World Health Organization
REGIONAL OFFICE FOR Europe

FACTSHEET
Sustainable Development Goals: health targets

INTERPERSONAL VIOLENCE ACROSS THE LIFE-COURSE

Despite a decline in deaths from interpersonal violence across the WHO European Region (57% from 2000 to 2015), more than 30 000 people are killed by interpersonal violence each year, making it the fourth leading cause of death among people aged 15–29 years, and inequalities in exposure to violence remain (1,2).

- Violence is 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" *(3)*. Interpersonal violence is violence that occurs between family members, intimate partners, friends, acquaintances and strangers. It includes child maltreatment, youth violence, intimate partner violence, sexual violence, elder abuse and violence against women and girls. It is both predictable and preventable.

- Death from interpersonal violence represents only a fraction of the extent of interpersonal violence; for every death, there are many more cases of violence leading to various health and social consequences *(2,3)*.

- Exposure to violence increases the risk of becoming a victim of and/or a perpetrator of future violence. Interpersonal violence is strongly gendered; men are disproportionately represented among victims of violent death, while violence against women is a pervasive criminal and human rights issue that is rooted in gender inequalities and harmful gender roles and norms.

- The risk factors for interpersonal violence are multiple and occur at an individual, relationship, community and societal level. Interpersonal violence places huge burdens on public health as it increases risks of lifelong health and social problems, and for premature mortality. Consequently, a public health approach to violence prevention is critical.

- Interpersonal violence is an increasingly serious threat to the attainment of the Sustainable Development Goals (SDGs), particularly those targeting health and well-being, gender equality and peace and justice. Action is necessary across all sectors and settings to prevent and respond to interpersonal violence and to alleviate the impacts on current and future generations. Addressing risk factors across the SDGs provides a strong opportunity to tackle some of the main causes of interpersonal violence.

SDG 16.1. Significantly reduce all forms of violence and related death rates everywhere

- Throughout the WHO European Region, deaths from interpersonal violence are declining; however, violence still places large burdens on public health *(1)*.
- In 2016, around 30 000 people across the Region died from homicide (males, 21 915; females, 8224) *(1,2)*. For every homicide, an estimated 43 people are admitted to hospital and 262 attend emergency departments for treatment after violent assaults *(4)*.
- Violence causes immediate and acute emotional and physical harm and can have far-reaching consequences across the life-course.
- There are often linkages across different forms of interpersonal violence, and it can be both cyclical and intergenerational in nature *(5)*.
- Multiple risk factors are associated with interpersonal violence *(3)*. Poverty, social isolation and factors such as alcohol misuse, substance use and access to firearms and other weapons are risk factors for more than one type of interpersonal violence. Gendered social and cultural norms and concepts of masculinity increase the risk of violence *(6,7)*.
- Addressing common risk factors for interpersonal violence can strengthen standalone programmes for each type of violence, and combined programmes, where appropriate, can result in synergies and efficiencies *(8)*. Prevention strategies *(3,8,9)* include:
  - laws: implementation and enforcement of laws that criminalize and/or prevent violence, alcohol misuse and access to firearms and other weapons, and promote human rights and gender equality;
  - norms and values: programmes addressing restrictive and harmful norms, values and gender stereotypes;
  - safe environments: urban upgrading and poverty de-concentration;
  - income and economic strengthening;
  - response and support services; and
  - education and life and social skills: early childhood development programmes, healthy sexuality education and training and support for children/adolescents and parents/caregivers.

SDG 16.2. End abuse, exploitation, trafficking and all forms of violence against and torture of children

- Child homicide rates decreased by 11% over five years (2010–2014) *(10)*, suggesting that the Region is on track to reduce mortality rates by 20% by 2020 *(5)*. However, there are still areas for improvement.
- In 2016, interpersonal violence led to 5743 (males, 4499; females, 1244) lives lost among those aged 15–29 years *(2)*.
- It is estimated that 18 million children suffer from sexual abuse, 44 million from physical abuse and 55 million from emotional abuse in the WHO European Region. Prevalence of abuse subtypes differ by gender *(11)*.
- Among schoolchildren (aged 11–15 years), it is estimated that 27–35% have been involved in a physical fight (girls, 16–20%; boys, 38–53%), around 10% have been cyberbullied at least once in the previous 12 months, 23–32% have been a victim of bullying at school at least once in the previous few months (girls, 23–30%; boys, 24–34%) and 24–28% have bullied others at least once in the previous few months (girls, 18–23%; boys, 30–34%) *(12)*.
- A range of programmes identified in INSPIRE: Seven Strategies for Ending Violence Against Children can help to prevent violence against children and youth violence, including parenting programmes that aim to support parents/caregivers to develop positive parent–child interactions and programmes that target high-risk young people to change their behaviour and divert them from future offending *(13)*.

SDG 5.1. End all forms of discrimination against women and girls everywhere

- Evidenced-informed approaches (those identified in RESPECT Women: Preventing Violence Against Women *(14)*) to change harmful gender stereotypes and increase gender equitable attitudes can reduce intimate partner violence, early and forced marriage in children and child maltreatment and exploitation *(9)*. These include:
  - small group programmes;
  - community mobilization, awareness raising and bystander interventions;
  - income and economic strengthening; and
  - policy level approaches and action plans for gender equality.

SDG 5.2. Eliminate all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

- Gender inequality and norms on the acceptability of violence against women and girls are a root cause of such violence *(2,9,14)*.
- Across the Region, 25.4% of ever-partnered women (aged 15 years and older) have experienced intimate partner violence during their lifetime and 5.2% have experienced nonpartner sexual violence; 27.2% of women have experienced either or both *(15)*.

- Children make up around 33% of all people trafficked and 72% of all victims are women and girls. Trafficking for sexual exploitation remains predominant and 94% of the victims trafficked for sexual exploitation are women and girls *(16,17)*. Unaccompanied refugee and migrant children are vulnerable to exploitation and violence; most of these unaccompanied children are adolescent boys *(7)*.
- Violence against women happens in all settings and irrespective of age; a European study of violence among women aged 60 years and older found that 28.1% had experienced some form of abuse in the previous 12 months *(18)*.
- Evidence suggests that school-based programmes to prevent violence within dating relationships can be effective in preventing intimate partner and sexual violence *(19)*. Such programmes can address gender stereotypes, norms and attitudes before they become ingrained in children *(9,14,20)*.
- Other strategies to prevent violence against women and girls include community interventions that address gender norms and attitudes, for example through a combination of microfinance schemes for women and methods that empower men as partners against gender-based violence *(14,19,20)*.

SDG 5.3. Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

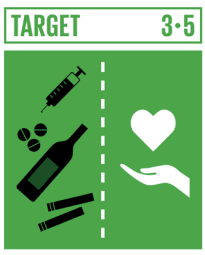
- Harmful practices can have both immediate and long-term consequences, including increased risks of future violence.
- Child, early and forced marriage is a risk factor for intimate partner violence against girls and women, death in childbirth, pregnancy-related complications *(21)*, infant mortality *(22)* and low birthweight *(23)*.
- Across the Region, an estimated 19% of women aged 20–24 years were in a union or marriage before the age of 18 *(24,25)*.
- While there are no reliable data on the prevalence of female genital mutilation, hundreds of thousands of European women are estimated to have been subjected to the practice *(26,27)*.

SDG 5.c. Adopt and strengthen policies and legislation for the promotion of gender equality and the empowerment of all women and girls

- Implementing policies and legislation at a societal level that promote gender equality, criminalize abuse of women and girls, support broader violence prevention activity and address restrictive and harmful gender norms and wider socioeconomic inequalities may increase the likelihood of successful and sustainable reductions in interpersonal violence *(19)*.
- While the Region has a high proportion of countries enacting laws against child marriage, statutory rape and female genital mutilation, enforcement of such laws is limited across many countries *(11)*.

SDG 3.2. End preventable deaths of newborns and children under 5 years of age

- Despite an overall decrease in child homicide rates across the WHO European Region, rates are higher in children under 4 years of age than in older age groups: 5–9 and 10–14 years *(11)*.



SDG 3.5. Strengthen the prevention and treatment of substance abuse

- The harmful use of alcohol and other substances increases the frequency and severity of violent assaults and is associated with many forms of interpersonal violence *(20,28)*.
- In 2016 across Member States of the WHO European Region, 25.2% of harms from intentional injuries were attributable to alcohol *(29)*.
- Globally, the Region has the highest rates of fetal alcohol spectrum disorders (198.2 per 10 000 population); these disorders are associated with behavioural and social problems, including delinquent behaviour, sexual violence and suicide in later life *(30,31)*.

SDG 3.7 and SDG 3.8. Achieve universal health coverage and access to sexual and reproductive health-care services

- Health services are often the first point of contact for victims of violence (although victims rarely explicitly disclose their experience of abuse), who may be hidden from other services.
- Health services have a vital role in identifying and responding to those at risk of violence, addressing risk factors, informing and implementing policies and prevention programmes and interacting with other services to provide support.
- WHO clinical and policy guidelines for responding to intimate partner violence and sexual abuse and violence against women, children and adolescents provide recommendations on identification and clinical care for victims of violence, and guidance on how to organize services and training for health-care providers *(32,33)*.

SDG 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

- Measures that address interpersonal violence and associated risk factors during childhood support the educational and social development of children and also help to equip them with the skills needed for their development on through their life-course *(34)*.
- Provision of quality education, increased participation in schools and promotion of lifelong learning opportunities for all can protect against involvement in violence and address factors that can promote risks of violence *(8,9)*.
- Education settings can play an important role in addressing gaps in the availability of a skilled health workforce to address and respond to violence, and in increasing the skills and awareness of community members *(8,35)*.
- Across the Region, implementation of home-visiting, parent education, primary school programmes and parent training to prevent head trauma have increased since 2013 *(5)*.

SDG 1 and SDG 10. End poverty in all its forms and reduce inequality within and among countries

- Interpersonal violence is associated with poor socioeconomic conditions, inequality and discrimination. Inequalities in experience of violence exist across the Region and across violence types.
- Younger and middle-aged adults (30–59 years), males and those in countries of low–middle income are most at risk of being victims of homicide *(2,4)* (Figs 1 and 2).
- The patterns and consequences of violence are not evenly distributed by gender, increasing inequalities across communities *(3,36)*.
- Violence is exacerbated in institutions such as prisons, juvenile detention centres, care homes for the elderly and institutions for those with mental illness and other disabilities *(8)*.
- Stigma relating to sexual orientation and/or gender identity may exacerbate risks of violence and present challenges in communicating and reporting harm.

Fig. 1. Age- and gender-specific mortality rates from interpersonal violence in the WHO European Region, 2016

Source: WHO Regional Office for Europe, 2017 *(10)*.

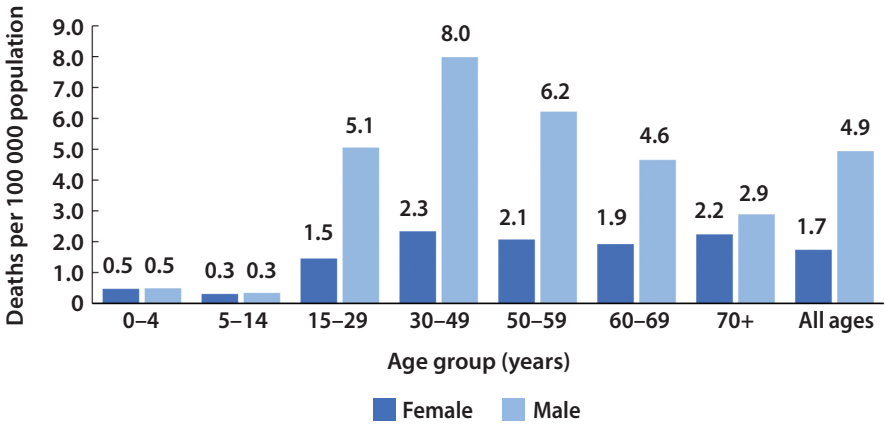
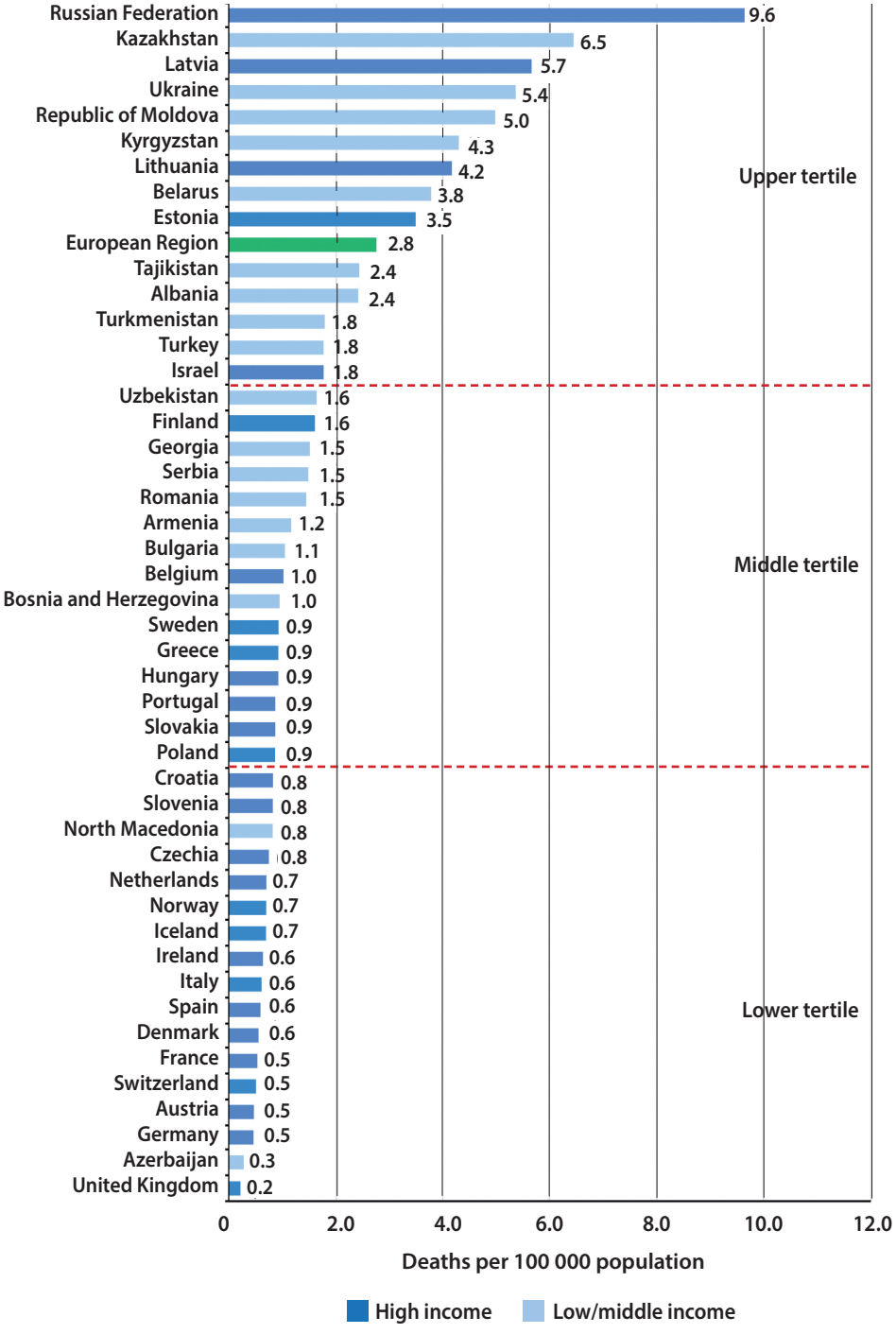


Fig. 2. Mortality rates from interpersonal violence in the WHO European Region by income level (three-year moving average up to 2014, or latest available)

Source: WHO Regional Office for Europe, 2017 *(10)*.



SDG 11. Make cities and human settlements inclusive, safe, resilient and sustainable

Crises and conflicts disrupt and even break health systems.

- Globally, it is estimated that 60% of preventable maternal deaths, 53% of deaths in children under 5 years of age and 45% of neonatal deaths take place in settings of conflict, displacement and natural disasters *(37)*.
- Increasing numbers of people are leaving their homelands because of human rights violations, persecution and conflict. The WHO European Region is now the largest host of people who migrate for these reasons *(18)*.
- Between March 2017 and December 2018, 504 conflict-related injuries and 114 conflict-related deaths were reported in connection with the Ukrainian humanitarian crisis *(24)*.
- Health workers can play an integral role in the preservation and promotion of peace during armed conflicts *(38)*. Because of their professional and ethical position within the community, health workers can provide a neutral meeting point for conflicting parties to discuss mutually beneficial interventions *(39)*.

SDG 17.18. Strengthening data collection, monitoring and surveillance

- Multiple high-quality data sources are required in order to inform violence prevention but such systems are often lacking both across and within countries.
- Data need to be disaggregated by relevant characteristics (e.g. income, gender, age, race, ethnicity, migratory status, disability, geographical location) and in national contexts.
- Where reporting systems are in place, variations in recording and coding practices may lead to inadequate recording of violence *(11,37)*.
- Inadequate training, fears about damaging professional–client relationships, hopes that working with the family will improve outcomes and doubts that referral to protection agencies will be beneficial contribute to the underreporting of violence across services *(11)*.
- Not all victims of violence are willing to disclose experiences of violence, even in a confidential survey. Many incidents can go unreported, with victims suffering in silence *(36)*.
- Child maltreatment is rarely reported or recorded and often only detected when children are specifically asked, or when adults are asked about their childhood experiences *(11)*.
- The estimated past-year self-reported prevalence rate for elder abuse in community settings in the Region is 11.6% *(38)*. However, underreporting of elder abuse is estimated to be as high as 80%, so actual rates could be much higher *(39)*.

Commitment to act

In 2014, the Sixty-seventh World Health Assembly requested a global plan of action on violence prevention; this led to the preparation of the Global Status Report on Violence Prevention, which highlighted key areas for action *(36)*. A number of actions have been proposed specifically for the WHO European Region to intensify the prevention and response to violence across Member States *(4)*, including strengthening data collection, developing comprehensive national action plans, integrating violence prevention into other health platforms, implementing evidence-informed programmes, upgrading the quality of services for victims, improving the enforcement and quality of existing laws, building health systems capacity, and focusing on equity and the life-course.

WHO and Member States of the WHO European Region have adopted and implemented various calls for action to prevent and respond to interpersonal violence and address key risk factors:

- Strategy and Action Plan for Healthy Aging in Europe, 2012–2020 *(40);*
- Investing in Children: the European Child Maltreatment Prevention Action Plan (2015–2020) *(41)*;
- Action plan for Sexual and Reproductive Health: Towards Achieving the 2030 Agenda for Sustainable Development in the WHO European Region – Leaving no one Behind, 2016 (Box 1) *(42)*;
- Global Plan of Action to Strengthen the Role of Health Systems in addressing Interpersonal Violence in particular against Women and Girls, and against Children, 2016 *(8)*;
- Strategy on Women's Health and Well-being in the WHO European Region, 2016 *(44)*; and
- Strategy on the Health and Well-being of Men in the WHO European Region, 2018 *(45)*.

The SDGs constitute a potentially powerful violence prevention agenda, and their successful implementation will contribute significantly to preventing all forms of interpersonal violence. Violence prevention requires multiple sectors to work together to implement evidence-informed solutions that focus on human rights, equity and a life-course approach (Box 2).

Box 1. Leaving no one behind

Most WHO European Member States have an ageing population: one third of the population is forecast to be 60 years and older in 2050, putting more people at risk of elder abuse *(37,38)*.

- over 5500 older people every year are homicide victims *(2,37)*;
- over 30 million, or one in six, older people in the Region reported experiencing elder abuse in the previous year *(43)*;
- the prevalence of elder abuse increases among females, older adults and people with cognitive impairment, disabilities, high dependence and support needs *(37,39)*; and
- prevalence of elder abuse is higher in institutional settings than in community settings *(39)*.

Despite elder abuse being both a major human rights and a public health issue, and the emergence of programmes and evidence of their effectiveness across the Region, evidence gaps remain *(37)*. Elder abuse risks are underreported and there are few systematic studies, leaving older populations behind in the field of violence prevention. Universal health coverage for long-term care and good-quality integrated care for older people is important for preventing abuse of older adults with functional limitations. The prevention of elder abuse and protection of older people should be key policy priority for WHO European Member States *(37)*.

Box 2. Intersectoral action

A comprehensive and coordinated response to preventing and responding to interpersonal violence across the life-course requires effective partnerships: health, education, employment, judiciary, housing, social welfare and other sectors have a vital role in advocating for, and developing and implementing, policies and prevention programmes.

In Cardiff (Wales, United Kingdom), an information-sharing partnership between health services, police and local government has been shown to reduce violence-related injuries. This multiagency approach to violence prevention was associated with a reduction in violence-related hospital admissions (42%), wounding incidents recorded by police (32%) and in the economic and social costs of violence (by £6.9 million in 2007) *(46)*.

Monitoring progress

The WHO Regional Office for Europe has developed a joint monitoring framework for Health 2020 and the SDGs to facilitate reporting in Member States and to enable a consistent and timely way to measure progress *(47)*. Interpersonal violence will compromise all Health 2020 targets *(48)*. The following, as proposed in the Global Indicator Framework for the Sustainable Development Goals and Targets of the 2030 Agenda for Sustainable Development *(49)* of the United Nations Economic and Social Council (ECOSOC), will support monitoring progress in preventing interpersonal violence.

ECOSOC indicators

- 3.5.2. Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
- 5.1.1. Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex
- 5.2.1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age
- 5.2.2. Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence
- 5.3.1. Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18
- 5.3.2. Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age
- 8.7.1. Proportion and number of children aged 5–17 years engaged in child labour, by sex and age
- 10.3.1. Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law
- 11.7.2. Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months
- 16.1.1. Number of victims of intentional homicide per 100 000 population, by sex and age
- 16.1.3. Proportion of population subjected to (a) physical violence, (b) psychological violence and (c) sexual violence in the previous 12 months
- 16.1.4. Proportion of population that feels safe walking alone around the area they live
- 16.2.1. Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month
- 16.2.2. Number of victims of human trafficking per 100 000 population, by sex, age and form of exploitation
- 16.2.3. Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18
- 16.3.1. Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms

Health 2020 core indicators

1.1.c. Total (recorded and unrecorded) per capita alcohol consumption among people aged 15 years and over within a calendar year (litres of pure alcohol), reporting recorded and unrecorded consumption separately, if possible

1.3.a. Age-standardized mortality rates from all external causes and injuries, disaggregated by sex (ICD-10 codes V01–V99, W00–W99, X00–X99 and Y00–Y98 *(50)*)

3.1c / 4.1.f. Proportion of children of official primary school age not enrolled, disaggregated by sex

3.1.d. Unemployment rate, disaggregated by age and sex

3.1.e. National and/or subnational policy addressing the reduction of health inequities established and documented

4.1.b. Availability of social support

Health 2020 additional indicators

9. Composite index of better protected from health emergencies (Health Emergency Protection Index)

10. Proportion of vulnerable people in fragile settings provided with essential health services

11. Number of deaths, missing persons and persons affected by disaster per 100 000 people

WHO support to its Member States

WHO Regional Office for Europe provides support to Member States through:

- raising awareness of the prevalence, causes and consequences of the different types of violence;
- identifying, synthesizing and disseminating evidence on what works to reduce violence;
- expanding the global evidence base to cover more countries of low and middle income;
- advocating for increased political support for and financial investment in violence prevention;
- providing guidance and technical support to develop capacity;
- developing tools and training packages to strengthen prevention and response efforts; and
- supporting measurement of indicators for the violence-related targets in the SDGs.

Partners

WHO regularly collaborates and coordinates with partners, including:

- Council of Europe
- European Joint Action for Mental Health and Well-being
- European Union
- Eurosafe
- Global Campaign for Violence Prevention
- Global Partnership to End Violence
- health, justice, education, interior and other ministries relevant for violence and injury prevention
- United Nations agencies (e.g. United Nations Children's Fund)
- WHO collaborating centres, civil society and other partners and experts

Resources

European Facts and the Global Status Report on Violence Prevention, 2014

http://www.euro.who.int/__data/assets/pdf_file/0007/265750/European-facts-and-the-Global-status-report-on-violence-prevention-2014-Eng.pdf?ua=1

Global Plan of Action to Strengthen the Role of Health Systems in Addressing Interpersonal Violence

https://apps.who.int/iris/bitstream/handle/10665/252276/9789241511537-eng.pdf?sequence=1

INSPIRE: Seven Strategies for Ending Violence Against Children

https://apps.who.int/iris/bitstream/handle/10665/207717/9789241565356-eng.pdf?sequence=1

Investing in Children: the European Child Maltreatment Prevention Action Plan 2015–2020

http://www.euro.who.int/__data/assets/pdf_file/0009/253728/64wd13e_InvestChildMaltreat_140439.pdf?ua=1

Key definitions

Child maltreatment	Abuse and neglect of people under 18 years of age. It includes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.
Elder abuse	A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust and that causes harm or distress to an older person (60 years and older). It includes physical, sexual and psychological/emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect. It can be perpetrated by family members, informal and formal caregivers or acquaintances. It can occur in both community and institutional settings.
Intimate partner violence	Behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. This definition covers violence by both current and former spouses and partners.
Sexual violence	Any sexual act, attempt to obtain a sexual act or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object.
Violence against children	All forms of violence against people under 18 years of age, whether perpetrated by parents or other caregivers, peers or strangers.
Violence against women	Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether in public or in private life.
Youth violence	Violence that occurs among individuals aged 10–29 years who are unrelated and who may or may not know each other. It generally takes place outside of the home and includes a range of acts from bullying and physical fighting, to more severe sexual and physical assault, and to homicide.

References

1. Aldridge E, Sethi D, Yon Y. Injuries: a call for public health action in Europe. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0018/348102/WH08_IJ_complete-web-version.pdf?ua=1, accessed 8 May 2019).
2. Disease burden and mortality estimates. In: Health statistics and information systems [online database]. Geneva: World Health Organization; 2016 (https://www.who.int/healthinfo/global_burden_disease/estimates/en/, accessed 8 May 2019).
3. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. World report on violence and health. Geneva: World Health Organization; 2002 (https://apps.who.int/iris/bitstream/handle/10665/42495/9241545615_eng.pdf;jsessionid=6AF40715A42C6BE90D0585F911E27836?sequence=1, accessed 8 May 2019).
4. Mitis F, Sethi D, Crispino V, Galea G. European facts and the global status report on violence prevention 2014. Copenhagen: WHO Regional Office for Europe; 2014 (http://www.euro.who.int/__data/assets/pdf_file/0007/265750/European-facts-and-the-Global-status-report-on-violence-prevention-2014-Eng.pdf?ua=1, accessed 8 May 2019).
5. Sethi D, Yon Y, Parekh N, Anderson T, Huber J, Rakovac I et al. European status report on preventing child maltreatment (2018). Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0017/381140/wh12-ecm-rep-eng.pdf?ua=1, accessed 8 May 2019).
6. Women's health and well-being in Europe: beyond the mortality advantage. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0006/318147/EWHR16_interactive2.pdf?ua=1, accessed 8 May 2019).
7. The health and well-being of men in the WHO European Region: better health through a gender approach. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0007/380716/mhr-report-eng.pdf?ua=1, accessed 8 May 2019).
8. Global plan of action to strengthen the role of the health system within a national multisectoral response, to address interpersonal violence, in particular against women and girls, and against children. Geneva: World Health Organization; 2016 (https://apps.who.int/iris/bitstream/handle/10665/252276/9789241511537-eng.pdf?sequence=1, accessed 8 May 2019).
9. INSPIRE : seven strategies for ending violence against children. Geneva: World Health Organization; 2016 (https://apps.who.int/iris/bitstream/handle/10665/207717/9789241565356-eng.pdf?sequence=1, accessed 8 May 2019).
10. European mortality database (MDB). In: European health information gateway [online database]. Copenhagen: WHO Regional Office for Europe; 2017 (https://gateway.euro.who.int/en/datasets/european-mortality-database/, accessed 8 May 2019).
11. Sethi D, Bellis M, Hughes K, Gilbert R, Mitis F, Galea G. European report on preventing child maltreatment. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/__data/assets/pdf_file/0019/217018/European-Report-on-Preventing-Child-Maltreatment.pdf, accessed 8 May 2019).
12. Inchley J, Currie D, Young T, Samdal O, Torsheim T, Augustson L et al., editors. Growing up unequal : gender and socioeconomic differences in young people's health and well-being. Health Behaviour in School-Aged Children (HBSC) Study: international report from the 2013/2014 survey. Copenhagen: WHO Regional Office for Europe; 2016 (Health policy for children and adolescents, No. 7; http://www.euro.who.int/__data/assets/pdf_file/0003/303438/HSBC-No.7-Growing-up-unequal-Full-Report.pdf?ua=1, accessed 8 May 2019).
13. Sethi D, Hughes K, Bellis M, Mitis F, Racioppi F, editors. European report on preventing violence and knife crime among young people. Copenhagen: WHO Regional Office for Europe; 2010 (http://www.euro.who.int/__data/assets/pdf_file/0012/121314/E94277.pdf, accessed 8 May 2019).
14. RESPECT women: preventing violence against women. Geneva: World Health Organization; 2019 (https://www.who.int/reproductivehealth/publications/preventing-vaw-framework-policymakers/en/, accessed 28 January 2020).
15. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization; 2013 (https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf?sequence=1, accessed 8 May 2019).
16. Trafficking in persons report 2011. Washington (DC): US Department of State; 2011 (https://www.state.gov/documents/organization/164452.pdf, accessed 8 May 2019).
17. Global report on trafficking in persons 2016. Vienna: United Nations Office on Drugs and Crime; 2016 (http://www.unodc.org/documents/data-and-analysis/glotip/2016_Global_Report_on_Trafficking_in_Persons.pdf, accessed 8 May 2019).
18. Neglect abuse and violence against older women. New York: Department of Economic and Social Affairs, United Nations; 2013 (https://www.un.org/esa/socdev/documents/ageing/neglect-abuse-violence-older-women.pdf, accessed 8 May 2019).
19. Preventing intimate partner and sexual violence against women : taking action and generating evidence. Geneva: World Health Organization; 2010 (https://www.who.int/violence_injury_prevention/publications/violence/9789241564007_eng.pdf, accessed 8 May 2019).

20. Violence prevention: the evidence. Geneva: World Health Organization; 2010 (https://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/evidence_briefings_all.pdf, accessed 8 May 2019).

21. Nove A, Matthews Z, Neal S, Camacho AV. Maternal mortality in adolescents compared with women of other ages: evidence from 144 countries. Lancet Glob Health. 2014;2(3):e155–e164.

22. Why is giving special attention to adolescents important for achieving Millennium Development Goal 5. Geneva: World Health Organization; 2008 (Factsheet WHO/MPS/08.14; https://www.who.int/maternal_child_adolescent/events/2008/mdg5/adolescent_preg.pdf, accessed 8 May 2019).

23. WHO guidelines on preventing early pregnancy and poor reproductive health outcomes among adolescents in developing countries. Geneva: World Health Organization; 2011 (https://www.who.int/immunization/hpv/target/preventing_early_pregnancy_and_poor_reproductive_outcomes_who_2006.pdf, accessed 8 May 2019).

24. The state of the world's children 2015: executive summary. Reimagine the future: innovation for every child. New York: United Nations Children's Fund; 2015 (https://www.unicef.org/publications/files/SOWC_2015_Summary_and_Tables.pdf, accessed 8 May 2019).

25. Child marriage: a threat to health. In: Health topics [website]. Copenhagen: WHO Regional Office for Europe; 2012 (http://www.euro.who.int/en/health-topics/health-determinants/social-determinants/news/news/2012/12/child-marriage-a-threat-to-health, accessed 8 May 2019).

26. WHO guidelines on the management of health complications from female genital mutilation. Geneva: World Health Organization; 2016 (https://apps.who.int/iris/bitstream/handle/10665/206437/9789241549646_eng.pdf?sequence=1, accessed 8 May 2019).

27. A step forward in assisting girls and women living with FGM. In: Countries: United Kingdom of Great Britain and Northern Ireland [website]. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/en/countries/united-kingdom-of-great-britain-and-northern-ireland/news/news/2017/03/a-step-forward-in-assisting-girls-and-women-living-with-fgm, accessed 8 May 2019).

28. Tomlinson MF, Brown M, Hoaken PNS. Recreational drug use and human aggressive behavior: a comprehensive review since 2003. Aggress Violent Behav. 2016;27:9–29.

29. Alcohol consumption, harm and policy response fact sheets for 30 European countries. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0005/393107/achp-fs-eng.pdf?ua=1, accessed 8 May 2019).

30. Kelly SJ, Day N, Streissguth AP. Effects of prenatal alcohol exposure on social behavior in humans and other species. Neurotoxicol Teratol. 2000;22(2):143–149.

31. Global status report on alcohol and health 2018. Geneva: World Health Organization; 2018 (https://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1, accessed 8 May 2019).

32. Responding to intimate partner violence and sexual violence against women. WHO clinical and policy guidelines. Geneva: World Health Organization; 2013 (https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf?sequence=1, accessed 8 May 2019).

33. Responding to children and adolescents who have been sexually abused. WHO clinical guidelines. Geneva: World Health Organization; 2017 (https://apps.who.int/iris/bitstream/handle/10665/259270/9789241550147-eng.pdf?sequence=1, accessed 8 May 2019).

34. Hardcastle K, Bellis MA, Ford K, Hughes K, Garner J, Ramos Rodriguez G. Measuring the relationships between adverse childhood experiences and educational and employment success in England and Wales: findings from a retrospective study. Public Health. 2018;165:106–116.

35. School-based violence prevention: a practical handbook. Geneva: World Health Organization; 2019 (https://apps.who.int/iris/handle/10665/324930, accessed 28 January 2020).

36. Global status report on violence prevention 2014. Geneva: World Health Organization; 2014 (https://www.who.int/violence_injury_prevention/violence/status_report/2014/en/, accessed 8 May 2019).

37. Sethi D, Wood S, Mitis F, Bellis M, Penhale B, Marmolejo II et al. European report on preventing elder maltreatment. Copenhagen: WHO Regional Office for Europe; 2011 (http://www.euro.who.int/__data/assets/pdf_file/0010/144676/e95110.pdf, accessed 8 May 2019).

38. Yon Y, Mikton C, Gassoumis ZD, Wilber KH. The prevalence of self-reported elder abuse among older women in community settings: a systematic review and meta-analysis. Trauma Violence Abuse. 2019;20(2):245–259.

39. Yon Y, Ramiro-Gonzalez M, Mikton CR, Huber M, Sethi D. The prevalence of elder abuse in institutional settings: a systematic review and meta-analysis. Eur J Public Health. 2018;29(1):58–67.

40. WHO Regional Committee for Europe resolution EUR/RC62/10 Rev.1 on a strategy and action plan for healthy ageing in Europe, 2012–2020. Copenhagen: WHO Regional Office for Europe; 2012 (http://www.euro.who.int/__data/assets/pdf_file/0008/175544/RC62wd10Rev1-Eng.pdf?ua=1, accessed 8 May 2019).

41. Investing in children: the European child maltreatment prevention action plan 2015–2020. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/13; http://www.euro.who.int/__data/assets/pdf_file/0011/282863/Investing-in-children-European-child-maltreatment-prevention-action-plan-2015-2020.pdf?ua=1, accessed 8 May 2019).

42. Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0003/322275/Action-plan-sexual-reproductive-health.pdf, accessed 8 May 2019).

43. Yon Y, Mikton CR, Gassoumis ZD, Wilber KH. Elder abuse prevalence in community settings: a systematic review and meta-analysis. Lancet Glob Health. 2017;5(2):e147–e156.

44. Strategy on women's health and well-being in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0003/333912/strategy-womens-health-en.pdf?ua=1, accessed 8 May 2019).

45. Strategy on the health and well-being of men in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0010/394894/MHR_strategy_Eng_online.pdf, accessed 19 August 2019).

46. Florence C, Shepherd J, Brennan I, Simon TR. An economic evaluation of anonymised information sharing in a partnership between health services, police and local government for preventing violence-related injury. Inj Prev. 2014;20(2):108–114.

47. WHO Regional Committee for Europe EUR/RC67/Inf.Doc./1 Rev.1. Options for reducing the reporting burden on Member States and proposal for a joint monitoring framework. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0009/346779/67id01e_Rev.1_JointMonitoringFramework_170715.pdf?ua=1, accessed 10 May 2019).

48. Targets and indicators for Health 2020, version 3. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0011/317936/Targets-indicators-Health-2020-version3.pdf?ua=1, accessed 8 May 2019).

49. Global indicator framework for the Sustainable Development Goals and targets of the 2030 agenda for sustainable development. New York: United Nations; 2018 (https://unstats.un.org/sdgs/indicators/Global Indicator Framework after refinement_Eng.pdf, accessed 26 March 2019).

50. International statistical classification of diseases and related health problems, 10th revision WHO version. Geneva: World Health Organization; 2015 (http://apps.who.int/classifications/icd10/browse/2015/en#!/X40-X49, accessed 8 May 2019).

Coordinated and reviewed by: Dr Amine Lotfi and Dr Bettina Menne (Health and Sustainable Development, WHO Regional Office for Europe).

Authors: Zara Quigg and Nadia Butler (Liverpool John Moores University), Jonathon Passmore and Yongjie Yon (Violence and Injury Prevention, WHO Regional Office for Europe) and Åsa Nihlén (Gender and Human Rights, WHO Regional Office for Europe).

Contributors: Emilia Maria Aragon De Leon (Health and Sustainable Development, WHO Regional Office for Europe), Lucía Hernández García and Gianluca Di Giacomo (Violence and Injury Prevention, WHO Regional Office for Europe), Manfred Huber (Healthy Ageing, Disability and Long-term Care, WHO Regional Office for Europe) and Isabel Yordi Aguirre (Gender and Human Rights, WHO Regional Office for Europe).

Editor: Jane Ward; **Layout**: Daniela Berretta.

URL: www.euro.who.int/en/SDG-health-fact-sheets

World Health Organization Regional Office for Europe
UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 **Fax**: +45 45 33 70 01
E-mail: sdgeurope@who.int