Violence Prevention Alliance

Building global commitment for violence prevention
Founding Participants
Centers For Disease Control And Prevention, United States of America, Centre For Public Health, Liverpool John Moores University, United Kingdom, Department Of Health, United Kingdom, Deutsche Gesellschaft Für Technische Zusammenarbeit (Gtz) GmbH, Germany, Hessiches Sozialministerium, Germany, Public Health Agency of Canada, Health Protection Agency, United Kingdom, Medical Research Council, South Africa, Ministry Of Health, Belgium, Ministry Of Health, Jamaica, The California Wellness Foundation, USA
introduction

The Violence Prevention Alliance (VPA) is a new global network for organizations working to prevent violence. Established in January 2004, VPA opened to broad participation the following November. VPA presents an opportunity for groups from all sectors (governmental, nongovernmental and private) and levels (community, provincial, national, regional and international) to unite around a shared vision. The basis of this vision is a public health approach to violence prevention that addresses the root causes of violence and improves support services for its victims.
VPA provides participants with an infrastructure through which they can work together to:

a. increase capacity for information-gathering on the epidemiology of violence;
b. improve knowledge about what works in violence prevention policy and programming; and
c. encourage widespread implementation of policies and programmes known to be effective.

Guiding Principles

VPA is guided by the evidence-based principles and recommendations described in the *World report on violence and health* – that is, a public health approach to violence prevention. This approach is based on an ecological framework that describes the complexity of the causes of violence and helps identify strategies to prevent it.
The public health approach outlines four steps for preventing violence:

1. Define the violence problem through systematic data collection

2. Conduct research to find out why it occurs and who it affects

3. Find out what works to prevent violence by designing, implementing, and evaluating interventions

4. Implement effective and promising interventions in a wide range of settings and evaluate their impact and cost-effectiveness
The ecological framework characterizes interpersonal violence as the outcome of interactions between factors at four levels: individuals, close relationships, communities and society.

a. **At the individual level**, personal history and biological factors influence how individuals behave and affect their likelihood of becoming a victim or a perpetrator of violence. *eg: alcohol abuse, being a victim of child maltreatment, psychological / personality disorder.*

b. **Close relationships** such as family, friends, intimate partners and peers may also influence the risk of becoming a victim or a perpetrator of violence. *eg: poor parenting practices, marital discord, friends who engage in violence.*

c. **Community contexts** in which relationships occur, such as schools, neighbourhoods and workplaces, form surroundings that are favourable or unfavourable to violence. *eg: poverty, levels of unemployment, population density.*

d. **Societal factors** influence whether violence is encouraged or inhibited. *eg: level of social, economic and gender inequalities, weak economic safety nets, poor rule of law, cultural norms about violence.*
The typology of violence introduced in the *World report on violence and health*, while not a rigid categorization, is a useful tool for understanding violence. The typology first divides violence into three broad types: self-directed, interpersonal and collective. Each is further divided to reflect more specific types of violence. Interpersonal violence (depicted above) distinguishes family violence, which occurs largely between family members and intimate partners and usually, though not exclusively, takes place in the home, and community violence. The latter includes violence that generally takes place outside the home between individuals who are not related and who may or may not know each other. The typology also illustrates the nature of violence, which can be physical, sexual, psychological or involve deprivation or neglect.

**Definition of violence:** *World report on violence and health*

The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.
VPA activities around the world

- Launch of the Jamaican Chapter of the Violence Prevention Alliance by the Minister of Health during a University of the West Indies Research Symposium *The impact of violence on the health services – the role of prevention*

- *Preventing violence: from global perspectives to national action*: a major conference hosted by VPA participants in the United Kingdom to help initiate the development of a nation-wide strategy for violence prevention

- *Interpersonal violence prevention in international cooperation and development*, a document targeted at both donor agencies and their recipient programmes, produced through collaboration of VPA participants in Germany, the United Kingdom and the USA
Activities

VPA participant activities are guided by the recommendations of the *World report on violence and health*. The Alliance offers opportunities for participants to share knowledge, experiences and technical assistance for several types of activities. Working together, VPA participants are better equipped to:

- **Raise awareness** of the problem of violence, both internationally and in countries;
- **Encourage** the preparation of national reports on violence and health that will lay the ground for national plans of action for violence prevention;
- **Support** primary prevention programmes and efforts to improve and expand support services to victims;
- **Build capacity** for research and data collection on violence, especially for the development of violence and injury surveillance systems; and
- **Create** comprehensive violence prevention demonstration projects.
Why do we need an alliance to prevent violence?

Given its magnitude and the number and scope of factors that influence its occurrence, no single agency can solve the violence problem alone. VPA facilitates the establishment of shared, mutually supportive violence prevention strategies across agencies. This sharing of strategies and the resulting improved coordination will ensure that independent efforts reinforce each other, while also providing a unified voice to influence local, national and international policy changes.
What value will VPA add to the violence prevention field?

A common approach to violence prevention through which agencies working at different levels and on the various sub-types of violence share knowledge and resources can shape the practices of hundreds of community, provincial, national, regional and international programmes. The VPA approach is based on scientific principles and evidence that demonstrate what is likely to work and what is not. The increased number of programmes working from the same set of principles and the linking of development agencies, researchers, policy-makers and project workers through the alliance infrastructure will allow more interventions to be evaluated in a scientifically rigorous manner.

Evaluation of a large number of similar programmes implemented in a variety of settings will significantly broaden the base of information about what works to prevent violence. Ultimately, this will create a critical mass of programmes based on effective interventions that will be mutually reinforcing and thus bolster the effects of each individual programme.

Why should the health sector be involved in violence prevention?

Most often, the criminal justice sector holds responsibility for controlling levels of violence and determining retribution for victims. While these responses to violence are necessary and useful, they are not sufficient for the prevention of violence at a population level. The responsibility for identifying, assessing and preventing violence has been spread thinly across multiple sectors, such as ministries of child welfare or ministries of women’s issues. While the multi-sectoral nature of the causes and consequences of
violence demand a coordinated, systematic and multi-disciplinary response to which all sectors of society ought to contribute, the violence prevention field has lacked the benefits of strong leadership and interagency coordination.

The major burden of care arising from the consequences of violence falls on the health sector, and many cases of violence that are treated in the health sector are never reported to the criminal justice system. It is also the health sector's task to inform the public of population health threats and to confront these threats. The health sector, therefore, has the responsibility to contribute to the prevention-centred aspects of a coordinated response to violence. Health sector involvement in data collection, service delivery, primary prevention programmes, policy-making and advocacy are a strong complement to what is done in the criminal justice and other sectors.

**What types of violence does VPA attempt to address?**

Violence is complex and multi-faceted. Addressing all types of violence (interpersonal, collective and self-directed) is beyond the scope of VPA at this stage. Initial VPA efforts have concentrated on interpersonal violence, while at the same time acknowledging its links with other forms of violence.

Specifically, the work within VPA focuses on the information systems, risk factors, prevention strategies and support services for victims that are common to all sub-types of interpersonal violence, and are often linked to self-directed and collective violence. Many of these are societal- and community-level risk factors that are difficult for a single programme working in isolation to address effectively. The infrastructure and unified voice of VPA can help strengthen individual programmes trying to affect such large-scale, population-level changes.
What benefits will participation in VPA give my organization?

VPA participants enjoy the following benefits:
- Worldwide networking opportunities;
- Participation in VPA annual meetings and ad hoc working groups;
- Opportunities to contribute to VPA product development;
- Information sharing, including informal web-based discussions, internal and external communications;
- Recognition: participants will be named on the VPA website and in VPA publications, and may create a link to the VPA website from their own website.

Who can join VPA?

Participation in VPA is open to WHO Member State governments and other institutions, including nongovernmental and community-based organizations, and private, international and intergovernmental organizations. Participants must demonstrate a clear interest, understanding or expertise in preventing violence and improving support services for victims through the application of a public health approach, and may be required to declare any actual or potential conflict of interest between themselves and VPA.

VPA participation is free, open and on a voluntary basis. Participant organizations adopt the guiding principles of VPA and use them to inform public policy, institutional policy and violence prevention programming.
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