

**REMARKS: DEAN CHAMBLISS, SUBREGIONAL PROGRAM DIRECTOR, CARIBBEAN, PAHO/WHO
REGIONAL SYMPOSIUM TO ADDRESS CRIME AND VIOLENCE AS A PUBLIC HEALTH ISSUE
“VIOLENCE AS A PUBLIC HEALTH ISSUE – THE CRIME CHALLENGE”**

**PORT-OF-SPAIN, TRINIDAD AND TOBAGO
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Good afternoon and thank you for this opportunity [to address you on the important topic of tackling violence from a public health perspective]. I bring greetings on behalf of PAHO’s Director Dr Jarbas Barbosa.

It is a jarring juxtaposition that perhaps the most beautiful region of the world – the Caribbean – is suffering such a wave of violence that this high-level symposium is necessary. Yet we must face facts: per the World Health Organization, the Region of the Americas has the highest homicide rate in the world, both for adults and even more tragically, children; our homicide rates are more than three times the global average; 10 of the top 20 countries and territories in terms of the intentional homicide rate are located in the Caribbean.

And homicide is just the tip of the iceberg. Despite the sheer magnitude of deaths, the human cost of violence goes far beyond this number. Only a small proportion of all acts of violence are lethal and thus are reflected in mortality rates. Many forms of violence prevail in the Region and result in enormous costs for health, development, education, tourism, and the economy. PAHO therefore applauds the clear-eyed commitment by Caribbean leaders gathered here today to tackle violence in our societies with fresh ideas and evidence-based approaches.

I would note that PAHO-WHO has **long worked with our Member States on violence prevention as a public health priority**. We have had a particular emphasis on violence against women, children and youth, focusing on how health systems can help to prevent and respond to violence as part of a multisectoral response. One thing that has long been clear, and has been reemphasized at various points today, is that fighting crime and violence is a whole-of-society struggle: from parents to teachers to health workers to church leaders to policemen, we must all work together as we deal with this most pressing and challenging of problems.

A public health approach to violence prevention recognizes that different forms of violence intersect and compound each other. As highlighted by the Trinidad and Tobago Commissioner of Police earlier today, a **public health approach to violence includes four key steps**:

Step 1: Defining WHO is most affected and by WHAT? We must identify and monitor the magnitude of the burden of violence in society.

Step 2: WHY does it happen? Identifying risk and protective factors.

Step 3: HOW can we try to change it? Developing and testing prevention strategies, in selected targeted communities or other settings for proof of concept.

Step 4: HOW to scale up and continue learning? We need to assure widespread implementation of effective strategies, expanding to the national level and examining sustained impact.

PAHO-HO recommends a range of **cost-effective and practical interventions** that can lead to real change. I would note that the interventions I am about to describe are in line with much of what we heard from the Prime Ministers' panel this morning.

- Evidence confirms that children who witness violence in their home are more likely to perpetrate or experience violence later in life. Violent discipline and corporal punishment in childhood increases the risk of involvement in bullying as an adolescent, which in turn increases the risk of gang involvement and criminal activity. But we have an opportunity to **intervene early and break this vicious cycle**.
- As early as during **pregnancy** and the **first months after birth**, we must reduce the probability that a child encounters violence in their home. This means tackling violence against women, especially that perpetrated by their husbands and partners. Economic strengthening programs are key, including offering microfinancing and cash transfer programs, combined with training to help women and men to understand the role gender plays and to adopt egalitarian attitudes. These strategies can improve a household's economic situation, thus reducing the risk of abuse and neglect, while potentially increasing access to education and other protective factors.
- In **very young children**, we must recognize the potential harm of using corporal punishment to discipline and teach. We now know that there are other ways of fostering safe, stable, and nurturing relationships between parents and their children.
- In **early adolescence**, children spend a large amount of time at school and with their peers. They may be involved in bullying and physical fights – as victims or perpetrators. The right school environment can turn this around, by offering education and training on how to protect themselves, manage anger and resolve conflict. Schools can foster access to alternative social programs, including sports or music, reducing the likelihood and time available for involvement in violence. Schools are also an important space for limiting access to weapons, including knives and guns.
- For **older adolescents and young adults**, who may be at particular risk or already engaged in violent activity, it is critical that we consider mentoring, such as Big Brother and Big Sister programs, that connect at-risk youth with role models in their communities.
- When responding to **offenders** of violence, we must recognize there remain many gaps in information about what works to rehabilitate offenders. Especially for younger offenders, who are often from marginalized groups and may be both victims and perpetrators of violence, we must do better in offering mental health and counselling services that foster positive behavior change, reduce anger and tackle substance abuse. To make this happen, we rely on strong collaboration between the health and justice sectors.
- The interventions I have mentioned must be supported by **community-level initiatives that benefit all**. This includes, for example, improving the safety of the environments in which we live, work and play. Evidence points to urban upgrading, improving the built environment and access to basic services,

including safe public transportation, as well as targeted interventions in “hot spots” of violence, such as increased patrols and community policing.

- I want to reiterate that we all have a role to play at home, at work, in schools, at church, during sport, and in family and cultural events. In our day-to-day lives we can demonstrate to family, friends, neighbors, and our youth that **violence is never acceptable**.

We are not helpless, **violence is preventable**. The strength of a public health approach to violence is its emphasis on the evidence for what works. When the stakes are high, and when resources are limited, we must be guided not by hearsay and anecdotes, but by interventions that have been proven to work.

In closing, let me reiterate that PAHO stands ready to work with its Member States in the Caribbean, CARICOM, CARPHA and other partners at regional and national levels to tackle the root causes and public health effects of violence. We look forward to supporting further research to improve our evidence base, as well as innovative interventions to prevent violence at all stages of life, especially among our youth.

Every individual has the right to live a healthy life free from violence, and our efforts during this symposium will further drive our commitment to creating a **safer and more prosperous Caribbean for all**.

Thank you.