THE HEALTH HAZARDS OF ORGANIZED VIOLENCE

Report on a WHO Meeting

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The WHO Working Group on the Psychosocial Consequences of Violence that met in The Hague in 1981 recommended that the topic of violence and its effects on health be the subject of continuing professional discussions at national, regional and global levels.

The aim of the present meeting was to discuss concepts, methods and forms of research that will increase our knowledge of the health hazards of organized violence. This meeting was held under the auspices of the Dutch Ministry of Welfare, Health and Cultural Affairs, with the collaboration of the WHO Regional Office for Europe.

The concept of health means more than freedom from disease, freedom from pain, freedom from untimely death. It is defined by WHO in its Constitution as "a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity". For the present meeting, the concept of organized violence was defined as follows: the interhuman infliction of significant, avoidable pain and suffering by an organized group according to a declared or implied strategy and/or system of ideas and attitudes. It comprises any violent action that is unacceptable by general human standards, and relates to the victims' feelings. Organized violence includes "torture ... cruel, inhuman or degrading treatment or punishment" as in Article 5 of the United Nations Universal Declaration of Human Rights (1948). Imprisonment without trial, mock executions, hostage-taking or any other form of violent deprivation of liberty also fall under the heading of organized violence.

These definitions were kept in mind during the discussions.

The concept of organized violence

It is impossible to list all possible acts of organized violence, but the most obvious examples are armed conflict, captivity in concentration camps, torture, rape and the taking of hostages.

Since uprooting and exile is closely associated with organized violence, all refugees must be considered victims of organized violence. They are a prime subject for research and intervention.

The purpose of research

The purpose of research should be to extend present knowledge about the effects on health of organized violence. The concept of health comprises aspects of disease, everyday capacity and general psychosocial wellbeing. Consequently, the scope of health effects must include all these aspects, although specific research projects may concentrate on only one.

Research entails problem identification, problem analysis and conclusions, and intervention and communication.

Problem identification means identifying the need for further knowledge. From this, the aims of research can be determined and the selection of aims will, in turn, determine the selection of research methods.

There will be a need for descriptive as well as analytical research, including experimental research and the assessment of interventions. Descriptive research may extend our knowledge of the consequences of organized violence. On this basis, hypotheses on specific aspects

of causation may be built. Analytical research may provide information that will form the basis for scientific judgements about therapy and rehabilitation.

The wider concept of health cannot be covered by medical research paradigms only. It will obviously be necessary to include methods from other disciplines as well, in particular the social and behavioural sciences.

Experience with victims of violence

Experience with victims of violence has shown that most of them need treatment by the health care system.

A great deal of knowledge has come out of research on concentration camp survivors and people who survived the Holocaust in hiding, deprived of social networks. Further information stems from research on, for example, combat victims with mental breakdowns. Comparative studies have shown that intervention should be made immediately or as soon as possible after the violent event, and that the role of social networks is of paramount importance.

Research on sailors in the merchant navy during the Second World War furthered our understanding of the causal relationship between organized violence and health, since these sailors did not suffer primarily physical attacks. Further research on the data in the medical and social files of survivors of the Second World War will extend our understanding of the experiences of victims of violence. This knowledge will not be of historical interest only. It will be a source of information on fundamental human reactions to violent events and will help classify the consequences of today's organized violence.

Further research

Recent studies of organized violence have shown that further research is needed to improve ways of identifying its effects on health and selecting the most appropriate and timely treatment. Further research is particularly important when victims of organized violence are also refugees, since health is a sociocultural concept, and mental health particularly so. The definition and classification of the lifelong effects of violence would help reduce misunderstanding in this field.

Health care facilities

Since organized violence is a health hazard, health care facilities must be provided. A variety of services are provided in Europe, in particular to victims of organized violence who are also refugees. Over the last 10 years, various systems of health care provision have been developed by both governmental and nongovernmental services. While the governmental services obviously concentrate on providing general health services, the nongovernmental services tend to select more specific health problems. This wide range of approaches towards general and particular needs for treatment reflects the very diverse nature and form of the effects on health of organized violence.

Public/professional awareness

Public awareness of the problems of organized violence would help prevent the violence and alleviate its effects on health. The methods used to inform the public must be tailored to target groups. Professionals must also be made aware of the problems, so that they can make informed decisions and implement research findings.

Recommendations

Organized violence is a violation of fundamental human rights and an important health hazard worldwide.

1. Measures should be taken to increase public and professional awareness of the problems of organized violence. This is a prerequisite for the problems to be recognized and dealt with. Thus, organized violence should be included in the curricula of the relevant professions and their postgraduate training schemes.

2. The victims of organized violence should be legally entitled to equal access to health services.

3. Research should be stimulated and supported to identify, describe and assess the range of organized violence and its impact on health. This research should be encouraged at national, regional and global levels as well as by nongovernmental organizations, whether national or international. The overall scope of the research should be broad and should include biological, mental, social and cultural aspects. It should also include intervention.

4. To increase awareness and facilitate the transfer of information for research purposes, clearing-houses should be established. They could consist of a network of collaborating organizations, centres and people representing many kinds of professional skill and motivation. Since separate institutions would demand considerable resources, clearing-houses should be set up within existing institutions.

5. Organized violence, besides being a health hazard, also helps create refugees. For this reason, research, intervention and assessment should not only be confined to recipient countries but also extended to home countries and refugee camps.

6. Networks should be developed to facilitate cooperation between the organizations responsible for providing services and aid to refugees, since the refugee problem is intimately associated with organized violence. Focal points should be established by WHO and the United Nations High Commissioner for Refugees to secure the link between the networks and these organizations.

7. The success of measures taken to increase people's awareness and sense of responsibility should be evaluated. Unless carefully considered, there will be a risk of adverse effects in forms of secondary victimization and the creation of a stigmatizing "victim status".

Annex 1

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