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## Editorial

There is a beast in everyone

C. Johnman , P. Mackie, F. Sim

*There's a beast in every man, and it stirs when you put a sword in his hand...*

Ser Jorah Mormont.<sup>1</sup>

Perhaps this comes as no surprise to many readers of Public Health, but we have noticed that the TV blockbuster, Game of Thrones, has become something of a worldwide phenomenon; with the original series of books now translated into 30 different languages and the subsequent television adaptation being aired in over 100 countries.<sup>2</sup> What is perhaps more surprising is that something which is described as a medieval political fantasy, and which portrays war as brutal and ugly, families as insidious, and power as seductive, can have become so popular. The average number of viewers for each of episode in the United States of America is in excess of 18 million and over 24 million of the books have been sold worldwide (print, digital, and audio versions).<sup>3 and 4</sup> In addition to its mainstream audiences, it has developed a cult following with fans creating clannish tribal groups known as the 'Sullied' (those who have read the original books by R.R. Martin) or the 'Unsullied' (the solely TV fans, named after a group of elite warrior-eunuchs in Game of Thrones).

Like many contemporary TV shows, Game of Thrones has had its fair share of criticism for the frequency and graphic depiction of sex and violence it presents. Indeed concern has been raised that Game of Thrones appears to be have brought this to a whole other level. Not even favourite characters are spared as they too are killed, often unexpectedly, and with unprecedented brutality: the beheading of Eddard 'Ned' Stark, a character in the first book/first TV season being a notable example of this.<sup>a</sup> However, of particular concern with Game of Thrones has been the

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<sup>a</sup> Although, given the fact that Ned was played by the actor Sean Bean, his death was more likely than not as Sean Bean's death to film ratio is 1:3 (24/73), leading to him to him being the subject of the '#don'tkillseanbean' social media campaign amongst his loyal fans.

portrayal of violence against women. Indeed, British writer Danielle Henderson said in the Guardian newspaper that she was no longer going to watch the TV series because she was 'exhausted by the triumph of men at the expense of women as a narrative device'.<sup>5</sup> In defence of this depiction of violence against women, R. R. Martin told the New York Times that although his books are epic fantasy, they are based on history and inspired by the English Wars of the Roses. And 'rape and sexual violence have been a part of every war ever fought, from the ancient Sumerians to our present day'.<sup>6</sup> It is medieval fantasy after all.

The United Nations defines violence against women as '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 occurring in public or in private life'.<sup>7</sup> Violence, violence against women and intimate partner violence is an area that Public Health has had an active interest in and has reported on before<sup>8, 9 and 10</sup>; however in this November issue of Public Health we are pleased to publish a commissioned review by Williams and Donnelly that sets violence in its historical and public health contexts.<sup>11</sup> The review highlights Pinker's detailed analysis of violence across the centuries. This suggests that our ancestors were far more violent than we are. However, we know inequalities in violence still exist both within and between societies and that the impact of violence on an individual's well-being, on their communities and across the globe generally, is a significant issue.

While the focus of the Williams and Donnelly review is not on violence against women per se, it does provide a thought provoking review of the current thinking in public health on how we classify and conceptualize violence. Violence is now recognized as an important public health issue, to which we can bring fundamental public health approaches to violence reduction. We can use epidemiological analyses to target action that address the inequalities in the social and economic factors underpinning both health and violence. We can consider violence from a life course perspective and undertake prevention activities to reduce the impact of violence on individuals and populations. We could do many things. However, we are starting from a

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relatively low base and much more needs to be done to prevent and reduce violence. As Williams and Donnelly note, we in the public health world must fully 'accept its role in preventing violence through unified action towards policy and practice'.

Is this such a hard thing to do? Screening, as a preventive activity for violence, already occurs in a number of healthcare settings. For example, most sexual and reproductive health services routinely ask about intimate partner violence. This issue of Public Health contains a number of papers which discuss screening in different settings with particular emphasis on how we can improve screening rates.<sup>12 and 13</sup> In addition, we present a number of papers, which discuss some of the factors known to be associated with violence: alcohol use; homelessness; injecting drug use; access to healthcare.<sup>14, 15, 16, 17, 18 and 19</sup>

While the debate on whether or not depictions of violence (and particularly sexual violence against women) are appropriate to beam into peoples' homes or onto their eBooks, or what the potential impact such scenes may have on viewers and readers subsequent behaviour continues, it cannot be a barrier to accepting Williams and Donnelly's challenge to us all to develop the effective public health response to violence. Such action – at both practice and policy level – will not be straight-forward. After all, Game of Thrones, with its intricate storylines, brutal violence, excellent acting and dark themes of human interaction, is actually compelling viewing.

At least we public health people have one advantage in this context: we know the history of what 'our' John Snow was up to in Broad Street with a great deal more certainty than one could say of the fictional Jon Snow, the late Eddard Stark's illegitimate son.

In this issue

We start this issue with a thought provoking review of the current thinking in public health on how we classify and conceptualize violence. Interestingly, we had originally started this brief summary with the phrase ‘kicks off’, until it was noted that this common phrase for starting a game was also used by many in the UK to indicate that a fight had broken out. In addition to this commissioned review on violence, we present a number of papers which investigate wide ranging aspects of alcohol use and abuse, homelessness (discharge delays and effects on Veteran's healthcare use), injecting drug use, and access to healthcare – all of which are considered well known risk factors associated with various forms of violence. We also have a number of papers which discuss screening in different settings: from breast screening in Hong Kong to Hepatitis C screening in injecting and ex-injecting drug users in North East Essex, UK. We also look at the use of telephone reminders to improve screening uptake and how motivation to quit smoking is associated with colorectal cancer screening rates. This issue also includes a number of papers which discuss health seeking behaviour for treatment, prevention and urgent care, in different populations: from four districts in western Kenya to ophthalmic outpatient attendees in Nigeria. We finish this issue with a look at eating habits and nutrient intake of migrant South Asians in the UK.

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