

Editorial

Domestic violence: a social pandemic

Violence is a phenomenon not exclusive of this decade, since conquest wars, torture, crimes, ideological and religious persecutions, as well as repressive discipline in schools and families, all of them are used as abusive exercises of power and have permeated the history of humanity (1).

Currently, there seems to be a growing legitimization of the use of force and power to solve conflicts from domestic to the most complex issues. This can be seen after a quick review of the media. The panorama of global confrontation and the communication and advertising messages reinforce the success of those who are powerful (1). Without referring to structural violence, which is in essence the dominant political, economic and social systems that deny benefits and access to a decent life for millions of people, violence against women (VAW), focusing from a different perspective, calls us to reflection (1,2).

Understood as a form of discrimination and violation of human rights, and documented by various international organizations, VAW is a crime throughout the world. One in three women experiences physical and/or sexual violence by an intimate or ex-partner. It is becoming a pandemic with numbers that remain high despite the efforts and initiatives in the past five decades (3-4). Violence against women, girls and boys in Latin America and the Caribbean contribute to high levels of mortality and morbidity. In addition to causing death and injury, it has long-term consequences such as depression, suicidal thoughts and substance abuse persisting long after it has ceased which has high costs to society (1,3-5).

The articles included in this issue provide scientific evidence of different forms of intimate partner violence and domestic violence against children and adolescents, in addition to risk and protective factors, medium and long-term mental health consequences, exposure to violence by gender, and testing of diagnostic tools. Only with scientific studies and adoption of measures, intimate partner violence, domestic violence, sexual violence can be prevented, and the success of primary prevention can be increased (6).

Since most of the current scientific information on prevalence, risk and protective factors, health impact and efficacy testing comes from high-income countries, the scientific contributions from low-income countries are relevant because they can improve the scope, quality, diffusion and use of data on VAW and children to formulate evidence-based policies and programs (5).

While there is an urgent need for scientific evidence and research on violence in all spheres, this does not imply that the adoption of preventive measures should take second place in Paraguay and the countries of the region (6). It is hoped that future research will provide information on practices, policies, efficacy of prevention, especially in low-income countries, as well as improvements in the databases regarding the diversity found in urban, cultural, religious, and rural environments (6). This research is needed to significantly reduce the risk factors, the severity of the consequences and the frequency of episodes (6).

On May 24, 2014, the 67th World Health Assembly adopted a historic resolution of "strengthening the role of the health system in addressing violence, in particular against women and girls, and against children" recognizing that violence persists in every country in the world and is a challenge to public health and calls on the WHO to develop a global plan of action that includes the promotion of gender equality and support for programs dealing with the acceptance of violence against women and girls (5).

Most of the programs that have been assessed so far have been in a very limited way. It would be advisable for prevention initiatives to be supported in already

established and ongoing structures, like those of mental health or parenting in maternal health programs, to obtain better results in the short-term for a problem that requires urgent solution (6).

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