

Preventing injuries and violence: an overview



Key facts

Injuries – due to both unintentional causes and violence – took the lives of 4.4 million people around the world in 2019 and constitute 8% of all deaths (1).

For people age 5–29 years, 3 of the top 5 causes of death are injury-related, namely road traffic injuries, homicide and suicide (1).

Tens of millions of people suffer non-fatal injuries each year which lead to emergency department and acute care visits, hospitalizations, and treatment by general practitioners and can often result in temporary or permanent disability and the need for long-term physical and mental health care and rehabilitation.

Injuries and violence are responsible for an estimated 8% of all years lived with disability (1).

Injuries and violence place a massive burden on national economies, costing countries billions of US dollars each year in health care, lost productivity and law enforcement.

Injuries and violence are not evenly distributed across or within countries – some people are more vulnerable than others depending on the conditions in which they are born, grow, work, live and age; in general, being young, male and of low socioeconomic status all increase the risk of injury.

There are numerous specific strategies based on sound scientific evidence that are effective and cost-effective at preventing injuries; it is critical that these strategies are more widely implemented.

Providing high-quality support and care services to victims of injuries and violence can prevent fatalities, reduce the amount of short-term and long-term disability, and help those who are affected cope with the impacts of the injury or violence on their lives.

While many sectors contribute to the prevention of injuries and violence, ministries of health have a particularly important role to play in preventing injuries and violence, treating victims, gathering data, and catalyzing action from other sectors, stakeholders and partners, including from industry.

Preventing injuries and violence will facilitate achievement of several Sustainable Development Goal targets.

Injuries – due to both unintentional causes and violence – took the lives of 4.4 million people around the world in 2019 and constitute 8% of all deaths.

Overview

Injuries – due to both unintentional causes and violence – took the lives of 4.4 million people around the world in 2019 and constitute 8% of all deaths (1).

Of the 4.4 million injury-related deaths in 2019, unintentional injuries took the lives of 3.16 million people and violence-related injuries killed 1.25 million people. Roughly 1 in 3 of these deaths resulted from road traffic crashes, 1 in 6 from suicide, 1 in 9 from homicide and 1 in 61 from war and conflict (1). (See Figure 1.)

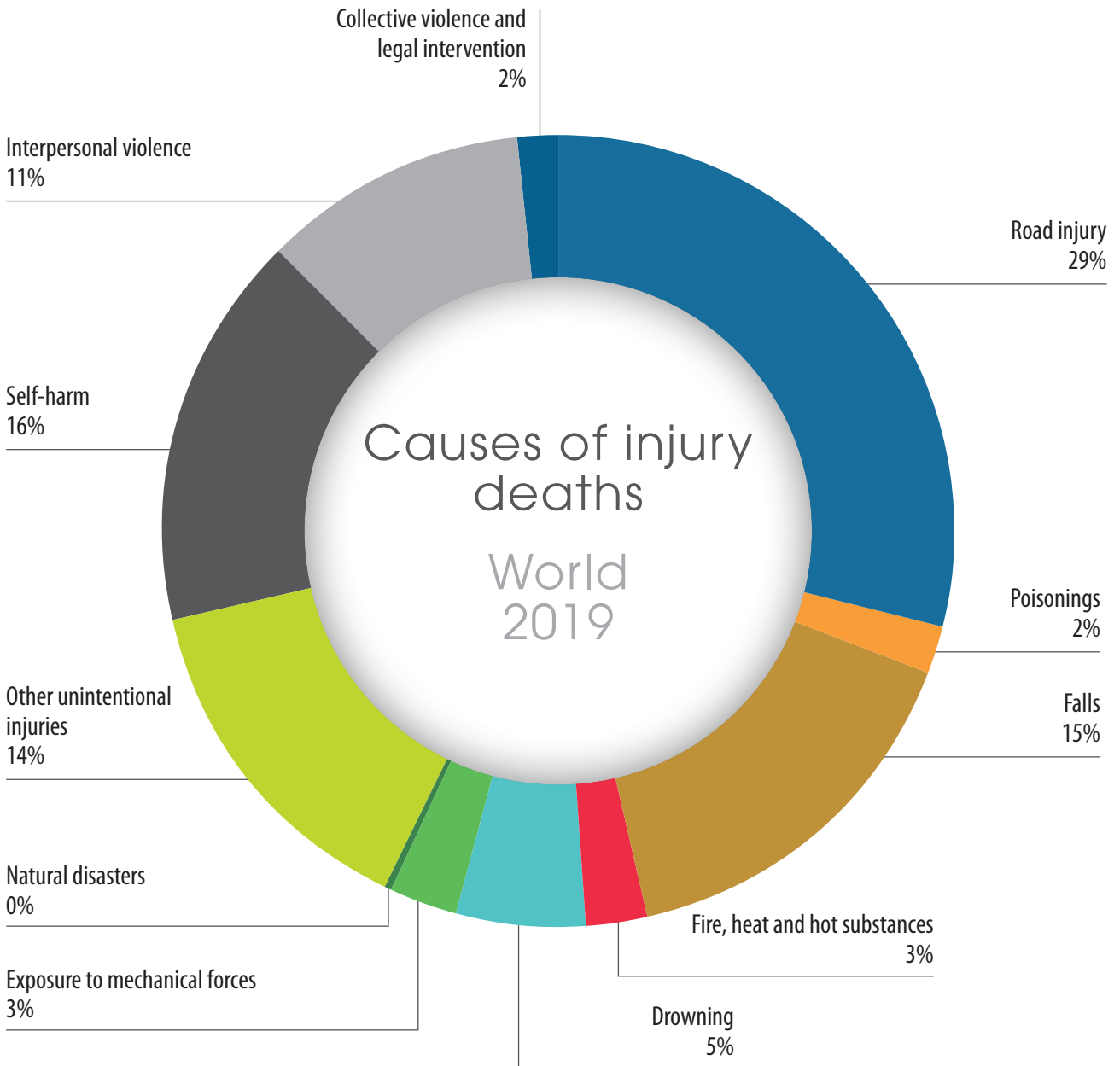
For people age 5–29 years, 3 of the top 5 causes of death are injury-related, namely road traffic injuries, homicide and suicide (see Table 1). Road traffic injuries are the second leading cause of death and drowning is the sixth leading cause of death for children age 5–14 years (1). Falls accounted for over 684 000 deaths in 2019 and are a growing and under-recognized public health issue (1).

Tens of millions more people suffer non-fatal injuries each year which lead to emergency department and acute care visits, hospitalizations or treatment by general practitioners and often result in temporary or permanent disability and the need for long-term physical and mental health care and rehabilitation. For example, there has been a significant rise in road traffic injuries in the African region since 2000, with a 75% increase of healthy life-years lost to disability (1).



Figure 1. How injuries and violence claim lives

Causes of injury deaths, world, 2019



Source: Global Health Estimates, 2019 (🌐)

Table 1. Injuries and violence leading killers of youth

Leading causes of death by age group, both sexes, world, 2019

Data 2020 GHE	0–28 days	1–59 months	5–14 years	15–29 years	30–49 years
1	Neonatal conditions 1 873 120	Lower respiratory infections 589 316	Diarrhoeal diseases 129 172	Road injury 271 990	Ischaemic heart disease 540 750
2	Congenital anomalies 269 992	Diarrhoeal diseases 364 990	Road injury 96 559	Tuberculosis 226 823	Tuberculosis 375 117
3	Lower respiratory infections 150 864	Malaria 268 570	Lower respiratory infections 55 098	Interpersonal violence 176 183	Road injury 374 347
4	Tetanus 29 994	Congenital anomalies 177 283	Tuberculosis 50 876	Self-harm 157 721	HIV/AIDS 344 817
5	Meningitis 29 987	Neonatal conditions 164 054	Meningitis 35 236	HIV/AIDS 93 025	Stroke 305 839
6	Syphilis 20 895	Measles 141 822	Drowning 35 136	Maternal conditions 85 528	Cirrhosis of the liver 281 310
7	Diarrhoeal diseases 15 527	Tuberculosis 134 230	Malaria 33 581	Diarrhoeal diseases 69 948	Self-harm 236 593
8	Exposure to mechanical forces 5019	Whooping cough 98948	Congenital anomalies 31 729	Ischaemic heart disease 50 271	Interpersonal violence 173 840
9	Collective violence and legal intervention 4930	Protein-energy malnutrition 74 289	HIV/AIDS 29 255	Cirrhosis of the liver 44 960	Breast cancer 127 189
10	Encephalitis 3688	Meningitis 71 014	Measles 23 524	Lower respiratory infections 41 652	Kidney diseases 125 329
11	Falls 2440	HIV/AIDS 64 522	Endocrine, blood, immune disorders 21 691	Stroke 35 796	Lower respiratory infections 121 088
12	Road injury 1492	Road injury 48 931	Leukaemia 14 807	Drowning 35 457	Maternal conditions 110 479
13	Poisonings 1080	Drowning 46 834	Interpersonal violence 13 801	Kidney diseases 31 973	Diabetes mellitus 98 494
14	Fire, heat and hot substances 1059	Endocrine, blood, immune disorders 33 656	Falls 13 147	Drug use disorders 29 401	Trachea, bronchus, lung cancers 91 229
15	Drowning 964	Sudden infant death syndrome 29 588	Cirrhosis of the liver 11 463	Falls 24 910	Diarrhoeal diseases 90 641
16	Endocrine, blood, immune disorders 903	Fire, heat and hot substances 23 064	Whooping cough 11 006	Leukaemia 24 532	Cervix uteri cancer 79 219
17	HIV/AIDS 621	Syphilis 19 824	Kidney diseases 10 638	Malaria 22 789	Liver cancer 77 394
18	Sudden infant death syndrome 589	Poisonings 17 618	Self-harm 10 196	Epilepsy 20 202	Colon and rectum cancers 73 548
19	Stroke 305	Falls 16 230	Protein-energy malnutrition 10 035	Exposure to mechanical forces 19 714	Stomach cancer 73 523
20	Cardiomyopathy, myocarditis, endocarditis 270	Exposure to mechanical forces 13 240	Rabies 9977	Endocrine, blood, immune disorders 19 374	Drug use disorders 72 037
21	Dengue 137	Kidney diseases 10 638	Stroke 8845	Collective violence and legal intervention 19 298	Falls 69 421
22	Leukaemia 120	Encephalitis 10 494	Brain and nervous system cancers 8836	Meningitis 18 537	Mouth and oropharynx cancers 63 852
23	Brain and nervous system cancers 108	Interpersonal violence 10 005	Epilepsy 8768	Congenital anomalies 18 200	Alcohol use disorders 57 228
24	Liver cancer 59	Leukaemia 9735	Encephalitis 8430	Rheumatic heart disease 16 400	Cardiomyopathy, myocarditis, endocarditis 54 781
25	Upper respiratory infections 51	Epilepsy 9303	Fire, heat and hot substances 7304	Lymphomas, multiple myeloma 13 653	Chronic obstructive pulmonary disease 54 074

Source: Global Health Estimates, 2019 (16)

50–59 years	60–69 years	70+ years	All ages	Data 2020 GHE
Ischaemic heart disease 961 469	Ischaemic heart disease 1 693 330	Ischaemic heart disease 5 638 955	Ischaemic heart disease 8 884 887	1
Stroke 603 414	Stroke 1 221 998	Stroke 4 009 137	Stroke 6 193 978	2
Cirrhosis of the liver 283 352	Chronic obstructive pulmonary disease 563 754	Chronic obstructive pulmonary disease 2 415 934	Chronic obstructive pulmonary disease 3 227 873	3
Trachea, bronchus, lung cancers 271 128	Trachea, bronchus, lung cancers 534 634	Alzheimer disease and other dementias 1 529 787	Lower respiratory infections 2593098	4
Diabetes mellitus 212 868	Diabetes mellitus 381 064	Lower respiratory infections 123 2713	Neonatal conditions 2 037 549	5
Chronic obstructive pulmonary disease 185 960	Cirrhosis of the liver 317 417	Trachea, bronchus, lung cancers 882 556	Trachea, bronchus, lung cancers 1 784 109	6
Road injury 184 878	Kidney diseases 266 136	Hypertensive heart disease 811 483	Alzheimer disease and other dementias 1 639 085	7
Tuberculosis 182 928	Lower respiratory infections 266 008	Diabetes mellitus 784 885	Diarrhoeal diseases 1 519 229	8
Kidney diseases 169 359	Stomach cancer 223 042	Kidney diseases 720 251	Diabetes mellitus 1 496 094	9
Breast cancer 142 666	Colon and rectum cancers 216 048	Diarrhoeal diseases 593 606	Kidney diseases 1 334 324	10
Lower respiratory infections 136 358	Hypertensive heart disease 189 731	Colon and rectum cancers 495456	Cirrhosis of the liver 1 315 359	11
Stomach cancer 131 295	Diarrhoeal diseases 167 950	Falls 401 850	Road injury 1 282 150	12
Colon and rectum cancers 124 893	Liver cancer 155 482	Stomach cancer 397 485	Tuberculosis 1 208 044	13
Liver cancer 115 994	Road injury 153 164	Cirrhosis of the liver 368 224	Hypertensive heart disease 1 148 939	14
Self-harm 107 650	Breast cancer 145 457	Prostate cancer 305 407	Colon and rectum cancers 916 166	15
HIV/AIDS 97 401	Oesophagus cancer 137 984	Parkinson disease 290 121	Stomach cancer 830 682	16
Hypertensive heart disease 96 013	Pancreas cancer 120 674	Pancreas cancer 236 427	Self-harm 703 220	17
Mouth and oropharynx cancers 94 697	Tuberculosis 117 890	Asthma 231 728	Falls 684 277	18
Diarrhoeal diseases 87 397	Mouth and oropharynx cancers 110 385	Liver cancer 220 651	HIV/AIDS 674 662	19
Oesophagus cancer 85 131	Asthma 100 055	Breast cancer 218 856	Breast cancer 640 112	20
Cervix uteri cancer 81 542	Falls 95 025	Oesophagus cancer 203 235	Liver cancer 577 430	21
Pancreas cancer 63 382	Lymphomas, multiple myeloma 86 501	Lymphomas, multiple myeloma 179 514	Congenital anomalies 532 854	22
Falls 61 251	Self-harm 85 683	Cardiomyopathy, myocarditis, endocarditis 163 947	Interpersonal violence 474 691	23
Asthma 59 559	Alzheimer disease and other dementias 84380	Road injury 150 789	Oesophagus cancer 462 995	24
Lymphomas, multiple myeloma 54 405	Cervix uteri cancer 72 399	Endocrine, blood, immune disorders 137 434	Asthma 455 153	25

Impact

Beyond death and injury, exposure to any form of trauma, particularly in childhood, can increase the risk of mental illness and suicide; smoking, alcohol and substance abuse; chronic diseases like heart disease, diabetes and cancer; and social problems such as poverty, crime and violence. For these reasons, preventing injuries and violence, including by breaking intergenerational cycles of violence, goes beyond avoiding the physical injury to contributing to substantial health, social and economic gains.

Injuries and violence are a significant cause of death and burden of disease in all countries; however, they are not evenly distributed across or within countries – some people are more vulnerable than others depending on the conditions in which they are born, grow, work, live and age. For instance, in general, being young, male and of low socioeconomic status all increase the risk of injury and of being a victim or perpetrator of serious physical violence. The risk of fall-related injuries increases with age.

Twice as many males than females are killed each year as a result of injuries and violence (1). Worldwide, about three quarters of deaths from road traffic injuries, four fifths of deaths from homicide, and almost two thirds of deaths from war (direct deaths from conflicts and executions) are among men (1). In many low- and middle-income countries, however, women and girls are more likely to be burned than men and boys, in large part due to exposure to unsafe cooking arrangements and energy poverty. Across all ages, the three leading causes of death from injuries for males are road traffic injuries, suicide and homicide, while for females they are road traffic injuries, falls and suicide (1).

Poverty also increases the risk of injury and violence. Almost 90% of injury-related deaths occur in low- and middle-income countries (1). Across the world, injury death rates are higher in low-income countries than in high-income countries. Even within countries, people from poorer economic backgrounds have higher rates of fatal and non-fatal injuries than people from wealthier economic backgrounds. This holds true even in high-income countries.

The uneven distribution of injuries that makes them more prevalent among the less advantaged is related to several risk factors. These include living, working, travelling and going to school in more precarious conditions, less focus on prevention efforts in underprivileged communities, and poorer access to quality emergency trauma care and rehabilitation services. These issues are explained in more detail below.



Risk factors and determinants

Risk factors and determinants common to all types of injuries include alcohol or substance use; inadequate adult supervision of children; and broad societal determinants of health such as poverty; economic and gender inequality; unemployment; a lack of safety in the built environment, including unsafe housing, schools, roads and workplaces; inadequate product safety standards and regulations; easy access to alcohol, drugs, firearms, knives and pesticides; weak social safety nets; frail criminal justice systems; and inadequate institutional policies to address injuries in a consistent and effective manner, in part due to the availability of sufficient resources. In settings where emergency trauma care services are weak or there is inequitable access to services, the consequences of injuries and violence can be exacerbated. In addition to the above, risk factors and determinants for specific injury-related causes include:

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- Road traffic injuries**
- lack of officially mandated and funded national lead agency for road safety;
 - weak laws and inadequate law enforcement on key risks such as speeding, driving while intoxicated, failing to use motorcycle helmets, seat-belts and child restraints, and distracted driving, among others;
 - poor design of roads and road infrastructure;
 - failure to adhere to vehicle safety standards; and
 - insufficient provision of safe, affordable, accessible and sustainable public transport.

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- Falls**
- lack of occupational health and safety;
 - poor design of furniture, playground equipment and other products;
 - chronic diseases, polypharmacy and lack of vitamin D; and
 - lack of awareness of falls risk among high risk populations, home care workers, clinical staff, local authorities and urban designers.

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- Drowning**
- lack of barriers controlling access to water;
 - inadequate safe places away from water for pre-school children, with capable childcare;
 - poor basic swimming, water safety and safe rescue skills;
 - lack of training for bystanders in safe rescue and resuscitation;
 - inadequate access to personal flotation devices;
 - lack of safe boating, shipping and ferry regulations; and
 - failure to build resilience and manage flood risks and other hazards.
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Burns

- weak laws and law enforcement around smoke detectors, hot tap water temperatures, fire-retardant fabrics and child resistant lighters;
- unsafe cookstoves, cooking areas and cooking practices;
- insufficient availability of safe lighting such as covered lanterns or solar lights;
- inadequate policies around and regulations of acids, corrosive substances and vitriols to prevent chemical assaults;
- poorly enforced building and electrical wiring codes for residential and commercial structures;
- unsafe practices with liquified petroleum gas appliances; and
- lack of dedicated burn centres and appropriate education for health care providers on the treatment of burns.

**Poisoning**

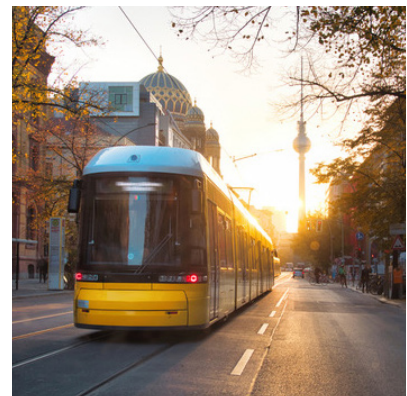
- inadequate laws and law enforcement for child resistant packaging of medicines and poisons;
- easy access to toxic products at home, on farms and in workplaces;
- packaging of drugs in lethal quantities; and
- poorly resourced poison control expertise in countries.

**Product-related injuries**

- inadequate product safety standards;
- serious flaws in compliance by manufacturers and retailers;
- inadequate procedures for recall of faulty products;
- lack of risk awareness among the users of products; and
- inadequate user instructions.

Violence

- lack of safe, stable and nurturing relationships between children and their parents or caregivers;
- poor life skills in children and adolescents;
- weak criminal justice systems;
- inadequate empowerment of women;
- cultural and social norms that support violence; and
- poor services for victims of violence.

**Suicide**

- child maltreatment and other adverse childhood experiences;
- lack of early detection and effective treatment of mental disorders, particularly depression and alcohol use disorders;
- inadequate management of people who have attempted suicide or are at risk, including assessment and appropriate follow-up;
- lack of training for primary health care workers and other so-called gatekeepers who are likely to interact with people at risk of suicide; and
- failure by the media to report responsibly about suicide.

Prevention

Injuries and violence are predictable and there is compelling scientific evidence for what works to prevent injuries and violence and to treat their consequences in various settings. This evidence has been collated into technical documents that can serve as a guide to support decisions for scaling up injury and violence prevention efforts – see:

- *Save LIVES: a road safety technical package*
- *Preventing drowning: an implementation guide*
- *Step safely: strategies for preventing and managing falls across the life-course*
- *Violence prevention: the evidence*
- *INSPIRE: seven strategies for preventing violence against children*
- *RESPECT women: preventing violence against women*
- *LIVE LIFE: suicide prevention implementation package*
- *SAFER: a world free from alcohol related harms*

Preventing injuries and violence will facilitate achievement of several Sustainable Development Goal targets.

Analysis of the costs and benefits for several selected injury and violence prevention measures shows that they offer significant value for money, making investment in such measures of great societal benefit. For example, with regard to child injury prevention, a study found that every US\$ 1 invested in smoke detectors saves US\$ 65, in child restraints and bicycle helmets saves US\$ 29, and in-home visitation saves US\$ 6 in medical costs, loss productivity and property loss (2, 3).

In Bangladesh, teaching school-age children swimming and rescue skills returned US\$ 3000 per death averted (4). The social benefits of injuries prevented through home modification to prevent falls have been estimated to be at least six times the cost of intervention (5). It is estimated that in Europe and North America, a 10% reduction in adverse childhood experiences could equate to annual savings of 3 million Disability Adjusted Life Years or US\$ 105 billion (6).

Although progress has been made in some countries in preventing injuries and violence, all countries should increase their investments in prevention. In addition to enhancing emergency trauma care and services and ensuring robust data collection systems, other proven prevention measures by cause of injury include:

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- Road traffic injuries**
- officially recognizing and adequately funding a national lead agency for road safety;
 - setting and enforcing laws on key risks such as speeding, driving while intoxicated, failing to use motorcycle helmets, seat-belts and child restraints, and distracted driving, among others;
 - improving the design of roads and road infrastructure;
 - establishing and enforcing the 8 priority UN vehicle safety standards;
 - tailoring responses to specific groups such as children, older people, pedestrians and cyclists; and
 - providing safe, affordable, accessible and sustainable public transport for all.

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- Falls**
- supporting parenting programmes for low-income and marginalized families;
 - setting and enforcing laws requiring safety of homes, workplaces, the built environment and consumer products;
 - offering gait, balance and functional training for older people; and
 - undergoing home assessment and modification, particularly for high risk groups.
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Drowning	<ul style="list-style-type: none">• installing barriers controlling access to water;• providing safe places away from water for pre-school children, with capable childcare;• teaching basic swimming, water safety and safe rescue skills, including to school-age children;• training bystanders in safe rescue and resuscitation;• setting and enforcing safe boating, shipping and ferry regulations, including the wearing of personal flotation devices; and• building resilience and managing flood risks and other hazards.
Burns	<ul style="list-style-type: none">• setting and enforcing laws and regulations on smoke detectors, hot tap water temperatures, fire-retardant fabric and child resistant lighters;• improving safety of cookstoves, cooking areas and cooking practices;• ensuring availability of safe lighting such as covered lanterns or solar lights;• implementing comprehensive legislation and policies to control acids, corrosive substances and vitriols to prevent chemical assaults;• developing and enforcing building and electrical wiring codes for residential and commercial structures;• creating minimum safety standards for liquid propane or butane case use and refill points;• treating burns patients in dedicated burn centres; and• educating health care providers in the appropriate treatment of burns.
Poisoning	<ul style="list-style-type: none">• setting and enforcing laws for child resistant packaging of medicines and poisons;• removing toxic products;• packaging drugs in non-lethal quantities; and• establishing poison control centres.
Product-related injuries	<ul style="list-style-type: none">• ensuring adequate international product safety standards;• setting and enforcing effective product safety regulations;• having efficient product recall mechanisms in countries;• promoting safety awareness campaigns; and• providing better safety instructions for users.
Violence	<ul style="list-style-type: none">• developing safe, stable and nurturing relationships between children and their parents or caregivers;• developing life skills in children and adolescents;• empowering women;• reducing the availability and harmful use of alcohol;• reducing access to guns and knives;• making environments safe;• promoting gender equality to prevent violence against women;• changing cultural and social norms that support violence;• reducing violence through victim identification, care and support programmes; and• reducing poverty and economic inequality.
Suicide	<ul style="list-style-type: none">• restricting access to means of suicide, such as firearms, pesticides and certain medications;• implementing policies and interventions to reduce the harmful use of alcohol;• ensuring early detection and effective treatment of mental disorders, particularly depression and alcohol use disorders;• ensuring management of people who have attempted suicide or are at risk, including assessment and appropriate follow-up;• training primary health care workers and other so-called gatekeepers who are likely to interact with people at risk of suicide;• enhancing problem-solving and coping skills through school-based interventions; and• adopting responsible reporting of suicide by the media.

Post-injury care

For all injuries and violence, providing quality emergency care for victims can prevent fatalities, reduce the amount of short-term and long-term disability, and help those affected to cope physically, emotionally, financially and legally with the impact of the injury or violence on their lives. As such, improving the organization, planning and access to trauma care systems, including telecommunications, transport to hospital, prehospital and hospital-based care, are important strategies to minimize fatalities and disabilities from injury and violence. Providing rehabilitation for people with disabilities, ensuring they have access to assistive products such as wheelchairs, and removing barriers to social and economic participation are key strategies to ensure that people who experience disability as the result of an injury or violence may continue a full and enjoyable life.

WHO response

WHO supports efforts to address injuries and violence in many ways, including by:

- developing and disseminating guidance for countries on evidence-based policy and practice, through such resources as *Save LIVES: a road safety technical package*; *Preventing drowning: an implementation guide*; *Step safely: Strategies for preventing and managing falls across the life-course*; *Violence prevention: the evidence*; *INSPIRE: Seven strategies for preventing violence against children*, *RESPECT women: Preventing violence against women*, *LIVE LIFE: suicide prevention implementation package* and *SAFER: a world free from alcohol related harms*;
- providing technical support to countries through programmes such as the Bloomberg Initiative for Global Road Safety and the Global Partnership to End Violence against Children;
- documenting and disseminating successful injury prevention approaches, policies and programmes across countries;
- monitoring progress towards achieving the Sustainable Development Goal targets linked to injury, violence prevention, mental health and substance use – namely targets 3.4, 3.5, 3.6, 5.2, 5.3, 16.1 and 16.2 – through global status reports on road safety and violence prevention, and on alcohol and health, and world reports on preventing suicide, including most recently the *Global status report on road safety 2018* and the *Global status report on preventing violence against children 2020*;
- through informal networks chaired by WHO such as the UN Road Safety Collaboration and the Violence Prevention Alliance, and others towards which WHO contributes like the Global Partnership to End Violence against Children, coordinating global efforts across the UN system including decades of action, ministerial conferences and weeks and days dedicated to injury-related topics to improve road safety and end violence;
- clarifying the role of Ministries of Health as part of multi-sectoral injury-prevention efforts, as reflected in *Preventing injuries and violence: a guide for ministries of health*, including its role in collecting data; developing national policies and plans; building capacities; facilitating prevention measures; providing services for victims, including emergency trauma care; promulgating legislation on key risks; and training journalists to improve reporting on these issues with a focus on solutions and by co-hosting biannual global meetings and regional meetings of Ministry of Health focal points for violence and injury prevention; and
- co-hosting and serving on the International Organizing Committee for the series of biannual World Conferences on Injury Prevention and Safety Promotion, the 14th edition of which will take place in Adelaide, Australia in 2022.

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Related links

Death and burden of disease statistics	Global Health Estimates, 2019 (📄)
Injuries and violence	WHO fact sheet (📄) WHO team page (📄)
Unintentional injuries	WHO fact sheet: Road traffic injuries (📄) <i>Global status report on road safety 2018</i> (2018) (📄) <i>SaveLIVES: a road safety technical package</i> (2017) (📄) UN General Assembly resolution A/RES/72/271 "Improving global road safety" adopted April 2018 (📄) WHO fact sheet: drowning (📄) <i>WHO Guideline on the prevention of drowning through provision of day-care and basic swimming and water safety skills</i> (📄) <i>Preventing drowning: an implementation guide</i> (2017) (📄) <i>Global report on drowning: preventing a leading killer</i> (2014) (📄) WHO fact sheet: falls (📄) <i>Step safely: strategies for preventing and managing falls across the life-course</i> (2021) (📄) WHO fact sheet: burns (📄) Global Burn Registry (📄) <i>Burn prevention: success stories, lessons learned</i> (2011) (📄)
Violence	WHO fact sheet: violence against children (📄) WHO fact sheet: violence against women (📄) WHO fact sheet: youth violence (📄) WHO fact sheet: elder abuse (📄) <i>Global status report on preventing violence against children 2020</i> (2020) (📄) <i>INSPIRE: seven strategies for ending violence against children</i> (2016) (📄) World Health Assembly resolution WHA69.5 "WHO 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" adopted May 2016 (📄) <i>Global status report on violence prevention 2014</i> (2014) (📄) <i>Violence prevention: the evidence</i> (📄) <i>World report on violence and health</i> (2002) (📄)
Suicide	WHO fact sheet: suicide prevention (📄) <i>Preventing suicide: a global imperative</i> (2014) (📄) WHO suicide prevention (📄)
Emergency care	WHO emergency care (📄)
Rehabilitation	WHO fact sheet: rehabilitation (📄)
Assistive technology	WHO fact sheet: assistive technology (📄)

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