

Preventing Interpersonal Youth Violence

Lessons from violence prevention and peace education (VPE) initiatives

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South African children and adolescents are exposed to violence in their homes, schools and on the streets. During the teenage years, stabbings and gunshot wounds are the most common causes of traumatic deaths. Exposure to violence has significant consequences for child development, and the effects may be evident in two principal domains of development: emotional functioning and socialisation. These realities lend urgency to the need to prevent the sources of violence and to ameliorate the impact of violence on children's development, particularly socialisation into aggressive social interaction and problem-solving - a very challenging task in the context of high levels of poverty, few opportunities for youth, and a well-embedded culture of violence. This article reports on key lessons learned from a preliminary investigation of South African violence prevention and peace education (VPE) initiatives.

Background and Rationale

Public health practitioners have conceptualised violence in terms of determinants, risk factors, incidence and cost consequences (Butchart, 1996; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Public health interventions typically define 3 levels of prevention based on the problem and the target group of interest (Flannery & Williams, 1999). Primary prevention is universal and population-based (for example training all primary school children in non-violent conflict resolution skills (Samples & Aber, 1998). Secondary prevention programmes target selected groups at high-risk for violent conduct due to the nature of their proximal extra-familial social contexts or to close interpersonal factors (e.g. boys in dysfunctional families in high crime neighbourhoods). Tertiary prevention is normally high cost and treatment-based, targeting clinical populations who have already sought help and who have already been diagnosed with conduct or other antisocial disorders. The problem is commonly understood to have a primarily individual level source and solution.

Children who are diagnosed with conduct disorder or anti-social behaviour however, represent only a small part of the general population within which a generalised acceptance of aggressive modes of problem solving may be apparent. Public health initiatives have played a role in rising to the challenge of reducing violence. However, we need to be aware that they are not likely to have a major impact in the absence of significant reductions in unemployment and chronic poverty - the major contextual drivers of violence and criminal activity. The causes and maintaining factors associated with interpersonal violence are complex, having individual, familial, community and cultural components. The power of their influence also varies across child and adolescent development.

Regardless of their type, prevention programmes require a number of basic ingredients for success and adequate assessment of outcomes (see text box). There is a need for critical examination of South African VPE initiatives in order to improve practice. Programmes must be able to account for their actions, offer documented evidence of their effectiveness, and learn from their own experiences as well as insights from others in the field.

VPEs: Ingredients for success

- ▶ Clear goals and objectives.
- ▶ Clear target populations and a good rationale for their selection for a particular intervention
- ▶ Programme designs that are informed by theory, evidence and good practice models appropriate to the target population and problem.
- ▶ Carefully designed delivery systems that take account of potential threats to implementation and success at the intervention sites.
- ▶ Well-trained delivery staff
- ▶ Appropriate and valid measures of key programme variables.
- ▶ External evaluation and monitoring systems from inception until termination
- ▶ Support of the target community and key persons who can affect delivery

A Preliminary Investigation of VPE Initiatives in South Africa

How then do South African VPE initiatives shape up? A preliminary investigation of primary violence prevention and peace education initiatives aimed at South African youth sought to provide a sense of the aims of programmes that are being offered, to identify and describe their theoretical and research underpinnings as they are manifest in programme design, to examine their modes of delivery and how these link to programme aim and theory, and to describe intended programme outcomes, and how they are measured (Farr, Dawes, & Parker, 2003). The study utilised a snowball approach, starting with known larger scale VPE initiatives based in academic institutions, governmental departments and non-governmental organisations around the country. Senior programme staff were invited to participate, and if the request was accepted, an interview schedule was e-mailed to them prior to an interview. The schedule solicited information on programme origin and aims, resources and sustainability, staff and target groups, the rationale for the programme, programme evolution and mode of delivery, outcomes, methods of evaluation, and costs. Twelve VPE initiatives were reviewed in the study (list available on request)

Primary level interventions are typified by school safety programmes that seek to create environments in which the possibility of injury and violence within the school is proactively reduced, and effective school management is enhanced. While the majority of secondary level interventions in the study were confined to schools, wilderness diversion programmes for adolescents at risk for criminal behaviour were also included. These emphasise capacity building and risk reduction through improvement of personal relationships, anger management and family strengthening. Initially it was not the intention to include any tertiary prevention programmes, but the chronic rates of violence in South Africa and the youthfulness of many offenders, means that some school-based programmes are also paying attention to rehabilitating young offenders to prevent future violent activity.

Continued on pg 7

Continued from pg 6

Preventing Interpersonal Youth Violence

Discussion of findings

Programme theory and aims

In general, respondents described an eclectic theoretical underpinning to their work, in that they felt free to draw from a variety of different approaches in planning their programmes. However, there was often vagueness concerning how they had evolved the particular programme theory they used, and few were able to locate the design and delivery of their work in relevant current research literature. There was a high level of awareness of the need to distinguish between immediate programme outcomes such as improved classroom and school management (e.g. CRD, IPT) or personal assertiveness (QPC) -and longer-term impacts. In the majority of cases, the ultimate programme goal was individual self-transformation. This included a capacity to take responsibility for oneself, to shift perspectives and move forward from past trauma and to develop strategies for dealing with new manifestations of violence.



Programme evolution

One significant change that was reported by programmes related to the target audience: in two cases, school programmes had started by focusing on youth (single target focus) and soon realised that this group would not ultimately maintain the programme's goals unless educators became involved. Also, the programmes initially failed to take into account that educators themselves are often survivors of violence and need to be "empowered before they can embrace the policies of the programme". Another lesson learnt was that it is school management who offer the best chance of sustainable change, and thus school-based programmes need to take into account the level of school management functioning. Several programmes commented on having become "more South African in focus," a process which one respondent described as having made her organisation "amazingly adaptable and flexible". Others described the increasingly indigenous heart of their work as having come from a better understanding of local conditions.

Programme outcomes, impacts and measures of success

Several programmes commented on the importance of baseline assessments in the preparatory period before a programme is instituted, and a valuable lesson was described as having learned to take time in setting the groundwork in place before implementation. Few of the programmes actually started in this way.

All the respondents felt that the programmes they offered had an impact beyond the individuals they trained. One respondent felt that the effect was qualitative, not quantitative and is best seen in a "reduction in crime in schools and improved feelings of safety in target schools" (IPT). This was echoed in a comment that learners change when "educators use the proper language to manage them" (QPC). It was felt that the training spreads "through people's future relationships"

(CCR) both at home and school, and through broader professional connections: "We hope teachers might share things with other teachers and we encourage this especially," said one respondent (COPES). Another felt that parents were impacted "because their kid's behaviour changes. Children grow and leave those behind who don't mature with them, and they become less troublesome" (QPC).

Programme evaluation

In the sample, both the need for evaluation and successful processes to undertake evaluation studies were well-recognised. Only two programmes did not undertake any formal internal evaluation at all. Both of these had experienced at least one external evaluation. In neither case was the external evaluation considered entirely helpful. In contrast to these two initiatives, seven programmes reported that the measurement of the outcome of the programme is explicitly built into their process and that the full spectrum of evaluations-formative, process and outcome-as well as external evaluations are undertaken. All of these respondents were able to offer concrete examples of how their programmes have benefited from the evaluation process, and all of them are striving to improve their evaluations along with the programmes they deliver.

Recommendations

- ▶ Create and maintain a comprehensive database of all violence prevention programmes in South Africa. This would not only facilitate contact between organisations operating in this area, but would also, with careful planning and sufficient stakeholder buy-in, provide a means to monitor and more systematically evaluate existing programmes and design new ones.
- ▶ Programmes should try to articulate how they had evolved the programme theory they used, and should locate the design and delivery of their work in relevant current research literature. There is therefore a need to clarify the links between research, theory, policy and practice.
- ▶ Hold regional meetings of VPE practitioners (perhaps facilitated by an umbrella organisation such as the Directorate for Education) in order to strengthen connections and to allow for a better exchange of information and resources.
- ▶ Implement an information dissemination model to overcome what one programme staff member referred to as "the ongoing problem of a lack of documented evidence of what's happening" in South African programmes. This sort of initiative could also go some way to building evaluation capacity.
- ▶ Increase the numbers of trained evaluators. This is a key role for social sciences departments in tertiary institutions. All the programmes interviewed found measurement and evaluation a challenge. Some were inclined to make claims of success that even they recognised were not based on hard evidence. It is disturbing that none of those interviewed employed the best practice of randomised controlled trials to test their models. Indeed only one respondent employed some form of quasi-experimental comparison of treatment of control groups. While it is recognised that real world evaluations are expensive and complex to undertake, they remain the best way to demonstrate programme effectiveness.

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Continued on pg 8

When the Internet is a piercing screen for help

Tele-medicine expands in the Western Cape

Jo-Anne Smetherham

Two-month-old Edward September (not his real name), crying inconsolably, was rushed to Clanwilliam Hospital on Monday afternoon. Edward had been refusing to eat and his abdomen was distended. The doctor who examined him was unsure what to diagnose and there was no paediatrician to consult at the hospital.



So the doctor sent Edward's X-rays and case history all the way to Tygerberg Hospital - on the Internet - for paediatrician Etienne Nel to examine. It seemed at first that there was a blockage in Edward's digestive system, which would have required surgery. A closer examination showed that he had pneumonia. Nel recommended that Edward continue taking antibiotics and the next day, much healthier, he was discharged from hospital.

This system of digital consultation, the first of its kind in South Africa, is one of many that have taken place between Tygerberg and outlying hospitals. Two years ago the link between Tygerberg and Worcester Hospital was made, through the health department's intranet system. Clanwilliam, linked to Tygerberg through the conventional Internet, joined at the end of last year.

Hermanus Hospital has also been linked up, and it is hoped that soon Paarl, Stellenbosch, Strand and the Red Cross Children's Hospital - another tertiary institution where the diagnoses will be made - will also join soon through the department's intranet system.

X-rays, ECGs and laboratory results and case histories are scanned at outlying hospitals, in the tele-medicine system, as the computer consultation system has been dubbed, then sent on to Tygerberg.

"We spend quite a bit of time consulting with outlying hospitals by phone as it is," said Nel, who does most of the tele-medicine work at Tygerberg. "This system definitely increases our workload, because it takes more time for a diagnosis. But hopefully it improves the level of care.

"It's not sophisticated technology. Essentially it consists of just a PC on a desk." Tygerberg Hospital's paediatrics professor Robert Gie said that the tele-medicine system cost at Tygerberg around R40 000 to set up. The system is one solution to the problems facing paediatric care at tertiary hospitals, he said. These include budget cuts, and fewer beds and lack of facilities. Primary healthcare, and the paediatric service in outlying hospitals are simultaneously improving, he said, but paediatricians in remote areas needed senior specialists' advice. The incidence of tuberculosis was escalating dramatically, Gie said, as HIV/AIDS increased. Most of the paediatric cases seen at Tygerberg from outlying hospitals had tuberculosis or pneumonia.

Rotary International president Bhichai Rattakul, from Thailand, visited Tygerberg to see the tele-medicine project and others set up by Rotary. "There are so many good Rotary projects in South Africa," Rattakul said. "I am here to see what Rotarians have done, and to encourage them to do even more."

(Source: *The Cape Times*, 26 February 2003)

Continued from pg 7 Preventing Interpersonal Youth Violence

References

- Butchart, A. (1996). Violence prevention in Gauteng: The public health approach. *Acta Criminologica*, 9(2), 5-15.
- Farr, V. A., Dawes, A., & Parker, Z. (2003). Primary and Secondary Level Youth Violence Prevention Programmes in South Africa: A Preliminary Investigation. Cape Town: Children's Institute, University of Cape Town.
- Flannery, D. J., & Williams, L. (1999). Effective Youth Violence Prevention. In T. P. Gullota & S. J. McElhaney (Eds.), *Violence in Homes and Communities: Prevention, Intervention and Treatment* (pp. 207-244). London: Sage Publications.
- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World report on violence and health*. Geneva: World Health Organisation.
- Samples, F., & Aber, L. (1998). Evaluations of School-based Violence Prevention Programs. In D. S. Elliot & B. A. Hamberg & K. R. Williams (Eds.), *Violence in American Schools* (pp. 217-252). Cambridge: Cambridge University Press.

Selected quotes from programme respondents: CCR (Centre for Conflict Resolution, Cape Town), COPES (Community Psychological Empowerment Services, Cape Town), CRD (Project For Conflict Resolution and Development, Port Elizabeth), IPT (Independent Projects Trust, Kwazulu-Natal), QPC (Quaker Peace Centre, Cape Town)

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