Dear Colleagues:

Attached is the latest issue of *Prevent: the Newsletter for the Global Campaign for Violence Prevention*.

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**HEADLINES**

5th Milestones Meeting, Cape Town, South Africa, 6-7 September 2011

The 5th Milestones in a Global Campaign for Violence Prevention Meeting will be held in Cape Town, South Africa, on 6-7 September 2011, hosted by the Department of Health of the Provincial Government of the Western Cape. The Milestones meetings recognize the achievements of the Global Campaign for Violence Prevention since the launch of the *World report on violence and health* in 2002 and identify future priorities in violence prevention. Plenary sessions review the state of the science in violence prevention, highlight recent success stories in science-based prevention, and highlight up-and-coming policy and programme initiatives. Programmes and presentations from previous Milestones Meetings can be seen at: [http://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/en/index.html](http://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/en/index.html)

Strategy and planning meeting addresses a Global Status Report on Violence Prevention

On 28-29 October 2010 a dozen experts in violence prevention – including representatives from WHO, UNDP, UNODC, the US Centers for Disease Control and Prevention and academia – met in Brussels, Belgium, to discuss a *Global Status Report on Violence Prevention* and how such a report can help increase political support for and financial investment in large-scale evidence-based prevention efforts. The *Global Status Report on Violence Prevention*, to be published in 2013, will assess, through one-page national profiles, the extent to which the nine recommendations of the *World report on violence and health* have been implemented in countries around the world. For further information, please contact Dr Alexander Butchart ([butcharta@who.int](mailto:butcharta@who.int)).
**Featured outcome evaluation**

**Primary prevention of parent-child conflict and abuse in Iranian mothers: a randomized-control trial**

**Objective:** To assess whether primary health care settings in Iran can be used to engage and deliver a programme for the prevention of parent-child conflict and abuse for mothers of young children.

**Methods:** Two hundred and twenty-four mothers who had come to health centers in Qazvin – a city of half a million inhabitants near Teheran – were randomly assigned to either a control group (n = 116) or an intervention group (n = 108). Mothers in the intervention group were given parenting education for two-hour weekly sessions for two successive weeks. During the first session, the physician who had been trained and certified in the "SOS! Help for parents" programme (http://www.sosprograms.com/) focused on the role of parenting skills in families and common mistakes in parenting. At the second session, the mothers did role-playing and watched and discussed video-clips. Eight weeks after the last training session the questionnaire was completed again by the two groups.

**Results:** Compared to the control group, there were significant improvements from pre- to post-test in the intervention group on measures of the Parenting Scale and Parent-Child Conflict Tactics Scale (modified). Effect sizes were moderate to large: 0.5 and 1.2 respectively. Improvements were maintained at eight-week follow-up.

**Conclusion:** The results support previous international studies showing that primary health care settings can be used successfully to engage and improve the parenting skills of mothers of young children.


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**International Colloquium on Multisectoral Collaboration to Prevent Violence**

On 28-30 November 2010 the Scottish Government, Scottish Violence Reduction Unit, University of St Andrews and WHO hosted an international colloquium on multisectoral collaboration to prevent violence. The colloquium took place in Edinburgh, Scotland, as part of an ongoing violence prevention policy and programming development project involving Jamaica, Lithuania, Scotland and the Western Cape Province of South Africa, and convened high-level government officials from the health, justice, policing and security sectors to discuss violence prevention progress and plan future developments. The Open Society Institute, UNDP and WHO also provided input on the role of international agencies in supporting violence prevention programmes. A major focus was on intersectoral action to address alcohol-related violence, and a series of case studies followed by group discussions were used to identify how best to catalyse and capitalize on a shared policy agenda. For more information, please contact Ms Alison Gehring (gehringa@who.int).

**Workshop on determining readiness of countries to implement child maltreatment prevention**

On 11-12 October 2010 representatives of the six country research teams from Brazil, China, Malaysia, Saudi Arabia, South Africa and The former Yugoslav Republic of Macedonia; WHO staff from the prevention of violence team; and a scientific adviser convened to discuss progress on the development and administration of an instrument to assess child maltreatment prevention readiness in low-income and middle-income countries. Participants discussed the findings of the recently completed pilot testing of the instrument in the six countries and planned the next steps of the project, including the field testing and the six country reports. For further information, please contact Dr Christopher Mikton (miktonc@who.int).
Regional

Africa

Training of Trainers course on child maltreatment prevention in Malawi
A four-day Training of Trainers course on child maltreatment prevention was held in Malawi on 6-9 September 2010, based on the recently completed Short Course on Child Maltreatment Prevention. The course was organized by the Malawian Ministry of Health (Department of Community Nursing) and the WHO Country Office. In total, 22 people attended the course including representatives from two districts (Chiradzulu and Mzimba), from the Ministries of Health, Gender, Education, and Social Welfare, the Kamuzu College of Nursing, and the College of Medicine in Blantyre. Course participants are now planning to deliver the course at district level. For more information, please contact Dr Christopher Mikton (miktonc@who.int).

Kenya Report on Costs of Interpersonal and Self-directed Violence
In collaboration with WHO and with support from the US Centers for Disease Control and Prevention, Kenya’s Ministry of Public Health and Sanitation recently finalized a report estimating the economic costs of interpersonal and self-directed violence in the country. For the year 2007, the total economic cost (including both direct medical and indirect productivity costs) of injuries due to interpersonal and self-directed violence was estimated to be US$305 million, of which 91% (US $277,315 million) was due to productivity losses. This was equal to 1.2% of total GDP and 66% of the total Ministry of Health budget. For further information, please contact Dr Alexander Butchart (butcharta@who.int).

Europe

Workshop on child abuse and neglect in The former Yugoslav Republic of Macedonia
The first national stakeholder workshop on child abuse and neglect was held in Skopje, The former Yugoslav Republic of Macedonia, on 14 October. There were over 30 stakeholders present including national television. Dr Dinesh Sethi, WHO EURO, presented an overview on child maltreatment in Europe and emphasized the need for policy and preventive action. Dr Marija Raleva, national focal point for violence prevention, then presented the results of the recently completed Macedonian study of adverse childhood experiences. This showed high levels of reported physical and sexual abuse as well as of witnessing domestic violence as children. The ensuing panel debate was lively and participants resolved that there was a need for a national policy on the prevention of child maltreatment. The Deputy Minister promised that the national coordinating body for preventing child abuse would tackle the issue, starting with national policy development followed by programming for prevention. For further information, please contact Dr Dinesh Sethi (DIN@ecr.euro.who.int).

Americas

Marking the “International Day for the Elimination of Violence Against Women”
To mark International Day for the Elimination of Violence Against Women, the Pan-American Health Organization (PAHO) organized the event “Violence against women: New evidence from Latin America” on 22 November 2010. The event included presentations by leading experts on various aspects of violence against women. Dr Mary Goodwin from the Centers for Disease Control and Prevention (CDC) shared initial findings from a PAHO/CDC review of population-based data on the prevalence of violence against women in 12 countries in the region. Dr Gary Barker from the International Center for Research on Women and MenEngage presented data from the International Men and Gender Equality Survey and described promising efforts to partner with boys and men to prevent violence against women. Dr Elizabeth Rowley of the Center for Refugee and Disaster Response at the Johns Hopkins Bloomberg School of Public Health highlighted the importance of addressing violence against women in humanitarian contexts. Dr. Rowley also shared findings from a PAHO assessment of the health sector response to sexual violence in post-earthquake Haiti. For more information, please contact Ms Alessandra Guedes (guedesal@paho.org).
Jamaica Armed Violence Prevention Programme Mission
On 6-10 September 2010, WHO participated in a UNDP-led mission to Jamaica where with other UN agencies (UN-Habitat, UNICEF, UNODA, UNODC), meetings were held with senior officials from several Jamaican government ministries, civil society groups, and NGOs. The aim of the mission was to establish the scope and draft content of a joint Government of Jamaica-UN programme for the prevention of armed violence. Five priority areas were identified: increasing the availability and use of data, strengthening institutional capacities, reducing trafficking and illegal possession of small arms, preventing violence against children and youth, and fostering national consensus on priorities for violence prevention. For more information, please contact Dr Alexander Butchart (butcharta@who.int).

PUBLICATIONS

Preventing intimate partner and sexual violence against women: taking action and generating evidence.
In September 2010, WHO, in partnership with the London School of Hygiene and Tropical Medicine, launched *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. This manual – developed with input from a globally representative panel of experts – aims to provide sufficient information for policy-makers, programme planners, and funding bodies in public health and related sectors to develop evidence-based programmes and policies. The document emphasizes the importance of integrating rigorous effectiveness evaluations into prevention programmes to strengthen the global evidence base in this area. To order hard copies of the manual, free of charge, contact Ms Claire Scheurer (scheurerc@who.int). Download at: http://whqlibdoc.who.int/publications/2010/9789241564007_eng.pdf

Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence: A Planning Guide
This guide developed by the US Centers for Disease Control and Prevention describes how to develop, implement, and evaluate a process for training professionals to engage in sexual violence and intimate partner violence prevention. The guide aims to help practitioners tailor individual trainings to different groups of professionals. It provides definitions of sexual violence and intimate partner violence and includes real-life examples to illustrate theory put into practice. In addition to systematic guidance on all the tasks necessary for planning training, the guide includes tip sheets, worksheets, checklists, and an extensive resource list. Download the guide at: Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence: A Planning Guide]

Violence in the city: understanding and supporting community responses to urban violence
This new report by the World Bank's Social Development Department, Conflict, Crime, and Violence Team describes how urban residents cope with violence in their everyday lives, and incorporates case studies from urban communities in Brazil (Fortaleza), Haiti (Port-au-Prince), Kenya (Nairobi), South Africa (Johannesburg) and Timor-Leste (Dili). Coping mechanisms described in the report include individual-level strategies to avoid victimization such as staying at home more or changing routes to school or work. The report notes that many strategies may actually undermine long-term prevention, such as joining a vigilante group or militia; buying guns or acquiring other weapons; or relying on extralegal security groups for protection. Recommendations from the study focus on creating the basic conditions that urban communities need to be able to come together collectively to address violence, from upgrading basic infrastructure, to better harnessing the energies of youth and increasing coordination across levels and sectors of government and civil society. Download at: http://siteresources.worldbank.org/EXTSOCIALDEVELOPMENT/Resources/244362-1164107274725/Violence_in_the_City.pdf
Violence prevention: the evidence
A new all-in-one version of WHO’s series “Violence prevention: the evidence” is now available. This publication, which merges the eight formerly separate briefings into one, summarizes the evidence base for the effectiveness of seven main strategies to prevent interpersonal and self-directed violence. These seven main strategies are (1) preventing violence through the development of safe, stable and nurturing relationships between children and their parents and caregivers; (2) preventing violence by developing life skills in children and adolescents; (3) preventing violence by reducing the availability and harmful use of alcohol; (4) guns, knives and pesticides: reducing access to lethal means; (5) promoting gender equality to prevent violence against women; (6) changing cultural and social norms that support violence; and (7) reducing violence through victim identification, care and support programmes. It also includes a five-page overview which provides a table summarizing the main findings. By spotlighting evidence for the effectiveness of interventions, Violence prevention: the evidence provides clear directions for how violence prevention funders, policy makers and programme implementers can boost the impact of their violence prevention efforts.