

# A Health Promotion Perspective On Climate Change Related Violence

**enliven**

ENHANCING SOCIAL HEALTH

SEHCP Inc. trading as Enliven Victoria

**Emeritus Professor Rae Walker, La Trobe University**  
R.Walker@latrobe.edu.au

**Ms Wendy Mason, SEHCP Inc**  
WMason@cgd.vic.gov.au

## The issue

At the core of health promotion is empowerment that enhances individual and community wellbeing. In recent years the health promotion concept of violence has been cast within the ecological (social) model of health.

## The project process

SEHCP Inc is a partnership of 30 community based health and social service organisations operating in South East Melbourne. To inform climate change adaptation we joined up evidence about the relationship between extreme weather events and the social and psychological impacts of disasters, organised in the WHO Violence and Health framework.

## WHO violence framework

The WHO typology of violence is based on a classification of who commits violent acts against whom: against self, another person or against a community. Self directed violence includes self harm and suicide. Interpersonal violence includes family violence (against children, partners and elders) and community violence (against acquaintances or strangers). Collective violence may be social, political or economic. In 2000, on a global scale, approximately half of violent deaths were suicides, one third were due to interpersonal violence, and approximately one fifth were due to organised conflict (Krug et al 2002:10). Violence is understood within an ecological (social) model of health that examines the relationship between individuals and their context.

## 1. Impacts of extreme weather events

Extreme weather events are the climate change impact currently affecting Australian communities and requiring responses from health organisations.

**Low impact** disasters create transient mental health impacts and show: low incidence of injuries and deaths; small proportion of property lost; social support

systems continue intact; and, the disaster is not perceived as a consequence of human neglect or malice (Norris et al. 2002:245-6). In these disasters appropriate health promotion responses include: mental health first aid, continuing community health promotion programs to enhance social support and reduce stress, screening to detect people with major mental health needs, and social marketing to raise awareness of mental health and the locations of appropriate supports.

**High impact** disasters create severe and long lasting effects and manifest at least two of: widespread extreme damage to property; severe and continuing financial problems for the community; humans intentionally created the disaster; and, high rates of injuries, threats to life and loss of life (Norris et al. 2002:245-6). Suicide rates following high impact disasters, especially among those most exposed, are often above rates in control populations (Norris et al 2002). Young people are more likely to show effects than adults, especially older adults. People experiencing depression or suicidal thoughts prior to a disaster are at greater risk of suicide post disaster. The commonest kinds of interpersonal violence following disasters are: child abuse and neglect, intimate partner violence and sexual violence, and sexual exploitation. People with disabilities are often victims. Freedom from violence and good mental health are connected.

Interventions to enhance mental health and prevent violence need to be available at individual, family, neighbourhood, community and societal levels. Awareness raising, mental health first aid, family social and financial support, and screening for family violence, are needed in the medium term. Social support can be enhanced, through participatory community driven recovery initiatives in, for example, local housing and local business regeneration.

## 2. Pathways to collective violence and its prevention

The relationship between climate change and collective violence is heavily influenced by social factors such as culture and tradition, policies and social institutions. Three major variables appear to increase the likelihood of climate change related communal violence. First is a segment of a community finding their access to environmental resources reduced by privatisation of community assets or by one or more groups seizing unfair shares, by a political vacuum that permits unfair seizure of resources, and official corruption that erodes trust in public institutions such as local governance and the justice system, that are able to resolve conflicts peacefully (Benjaminsen 2012). A health promotion approach to local violence prevention includes: fair distribution of resources, strong local governance that facilitates constructive engagement between groups, and trusted institutions to mediate conflict.

## Conclusion

Health promotion that empowers can reduce harms from climate change induced violence and enhance resilience of communities experiencing extreme weather events.

## References

- Benjaminsen TA et al (2012) 'Does climate change drive land-use conflicts in the Sahel?' *Journal of Peace Research*. 49(1):97-111.
- Krug EG et al., eds. (2002) *World report on violence and health*. Geneva, World Health Organization.
- Norris FH, Friedman MJ, Watson PJ. (2002) 60,000 disaster victims speak: Part 11. Summary and implications of the disaster mental health research. *Psychiatry*. 65(3):240-260.