶²

Despite the heightened visibility of VAW in international human rights norms and practices, there is no international convention on VAW, not even an article directly addressing VAW in any global human rights instrument.⁶³ Advocates have argued state responsibility to respond to VAW exists under the umbrella of a range of other rights. States can be held accountable for inaction as well as action, and a cornerstone argument for state obligation is that a systematic lack of due diligence to prevent, investigate, and punish acts of violence against women amounts to discrimination.⁶⁴ As intimate-partner and sexual violence are disproportionately directed at women, state failure to prevent these acts and provide victims with adequate mechanisms for redress amounts to discrimination and denies a significant segment of the population the right to life, freedom from torture and cruel and unusual punishment, and security of person as guaranteed under the International Covenant on Civil and Political Rights (ICCPR) and other relevant human rights instruments.⁶⁵ State obligation to address VAW arises also through the obligation of states to provide equal protection of the law and equality of rights to women.⁶⁶

The equality-discrimination argument cannot be used for all forms of interpersonal violence because it relies on proof of systematic lack of due diligence in addressing violence that primarily affects a specific vulnerable group.

Arguments pertaining to child abuse and neglect, including harsh corporeal punishment, instead have been grounded mainly in the lack of due diligence to safeguard the right not to be subjected to torture or cruel, inhuman, or degrading punishment.⁶⁷ The European Court of Human Rights has considered a series of applications alleging that corporeal punishment of children breaches the European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR) and found that such punishment may amount to “inhuman or degrading treatment or punishment,” which is prohibited under Article 3 of the ECHR.⁶⁸ Moreover, in the case of *E and Others vs. United Kingdom*, the European Court found that a more thorough investigation of child-abuse allegations, as well as better cooperation and exchange of information with other child-welfare authorities, could have prevented further abuse and, therefore, the inadequate social services response amounted to a breach of Article 3.⁶⁹ The court’s finding that “A failure to take reasonably available measures which could have had a real prospect of altering the outcome or mitigating the harm is sufficient to engage the responsibility of the State” has important implications for child-protection services in preventing child abuse and neglect.⁷⁰

Integrating the Approaches

For various reasons, neither the human rights nor the public health approach alone is sufficient to effect significant progress in violence prevention.⁷¹ The enforcement mechanisms of international human rights instruments generally are not strong enough to compel states to fulfill every obligation they have agreed to undertake. Even where national laws have been changed to reflect international human rights norms, challenges remain. Changes on paper do not guarantee real change, which depends on those who enforce and interpret the law, as well as on prevailing social norms. Translation of law into practice relies on political will and strong advocacy to hold authorities accountable to new law.⁷²

Similarly, the public health approach on its own cannot sufficiently prevent violence on a large scale. The underly-

ing determinants of interpersonal violence, for the most part, lie beyond the reach of the health sector. The prevalence of interpersonal violence depends more on economic and social policy than on health policy, per se. Public health professionals can identify risk factors and interventions, but they still must rely on multisectoral collaboration to implement interventions that will have the greatest impact. Although, taken separately, neither approach is sufficient to effect large-scale violence prevention, together they can make significant progress against interpersonal violence. By deliberately integrating the two approaches to focus on addressing cross-cutting risk factors, the movement to stop interpersonal violence could gain powerful momentum. The remainder of this article examines the complementary aspects of the approaches and recommends a way forward.

Rationale

The human rights framework uses the rationale that violence prevention is the obligation of states, depending on which treaties they have ratified, to respect, protect, and fulfill those human rights that are related to violence. On the other hand, the public health rationale for violence prevention is grounded in the concept that states have a duty to protect the health and welfare of residents by addressing significant threats to the health of a population, such as interpersonal violence. It is obvious, considering WHO's broad definition of health, that both rationales hinge on the duty of states to safeguard the well-being of individuals and populations.⁷³ The public health approach, which involves identifying costs and consequences of violence, yields an additional argument that appeals to state self-interest: If states will not be induced by legal or moral duty to address interpersonal violence, it is nevertheless to their advantage to reduce and prevent violence because of the associated economic and social costs. This argument does not indicate that governments should address only those human rights that will yield savings; it merely acknowledges the reality that arguments drawing on the language of costs and savings speak well to policymakers. Taken together, the rationales of human rights, public health and welfare, and costs constitute

a powerful set of arguments to induce states to take action to prevent violence.

Strategy

Human rights and public health strategies for preventing violence have significant overlap. Table 1 juxtaposes human rights recommendations for addressing VAW, taken from General Recommendation 19 of CEDAW and the Convention of Belém do Pará, with their corresponding public health recommendations, taken from the *WRVH*.^{74,75} Table 1 illustrates how both approaches emphasize monitoring violence, addressing attitudes and social norms, and providing services for victims/survivors. The main value of adding public health to the human rights approach, besides reaffirming the importance of primary prevention and services for victims, may lie in its focus on science-based evidence. Lack of systematically collected evidence on the extent, causes, and consequences of VAW has been a major obstacle to achieving accountability for human rights obligations vis-à-vis VAW.⁷⁶

Central components of a public health approach to any problem are surveillance, establishing systems for data collection, and analysis; the public health tools of epidemiology and surveillance can contribute to better documentation and understanding of interpersonal violence and even facilitate documentation of human rights violations. Public health is also concerned with identifying interventions that effectively address risk factors and consequences, using scientific evaluation to determine efficacy. Evidence of what works is a powerful complement to any moral or legal mandate to act, by proving that there are concrete actions that, if undertaken properly, will reduce violence. Furthermore, a public health approach can provide evidence about the cost-effectiveness of programs and policies, which speaks to policymakers' necessary concern with budget constraints. In summary, public health evidence about violence can be used to help convince states to act, to document violence-related human rights violations, and to offer concrete actions that states can take to fulfill effectively their human rights obligations regarding violence.

Using Human Rights to Promote Violence Prevention

In addition to considering how the tools of public health may be put to work on behalf of human rights, it is worthwhile to consider how the fulfillment of human rights

Human Rights Recommendations*	Public Health Recommendations*
Ensure appropriate support services for victims of VAW. (CEDAW art. 24. b,k,r,t; Belém do Pará 8.d,f)	Strengthen health, social, and legal services for victims of violence. (WRVH 5)
Compile statistics; research extent, causes, and effects of VAW. (CEDAW art. 24.c; Belém do Pará 8.h)	Enhance capacity for data collection on violence; foster research on causes, consequences costs, and prevention of violence. (WRVH 2,3)
Identify and address attitudes, address attitudes, customs, and practices that perpetuate VAW. (CEDAW art. (CEDAW art. 24. e,f; Belém do Pará 8.b)	Promote primary prevention responses, including change of attitudes, behavior, and social norms; adopt policies to address gender and social inequalities. (WRVH 4,6)
Provide gender-sensitive training for judicial, law health, judicial, police, enforcement, and other public officials. (CEDAW art. 24.b; Belém do Pará 8.c)	Address attitudes (via training) of health, judicial, police and social-service officials that contribute to violence. (WRVH 5)
Foster international exchange of information and experiences related to the prevention of VAW. (CEDAW n/a; Belém do Pará 8.i)	Increase collaboration and exchange of information on violence prevention. (WRVH 7)

Table 1. Shared Recommendations for Violence Prevention.

* Human rights recommendations are followed by the portions of CEDAW, General Recommendation 19, and Belém do Pará that support them; public health recommendations are followed by the portions of the WRVH that support them.

is a prerequisite to reducing and preventing interpersonal violence. The rights violated by violence must be addressed, but promoting the rights violated by the risk factors that foster interpersonal violence is equally essential. Human rights and the degree to which they are fulfilled have direct bearing on the underlying conditions that shape individuals' and communities' vulnerability to interpersonal violence. Several economic, cultural, and social rights, in particular, could be considered vital to preventing interpersonal violence in that the fullest enjoyment of these rights by individuals can reduce its likelihood. Poverty, high unemployment, inadequate economic and social safety nets, lack of education, and various forms of social inequality all contribute to high rates of interpersonal violence in all its forms; human rights related to these cross-cutting risk factors thus figure prominently in its prevention.

The Right to an Adequate Standard of Living

The right to an adequate standard of living entitles both the individual and the individual's family to a standard of living sufficient to provide adequate food, clothing, housing, medical care, and health.⁷⁷ Under the CRC, children have the right to a standard of living adequate for their physical, mental, spiritual, moral, and social development.⁷⁸ Poverty is a major risk factor for all forms of interpersonal violence, and people living in poverty are disproportionately affected by violence; fulfilling this right on a large scale could reduce violence rates significantly.

The Right to Social Security

The right to social security encompasses more than assuring benefits in retirement or old age. The Universal Declaration of Human Rights (UDHR) enumerates the right to social benefits that are sufficient to ensure security in the event of unemployment, sickness, disability, and widowhood.⁷⁹ The CRC directs States parties to provide material assistance and to support programs related to nutrition, clothing, and housing, and to help parents and guardians implement children's right to an adequate standard of living.⁸⁰ Considering that rapid social change, unemployment, parental conflict, inability to meet family needs, and weak

economic and social safety nets all affect levels of interpersonal violence, it is reasonable to conclude that better implementation of the right to social security would go far to diminish interpersonal violence.

The Right to Education

This right includes equal opportunity for compulsory and free primary education, access to various forms of secondary education (including progressive introduction of free secondary schooling), and access to higher education according to capacity.⁸¹ Equal opportunity and nondiscrimination in education are key to efficacy in violence prevention, as implementation of those principles can offset inequalities. Preschool-enrichment and social-development programs and programs that help people to complete secondary schooling have been effective in preventing youth violence.⁸²

The Right to Equality and Nondiscrimination

These are the pillars of human rights and the foundation of the UDHR: “All human beings are born free and equal in dignity and rights.”⁸³ States parties to the ICCPR and the International Covenant on Economic, Social, and Cultural Rights are obligated to guarantee the enumerated rights to all individuals under their jurisdiction, *without distinction or discrimination of any kind*.⁸⁴ Furthermore, CEDAW and the International Convention on All Forms of Racial Discrimination particularly identify the need to eliminate discrimination based on sex, race, and ethnicity and explicitly reinforce state obligations to do so. Inequality of any kind—gender, economic, or social—increases the likelihood of interpersonal violence, which underscores its importance.

Nondiscrimination is a powerful tool for combating inequalities. In particular, more effective fulfillment of the human rights of women can combat gender inequality and reduce incidents of interpersonal violence against women. The status of women can and must be improved by fulfilling, without discrimination, their rights to education, employment opportunities, social security, forms of financial credit, political participation, and equal right to choose and dissolve marriage.

This is by no means an exhaustive list of the human rights whose fulfillment will prevent interpersonal violence, but it illustrates the promise of using this approach. There is a lack of empirical evidence that correlates the status of human rights protection to the prevalence of interpersonal violence; however, the direct impact that realization of human rights has on the risk factors for interpersonal violence suggests that better implementation of rights will significantly reduce interpersonal violence.

Future Steps

Rather than being at odds, the public health and the human rights approaches to interpersonal violence are similar and complementary. They share a common aim of improving human well-being by reducing the prevalence of violence. The growing intersection between the two approaches is already apparent in the violence prevention work of WHO. In a report to WHO, Human Rights Watch identified inadequate medico-legal services as a major obstacle for victims of sexual and gender-based violence who seek redress through the criminal justice system, which indicates a lack of due diligence and, therefore, amounts to a breach of state obligations under CEDAW.⁸⁵ Both Human Rights Watch and the XV FIGO World Congress of Gynaecology and Obstetrics called on WHO to develop guidelines for medico-legal services for victims of sexual violence, which will be published and piloted later this year. Further evidence of the public health-human rights convergence is clear in the WHO/ISPCAN guidelines for preventing child abuse and neglect. These guidelines, which are currently under development, map recommendations to specific articles of the CRC.⁸⁶ Despite the existing collaboration between public health and human rights practitioners, the field of interpersonal violence prevention could benefit tremendously from a more deliberate and systematic integration of the approaches. The link between human rights and the underlying factors affecting interpersonal violence is intuitive, but the method for operationalizing that link is less obvious. The ever-present dilemma over how to do this in a way that will provide policymakers with con-

crete, practical recommendations may find its solution in some of the work being done on human rights and HIV/AIDS.

The First International Consultation on AIDS, in 1989, recommended the development of guidelines on how states could best comply with international human rights standards in response to HIV/AIDS. In 1995, the Secretary General of the United Nations recommended to the UN Commission on Human Rights that such guidelines would facilitate “a more comprehensive understanding of the complex relationship between the public health rationale and the human rights rationale of HIV/AIDS. In particular, governments could benefit from guidelines that outline clearly how human rights standards apply in the area of HIV/AIDS and indicate concrete and specific measures, both in terms of legislation and practice, that should be undertaken.”⁸⁷ Guidelines were developed in 1996 through a consultative process involving human rights activists, people living with HIV/AIDS, representatives from UN agencies and national AIDS programs, and academics.⁸⁸ The consultation proposed 12 concrete recommendations to help states integrate international human rights standards in their responses to HIV/AIDS. This guidance on *what* to do was later supplemented with a handbook offering best-practice examples of *how* to implement the recommendations.⁸⁹

As with the issue of HIV/AIDS, policymakers and planners could benefit from a better understanding of the relationship between violence, human rights, and public health. A set of guidelines on human rights and interpersonal violence, similar to the guidelines on human rights and HIV/AIDS, could facilitate an integrated public health and human rights response to interpersonal violence. Such guidelines should advocate the development of national frameworks for violence prevention—frameworks that integrate human rights principles with violence-prevention interventions, that promote human rights as a necessity for preventing violence, and that ensure care, support, and treatment for victims and their families.

National frameworks for violence prevention can be constructed to strengthen and improve, rather than under-

mine, existing efforts that work to prevent specific types and subtypes of violence, such as VAW or child abuse. These individual movements will be aided by efforts to address shared risk factors, such as poverty or gender inequality, if national frameworks of action prioritize protecting the groups most vulnerable to violence—women, children, youth, and the elderly. Given that the cross-cutting risk factors for interpersonal violence are intrinsically linked with policy in sectors other than the health sector, a handbook that would illustrate the links between social and economic policy and violence, and that would document effective policies and programs for its prevention would be helpful for shaping national frameworks for violence prevention. This kind of resource would complement guidelines on human rights and interpersonal violence and increase the likelihood of their implementation.

Interpersonal violence is a massive hindrance to human well-being worldwide, one that needs comprehensive and integrated responses. Work to elucidate the connections between interpersonal violence, public health, and human rights could catalyze global commitment to prevention efforts. To achieve large-scale and sustainable reductions, public health tools and the legal and moral force of international human rights standards must be brought together and applied to prevent interpersonal violence.

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68. *A v. United Kingdom*, European Court of Human Rights, application number 25599/94, 23 September 1998; *Tyrer v. United Kingdom*, application number 5856/72, 25 April 1978; *Costello-Roberts v. United*

Kingdom, application number 00013134/87, 25 March 1993; European Convention for the Protection of Human Rights and Fundamental Freedoms, ETS No. 005 (1950).

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70. See note 69, sec. 99.

71. Despite the place of VAW on the global human rights agenda, and for all the progress that has occurred with respect to national laws and international norms, the global prevalence of violence against women is still shockingly high, see note 56.

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73. According to the Preamble of the Constitution of the World Health Organization, health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

74. See note 24.

75. See notes 50 and 52.

76. See notes 65 and 72.

77. See note 67, UDHR, art. 25.1; International Covenant on Economic, Social and Cultural Rights (ICESCR), adopted 16 Dec. 1966, UN Doc. GA/RES/220A(XXI), art. 11.1.

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80. See note 51, CRC, art. 27.3.

81. See note 77, ICESCR, art. 13; see note 51, CRC, art. 28.

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