2. Conceptual framework and programme documentation criteria

2.1 The public health approach

This section provides an overview of the public health approach to understanding and preventing violence. The public health approach is a science-based, multidisciplinary approach for use by the different actors in violence prevention, including educators, health care workers, police, NGOs, employers and government ministries responsible for social policy, and not just public health professionals. The public health approach follows the four-step logic illustrated in Figure 2.1.

Information arising from activities in steps 1 and 2 is vital for developing and evaluating interventions (step 3), and for widespread implementation and dissemination of proven and promising strategies (step 4). Violence prevention programmes will therefore often entail all four steps. It is quite common, however, for interventions with evidence of effectiveness (step 3) to be adapted to programmes in broader and more diverse settings (step 4). Alternatively, programmes may be set up using interventions without evidence of effectiveness. This handbook is intended as a tool by which to collect information about interventions and programmes at steps 3 and 4 of the public health approach, so that the growing but still inadequate amount of work on problem definition and risk factor identification will be balanced by a systematic knowledge of who is doing what to prevent violence and which community or subgroups are being addressed.

The public health approach provides a theoretical rationale for why effective prevention programmes necessarily must be based on evidence. Its importance lies in the logic of the approach rather than its professional or disciplinary identity. Many programmes that employ the logic of the public health approach may be from diverse disciplines, and it is important that they too are identified and included if they fulfil the criteria specified in this handbook.

2.1.1 Defining the problem

In this step the public health model examines the how, when, where, and what of violence. It therefore involves developing case definitions of violence so that there is clear agreement on what is being studied and counted. This should take into account the typology of violence, according to the different forms of violence, whether physical, sexual, psychological or due to deprivation or neglect, and also take into
account the relevant information on the setting, and the relationship between the victim and perpetrator. Violence should be described in terms of the numbers and rates of new cases, the demographic characteristics of victims and perpetrators, the victim–perpetrator relationship, the mechanisms of violent injury, the involvement of weapons such as firearms and substances such as alcohol, and the temporal and geographical characteristics of violent incidents.

2.1.2 Identification of risk and protective factors

Risk factor identification looks at the why of violence. Risk factors are those that are shown to increase the possibility of becoming a victim or a perpetrator of violence. An example would be social isolation, which is a risk factor for many types of violence, including elder abuse, child abuse and intimate partner violence (Krug et al., 2002). Protective factors are those that reduce the risk of violence or its consequences. An example may be living in a society where there is high social capital and little income inequality (Krug et al., 2002).

No single factor can explain violence or explain why some people and groups are more protected from violence. Instead, violence is the outcome of a complex interaction among many factors that need to be examined at different levels. The World report on violence and health offers an ecological model to help understand the root causes and risk factors of violence that need to be identified and addressed by prevention strategies. This ecological model for understanding violence is shown in Figure 2.2. The model identifies risk factors at four levels: individual, relationship, community, and societal. Examples of risk factors at the different levels are given below.

a. At the individual level, personal history and biological factors influence how individuals behave and increase their likelihood of becoming a victim or a perpetrator of violence. These include early developmental experiences, demographic characteristics (age, education, income), psychological or personality disorders, substance abuse, and a history of behaving aggressively or having experienced abuse.

b. Personal relationships such as family, friends, intimate partners and peers may influence the risks of becoming a victim or perpetrator of violence. For example, having violent friends may influence whether a young person engages in or becomes a victim of violence.

c. Community contexts in which social relationships occur, such as schools, neighbourhoods and workplaces, also influence violence. Risk factors here may include the level of unemployment, population density, mobility, and the existence of a local drug or gun trade.

d. Societal factors influence whether violence is encouraged or inhibited. These include economic and social policies that maintain socioeconomic inequalities between people, the availability of weapons, and social and cultural norms such as those around male dominance over women, parental dominance over children, and cultural norms that endorse violence as a normal method to resolve conflicts.

The methods to determine magnitude, risks and determinants usually use routine data surveillance systems (e.g. hospital records, national vital statistics and police statistics), combined with special studies that employ cross-sectional, case–control and cohort designs. Problem definition, risk factor analysis, and
the determination of causes help to understand violence in relational terms by showing how the associations between people, products and the physical and social environment can lead on the one hand to contexts that produce very high levels of interpersonal violence, and on the other hand to contexts where there are very low levels of interpersonal violence.

“Whilst some risk factors may be unique to a particular type of violence, more often the various types of violence share a number of risk factors” (Krug et al., 2002). The ecological model is multilevel, allowing for the interaction of factors both between the different levels as well as at the same level. This implies that preventive programmes will also need to be multilevel, as discussed in the next step of the public health approach.

2.1.3 Development and evaluation of interventions

The effectiveness of strategies for preventing interpersonal violence will depend on a combination of the type of intervention, the timing of its delivery and the population at risk. Certain types of intervention will be specific to the developmental stage (e.g. infancy, adolescence, adulthood, old age) of the groups. For example, home visitation and parent training programmes are effective in preventing child maltreatment and later violence among male adolescents and young adults when delivered during infancy (ages 0-3 years), but are not designed for any later in the life-cycle. Step 3 of the public health approach therefore aims to identify effective prevention strategies by finding out what strategies work and for whom they are effective.

The ecological model helps to clarify the causes of violence and their complex interactions. It also suggests that to prevent violence it is necessary to develop interventions at the different levels. In this respect, programmes may assume a singular or multiple focus (e.g. youth violence, child abuse, violence against women by partners), targeting one or more at-risk environments (e.g. schools, recreational facilities), and risk factors (e.g. poverty, lifestyles), one or more at-risk groups (e.g. children, young men aged 15-24, the elderly) and one or more different levels (individual behaviour factors, close relationships, schools or other communities, or the larger cultural, social and economic factors).

To illustrate how this operates, a set of interventions to reduce youth violence could involve: the provision of support and incentives at the individual level to complete secondary schooling; at a relationship level working to prevent child abuse and intimate partner violence; at the community level targeting access to firearms and alcohol, and at the societal level focusing on employment and empowerment activities to address inequalities in gender and wealth. Alternatively, programmes could be devised which act across several levels at the same time. Interventions may either be targeted at sub-groups or whole populations, and the partial success of interventions intended to impact upon whole populations may manifest as a response in some subgroups alone.

2.1.4 Implementation

The fourth step in the public health approach deals with dissemination and the diffusion of effective practices. It involves taking effective programmes and determining how acceptable and translatable they are to different populations and settings. It is concerned with the scaling up and sustained implementation of effective interventions and violence prevention practices. Typically violence prevention initiatives, including demonstration programmes, are utilized to inform public health policy and practice for violence prevention. Policy, institutional support and funding are vital for the implementation of violence prevention practices on a large scale. In short, this step deals with the translation of effective programmes into wide-scale implementation.
2.2 Prevention opportunities at multiple levels

A variety of prevention matrices were considered (Haddon, 1970; Lett et al., 2002) but the model adopted in the handbook is the ecological model (Krug et al., 2002). In this section the ecological model is used to identify and cluster prevention strategies at the four different levels at which prevention may be targeted. Just as there are multiple levels in the causation of violence (see Figure 2.2), so the opportunities for prevention can involve interventions at the individual, relationship, community and societal levels (Figure 2.3).

2.2.1 Individual level approaches

These are primarily concerned with changing beliefs and behaviours of individuals. These could include educational programmes that provide adolescents and young adults with vocational training and educational support, or social development programmes to teach very young children social skills, anger management and conflict resolution, so as to prevent violence later in life (see Krug et al., 2002).

2.2.2 Relationship approaches

These aim to influence the types of relationships that individuals, as potential victims and perpetrators of violence, have with the people with whom they are most regularly in contact, and to focus on families and negative peer influences. Examples include training in parenting, where the bonding between parents and children is improved and more consistent child-rearing methods are taught to reduce the risk of child abuse; mentoring programmes to match young persons with caring adults to prevent antisocial behaviour; and home visitation programmes (see Krug et al., 2002).

2.2.3 Community based efforts

At this level efforts are geared towards raising public awareness about violence, stimulating community action and providing care and support for victims (Krug et al., 2002). Examples include media campaigns to target entire communities or educational campaigns for settings such as schools, workplaces and other institutions; modifications to the environment, such as improving street lighting and creating safe routes for children and youths on their way to and from school, and reducing the availability of alcohol. Such programmes may be enhanced by appropriate training for police, health professionals and teachers to help them identify and respond better to different types of violence, and improved trauma services to cope with the aftermath of violence.

2.2.4 Societal approaches

Prevention strategies at the societal level focus on cultural, social and economic factors related to violence, and include changes in legislation, policies and the larger social and cultural environment to reduce the risk of violence both in various settings as well as in entire communities. Thus, legislative and judicial changes such as criminalizing spouse abuse and efforts to improve the fairness and efficiency of the justice system are examples of these broad level changes, as are efforts to reduce access to the means
of committing acts of violence, such as the licensing and control of guns. Policy changes to reduce poverty and inequalities with improved support for families in need are also included, as are efforts to change societal and cultural norms to tackle gender-based or child abuse issues. Socioeconomic policies such as the control of alcohol use through pricing and licensing are also relevant here (Krug et al., 2002).

It is important to recognize that programmes may involve prevention strategies at more than one level, and that interventions may be intricately linked across the different levels. This is demonstrated by the example of the Triple-P Positive Parenting Programme developed in Australia (Sanders, 1999), which operates at both the relationship and community levels (Figure 2.4). This programme consists of a community-wide awareness campaign, a health care component that includes consultations between physicians and parents, and parent training and family support. It also includes interventions for different target populations (universal, selected and indicated). The programme, or elements of it, has been implemented in Hong Kong, Germany, New Zealand, Singapore, the United Kingdom and the United States of America.

2.3 Evaluation of interpersonal violence prevention programmes

Programme evaluation can be defined as the systematic process of collecting and analysing data using a science-based methodology to determine whether the programme is achieving its stated objectives. This handbook is concerned with the systematic collection of information on three aspects of a programme, namely the plan, the implementation process and its outcomes or impacts. The evidence may be qualitative or quantitative (Babbie & Mouton, 2001; Owen, 1999). We are concerned with collating information on programmes based on a set of items in the instrument included as Appendix I. Documenters are not asked to analyse and make judgements about the merit and worth of programmes, but only to record in the instrument whether or not a programme has been evaluated and, if so, how.

2.3.1 Why do we evaluate?

The most obvious purpose in evaluating programmes is to know what effect they are having on the problems that they attempt to impact.

There are essentially four main reasons for evaluation.

- To make decisions of quality or worth. Evaluations provide useful knowledge on whether the programme is run according to plan, whether it is cost-effective and whether it has achieved its stated objectives.
- To improve programmes. By identifying strengths and weaknesses, the programme can be modified and adapted to better benefit the group as planned.
- To generate knowledge. Information generated from evaluations of programmes is crucial for un-
understanding the phenomenon of violence and how to deal with it in a practical way. Such information is also necessary for policy formulation on a higher level.

- To gain knowledge on whether the programme can be repeated effectively elsewhere.

### 2.3.2 What is evaluated?

The following areas need to be considered:

- what is the programme, what are its objectives, and in what context does it exist;
- what aspects of the programme will be considered when judging its performance;
- what standards (i.e. type or level of performance) must be reached for the programme to be considered successful;
- what evidence will be used to indicate how the programme has performed;
- what conclusions regarding programme performance are justified by comparing the available evidence of the selected standards;
- how will the lessons learned from the inquiry be used to improve its effectiveness?

### 2.3.3 What are the key components to evaluation?

The following steps are involved in evaluation practice (Centers for Disease Control and Prevention, 1999, accessed 31.1.03):

- Engage the stakeholders, who are those involved, those affected by the programme, and the intended users of the evaluation.
- Describe the programme in terms of need, the expected effects, the activities, resources, the stage of the programme, the context and the theoretical model.
- Focus on the design of the evaluation by considering and agreeing on its purpose, how to engage the users, to what uses the evaluation will be put, the questions being asked, and the methods to be used.
- Gather credible evidence. Consideration must be given to indicators, sources of information, its quality, its quantity, the logistics of obtaining it and whether attention has been given to potential sources of error, such as due to confounding and bias.
- Justify the conclusions. Rigorous standards should be used, with a thorough analysis, unbiased interpretation, judgement on strengths and weaknesses, and recommendations.
- Disseminate to the stakeholders with feedback and follow up.

### 2.3.4 Who is the evaluation for?

The evaluation of a programme is for all the stakeholders, including those directly involved in the programme such as staff, the target population, policy makers, donors and others involved in the violence prevention field. For example, prevention workers may wish to use the results in deciding whether to introduce a programme in their local setting or where to adapt or change programme targets, and funders may take decisions on whether to continue funding programmes on the strength of evaluation results.

### 2.3.5 How is the evaluation used to strengthen prevention capacity?

The results of a rigorously conducted evaluation will highlight strengths and weaknesses of either the whole programme or specific interventions within the programme. These can be used to make modifications in order to strengthen the programme itself. In addition the programme and lessons from it may be transferable to other settings for different target populations.

### 2.3.6 The evaluation process

Basic questions that may be asked in evaluation studies are:

- **Relevance** – is there a need for this programme?
- **Quality** – how satisfactory is the process, that is,
performance of activities? How satisfactory are the facilities, staff component and office space? How satisfactory are the outcomes, and have the desired effects been achieved?

- **Efficiency** – how efficiently are resources used?
- **Replicability** – can this programme be repeated elsewhere?

(Abramson & Abramson, 1999).

Use of this handbook to establish descriptive information about existing interpersonal violence prevention programmes is part of a long-term process aimed at providing feedback about prevention patterns and trends that will help to increase the proportion of well evaluated programmes. The handbook therefore assumes that these programmes will range from those that are undocumented and lack any type of evaluation mechanism, through programmes that include rudimentary efforts to measure their impact on the target problem, to “gold standard” programmes evaluated according to rigorous scientific criteria.

These stages can be considered as part of a continuum, and documenters and programme managers can consider where to place the projects at the appropriate point along the line (see Figure 2.5).

### 2.3.7 Logic of prevention programme planning and implementation

The planning and implementation of prevention programmes always follows a standard stepwise logic: 1) a problem is identified; 2) a programme is developed to “do something about it”; 3) the programme is implemented; and 4) an assessment is conducted to determine if the desired outcomes are achieved (see Figure 2.6). The questions listed above for evaluation studies are based on this logic of planning and implementing prevention programmes. Evaluation, whether internally or externally done, asks questions that cover all the stages of an intervention programme. Each stage should be recorded and monitored in a systematic way.

As already discussed, the evidence can include qualitative and quantitative information. Sources of
Box 2.1 ■ Outcome evaluation of a multi-component violence-prevention programme for middle schools: the Students for Peace project (USA)

Authors
Pamela Orpinas, Steve Kelder, Ralph Frankowski, Nancy Murray, Qing Zhang and Alfred McAlister

Abstract
This study evaluated the effect of Students for Peace, a multi-component violence-prevention intervention, on reducing aggressive behaviours among students of eight middle schools randomly assigned into intervention or control conditions. The intervention, based on Social Cognitive Theory, included the formation of a School Health Promotion Council, training of peer mediators and peer helpers, training of teachers in conflict resolution, a violence-prevention curriculum, and newsletter for parents. All students were evaluated in the spring of 1994, 1995 and 1996 (approximately 9 000 students per evaluation). Sixth graders in 1994 were followed through seventh grade in 1995 or eighth grade in 1996, or both \( n = 2246 \). Cohort and cross-sectional evaluations indicated little to no intervention effect in reducing aggressive behaviours, fights at school, injuries due to fighting, missing classes because of feeling unsafe at school or being threatened to be hurt. For all variables, the strongest predictors of violence in eighth grade were violence in sixth grade and low academic performance. Although ideal and frequently recommended, the holistic approach to prevention in schools in which teachers, administrators and staff model peaceful conflict resolution is difficult to implement, and, in this case, proved ineffective. The Students for Peace experience suggests that interventions begin prior to middle school, explore social environmental intervention strategies, and involve parents and community members.


Box 2.2 ■ Protecting school girls against sexual exploitation: a guardian programme in Mwanza, Tanzania

Authors
Zaida Mgalla, Dick Schapink, J Ties Boerma

Abstract
This paper presents a study in 1996 of a guardian programme in primary schools in two districts in Mwanza region, Tanzania, whose aim was to protect adolescent girls against sexual exploitation, which is thought to be common within educational institutions in Africa. The guardians were women teachers whose role was to help in cases of sexual violence or harassment, and act as counsellors on sexual health problems. About half of the girls in the highest three classes of these primary schools (mean age 15) had had sex. Sexual exploitation of schoolgirls by schoolboys, young men in their teens and 20s and teachers was common. The guardian programme has been well accepted and has already generated considerable public debate. One of the most important initial effects is that sexual abuse is less hidden, and abuse by teachers may have become more difficult than in the past. However, most guardians and other teachers were opposed to any sexual activity among girls, which limited their potential to encourage contraceptives use and preventing of STDs and HIV. In this context, the guardian programme should be only one component of a much broader effort to address the issue of adolescent sexuality.

### TABLE 2.1 STAGES IN PREVENTION PROGRAMME PLANNING AND IMPLEMENTATION: THREE CASE STUDIES

<table>
<thead>
<tr>
<th>DESEPAZ Programme: Colombia (see Box 1.1)</th>
<th>Violence Prevention Programme: USA (see Box 2.1)</th>
<th>Guardian Programme: Tanzania (see Box 2.2)</th>
</tr>
</thead>
</table>

#### 1. Problem statement

<table>
<thead>
<tr>
<th>Theory/philosophy</th>
<th>Explicit: public health approach</th>
<th>Explicit: social cognitive theory</th>
<th>Implicit: feminist theory</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Information to motivate study</th>
<th>High homicide rate</th>
<th>Results from evaluated programmes and theory</th>
<th>Research findings and Information from TANESA – project on HIV/STDs in Tanzania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police, coroner and hospital-based information</td>
<td></td>
<td>and research on behaviour change</td>
<td></td>
</tr>
</tbody>
</table>

#### 2. Programme plan

<table>
<thead>
<tr>
<th>Aims and objectives</th>
<th>Evaluate effects of ban on carrying firearms and alcohol consumption</th>
<th>Evaluate effect of multi-component intervention on aggressive behaviour</th>
<th>Intervention to protect adolescent girls against sexual exploitation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Education on civil rights and self-control</th>
<th>Violence prevention curriculum</th>
<th>Training of guardians</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV advertising on tolerance and self-control</td>
<td>Peer mediation programme</td>
<td>Forming of guardian committees</td>
<td></td>
</tr>
<tr>
<td>Interpersonal conflicts: schools, families</td>
<td>Training of teachers</td>
<td></td>
<td></td>
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<tr>
<td>Restrictions on alcohol sales</td>
<td>School Health promotion</td>
<td></td>
<td></td>
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<tr>
<td>Ban on carrying handguns</td>
<td>Council</td>
<td></td>
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<tr>
<td></td>
<td>Newsletters to parents</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Target population</th>
<th>General public</th>
<th>School students</th>
<th>Schoolgirls</th>
</tr>
</thead>
</table>

#### 3. Implementation

**PROCESS RECORDED IN DETAIL**

#### 4. Effects, outcomes

<table>
<thead>
<tr>
<th>Decline in homicide rate</th>
<th>Little/no effect in reducing aggressive behaviours</th>
<th>Generated public debate Sexual abuse less hidden Conscientization process</th>
</tr>
</thead>
</table>

#### 5. The evidence

<table>
<thead>
<tr>
<th>Pre- and post-intervention surveillance data</th>
<th>Data from a randomized control trial</th>
<th>Case history reports</th>
</tr>
</thead>
</table>

Information may range from case histories, self-reports, focus group discussions, interviews, documents and reports.

In Table 2.1 three examples of prevention programmes are analysed in terms of the logical stages followed in prevention programmes. The first is the DESEPAZ-programme in Colombia (see Box 1.1); the second is a multi-component violence prevention programme for school children in Texas, USA (Box 2.1, Orpinas et al., 2000); and the third is a guardian programme to protect schoolgirls against sexual exploitation in Tanzania (Box 2.2, Mgalla et al., 1998). These examples illustrate how the programme logic, on which the evaluation of a programme is based, shapes practical evaluation efforts. It demonstrates the importance of systematic documentation and shows the value of putting in place even basic measures of impact.
2.4 How to identify interpersonal violence prevention programmes

The definitions of violence and prevention given in Chapter 1 and the overviews of the public health approach in this chapter enable specification of the ecological model, principles of evaluation and criteria for identifying interpersonal violence prevention programmes. Such programmes:

— are identified by local experts as programmes for preventing interpersonal violence;
— have clearly defined goals and objectives based on existing knowledge to explain the extent and nature of the problem;
— are aimed at primary and/or secondary prevention;
— are designed to address clearly identified risk factors at one or more different levels of the ecological model;
— are informed by a logical framework for prevention (e.g. the public health approach);
— are focused on clearly identified target populations (e.g. women, youth aged 15–24, the general population);
— have an administrative and logistic infrastructure.

Because of the multifaceted nature of violence and the complexity of its root causes, interpersonal violence prevention programmes can manifest great diversity in the number and type of risk factors they address. Some programmes may focus directly on one or two risk factors, such as the DESEPAZ-programme with its focus on alcohol consumption and carrying of firearms. Other programmes may have the prevention of violence as one among many aims, such as community empowerment programmes that focus on self-efficacy, autonomy and the development of skills for dealing with aggressive behaviour. Programmes such as pre-school enrichment programmes may not concentrate on violence prevention per se, but have been demonstrated to be effective in reducing youth violence or risk factors for youth violence (Krug et al., 2002).

2.5 Programme characteristics

Programme characteristics refer to the common dimensions on which different programmes can be described and compared to one another. Factors included in the classification of programme characteristics are:

■ **Scope** – whether the programme is deployed locally, nationally or internationally.

■ **Geographical location** – specific particulars of where the programme takes place.

■ **Setting of the target population** – whether the programme operates in a rural, urban or peri-urban context.

■ **Socioeconomic variables** – these are known risk factors for interpersonal violence (for example poverty) and it is therefore important to document them.

■ **Type and nature of interpersonal violence** – information on the type of violence identifies whether the programme deals with child abuse and neglect, intimate partner violence, elder abuse, acquaintance violence and stranger violence, and whether the violence is of a physical, sexual or psychological nature, or involving deprivation and neglect.

■ **Theoretical/philosophical orientation** – information about the programme’s conceptual framework.

■ **Nature and level of intervention and prevention** – whether the interventions are targeted at one or more levels of the ecological model (individual, relationship, community, society), and whether the interventions are at the primary or secondary level of prevention.

■ **Target populations** – identify the populations that the programme aims to benefit in terms of characteristics such as age and sex, and whether they are victims, perpetrators or the general public.

■ **Sites and settings** – identify in what settings the programme takes place, such as schools, neighbourhoods, workplaces, old age homes and so on.
Programme information – general information about the programme will include whether it is a single or multiple site intervention, whether the programme focuses explicitly on violence or not, and details about resources used, for instance staff and physical resources available to the programme.

Information on the programme plan, implementation and outcomes – this section includes information on the relevance of and support for the programme, methods of documenting the programme and its interventions, and on the outcomes and whether the programme has been evaluated. How information is disseminated should also be noted.

It is likely that the majority of programmes identified for documentation using this handbook will not, at the time of documentation, have been subject to a formal scientific evaluation. Accordingly, few will be able to provide empirical evidence of outcome and impact effectiveness. In such instances the documentation procedure will be limited to describing if and how such programmes are attempting to measure their effects and effectiveness.

2.6 Conclusion

This chapter provides the theoretical basis for understanding the programme documentation instrument (included as Appendix I). The public health approach has been presented as a guiding framework for violence prevention activities. Its four steps have been discussed (defining the problem; identification of risk and protective factors; development and evaluation of interventions; implementation). The ecological model has been described, which enables better understanding of violence and its risk factors at multiple levels. The rationale for conducting evaluations and criteria for the identification of violence prevention programmes have been discussed.