Documentation of

Interpersonal Violence Prevention Programmes

for Children in Jamaica

Prepared for UNICEF, Jamaica

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CONTENTS

List of Tables

Abbreviations and Acronyms

CCTV	Closed Circuit Television
CIDA	Canadian International Development Agency
CISOCA	Centre for Investigation of Sexual Offences and Child Abuse
CSALT	Coalition in Support of Adolescent Leadership Training
CSJP	Citizens' Security and Justice Programme
EFJ	Environmental Foundation of Jamaica
EU	European Union
GOJ	Government of Jamaica
H2O	Helping to Overcome Project
HCDC	Hope for Children Development Company
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
LEAP	Learning for Earning Programme
JSIF	Jamaica Social Investment Fund
JYFC	Jamaica Youth for Christ
MNI	Mel Nathan Institute
MNS	Ministry of National Security
MOEYC	Ministry of Education, Youth and Culture
MOH	Ministry of Health
NGOs	Non-Governmental Organisations
PACT	People's Action for Community Transformation
PAHO	Pan-American Health Organisation
PALS	Peace and Love in Schools
PERF	Police Executive Research Forum
PMI	Peace Management Initiative
PSOJ	Private Sector of Jamaica
RJR	Radio Jamaica
SCCD	S-Corner and Community Development
STIs	Sexually Transmitted Infections
SYMBA	Stimulating Young Minds to Become Achievers
TVJ	Television Jamaica
UCJCI	United Church in Jamaica and the Cayman Islands
UNDP	United Nations Development Programme
UNESCO	United Nations Education Scientific and Cultural Organisation
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
UWI	University of the West Indies
WHO	World Health Organisation
YES	Youth Enhancement Service
YMCA	Young Men Christian Association
YWCA	Young Women's Christian Association
YOU	Youth Opportunities Unlimited

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Executive Summary

Jamaica has an extremely high rate of interpersonal violence. A number of interventions have been developed which aim to reduce this, however the rates remain high and appear to be escalating for some categories of violence. Interventions among children and youth are particularly important since there are clear indications, both internationally and in the Jamaican context, that early aggressive and delinquent behaviours are strong risk factors for later violence. Interventions among Jamaican children to reduce aggressive behaviour or to mitigate the effects of exposure to violence have not been formally documented prior to this exercise. We contacted all public and private agencies that we determined were carrying out such interventions in Jamaica during the study period, or within the previous five years, in order to carry out a comprehensive survey of these programmes following the guidelines of the WHO Handbook for the Documentation of Interpersonal Violence Prevention Programmes, modified to address those programmes addressing children (under 18 years).

Thirty seven programmes were identified that met our criteria for inclusion. These ranged in type from programmes addressing conflict resolution among school aged children, to those teaching parents and teachers ways to address behaviour problems, and others focusing on the general population to try to remove the stigma of 'informing' of wrong-doings. The age range of the target population, gender, general socio-economic background, and the programmes by parish and urban/ per-urban/ rural breakdown and designation as victims or perpetrators was determined. For each programme the theoretical or philosophical orientation, if any, the types of

violence addressed, the operation scope and details of the programme planning, implementation and outcomes were ascertained.

The wide range of programme types and the geographic distribution indicate fair coverage of the types of problems and areas being addressed. However, it appears that the early ages (0-5 years), girls and those in rural areas may be somewhat underserved in this area. Rrecommendations are for the wide distribution of this first effort to compile the violence programmes for children, to put in place a mechanism for regular updating of this database, and to link it with databases which include programmes targetting adults. Finally, promotion of a culture of ongoing monitoring and evaluation is suggested so that programmes can be rigorously assessed rather than merely reporting on subjective participant reports and process evaluation outcomes.

Chapter 1. INTRODUCTION

Background

Jamaica has an extremely high rate of interpersonal violence, a problem that affects the entire population and which has been credited as the greatest single retardant to the island's development. There were some 1445 homicides in 2004, resulting in a homicide rate of approximately 54 per 100,000 and placing Jamaica among the countries with the highest homicide rates in the world. Homicides are only the tip of the violence iceberg, however, with vastly more people affected through injuries including maiming, loss of family members especially breadwinners and primary caregivers, medical and rehabilitation costs, and through psychological trauma.

There has been a perception of a large number of programmes or projects in place addressing issues of violence and children in Jamaica, particularly as these often garner media attention. However, there has been no previous systematic documentation of programmes, and little dissemination of the findings particularly regarding the impact the programmes have had on their intended beneficiaries. This lack of information impedes the progress and sustainability of these programmes as there has been no clear documentation of who is doing what for whom, and linkages among those working to reduce violence were not made.

A few intervention programmes had publicly accessible reports, but these are not compiled, while most others do not have easily accessible reports. There was no electronic database with information on intervention programmes to reduce violence or promote rehabilitation among Jamaican children. This study had as its primary aim to record the details of the programmes in

a systematic format which will be reported in both print and electronic formats, the latter to allow for wide access and easy updating. We describe interpersonal violence intervention programmes that address issues faced by Jamaican children, primarily as victims but also as perpetrators or potential perpetrators.

The root causes of violence and the major consequences involve many individual, social, economic and political factors. Violence prevention work therefore needs to be conducted at different levels by a range of international, national, local government and civic groups. Some of the successes in preventing violence have been well documented whereas others lack proper records. In view of the numerous and varied types of prevention programmes, a systematic methodology is required to document and collect descriptions of applied violence prevention programmes, so that a clear understanding in respect of prevention targets, interventions and the extent to which programmes try to evaluate themselves can be obtained at community, regional and national levels.

The format for this project has followed the WHO 'Handbook for the documentation of interpersonal violence prevention programmes' (2004). In this handbook, a framework and methodology is presented for documenting and collating programmes for the prevention of interpersonal violence.

The documentation aims to make violence prevention programmes more visible to policy-makers, donors and other violence prevention practitioners. In addition, the documentation

process will assist individual programmes to strengthen their focus, seek to establish mutual goals, share intervention strategies and enable improved coordination.

Aims

The specific aims of this report were to:

1. Systematically describe violence prevention programmes that address children in Jamaica.

2. Identify violence prevention programming trends and tendencies in terms of the target population, types of violence addressed, nature of interventions, presence of evaluation mechanisms and evaluation procedures.

Chapter 2. METHOD

The present inventory was based on methodology recommended by the World Health Organisation (WHO) for the documentation of interpersonal violence prevention programs. The following steps were carried out:

1. Selecting and training documenters
2. Identifying potential programmes for documentation
3. Selecting programmes for documentation
4. Contacting programmes and obtaining consent
5. Conducting documentation
6. Assessing data quality and gaps
7. Entering information into the database
8. Communicating with programmes

Documenter recruiting and training

A single documenter was considered sufficient to conduct the documentation of programmes across the island. The selected documenter had a post-graduate degree (M.Sc. Criminology), and some experience with violence programmes. Her training included a review to cover the aims of the project, conceptual frameworks, interpersonal skills including issues of confidentiality, piloting of the instrument, role play, data collection and cleaning, analysis of the data and report writing.

Programme Identification and Selection

Before the data collection was started we determined the criteria for including programmes in the inventory. These were: the programmes had to address children (all persons under the age of 18 years), though not necessarily exclusively. Taking the WHO definition of violence[1], the programmes had to have as a stated aim the prevention or reduction of violence, or the amelioration of the effects of experiencing violence. Finally the programmes had to have been operating within the 5 year period prior to the data collection in order to limit the inventory to current activities.

Several sources were contacted in order to identify programmes targetting violence and children in Jamaica. Key informants from UNICEF (Jamaica) and the Ministry of Health provided an initial list of potential contacts. These included the members of the Council of Voluntary Social Services (CVSS), existing institutions which had violence prevention as a mandate, such as the Ministry of National Security, the Dispute Resolution Foundation, the Ministry of Health, Jamaica Youth for Christ and the Peace Management Initiative. Letters explaining the purpose of the review (and with the screening form attached: Appendix1) were sent to all 120 organizations that were initially considered to be possible programmes for inclusion in the inventory, including all member organizations of the CVSS and others that the team was familiar with, or had been brought to our attention by the original network of contacts. However we received responses to the initial letter from only a few of these programmes. Senior staff at most organizations were therefore followed up by telephone or visits in order to screen for their relevance to this inventory. From the initial 120 programmes, we determined that 37 fit the criteria for selection,

[1] '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'. (Krug et al., 2002)

and these were subsequently invited to consent to the study and participate, after which they were visited in order to complete the data collection.

Data Collection

The WHO methodology included the data gathering instrument and this was piloted and modified slightly (Appendix II). The modifications were to limit the wide scope of the WHO inventory categories since our focus was on children (up to 18 years of age). Thus categories pertaining to elder abuse, and in some cases intimate partner violence were not required. Because we were including programmes only in Jamaica, we also did not need to include the country, or use the language category (all programmes were conducted in English, with informal inclusion of 'Jamaican language' for verbal communication only). The WHO instrument refers to violence prevention specifically, though several programmes and projects aim to address the effects of violence on children, and these were included here. Finally, the judgement of the income of the participants was not thought to be accurate, so the information was collected on income category only, rather than mean estimated income.

Information was collected during site visits which included interviews with programme managers or coordinators. Where possible, the following were also carried out: interviews with field workers, examination of materials produced and reports or data collected by the programme. A few programmes had websites and information was collected or cross-checked on these.

Database entry

Initially the data were entered using SPSS for Windows (version 12). They were exported as text into another database prepared specifically to accommodate these data, in order to allow the information to be accessible, searchable and updatable.

Data Analysis

The programme data were analyzed (using SPSS) in terms of the geographic scope and area of operation, the type and nature of interpersonal violence addressed, the theoretical or philosophical orientation of the programmes, and details of the target population.

Chapter 3. RESULTS

Thirty-seven programmes were identified that met the criteria for inclusion during the study period (Table 1). A brief outline of each is given below (in alphabetical order) under the Programme Profiles. This is followed by an analysis of the results in terms of the geographic scope and area of operation, details of the target populations, the theoretical or philosophical orientation of the programmes and the type and nature of interpersonal violence addressed.

Programme Profiles

1. After-school home work and tutoring

The *After school home work and tutoring programme* was implemented by the Flankers Peace and Justice Centre. The programme began in May 2002 serving the youth 8 to 16 years of age in that community. The programme can be described as an independent learning one for Flankers' children. It was initiated to 'uplift and educate' the youth. The main goals were to enhance the social, educational and economical standards of the residents, while building and increasing community pride. The interventions used included: life skills and conflict resolution training; and positive communication styles. The main donors are Dispute Resolution Foundation (DRF) and Sandals. The stakeholders are the community and the donors.

2. Alpha Foundation

This programme was implemented by Operation Friendship and began in February 2003. The programme sought mentors for youth, arranged talks on violence and addressed conduct disorders. It was initiated because of the high rate of crime in Kingston, Hanover and St. Ann. The main goals were to help persons in communities to help themselves through learning skills

of managing social and economic difficulties. The interventions/activities in this programme were parent training; psycho-educational support for parents, skill training and income generation. The donors were the business community and the stakeholders the schools and communities.

3. Building Community Support to reduce Violence against children

Building community support to reduce violence against children was a interactive programme of the Jamaica Youth for Christ which addresses youth issues through role play, specifically tackling issues such as anger, conflict and sexuality. The programme was initiated to address the attention needs of children aged 10 to 15 years. The main goals of the programme were to reduce violence against children and to develop the self-esteem of the target group. The activities of the programme are anger management and conflict resolution classes, conducting training seminars, initiating character clubs and youth counselling centres. The donors are UNICEF and correctional services and the stakeholders are Caribbean Graduate School of Theology, the Theological Seminary, churches and NCDA.

Table 1: Violence Prevention Programmes for Jamaican Children

	Programme Name	**Implementing Organisation**
1	After-school homework and tutoring	Flankers Peace and Justice Centre
2	Alpha Foundation	Operation Friendship
3	Building Community Support to Reduce Violence against Children	Jamaica Youth for Christ
4	Camp Bustamante	Bustamante Children's Hospital
5	Centre for Investigation of Sexual Offences and Child Abuse	Centre for Investigation of Sexual Offences and Child Abuse
6	Change from Within	University of the West Indies, Faculties of Humanities and Education
7	Children and Community for Change	Children and Community for Change
8	Children First	Children First
9	Coalition in Support of Adolescent Leadership Training (CSALT)	Family Counselling Centre of Jamaica
10	Community Empowerment	Stella Maris Foundation
11	Crime Stop (School education programme)	Private Sector Organization of Jamaica/ Jamaica Constabulary Force
12	Happy Hills Conflict Resolution & Team Building Course	New Generation Ministries
13	Healthy Lifestyles Initiative	Girls Brigade
14	Hope for Children Development Company	Hope for Children Development Company
15	In-school mentorship	Police Executive Research Forum (PERF)
16	Learning for Earning Activity Programme	HEART Trust
17	Mel Nathan Institute	Mel Nathan Institute
18	Overcomers	Cornerstone Ministries
19	Parent & teacher interventions to reduce aggressive behaviour	Caribbean Child Development Centre & Epidemiology Research Unit, UWI
20	Peace and Love in Schools/ Society	The Gleaner Company Jamaica. Ltd.
21	Peaceful Solutions	Red Cross
22	Peace Management Initiative Children's Programme	Peace Management Initiative (PMI)
23	Personal and Family Development	Western Society for the Upliftment of Street Children
24	Positive Parenting Programme	Ministry of Health

Table 1 (continued): Violence Prevention Programmes for Jamaican Children

	Programme Name	**Implementing Organisation**
25	Project H2O: Helping to Overcome	Inter-Student Christian Fellowship
26	Project Symba (Stimulating Young Minds to become Achievers)	Rise Life Management Services
27	Safe Schools	Ministry of National Security
28	S-Corner and Community Development Organisation	S-Corner and Community Development Organisation
29	St. Andrew Care Centre	St. Andrew Care Centre
30	Teens Against Drugs Cub	Drug Abuse Secretariat
31	Uplifting Adolescents Programme	Young Women's Christian Fellowship
32	Uplifting Adolescents Project	Youth Opportunities Unlimited
33	Violence Prevention Clinic	Dept of Psychology, Sociology and Social Work (UWI)
34	YES Programme	Youth Enhancement Service
35	Youth and Community Development	Multi-Care Foundation
36	Youth at the Crossroads	Campus Crusade for Christ
37	Youth Development Programme	Young Men Christian Association

5. *Centre for Investigation of Sexual Offences and Child Abuse*

The Centre, which started in1989, is an arm of the Jamaica Constabulary Force. Specially trained members of the Police Force evaluated each complainant through interviews, after which arrangements were made for the victims to be examined medically and referrals for counselling made. The Centre came about in response to the high levels of sexual abuse and child abuse in Jamaica. The goals were to encourage victims to report incidents; to ensure efficient investigation into complaints; to facilitate counselling for victims and to heighten public awareness on sexual offences and child abuse. The interventions used were public awareness programmes; apprehension of perpetrators for arraignments before court; prepare and take exhibits to the forensic lab for analysis. The main donor was the Government of Jamaica (GOJ) and the stakeholder is the public.

6. Change from Within

Change from Within which started 1992 is a school programme built around the identification of positive programmes and building individual school change programmes around these. The programme was initiated in response to the violence and other anti-social situations in schools. The main goal is to build self-esteem among all stakeholders, thereby reducing anti-social behaviours and fostering school involvement. The main donors were UWI, MOH and UNICEF, and the stakeholders were principals, teachers, students, other workers in the school, parents, school boards, the community and vendors.

7. Children and Community for Change

Children and Community for Change which started 2000 was a child focused and community development organization that addressed adolescent reproductive health issues, in order to increase HIV/AIDS awareness and teach general life skills. The programme stemmed from a pilot project created in 1997 out of collaboration between Jamaica AIDS Support, the US Peace Corps and Christian Aid of London. The main goal was to create an environment for the empowerment of children, young adults, parents, and communities through strategies of public education, community development, life skills and vocational training. The interventions used were homework assistance, performing arts, life skills, the 'Info bus', residential summer camps, livelihood projects, ongoing vocational skills training for parents, parent support group, and a basic school. The stakeholders are the community, children and young adults.

8. Children First

Children First began as a welfare project serving 50 street children in 1989. It was originally under the Save The Children Fund (UK), but was transformed in an independent NGO in 1997. Major support has been provided by USIAD – Uplifting Adolescents Project. All children in circumstances that put them at risk are included in the present mandate. The organization is based on community action and serves youngsters 3-18 years old through social programmes, or placing them in educational and training programmes, and through assisting parents with skills training and small business projects.

9. Coalition in Support of Adolescent Leadership Training

The *Coalition in Support of Leadership Training,* implemented by the Family Counselling Centre of Jamaica, is an ongoing programme that began in 2002 and focused on boys. This is a programme designed to develop the whole child spiritually, physically, mentally and socially through structured leadership training. It was initiated as an attempt to find 'Bible solutions' for quelling violence in high schools. The goals were to reduce violence and build healthy identities in boys. The main donors were the business communities based near to the following schools: Ocho Rios High; Calabar High and Marcus Garvey High. The stakeholders of the programme are male students, their parents and the wider school community.

10. Community Empowerment

This programme was carried out by the Stella Maris Foundation (Kingston, Jamaica) between October 2003 and June 2005. The primary goal was to reduce the level of crime/violence within the violence-ridden community of Grant's Pen/ Shortwood in Kingston, through building community relations and empowering individuals. The main components of the programme were:

- Training programmes
- Development of youth clubs
- Life skills training
- Relationship building with police
- Sport competitions
- Crisis management & counselling by religious leaders

The programme was initiated through the Stella Maris Foundation with the United States Agency for International Development (USAID), the Police Executive Research Forum (PERF) and the American Chamber of Commerce (AMCHAM) who wanted to develop partnerships with other organizations within the community. Their donors included: USAID; HEART/NTA; Stella Maris Church; as well as a number of individuals. Additional stakeholders were: EFJ; Barbican Upliftment Programme; Ministers Fraternal; Brian Haccas; Y.O.U.; SDC; and Sistren Theatre Company.

11. Crime Stop (School education programme)

This programme started in May 2002 and was implemented by the Private Sector organisation of Jamaica (PSOJ) in association with the Jamaica Constabulary Force (JCF). The programme aims were to educate young children about its existence and encourage them to give information to the police, pass it on to their parents and to change the attitude of not wanting to be an "informer". It was initiated to publicize the Crime Stop initiative, especially among children, and to cultivate a different image in the eyes of the public of providing information to the police. The main goal of the programme was to encourage students to be more aware of what is happening around them. The activities used included: a 15-20 minutes lecture on the programme which is used to build public awareness. The main donor is Hawkeye Security and the stakeholders are the Police, schools and society in general.

12. Happy Hills Conflict Resolution & Team Building Course

The New Generations Ministries (Kingston, Jamaica) implemented this course starting in 2000. It is an experiential programme for young people where they are placed in situations to learn to

work with each other. The programme was initiated through the Director of Christian Adventure Camps, USA, who believed that it could be adopted successfully in Jamaica. The main goals were to help young people in character building and in conflict resolution. The main activity of the programme is a summer camp for youngsters, where problems are discussed and solved. The donors are EFJ; Canada Green Fund; Signature Research (USA) and the main stakeholders are churches; schools; communities; and youth clubs.

13. Healthy Lifestyles Initiative

The Healthy Lifestyles Initiative is a programme of the Girl's Brigade. It is a conflict resolution programme that aims to prevent violence. The goal was to adequately equip 18 year old girls with the knowledge to cope with violence and HIV. The main interventions used were workshops to train girls and send them out to train others. The donors were UNDP and Development Options and the stakeholders are churches.

14. Hope for Children Development Company

Hope for Children Development Company is a community-based organization that seeks to improve the quality of children's lives, enhance creativity, and to promote the rights and responsibilities of children. The programmes of the organizations were designed to respond to the urgent needs of children in inner-city to deal with sexual abuse, poverty and also to educate inner-city youths. The goal of the programmes was to maximize the potential for education and training. The donors are Christian Children Fund of Canada; EFJ; and British High Commission. The stakeholders are children; parents; schools; JCRC; Roots FM; donors; and Friends of Hope for Children.

15. In-school mentorship programme

This programme implemented by the Police Executive Research Forum (PERF) began in February 2004 and targeted children with negative behavioural problems. This programme was a part of an overall mandate in community policing in a peri-urban area of Kingston known as Grant's Pen. The main goal was to reduce behavioural problems in children 7 to 15 years, using behavioural modification techniques and by utilizing green spaces. The primary stakeholders were USAID, teachers, students, police, parents, and other citizens of Grants Pen.

16. Learning for Earning Activity Programme

The *Learning for Earning Activity Programme (LEAP)* started in 1988 by the HEART/NTA. It operated a day school for males and females, street children 15-17 and a 'drop-out' centre for all children under 17. It was initiated as a response to research carried out in 1986 which showed a growing number of children on the streets begging and working. The goals of the programme were to facilitate the integration of street children into the development process by allowing them further access to education and preparing them to be economically self-sufficient. The interventions used were remedial education; parent education counselling; pre-vocational skills; and providing a crisis shelter.

17. Mel Nathan Institute

Mel Nathan Institute was an educational institution offering services including a basic school, a preparatory school and skills training, and was run by the United Church in Jamaica and the Cayman Islands (UCJCI). It was started in 1978 and developed out the church's desire to have a mission based in Hannah Town in urban Kingston. The main goal was to improve literacy level

and strengthen and empower the community. The interventions used were income-generating projects, improving literacy levels and improving the marketability of the community.

18. Overcomers

The *Overcomers Programme* was implemented by Cornerstone Ministries. It is a prevention programme that utilises ex-inmates as animators, motivators and facilitators of activities. The programme was initiated out of a desire to see changes in crime and violence in the education system as well as parenting issues in the communities. The main goals of the programme are to use ex-inmates' experiences to motivate inmates away from crime/violence, and as conduits for information dissemination. The interventions used include motivational sessions, devotions at schools, and mentorship. The main donors of the programme are Cornerstone ministries, the CHASE Fund, and the British Small Grants Scheme. The stakeholders are ex-inmates; schools; and communities.

19. Parent and Teacher Interventions to Reduce Violence/Aggression

This was a pilot research project conducted between began September 2003 and February 2005 conducted by the Caribbean Child Development Centre and the Epidemiology Research Unit of the UWI. This was a teacher and parent training programme based on a curriculum which had been widely tested and used in several countries. The project was undertaken to determine its feasibility and effectiveness in Jamaica. The main goals were: to develop feasible intervention programmes that would help teachers and parents with addressing aggression and other problem behaviours; to assess any difficulties with implementing the intervention; and to determine the effects of the programme on aggressive children's behaviour and school achievement and on

parental and teaching practices. The specific activities/interventions included in this programme were:

- The Teacher Program which comprised workshops that focused on strengthening teachers' classroom management strategies
- The Parent Program focused on strengthening parenting techniques including play with children and appropriate reward and punishment strategies, and fostering parents' involvement in children's school experiences

The final analysis of the project was not complete at the time of this report. The project was funded through the CHASE Fund, the Caribbean Health Research Council and the British Council.

20. Peace and Love in Schools

Peace and Love in Schools (PALS) started 1994, as a programme of the Gleaner Company of Jamaica. It was a national programme dedicated to bringing about a change in the attitudes of Jamaicans towards violence. The work is concentrated in schools and the programme was initiated because of the increased levels of violence in schools. However, the name of the programme was later changed to Peace and Love in Society, with broader aims. The goals of the original PALS were: to reduce the levels of violence in the society and foster greater respect for life; and to break the cycle of violence by focusing on children and incorporating a nationwide conflict resolution curriculum in the primary education system. The main intervention used was a conflict resolution curriculum which aimed to build children's self-esteem and enable them to express themselves. The donors to the programme were the media houses, teaching profession, the church, business sector, the Government, EFJ, JSIF, The Netherlands, Japan, Canada, PAHO,

UNESCO and USAID. The stakeholders were the Gleaner Co., TVJ, Radio Jamaica (RJR), Jamaica Herald, Jamaica Observer, and Island Broadcasting Services.

21. Peaceful Solutions

Peaceful Solutions was implemented by the Red Cross Association of Jamaica. The programme addressed violence through the use of non-violent ways of solving problems. It was initiated to raise awareness about violence and the results of violence as well as to introduce some non-violent methods of conflict resolution among young people in Jamaica. The interventions or activities used included role plays, group discussions and games. The main donor was the Norwegian Red Cross and the stakeholders were young people, parents; correctional services; Red Cross branches; Dispute Resolution Foundation; Youth Now and Addiction Alert.

22. Peace Management Initiative Children's Programme

The Peace Management Initiative, a social conflict intervention programme, started as a short term project for the Mountain View area (Kingston, Jamaica) in January 2002, however it is currently ongoing and has no expected termination date. It was initiated by the then Minister of National Security in an attempt to provide first a rapid response to violent flare-ups in volatile communities, and also to put in place social development plans to reduce the triggers for violence and improve the social situations within these targeted 'hot spots'. The main goals were to set up early warning and intervention mechanisms to detect and manage potential explosive, criminal or violent situations in a community. Interventions include counselling; referrals; crisis management; therapy; trips and games or sporting activities, specific aid. The stakeholders of the

programme are the Victim Support Unit; Social Development Commission; Police Relations; Retired Social Workers; Guidance Counsellors; Teachers; and Churches.

23. Personal and Family Development

Personal and Family Development programme was implemented by the Western Society for the Upliftment of Street Children (WSUC) in 1997 to serve young people 10-19 years and their parents. It was geared towards addressing low self-esteem and other problems facing young people. The programme was initiated because a number of violent young people were coming to the centre who were in need of rehabilitation; social development; and improved self-esteem. The interventions used included: conflict resolution sessions, skills training and anger management. The donors were USAID; EFJ; UNICEF; and the International Labour Organisation (ILO). The stakeholders were parents; beneficiaries; board members; community members; the donors mentioned; St. James Health Department; the Social Services; and schools in the western parishes.

24. Positive Parenting Programme (Triple P)

Positive Parenting Programme is a project of the Ministry of Health. It is a home visiting programme designed to create resiliency in adolescents and reduce risky behaviours (early unprotected sex; drug/alcohol use; violence; attempted suicide). The main goals were to reduce risky behaviours in adolescents and improve parenting skills. The donors were PAHO and MOH.

25. Project H2O (Helping to Overcome)

The *Project H2O (Helping to Overcome),* implemented by the Inter-Student Christian Fellowship, began September 2004 and ended February 2005. It was designed to reach over 20,000 students in 220 secondary schools and 20 tertiary institutions. The main goals were to train and certify 600 health & lifestyle advocates and to raise the awareness among young people of lifestyle practices and choices. The interventions used were: workshops on conflict management and conflict resolution; role playing; prose and poetry writing; and peer counselling. The donor to the programme was the EFJ and the stakeholders were HEART Runaway Bay; ISCF; schools and students; Youth.Now; and the MOH.

26. Project Symba (Stimulating Young Minds to Become Achievers)

The *Project Symba* began April 1, 2004 (intended termination date April 31, 2008) and was a project of the Rise Life Management Services. The programme was designed to provide assistance to students, parents and teachers in order to help at-risk adolescents to realize their full academic and social potential. The programme was initiated because of a perceived need for remedial training, drug testing and counselling for behaviour disorders. The main goals of the programme were to provide reading skills, life and social skills training; to provide counselling; to conduct parenting workshops; to achieve better parent child relationships; to get students functioning at a higher level in schools; and to get people to live in a non-violent way. The activities were counselling, behaviour modification, incentives, remedial classes and home visits. The donors were the Environmental Foundation of Jamaica, the Ministry of National Security, and the CHASE Fund. Stakeholders were students, parents, teachers, communities, NGOs, communities and churches.

27. Safe Schools

Safe Schools , a programme of the Ministry of National Security, began in September 2004 with a proposed end date of 2007. The programme was initiated to reduce the level of violence in schools. The aims were to increase public awareness, to improve security surveillance in schools; to train school leadership and teachers; and provide a truancy watch. The donors were Citizens, Security & Justice Programme (CSJP); European Union (EU); Ministry of National Security (MNS); Ministry of Education (MOEYC) and the stakeholders are MOEYC; MNS; schools; parents; communities; PALS programme; and the Change from Within project.

28. S-Corner Clinic and Community Development Organisation

S-Corner Clinic and Community Development Organisation started in 1990, and comprised a clinic and a basic school catering to the Waltham Park/Bennett Lands community's preventative and curative health care, education and social services. There was also a school for 'drop-outs' that tried to place them in vocational training programmes. The clinic was started because of inadequate, often overcrowded housing conditions, political violence, gang warfare, low levels of literacy, limited skills training, unemployment, a high rate of teenage pregnancy and criminal activities. The main goal was to enable the people of Bennett Lands to transform their lives and make their community one of which they can be proud. The interventions used included active self-help economic activities and programmes of health, education, sanitation and community mobilisation. The stakeholders were the community members.

29. St. Andrew Care Centre

The *St. Andrew Care Centre* ran a treatment programme with counselling sessions and motivational talks. The main goal of the programme was to sensitize the target population to the consequences of violence. The donors are EFJ; St. Andrew Parish Church; and Office of the Prime Minister.

30. Teens Against Drugs Club

Teens against drugs was an ongoing programme implemented by the Drug Abuse Secretariat (Kingston, Jamaica). The programme started in September 2002 and was based on health communications. A national survey was carried out that showed that drug abuse as a problem among 12-18 year age group which prompted the secretariat to start this and other programmes. The main goals were: to build awareness on the use and abuse of drugs, show the impact of violence, and develop leadership skills. The interventions used were: workshops on conflict resolution and other areas; as well as skills training. The donors to the programme were: Ministry of Health; United Nations Office Drug Council (UNODC); European Union (EU); International Narcotics and Law Enforcement division of the US Embassy; United Nations Christian Fund (UNICEF); United Nations Development Programme; Organisation of American States (OAS/CICAD); Ministry of Education, Youth and Culture (MOEYC). The stakeholders were: MOH; Ministry of National Security (MNS); Tourism Pharmacy Council; Department of Corrections; Media; and Medical Association of Jamaica.

31. Uplifting Adolescent Programme (UAP)

Uplifting Adolescent Programme was a programme of the Government of Jamaica (GOJ) and the United States Agency for International Development (USAID), however it was implemented by several agencies one of which was the Young Women's Christian Association. It started in 1997. The Ministry of Education (MOEYC) recognized that many youngsters were not in schools and the programme aimed to help at-risk youngsters who are not in school get them back into the formal education through teaching them literacy, numeracy, personal and family development and vocational training. The interventions include vocational training, remedial education and family development workshops. The main donors were USAID and GOJ, and the stakeholders are the donors and participants in the programme.

32. Uplifting Adolescents Project

Y.O.U. is an organization that provided mentoring programmes and other positive interventions for in-school adolescents. The programmes were designed to help the students to complete their post-primary education and move on to higher education, employment or skills training. The main donors are USAID, UNICEF, PACT, PSOJ, EFJ, Gleaner Co. and the stakeholders are the Coalition for Better Parenting, schools, volunteers, PSOJ, NGOs and PACT.

33. Violence Prevention Clinic

The *Violence Prevention Clinic* started in 1996 by members of the University of the West Indies (UWI) Department of Psychology, Sociology and Social Work. It was a campus-based social service agency providing services to children and families who were affected by violence. The agency was initially started to train students at UWI in social work and psychology in the skills

and techniques of intervention with children and families affected by violence. The donors were Women's Federation for World Peace (Japan); CIDA, USAID/PERF and the stakeholders are Department of Psychology, Sociology and Social Work; Centre for Population, Community and Social Change, UWI.

34. YES Programme (Youth Enhancement Service)

The *YES* programme started April 2, 2002. It was a job-readiness programme with emphasis on character development and customer care. The programme was initiated out of a desire to improve young people's lives generally. Its main goals were to produce youngsters ready for jobs and able to function in the workplace through personal development. Donations came from the business community, churches, partnerships with NCB, Guardian Life and the Mayor and the stakeholders are students.

35. Youth and Community Development

The *Youth and Community Development* is a programme of the Multicare for youth and community development, initiated to enhance interpersonal behaviour between children and youths in the community. The main goals were to develop in children a better sense of self awareness, self-esteem and respect for others; a sense of value for institutions, work and contribution to community; and to acquire skills. The interventions used were sports, performing arts and visual arts. The donors to the programme were ICD; Cable and Wireless Jamaica; Carib Cement Company and the stakeholders are the children; community/schools; and the Bellevue Hospital.

36. Youth at the Crossroads

This programme started in August 1999 and was implemented by the Campus Crusade for Christ. It used a character development curriculum that dealt with character corrections, emotions, Sexually Transmitted Infections (STIs), life skills, and the future of the children. The programme was started to address sexual promiscuity among young people. The main goals were to expose guidance counsellors to the information and to change student's attitude and behaviour. The interventions used were peer education/character clubs; workshops; community outreach; games; music; and drama. The donors were the EFJ; MOH; United Way; German Embassy; Capital & Credit Merchant Bank and the stakeholders were students; parents; teachers; and communities.

37. Youth Development Programme

The *Youth Development Programme* started in 1979 and was implemented by the Young Men's Christian Association (YMCA). It was observed that young men would steal their way into the swimming pool on the premises, so in order to keep them out of the trouble and allow them access to the facilities, this programme was developed. The main goals were to help the boys develop literacy; build their self-esteem; prepare them to be leaders and become employable. The activities of the programme included literacy classes; reproductive health; leadership training; conflict resolution; and role play. The donors to the programme were: USAID; and Magna, and the stakeholders were the YMCA staff and street boys in and around the YMCA building.

Programmes by geography, target population, type

Start date

The reported start dates of the programmes ranged between December 1989 and February 2005.

Programme Geography and Scope

Jamaica is divided into 14 parishes for administrative purposes. The range of parishes in which the programmes were operating is shown in Table 2a. Of the 37 programmes identified, 5 (14%) operated across the island (national), most (22, 59%) were localized in a single parish, while the remainder operated in two or more parishes.

The numbers of programmes operating in each of the 14 parishes is shown in Table 2b. By far the greatest number, 26 programmes, were operating in Kingston and St. Andrew, the capital city and its environs.

Settings and Sites

About two thirds of the programmes were carried out across multiple sites (2 or more), and the rest at only a single site (Table 3a). The settings were mostly schools, churches or other faith-based organizations, or within neighborhoods and households (Table 3b). Most programmes operated within multiple settings, as shown in Table 3c.

Target Population

The target population for each programme was determined to be urban, rural and/or peri-urban (Table 4). None of the programmes targeted solely rural or peri-urban children. The category with most programmes was that for urban children only with 17 (46%).

Socio-economic background

The target population served by these programmes was mostly the very poor/ low incomegroup with 65% of the programmes (Table 5).

Table 2a: Geographical scope of programmes

Geographical Location	Number of Programmes (%)
Islandwide	5 (14)
1 parish only	22 (59)
2 or 3 parishes	6 (16)
4 or more parishes	4 (11)
Total	*37 (100)*

Table 2b: Parishes served by programmes[1]

Parish	Number of Programmes (%)
Kingston & St. Andrew	26 (70)
St. James	6 (17)
St. Catherine	7 (17)
St. Ann	5 (14)
St. Elizabeth	3 (8).
Trelawny	3 (8)
Manchester	3 (8)
Clarendon	2 (5)
St. Mary	2 (5)
Westmoreland	2 (5)
Hanover	1 (3)
St. Thomas	1 (3)

[1]Programmes may serve more than one parish.

Table 3a: Sites of programmes documented

Sites	**N (%)**
Single	13 (35)
Multiple (2 or more)	24 (65)
Total	*37 (100)*

Table 3b: Numbers of Programme Settings

Number of Settings	**Number of programmes (%)***
1	13 (35)
2	6 (16)
3	6 (16)
4	6 (16)
5	1 (3)
6	3 (8)
7	2 (5)
Total	*37 (100)*

* Total may not sum to 100% because of rounding

Table 3c: Programme settings[1]

Sites and Settings	**Number of Programmes (%)**
Schools	30 (81)
Church/Faith-based Organisations	18 (49)
Neighbourhoods	18 (49)
Households	16 (34)
Bars/ Clubs/ Bus stops	11 (35)
Health Care facilities	8 (22)
Prisons/Correctional Centres	7 (19)
Companies	1 (3)

[1] Multiple settings possible.

Table 4: Location of Target Population

	Number of programmes (%)
Urban only	17 (46)
Rural and urban	13 (35)
Rural, peri-urban and urban	5 (14)
Urban and Peri-urban	2 (5)
Peri-urban only	0 (0)
Rural only	0 (0)
Total	*37 (100)*

Table 5: Income of target population

Income Group	**Nunber of programmes (%)**
Middle/ High Income	0 (0)
Very Poor/ Low income	24 (65)
Mixed Income	13 (35)
Total	*37 (100)*

Age and Gender

As shown in Table 6, the age groups served by the most programmes were the 6-18 year olds, and the 13-18 year olds. Eight programmes (22%) involved children of all ages, while 4 (11%) programmes included children and adults. None of the programmes were designed specifically for the 0-5 year age group.

Almost all of the Programmes were for both boys and girls (35, 95%) (Table 7), though 2 (6%) focused on boys only. None focused only on girls.

Target group (Victims and/or Perpetrators)

Most of the programmes (20, 54%) targeted both victims and perpetrators, six targeted victims only and one perpetrators only (Table 8). The remainder of the programmes addressed other categories including parents or teachers, the general population, or at-risk youth.

Theoretical /Philosophical Orientation

Most (23, 62%) of the programmes did not describe a named theoretical or philosophical orientation, though several (14, 38%) did. The range of orientations mentioned is shown in Table 9.

Types of Violence Addressed

Table 10 lists the number of programmes that address the various types of interpersonal violence. Most of the programmes were concerned with child abuse (24, 68%), while many were also concerned with acquaintance, stranger and gang-related violence. Some of the categories were

included because the programmes covered children and adult issues e.g. elder abuse and intimate partner violence.

Operational Scope

The scope of the operations were described as either a focused programme delivering a single type of intervention with explicit violence prevention goals, or comprehensive programmes with multiple types of interventions again with explicit goals to prevent violence, or finally as programmes that addressed risk factors rather than aiming to prevent violence directly (Table 11). Many programmes were comprehensive with multiple types of interventions (16, 43%) or addressed risk factors (16, 43%) while only 4 (14%) focused on a single type of intervention to explicitly prevent violence.

Programme planning and outcomes

Table 12 summarizes the information on programme planning, implementation and outcome. Many of the responses given my the programme officers were not, however, verified when the research team attempted to access documents e.g. although 17 programmes indicated that they distributed reports, and 21 said they had had formal evaluations done, we were able to collect only 8 reports. Also, although 19 programmes indicated that they had achieved their goals, most were unable to justify this claim empirically.

Table 6: Age of Target Population

Age Groups	**Number of programmes (%)**
Children 0-5 yrs only	0 (0)
Children 6-12 yrs only	2 (5)
Children 13-18 yrs only	9 (24)
Children 0-5 and 6-12 yrs	1 (3)
Children 6-12 and 13-18 yrs	13 (35)
Children 0-5, 6-12 and 13-18yrs	8 (22)
All ages (including adults)	4 (11)
Total	*37 (100)*

Table 7: Gender of Target Population

Gender	**Number of programmes (%))**
Females only	0 (0)
Males only	2 (5)
Males and Females	35 (95)
Total	*37 (100)*

Table 8: Target Population: Victims and/or Perpetrators

Victims/Perpetrators	**Number of Programmes (%)***
Victims and Perpetrators	20 (54)
Victims only	6 (16)
Perpetrators only	1 (3)
Others:	
Parents/Teachers	5 (14)
General Population	1 (3)
Youth at-risk	4 (11)
Total	*37 (100)*

* Total may not sum to 100% because of rounding

Table 9: Theoretical/Philosophical Orientation of Programmes

Theoretical /Philosophical Orientation	**Number of Programmes (%)***
Theory:	
Combination of theories	3 (8)
Public Health Approach	2 (5)
Restorative Justice	2 (5)
Social Cognitive theory	1 (3)
Experiential Learning	1 (3)
Bio-Psychosocial Model	1 (3)
Religion	1 (3)
Emotions/Intelligence/Resilience	1 (3)
Pragmatic Approach	1 (3)
Functionalism	1 (3)
No named theory	23 (62)
Total	*37 (100)*

* Total may not sum to 100% because of rounding

Table 10: Types violence addressed [1]

Type of Violence	Number of Programmes (%)
Child abuse	25 (68)
Acquaintance Violence	18 (49)
Stranger Violence	17 (46)
Gang Violence	15 (36)
Intimate Partner Violence	11 (30)
Drugs	4 (11)
School-related	3 (8)
Interpersonal	3 (8)
Rape/Sexual	3 (8)
Child-on-child	3 (8)
Shooting/Gun violence	3 (8)
Domestic	2 (5)
Elder abuse	2 (5)

[1] Multiple types of violence might be selected for each programme

Table 11. Operational Scope of programmes

Operational Scope	**Number of Programmes (%)**
Focused programme delivering only one type of intervention with explicit goal to prevent violence	5 (14)
Comprehensive programme delivering multiple types of intervention with explicit goal to prevent violence	16 (43)
Programme that addresses risk factors and does not explicitly aim to prevent violence	16 (43)
Total	*37 (100)*

Table 12: Programme planning, implementation and outcomes [1]

	Number of Programmes
Triggering Event initiated programme	15 (41)
Needs assessment done	16 (43)
Stakeholders were contacted	24 (65)
Agreement with stakeholders	13 (35)
Training	23 (62)
Political support	12 (32)
Institutional support	26 (70)
Agreement with participating orgs	20 (54)
Community participation	23 (61)
Formal Evaluation	21 (57)
Routine documentation	24 (65)
Adverse events monitored	21 (57)
Planned spending	22 (59)
Goals achieved	19 (51)
Report Distribution	17 (46)
Meetings	18 (49)
Conferences	9 (24)
Media coverage	10 (27)
Reporting to community	11 (30)
Reporting to policy makers	5 (14)
Journal publication	3 (8)

[1]Multiple responses possible

Chapter 4. DISCUSSION

The methodology was piloted for the first time in Jamaica, and this is the first attempt to compile a database of current programmes addressing violence and children in Jamaica.

There was reasonable networking among the various informants so we believe that we were reasonably comprehensive in the programmes covered. It is likely that a few programmes were missed, and these should be followed up and included later, as should any programmes that have started since the data collection was completed. A mechanism needs to be in place for programmes to inform the database managers of any errors or changes in their information.

There was some difficulty in setting appointments for data collection, though cooperation was generally excellent. The programme officers were willing to share information and took time to answer the questions once interviewers visited the sites, and programme officers were present. However, few participants were available to answer questions, so there is little reporting from the perspective of the populations served.

The data entry was straight-forward for quantitative variables, but more problematic for multiple qualitative responses because of the nature of the database program used. A more user-friendly program would be recommended for subsequent data entry.

The parishes served were appropriately weighted towards those with the highest rates of violent crimes. However, it is possible that more rural parishes and rural sections of other parishes might have been underserved by programmes addressing children and violence. This is of

concern since the rates of violent crimes in rural areas have been increasing. There were no programmes that focused on rural children only, who may be best served with specially tailored activities and interventions.

It was of interest that most of the programmes were school-based, and most of these were in secondary rather than primary schools. Schools are an easily accessible site for children over the age of 6 years, and there is some evidence of increasing levels of violent behaviours among school aged children, especially at the secondary school level (ages 12-18 years). However there were no programmes that were focused on the under 6 age group. This is important since this is likely to be an age where interventions for moulding behaviours are most useful. Many programmes were also set in churches or other faith-based organizations, demonstrating their commitment to social change. Only few were based in health care facilities, which might be one delivery point with underutilized potential.

No programmes specially targeted middle or high income groups which traditionally are perceived to avoid violent incidents, nor were any tailored for girls only. While girls still are reported as being perpetrators of violence far less often than boys, they are likely to be victims and should have programmes that address this.

The range of theoretical or philosophical orientation of the programmes indicates a wide range of ideas under consideration. Similarly, very many types of violence were addressed rather than a concentration on only a few types. Comprehensive programmes delivering multiple types of

interventions were common, though perhaps more emphasis needs to be placed on those to address risk factors.

Although many programmes indicated that formal evaluations were conducted, these were for the most part process evaluations indicating the numbers of participants, number of books distributed and so on, and the subjective responses of participants. Very few tried to measure the actual goals of behaviour change. Much more emphasis needs to be placed on designing projects with baseline measures, and control groups so that proper measurements can be carried out, and effectiveness measured.

There appeared to be reasonable distribution of information about the programmes with reports, meeting, conferences, media coverage and journal publications reported. However, it was not possible to confirm many of these since reports were not accessible to us in some cases although it was said that they existed and had been supplied to various stakeholders. One recommendation would be to maintain a clearinghouse of all such reports at a single, accessible point. The result of this lack of reporting and information gathering is that we are unable to report on the overall benefit of these programmes, though we can reasonably number the participants, and the costs, as well as the other details given in the tables. It would be most desirable to have information on the outcomes of behaviour change, or benefits for those programmes that seek to ameliorate the effects of violence exposure. We acknowledge that such measurements are not simple, but there lack is a major flaw in the proliferation of these many programmes.

Chapter 5. CONCLUSIONS AND RECOMMENDATIONS

This documentation methodology proved successful in managing interpersonal violence prevention programmes for Jamaica children. The questionnaire items were comprehensive, and only a few were not appropriate for the Jamaican population and our focus on children.

The scope of programmes available for Jamaican children, including the geographic spread, the target populations and details of the programmes have been documented for the first time, and this should provide a useful starting point for making the important work of these programmes more visible to policy-makers, donors and other practitioners. In addition, the documentation process should assist individual Programmes to strengthen their focus, to seek to establish mutual goals, share successful strategies and enable better coordination.

Recommendations:

1. The information presented here should be disseminated among programme planners and operators, policy makers, academics, donors, and others interested in violence prevention programmes for children.
2. A system should be developed to update the database regularly, including the ability for uses of the database to indicate any errors that are noticed .
3. A culture of monitoring and evaluation should be developed among programme operators, possibly with the assistance of donor agencies. Measures of effectiveness and not only process evaluation need to be carried out.

4. A complementary database should be developed to include violence prevention programmes aimed at adults in order to complete the description of Jamaican interventions.
5. Methodologies with proven benefits need to be adopted or expanded, rather than several similar types of programmes mushrooming, in competition with each other for scarce donor funds.
6. Some innovative programmes need to be piloted, with consideration to successful programmes carried out in other parts of the world.
7. Duplication of efforts targeting similar populations in neighboring areas should be streamlined where possible.
8. Sustainability of successful programmes appears to be a major issue, and systems for institutionalizing the most successful programmes, or programme components needs to be put in place.
9. Consideration should be made to develop and implement programmes for children in rural areas, for girls and for the youngest age groups.

References

Planning Institute of Jamaica. Survey of Living Conditions 2004. Kingston, 2005.

WHO. Handbook for the Documentation of Interpersonal Violence Prevention Programmes; World Health Organization, Geneva, 2004.

Appendix I: Introductory Letter and Screening Form

Dear Respondent,

We are writing to you regarding the initiative by the Jamaica Ministry of Health, World Health Organisation (WHO), United Nations Children Fund (UNICEF) and the Caribbean Child Development Centre (CCDC) to identify interpersonal violence prevention programmes for children (0-18 years of age) that have been implemented or initiated between the period 1999 and 2004. This follows on from WHO's publication of the **World report on violence and health in 2002** which shows that the burden of disease from violence is very high and that it affects the daily lives of millions of people and children especially.

There is a growing awareness that prevention programmes directed at interpersonal violence are effective measures in reducing deaths and trauma. However, many of these programmes have not been documented in a way that others working in the field of violence prevention who may want to implement similar programmes can easily access them. The purpose of this survey is to obtain some initial information about any violence prevention programmes targeting children you may know of.

Interpersonal violence can be defined as "the intentional use of physical force or power, threatened or actual, against another person, that results in or has a high likelihood of resulting in death, injury or harm, which may be physical, sexual, psychological, or due to deprivation or neglect". We are therefore concerned with identifying programmes that work towards reducing violence among children whether they occur in the family (affecting children directly or indirectly as victims and/or perpetrators), or in the community. The questions requesting the specific information we need are listed below. Where you can identify more than one programme, please supply the requested information for each of the programmes.

The information that you provide us will be shared only with people working in the violence prevention field. Please complete the attached form and return before or on January 31, 2004 by fax at 977-7433, if this is not possible please let us know and we will make arrangements to collect them. We will contact you later to get further details about the programmes you identify for potential documentation.

We would be happy to provide any further information that you may require.

Thank you for your kind attention. Please contact Ms. Ngozi McKenzie on 351-2185 (cell), 927-1618 or 977-6982.

Yours sincerely,

Ngozi McKenzie (Ms.)
Project Consultant

cc. Dr. Julie Meeks-Gardner
Principal Investigator

Please provide the following information on any interpersonal violence prevention programmes which you may be aware of by answering the following questions:

1. Name of programme: _____
   _____
2. Contact details: _____
   _____
   _____
   _____
3. Approximate date of start of programme: _____
4. Please provide brief description of programme: _____
   _____
   _____
   _____
5. What are the main goals of the programme: _____
   _____
   _____
   _____
6. Geographical location of programme:
   Country: _____ Region/Province _____
   District _____ Town _____
   Nearest town _____
7. Setting of the target population
   Rural Urban urban-Peri
8. Please mark type of interpersonal violence that the programme aims to prevent (more than one option may be ticked):
   Child-abuse Family violence
9. Please specify the target populations (more than one option may be ticked):
   All ages (general population) Children (0-5)
   Children (6-12) Children (13-18)
   Males & Females Males only
   Females only
10. Does the programme work with victims or perpetrators or both?
    Victims only Perpetrators only
    Both victims & perpetrators
11. Has the programme been evaluated? Y N

Appendix II: Data Collection Form

1. IDENTIFICATION AND CLASSIFICATION DETAILS

1.1 Name of programme (in full): _____

_____

1.2 Contact details: _____

_____

_____

1.3 Date of programme review:

D	D	M	M	Y	Y	Y	Y

1.4 Date of start of programme:

D	D	M	M	Y	Y	Y	Y

1.5 Intended termination date of programme:

D	D	M	M	Y	Y	Y	Y

1.6	Site visit	☐ Y	☐ N
1.7	Interviews with programme managers	☐ Y	☐ N
1.8	Interviews with field workers	☐ Y	☐ N
1.9	Interviews with male community stakeholders	☐ Y	☐ N
1.10	Interviews with female community stakeholders	☐ Y	☐ N
1.11	Examination reports	☐ Y	☐ N
1.12	Examination of data collected by the programme	☐ Y	☐ N

1.13 Other review methods (please specify): _____

_____

1.14 Brief description of programme: _____

_____

_____

Why was programme initiated? _____

_____

_____

What are the main goals? _____

_____

_____

List interventions/activities which aim to reduce violence: _____

_____

_____

Who is/are the donor(s)? _____

_____

_____

Who are the stakeholders? _____

_____

_____

2. GEOGRAPHY AND SCOPE

2.1 Scope

International	☐
National	☐
Regional	☐
District	☐
Local	☐

2.2 Geographical location

Country _____
Region/province _____
District _____
Town _____
Nearest town _____

2.3 Setting of the target population
Rural □
Peri-urban □
Urban □

3. INCOME LEVEL

3.2 How would you describe the target population's income relative to that of the country as a whole
Very poor □
Low income □
Middle income □
High income □
Mixed □

4. TYPE AND NATURE OF INTERPERSONAL VIOLENCE

(Tick both type and type of violence – more than one box can be ticked)

4.1 Family

	Type of violence	Nature of violence			
		Phys.	Sex	Pych.	Depri./Negl.
Child Abuse	□	□	□	□	□
Intimate partner violence	□	□	□	□	□
Elder abuse	□	□	□	□	□

4.2 Community violence with focus on children

Acquaintance violence	□	□	□	□	□
Stranger violence	□	□	□	□	□
Gang violence	□	□	□	□	□
Other	□	□	□	□	□

5. THEORETICAL/PHILOSOPHICAL ORIENTATION

Is the programme explicitly based on any theoretical or philosophical assumptions, (e.g. public health approach, feminism, social cognitive theory, religion)?

□Y □N

If yes, please specify:_____

6. NATURE AND LEVEL OF INTERVENTION AND PREVENTION

(Tick both type and type of violence – more than one box can be ticked)

		Intervention type	Level of prevention		
			Prim.	Sec.	Tert.
6.1	Individual level				
	Interventions using treatmSkills rehabilitation				
	Treatment for adolescents with conduct disorders	✓	✓	✓	✓
	Individual counselling and social casework	✓	✓	✓	✓
	Treatment and rehabilitation services for victims of violence	✓	✓	✓	✓
	Treatment and rehabilitation services for perpetrators of violence	✓	✓	✓	✓
	Treatment of child abuse offenders	✓	✓	✓	✓
	Probation or parole programmes	✓	✓	✓	✓
	Residential programmes in psychiatric or correctional institutes	✓	✓	✓	✓
	Educational interventions				
	Producing incentives for youths at high risk of violence to complete secondary schooling	✓	✓	✓	✓
	Higher/vocational training	✓	✓	✓	✓
	Academic enrichment programmes	✓	✓	✓	✓
	Skills development programmes				
	Skills programmes for younger children (5-12 yr)	✓	✓	✓	✓
	Skills programmes for teenagers (13-18 yr)	✓	✓	✓	✓
	Sexual abuse prevention skills training	✓	✓	✓	✓
	Life skills approach	✓	✓	✓	✓
	Other individual-level interventions				
	Hotlines	✓	✓	✓	✓
	Training in the safe use of guns	✓	✓	✓	✓
	Programmes modeled on basic military training	✓	✓	✓	✓
	Trying young offenders in adult courts	✓	✓	✓	✓
	Social development programmes	✓	✓	✓	✓
	Conflict resolution and anger management	✓	✓	✓	✓
6.2	Relationship level				
	Skills development				
	Parent skills training	✓	✓	✓	✓
	Conflict resolution for child minders of pre-school children	✓	✓	✓	✓
	Mentoring	✓	✓	✓	✓
	Home-school partnership programmes to promote parental involvement	✓	✓	✓	✓
	Peer mediation	✓	✓	✓	✓
	Peer linkage	✓	✓	✓	✓
	Peer education	✓	✓	✓	✓
	Home visits, care groups, services				

		Intervention type	Level of prevention		
			Prim.	Sec.	Tert.
	Parent education and home visitation	☐	☐	☐	☐
	Day care	☐	☐	☐	☐
	Multidisciplinary intervention teams for caregivers of the elderly or disabled	☐	☐	☐	☐
	Interventions using treatment/therapy				
	Family therapy and additional support for at-risk families	☐	☐	☐	☐
	Cognitive treatment for behavioural disorders in children	☐	☐	☐	☐
	Treatment for the families of adolescents with conduct disorders	☐	☐	☐	☐
6.3	Community level				
	Empowerment				
	Community empowerment interventions	☐	☐	☐	☐
	Media campaigns for:				
	interpersonal violence in general	☐	☐	☐	☐
	child abuse and neglect	☐	☐	☐	☐
	youth violence	☐	☐	☐	☐
	sexual violence	☐	☐	☐	☐
	Other	☐	☐	☐	☐
	If other, please specify: _____				
	_____				
	Community based campaigns				
	Rights-based campaigns	☐	☐	☐	☐
	School violence prevention curricula	☐	☐	☐	☐
	Reform of institutional settings				
	Schools-based anti-bullying interventions				
	Reforming hospitals and long-term care institutions				
	Screening in primary care settings				
	Screening for youths at risk for violence	☐	☐	☐	☐
	Strategies and special services to enhance community safety				
	Community policing	☐	☐	☐	☐
	Police clampdown on gang activities	☐	☐	☐	☐
	Reducing availability of alcohol	☐	☐	☐	☐
	After-school programmes	☐	☐	☐	☐
	Buying back guns				
	Increasing the availability and quality of child care facilities	☐	☐	☐	☐

		Intervention type	Level of prevention		
			Prim.	Sec.	Tert.
	Increasing the availability and quality of pre-school enrichment programmes	☐	☐	☐	☐
	Providing after-school programmes to extend adult supervision	☐	☐	☐	☐
	Improve lighting on dark streets	☐	☐	☐	☐
	Install CCTV cameras on high-risk areas	☐	☐	☐	☐
	Create safe routes for children and youth	☐	☐	☐	☐
6.4	*Societal level*				
	Reduction of income inequality	☐	☐	☐	☐
	De-concentrating poverty	☐	☐	☐	☐
	Enforcing laws prohibiting the illegal transfer of guns	☐	☐	☐	☐
	Strengthening and improving police and judicial systems	☐	☐	☐	☐
	Reforming educational systems	☐	☐	☐	☐
	Establishing job creation programmes for the unemployed	☐	☐	☐	☐

6.5 Types of interventions not listed above

Please describe: _____
_____
_____
_____
_____

7. TARGET POPULATIONS

(more than one option may be ticked)

7.1 Age

- ☐ All ages (general pop.)
- ☐ Children 0-5 yrs
- ☐ Children 6 – 12
- ☐ Children 13-18

7.2 Sex

- ☐ Males only
- ☐ Females only
- ☐ Males and females

7.3 Victims/perpetrators

- ☐ Victims only
- ☐ Perpetrators only
- ☐ Both victims and perpetrators
- ☐ Others

If others, please specify: _____
_____
_____

8. SITES AND SETTINGS

Schools ☐
Health care facilities ☐
Prisons/Correctional Centres ☐
Neighbourhoods ☐
Households ☐
Other facilities (e.g. bar, club) ☐
Church/Faith-based organizations ☐
If others, please specify: _____
_____
_____

9. PROGRAMME INFORMATION

9.1 Single or multiple sites
Single ☐
Multiple ☐
If multiple, indicate number of sites: _____

9.2 Operational scope

Focused programme delivering only one type of intervention with explicit goal to prevent violence ☐

Comprehensive programme delivering multiple types of intervention with explicit goal to prevent violence ☐

Programme that addresses risk factors and does not explicitly aim to prevent violence ☐

9.3 How many people were reached by this programme in the last or most recent 12 months?
_____

9.3 Resources
Estimated annual programme budget (express in US$): _____
Number of people directly involved in programme implementation (volunteers and paid staff): _____
Staff employed:
number of administrative staff _____
number of fieldworkers _____
List number and type of fixed assets (e.g. computers, vehicles, office space, databases):
_____
_____
_____
_____

10. INFORMATION ON PROGRAMME PLAN, IMPLEMENTATION AND OUTCOMES

10.1 Programme planning
Was there an event which triggered the motivation to have the programme?
☐Y ☐N

If yes, please specify: _____

_____
_____

Was a needs assessment carried out to define the type and scale of the problem?
Yف Nف

If yes, please specify: _____
_____
_____

Were stakeholders identified and contacted? Yف Nف

Was agreement reached with stakeholders? Yف Nف
- Was training done with programme staff and collaborating partners? Yف Nف
- Was appropriate political support sought and obtained for your programme?
Yف Nف
- If yes please explain: _____
_____
_____
_____

- Was appropriate institutional support sought and obtained for your programme?
Yف Nف

- If yes, was agreement reached between participating organizations on objectives, goals and definitions? Yف Nف
- Did the community participate in any way? Yف Nف

Does the programme include a formal evaluation component? Yف Nف

If yes, please complete Table 10.1 at the end of the instrument.
If no, please indicate how the programme manager knows whether the programme is achieving its objectives: _____
_____
_____
_____

10.2 Programme documentation
Are intervention activities routinely documented? Yف Nف
If yes, please indicate how often and in what manner: _____
_____
_____
_____

Are adverse events or unintended harmful effects monitored? Yف Nف
If yes, by whom: _____

Are funds being spent as planned Yف Nف
List outputs from the programme (e.g. curricula, protocols, evaluation tools):
_____
_____
_____
_____

10.3 Outcomes

Were the goals achieved as planned? ☐Y ☐N

Explain: _____

_____

_____

_____

_____

What are the major achievements? Please list them:

_____

_____

_____

_____

Should this programme be recommended to be repeated elsewhere?
(only if scientifically evaluated) ☐Y ☐N

10.4 Information dissemination

Report distribution	☐
Meetings	☐
Conferences	☐
Media coverage	☐
Reporting to community	☐
Reporting to policy makers	☐
Journal publication	☐

List languages used:

_____

_____

_____

_____

_____

Appendix III: Intervention Definitions

(adapted from the WHO Handbook for the Documentation of Interpersonal Violence Prevention Programmes, 2004)

Individual Level

Intervention using treatment and rehabilitation:
Treatment for adolescents with conduct disorders. Such interventions include education and skills training for adolescents on problem-solving, social skills, impulse control, assertiveness, sexual relationships, empathy, and perspective-taking.

Individual counselling and social casework. Individual counselling includes individual psychotherapy, counselling and social casework which combines these with close supervision of the target individual and coordinated social services (US Department of Health and Human Services 2001)

Treatment and rehabilitation services for perpetrators of violence. This category consists of interventions with perpetrators using individual cognitive behaviour therapy, group therapy or family therapy aimed at curbing conflict behaviour and reducing violent behaviour. Some interventions may link alcohol and substance misuse treatment with anger management skills. These interventions may be offered as part of a community programme or located within detention centre following conviction of violent offenders (Dunford, 2000).

Treatment of child abuse offenders. Child abuse offender interventions aim to reduce re-offending. Such interventions are usually provided for perpetrators during a period of detention, and may consist of individual or group psychological therapies. Cognitive behaviour interventions include improving social skills and modifying distorted cognition and beliefs. Sex hormones, anti-psychotic drugs, and surgical castration are among the interventions used to reduce re-offending (White et al., 2002)

Probation or parole programmes. Such interventions include probation or parole and meeting with prison inmates to make adolescents aware of the brutality of prison life (Krug et al., 2002)

Residential programmes in psychiatric or correctional institutes. These interventions are directed at modifying the behaviour, attitudes and insight of individuals within psychiatric or correctional institutes, and may involve individual as well as group psychotherapy and counselling.

Educational interventions.
Educational interventions for the prevention of interpersonal violence are aimed at strengthening the educational level of individuals.

Providing incentives for youths at high risk of violence to complete secondary schooling. These interventions identify young people who are considered to be at risk of violence because of academic failure, low academic motivation, family and/ or disciplinary problems and coming

from families that receive welfare/ social support. They can involve compensatory education through special tutoring behavioural reinforcement of improved classroom behaviour, and working with parents and their children to strengthen the motivation to attend and do well in school (US Department of Health and Human Services, 2001).

Higher/ Vocational Training. These are post-secondary school interventions that provide vocational training. They are aimed at providing young people with marketable skills that will help them to find employment.

Academic enrichment programmes (including pre-school enrichment). Academic enrichment programmes introduce young children and youth to the skills necessary for success in school and are aimed at increasing the likelihood of academic success (Krug et al., 2002).

Skills development programmes. Skills development interventions involve teaching the cognitive and social skills needed to develop and sustain positive, friendly and cooperative behaviour.

Skills programmes for younger children (5-12yr). These include interventions that use education to raise awareness and change attitudes regarding the unacceptability of specific behaviours. They may also include efforts to teach children what to do when domestic violence occurs in the home, and anger management and conflict resolution skills (Wolfe & Jaffe, 1999).

Skills programmes for teenagers (13-18 yr). Educational interventions for teenagers may include multimedia, theatre groups, and classroom discussions facilitated by teachers or violence prevention professionals, and peer support groups, and include efforts to prevent dating violence (Foshee, 1998; Wolfe& Jaffe, 1999).

Sexual abuse prevention skills training. Intervention in this category include those specifically aimed at preventing sexual abuse by teaching pre-school and school age children personal safety awareness, assertiveness training and practical self-protection skills. Examples include teaching children about their body parts, personal boundaries, which areas are acceptable to be touched ('good touch, bad touch'), and by whom. They may also involve training to distinguish between surprises and secrets and what to do if they are abused. (Conte,1985; Tutty, 1997; Wurtele et al., 1989).

Life Skills Approach. Life skills training for violence prevention includes peace building and education for development, as well as training on anger management, conflict resolution, decision-making and critical thinking, and coping with stress and self-management (UNICEF 2003, accessed 28.09.2003).

Other individual-level interventions:

Hotlines. Hotlines include telephone help lines that provide varied information, counselling, support and advice for people who have experienced or are still experiencing child abuse, domestic violence, sexual assault, rape or violent crimes. Hotlines may often only deal with one particular form of violence (e.g. child abuse, intimate partner violence) (Wolfe & Jaffe, 1999).

Training in safe use of guns. Gun training is usually directed at adolescents and adult, and involves teaching skills related to all aspects of owning, using and strong firearms.

Programmes modelled on basic military training. The primary aim of the intervention is to instill discipline, and they typically focus upon highly specific personal skills in the area of physical discipline (US Department of Health and Human Services, 2001).

Social development programmes. Interventions to enhance social development involve strategies directed at reducing antisocial and aggressive behaviour. These include improving competency and social skills with peers and the promotion of behaviour that is positive, friendly and cooperative. Among the more specific areas usually covered are anger management, social problem solving, social perspective taking and moral development (Krug et al., 2002).

Conflict resolution and anger management. Conflict resolution interventions include education and training to provide insight into violent situations such as: the conflict cycle and the dynamics of a fight; violence avoidance versus confrontation; assertiveness skills and how to express anger without fighting; problem solving and communication skill; empathy and perspective-taking. Methods used to deliver these interventions may include teachers, community workers, peer educators, peer mediators or multimedia systems (e.g. interactive computer programmes). Anger management programmes are based on a similar design, and tend to be targeted towards people with an existing problem with anger (Durant et al., 2001)

Relationship Level

Skills development. At the relationship level, skills development interventions involve teaching people the skills needed to change the behaviour of other people. The examples discussed in this section focus specifically on parents and teachers and their capacity to modify the behaviour of children in their care.

Parent skills training. Parent skills training interventions can be universal (e.g. antenatal classes for all new mothers), or selectively targeted at high-risk groups (e.g. young, single mothers) with the aim of preventing child abuse. Training programmes vary and may include education and skills development on care of the infant (e.g. breast-feeding, normal child development, health problems, sources of help) (Coren & Barlow, 2003).

Conflict resolution for child minders of pre-school children. Child care teachers of pre-school children and their parents are taught skills in self awareness, cultural sensitivity, violence intervention for young children, disciplining children, communication and stress reduction techniques (Stevhn et al., 2000).

Mentoring. Mentoring based interventions aim to help young people develop non-violent, pro-social skills by providing at-risk individuals the opportunity to develop a supporting relationship with someone who can act as a possible role model (Krug et al., 2002).

Home-school partnership programmes to promote parental involvement. These interventions aim at linking the interests of families and teachers in ensuring children's success

at school. They may involve schools-based skills training accompanied by efforts to make parents more sensitive to their children's needs and opportunities; and better able to provide support to their children and those who teach their children(US Department of Health and Human Services, 2001).

Peer mediation. Peer mediation interventions involve children, young people or adults, who are selected as peer leaders and given training in conflict resolution skills. They are then meant to mediate in fights and arguments arising in their peer setting (e.g. schools, workplaces, with the aim of resolving conflicts (PAHO, 2000).

Peer Linkage. Peer linkage involves pairing children who have experienced abuse with socially skilled peers in a classroom setting. The paired-off children are then encouraged to share classroom activities and play together, with the socially skilled child providing encouragement and a role model for the neglected child to engage in social activities. The aim of peer linkage programmes is to improve the social functioning of the abused child (Fantuzzo et al., 1996).

Peer education. Role models or leaders within a peer group are selected to conduct educational talks. The peer educators are usually trained in areas such as substance misuse, conflict resolution skills and sexual health. The peer educators may either take a passive role (e.g. leading by example, informal discussions with peers) or have a more active role (e.g. participating in the design of teaching programmes, teaching or facilitating group work sessions). The intensity of training, continued support and supervision of peer educators can be variable quality and length (Guiliano, 1994).

Home visits, care groups, services. Interventions involving home visits usually involve prenatal and/or postnatal visits by health care professionals, para-professionals or volunteers who provide education, training and support in parenting skills. The purpose of home-visiting can vary and may include identifying and treating maternal depressing, promoting breast-feeding and vaccination, providing care for common health problems, education on hazards in the home for young children, and identifying and providing support for families considered at high risk for abusing their children. Support and referral can also be given for intimate partner violence, and home visiting can be used for the prevention of elder abuse through assistance, support, and advice on care giving (Olds et al., 1997).

Parent education and home visitation. These interventions may involve working with parents regarded as being high-risk perpetrators of child abuse (e.g. young mothers, single parents, those with a substance misuse problems), or may be targeted at all new parents. Interventions for parent education may be given within a number of settings, for example, within schools or educational settings, during hospital visits, and in the course of home visits.

Day care. Day care refers to the provision of care for pre-school age children (aged 0-4 years old), so that their parents can go out to work (Olds et al., 1997).

Interventions using treatment/therapy

Family therapy and additional support for at-risk families. Families identified as being at risk for child abuse (where one child may have already been abused) may receive additional social support and family therapy. Examples of these interventions include training to improve the communication and protective skills of mothers, following the removal of an abusive male partner. The aim of these programmes is to reduce child abuse and promote family wellbeing (Jinich & Litrownik, 1999).

Cognitive treatment for behavioural disorders in children. Cognitive behavioural therapy involves providing information and advice to parents on child behaviour and how to resolve behavioural techniques. These can involve individual behavioural therapy, group therapy or the use of such media as computers, leaflets, books and audio-or video-tapes (Montgomery, 2003).

Treatment for the families of adolescents with conduct disorders. These interventions focus on parents, families, peers or partners to change parenting practices, the dynamic of the family environment, the dynamic of relationships, or the negative influence of peer interactions. Such interventions, may include training parents on family interactions, discipline and managing behaviour; family therapy aimed to restructure family relationships, and multisystemic therapy.

Community level

Empowerment: Empowerment involves developing community capacity to gain control over problems and to build social capital. Examples include developing community leadership and efforts to enhance community communication and support networks. Organizational empowerment aims to enhance the capacity of organizations that work to promote the empowerment of less advantaged groups. Community and organizational empowerment programmes may use methods similar to many community programmes (Kar et al., 1999).

Community empowerment interventions. These aim to address some of the underlying causes of violence (e.g. poverty or inequalities between man and women). Interventions often involve several elements running at the same time, such as education and skills training of individual groups, income-generating projects and campaigns to highlight the problem of violence (Schuler et al., 1998; Sullivan & Bybee, 1999).

Media campaigns. Community-wide public information campaigns for the prevention of interpersonal violence aim to increase knowledge, raise awareness and change attitudes and violent behaviour at community level by giving educational messages to the community via mass media (e.g. television, radio, posters, internet, newspapers). Some initiatives have incorporated messages within popular radio or television dramas (Muirhead et al., 2001)

Media campaign may be directed at interpersonal violence in general, or at child abuse and neglect, youth violence, intimate partner violence, sexual violence and elder abuse.

Community based campaigns. These use participatory methods to develop and enact community campaigns for the prevention of violence (e.g. involving community members in

organizing marches or demonstrations, creating local theatre productions highlighting issues around violence development of community support or action groups that may campaign for legal changes). Community campaigns may target certain parts of a community (e.g. young people) and can take the form of small local programmes; however they may also be connected to large national campaigns (PAHO, 2000).

Rights-based campaigns. Community campaigns sometimes base themselves upon international human rights instruments (such as the Convention on the Rights of the Child, or the Declaration on the Elimination of Violence against Women. Such campaigns may focus on equality of rights for groups that are disadvantaged in society (e.g. children, women, the elderly, the disabled), on changing the legal system in a country or region, or on advocacy work with individuals or groups to improve conditions according to existing laws. Some rights based campaigns also have educational programmes to raise awareness of the appropriate issues (Usdin et al., 2000).

School violence prevention curricula. Interventions in this category involve the incorporation of violence-prevention materials into the school curriculum and/or the development of policies to alter high risk features of school settings. Violence prevention classes are of variable intensity and may include anger management, impulse control, empathy development, social skills and conflict resolution. Some curricula also link violence prevention with alcohol and substance misuse prevention, anti-bullying and mental health promotion. Other programmes include multiple components and involve the surrounding community (Orpinas et al., 2000).

Reform of institutional settings. Interventions under this category refer to efforts at preventing interpersonal violence by changing institutional setting (e.g. schools. workplaces, hospitals and long term care institutions for the elderly) through appropriate policies, guidelines and protocols.

School-based anti-bullying interventions. These are aimed at reducing bullying in schools by changing community, family, school and classroom environments. Methods may include raising awareness about bullying; yearly surveys on bullying prevalence; the development of school rules (including disciplinary procedures) for bullying; greater school playground supervision, and the establishment of school committees for bullying prevention. Some programmes also set up parent discussion groups and involve parents or children who are either victims or perpetrators of violence (Stevens et al., 2001).

Workplace violence prevention. Refers to interventions aimed at preventing violence among and toward employee by linking violence prevention with organizational management and development. (Krug et al., 2002).

Reforming hospitals and long-term care institutions. Interpersonal violence prevention in hospitals and long-term care institutions involves the development of policies, guidelines and protocols designed to prevent the abuse of patients and those that accompany or visit them.

Screening in primary care settings:

Screening for domestic violence. Screening interventions aim to identify women who have experienced domestic violence and provide support and referral to specialist services. Health

care professionals in a variety of settings (e.g. emergency departments, antenatal care, primary health care settings) receiving training in identifying women who have experienced domestic violence. Some health care settings also use a standard protocol to ask questions and document findings.

Screening for youths at high risk for violence. These interventions involve training health workers to identify and refer youths at high risk for violence both as perpetrators and as victims (Krug et al., 2002).

Strategies and special services to enhance community safety:
This category refers to efforts at reducing interpersonal violence through the implementation of community level interventions that address the physical infrastructure, the social fabric, and exposure to risk factors such as alcohol, drugs and firearms. Examples include:

- Community policing;
- Police clampdown on gang activities;
- Reducing the availability of alcohol;
- After-school programmes;
- Buying back guns;
- Increasing the availability and quality of care facilities;
- Increasing the availability and quality of pre-school enrichment programmes;
- Providing after-school programmes to extend adult supervision;
- Improve lighting on dark streets;
- Installing closed-circuit television (CCTV) cameras in high-risk areas;
- Create safe routes for children and youth. (Krug et al., 2002).

Societal Level:
Governments may launch broad programmes to benefit society, which may be aimed at reducing interpersonal violence either directly or indirectly. Examples of society level interventions include:

- Reduction of income inequality;
- De-concentrating poverty;
- Enforcing laws prohibiting the illegal transfer of guns;
- Strengthening and improving police and judicial systems;
- Reforming educational job creation programmes for the unemployed. (Krug et al., 2002).