International studies in violence prevention: A policy analysis

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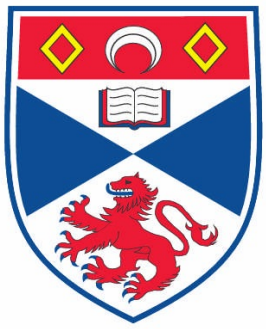

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Abstract

Violence is a leading cause of death and disability worldwide. Drawing on the disciplines of Political Science and Public Health the purpose of this study is to understand the conditions that determine political traction for the issue of violence and facilitate the adoption of a strategy of prevention. Using multiple-case study methodology, it draws on data collected from 42 in-depth semi-structured interviews, eight weeks of direct observations and more than 200 pieces of documentary evidence to examine violence prevention policy development in the Western Cape Province of South Africa, Jamaica and the Republic of Lithuania.

The Shiffman Public Health Policy Priority Framework is applied to identify the factors that influenced the advancement of violence prevention policy in each case and to draw cross-case comparisons. The employment of this public health specific framework in the field of violence prevention allows the study to reach conclusions as to the utility of this framework for broader public health policy analysis and to proffer some refinements.

Further findings suggest that bringing together academics, advocates and policy-makers into networks, focused on a shared concept of violence, gains political traction for the issue of violence and a strategy of prevention. It is found that the conceptualisation of violence and perception of prevention are framed in a case specific historical context and that an examination of this context is necessary to understand the conditions that shape the status of violence prevention policy.

The results suggest that the development of violence prevention policy in other countries would be expedited by the coalescing and informed engagement of the violence prevention policy community in the web of institutions, interests and ideas that underpin the public health policy process.

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I, ALISON MORRIS, hereby certify that this thesis, which is approximately 67 000 words in length, has been written by me, that it is the record of work carried out by me and that it has not been submitted in any previous application for a higher degree.

I was admitted as a research student in DECEMBER 2009 and as a candidate for the degree of PhD in DECEMBER 2010; the higher study for which this is a record was carried out in the University of St Andrews between 2010 and 2013.

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List of abbreviations and acronyms

ACE	adverse childhood experience
ACF	Advocacy Coalition Framework
AIDS	Acquired Immune Deficiency Syndrome
ANC	African National Congress
AVPP	Armed Violence Prevention Programme
BoD	Burden of Disease Reduction Project
CAHRU	Child and Adolescent Health Research Unit
CAMH	child and adolescent mental health
CAMHEE	Child and Adolescent Mental Health in Enlarged EU
CCA	Common Country Assessment
CCPA	Child Care and Protection Act
CDC	Centers for Disease Control and Prevention
CEDAW	United Nations Convention on the Elimination of Discrimination Against Women
CRP	Community Renewal Programme
CSVR	Centre for the Study of Violence and Reconciliation
DA	Democratic Alliance
DFID	Department for International Development
DRF	Dispute Resolution Foundation
FAO	Food and Agricultural Organization
GEAR	Growth, Employment and Redistribution policy
GDP	gross domestic product
GFSA	Gun Free South Africa
GIS	Geographic Information System
GNP	gross national product
HBSC	Health Behaviour in School-Aged Children
HDI	Human Development Index
HICs	high-income countries
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
IBRD	International Bank for Reconstruction and Development (World Bank)
ILO	International Labour Organization
IMAGE	Intervention with Micro-finance for AIDS and Gender Equality
IMF	International Monetary Fund
JCC	Jamaican Chamber of Commerce
JCF	Jamaican Constabulary Force
JCSC	Jamaican Civil Society Coalition
JDF	Jamaican Defence Force
JLP	Jamaica Labour Party
LMICs	low-income countries
LSP	Lithuanian Security Police
MDGs	Millennium Development Goals

MICs	middle-income countries
MRC	Medical Research Council
NATO	North Atlantic Treaty Organisation
NCPS	The National Crime Prevention Strategy
NGDS	National Growth and Development Strategy
NGO	non-governmental organisation
NIMSS	National Injury Mortality Surveillance System
NKVD	People's Commissariat for Internal Affairs
OSCE	Organisation for Security and Co-operation in Europe
PAGAD	People Against Gangsterism and Drugs
PAHO	Pan American Health Organisation
PIOJ	Planning Institute of Jamaica
PMI	Peace Management Initiative
PNP	People's National Party
RAPCAN	Resources Aimed at the Prevention of Child Abuse and Neglect
SAPS	South African Police Service
SaVI	Safety and Violence Initiative
SPHPPF	Shiffman Public Health Policy Priority Framework
UN	United Nations
UNAIDS	United Nations Programme for HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Administration for International Development
USSR	Union of Soviet Socialist Republics
VPA	Violence Prevention Alliance
WHA	World Health Assembly
WHO	World Health Organisation
WRVH	World Report on Violence and Health

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This thesis is dedicated to my husband John for his unwavering support and encouragement; and to our baby George for all the joy that he has brought.

Chapter 1

Introduction

A child psychologically abused, a young boy physically assaulted and a woman sexually coerced are acts of violence with clear health consequences. Globally violence is a leading cause of death and disability.

Violence is not a modern phenomenon; it has been pervasive within society throughout history. However as appreciation grows of the consequences of violence for both individuals and society then so it is increasingly deemed an intolerable problem of 21st Century society. The concept of violence is evolving and alternative strategies are emerging. Increasingly the problem of violence is recognised as not simply a security issue but also one that has deep social and economic roots and consequences. A punitive response has failed to address the global burden of violence. Control and management of violence is not sufficient on its own to solve this problem. Alternative, or at least complimentary, strategies to address the economic and social drivers of violence must be explored if the pervasive problem of the past is not to persistently corrode the future.

A movement that is gaining momentum gives prominence to the idea of preventing violence. Spearheaded by the World Health Organisation this approach adopts a public health paradigm. It proposes violence to be determined by complex interactions between biological, social, cultural and economic factors and that by tackling these risk factors violence can be prevented. The public health approach is science-based; population focused and applies a data led understanding of the problem to design, implement, monitor and evaluate interventions and to scale up effective programmes. This violence prevention strategy is gaining traction on the policy agenda in some countries.

The starting point of this study is to ask why have some countries adopted a violence prevention policy? And how have the issue of violence and a strategy of prevention gained political traction in these countries? Despite the accumulation of evidence on the causes and manifestations of violence and how this can be reduced there is still relatively little known about how political priority is generated for violence prevention on the policy agenda. Thus the purpose of this study is to understand the factors that influence the development of violence prevention policy.

A growing awareness of the scale and consequences of violence has seen an increase in the number of countries that recognise the importance of prevention. However there are few countries where this is reflected through policy. In this investigation I will study three cases where violence prevention policy has been instigated and is in the process of further development in order to gain an understanding of what conditions shape and influence policy outcomes and how this context is constructed. The analytical generation of an understanding of the policy environment and an explanation of the factors directing policy could be used to inform action to strengthen the reform of violence prevention policy in other countries.

Drawing on the disciplines of Political Science and Public Health this study aims to explain the interactions between institutions, interests and ideas in the policy process that result in the advancement of violence prevention policy. A multiple-case study design is adopted by this investigation to systematically collect and analyse data through in-depth semi-structured interviews, direct observations and documentation. The study examines three cases of violence prevention policy development in the Western Cape Province of South Africa, Jamaica and the Republic of Lithuania.

The Shiffman Public Health Policy Priority Framework provides the theoretical orientation of this inquiry. The framework is designed to explain how political priority is generated for health issues. It catalogues the power of involved actors, the ideas they use to position the issue, the nature of the political contexts in which they operate, and characteristics of the issue itself.

In each case the scale and nature of the problem of violence is outlined and an assessment of the solutions being undertaken to address violence is presented. The Shiffman Public Health Policy Priority Framework is then applied to identify the factors that have shaped the emergence of violence prevention on the policy agendas of each of the three cases. By examining three cases in an identical, thorough and systematic way cross-case comparisons can be drawn and shared themes identified. This allows the study to infer propositions about the determinants of the advancement of violence prevention policy.

Based on the application of the Shiffman Public Health Policy Priority Framework as the theoretical underpinning of this study, conclusions are drawn as to its effective employment in the field of violence prevention and its broader utility for public health. Thus this study promises to both contribute to our knowledge of public health policy development as a well as to offer guidance on how to generate political priority for violence prevention in countries where the issue is struggling to progress.

This thesis presents the background, theoretical framework, method, results, conclusions and recommendations of the study. Chapter 2 discusses the global health problem of violence and the preventative approach being prescribed from the public health perspective. This is presented within the context of the global movement for violence prevention and explores how this approach is gaining increased traction in some countries. The second Section of Chapter 2 reviews the current literature on violence prevention policy analysis, set within a presentation of health policy research and policy analysis more broadly. The final Section of the Chapter outlines a summary of the three main policy process models. This is

concluded by a presentation of the Shiffman Public Health Policy Priority Framework: the theoretical basis of this study. Chapter 3 provides further discussion of the study design, case selection, data collection, analysis and theoretical framework. This also includes an outline of the measurements taken to ensure scientific rigour as well as the limitations of the study.

Chapters 4-6 present the case reports for the Western Cape Province of South Africa, Jamaica and the Republic of Lithuania respectively. For each case the scale and severity of the problem of violence is detailed within the context of the historical and political background. Subsequently an assessment is presented of the status of the problem of violence and the extent to which a policy of violence prevention has been adopted in each case. This is based upon assessment criteria drawn from the recommendations of the World Report on Violence and Health. The second part of the analysis examines the factors that help to drive the issue of violence prevention up the political agenda as well as those factors that constrain the formulation of violence prevention policy. In each case a set of influencing factors is presented based on the four core categories of the Shiffman Framework: actor power, ideas, political contexts and issue characteristics. Finally these individual case Chapters draw empirically based conclusions about the determinants of the policy process that results in the generation of political interest in violence and support for a preventative solution in the Western Cape Province of South Africa, Jamaica and the Republic of Lithuania respectively.

The concluding Chapter 7 presents the findings of the cross-case analysis, drawn from the empirical case results presented in the preceding Chapters, and the subsequent inferred conclusions and recommendations. The first Section of the Chapter presents a description of the common determinants identified to have directed the advancement of violence prevention policy in two or more of the cases. This is followed by an examination of the weight of influence of these factors in generating political priority for violence prevention. Based on this two part cross-case analysis generalizable propositions are presented to explain the conditions that shape the development of violence prevention policy. The second Section of this

Chapter draws conclusions as to the utility of the Shiffman Public Health Policy Priority Framework and proposes refinements to produce a tool applicable across many areas of public health policy. The empirically based conclusions, analytically deduced propositions and recommendations for violence prevention and public health policy development are presented within the context of current public health policy scholarship.

We turn now to a review of the literature to deconstruct violence prevention policy analysis and why it matters for reducing the global burden of violence.

Chapter 2

Violence prevention policy analysis

The issue of violence is increasingly deemed an intolerable problem of 21st Century society. It is a leading cause of death and disability worldwide. There are three times more people killed each year by interpersonal violence than there are by war (WHO 2008). The prevailing punitive response of punishment and deterrence is not sufficient on its own to reduce the global burden of violence. A public health-based strategy of preventing violence is being advocated as an alternative or at least complimentary approach. It conceptualises violence as a disease of both the individual and society. This idea is gaining traction in an increasing number of countries and there is a strengthening global movement for violence prevention.

This Chapter outlines the global health issue of violence and the public health preventative approach to tackling it. In particular looking at the progression of proposed solutions from the widely adopted punitive approach to one of preventing the violence from occurring in the first place. This alternative public health perspective to violence is presented within the context of the global movement for violence prevention and the uptake of this strategy at a country level.

The focus of this study is to understand why some countries have adopted a policy of preventing violence. The content of this strategy and the process of formulating, implementing and evaluating it is important as this sets violence prevention as a priority and directs resources. The policy-making process is the subject of extensive study in health policy research. However the investigation of violence prevention policy has focused predominantly on policy content rather than the processes that shape policy outcomes. The second Section of this Chapter reviews the current literature on public health policy analysis. This is presented within the context of health policy research and policy process analysis more broadly. In order to understand the factors that have shaped the policy process around violence

prevention this study draws on the disciplines of Political Science and Public Health and specifically the field of Public Health Policy. There is a volume of literature on policy process theory including established explanatory models to inform our knowledge of agenda setting, policy-making and implementation. Three of the main theoretical models of the policy process are summarised. This is followed by a presentation of the Shiffman Public Health Policy Priority Framework that is the theoretical framework of this study. The Shiffman Framework is designed to explain how political priority is generated for health issues. This study thus employs the Shiffman Public Health Policy Prioritisation Framework to identify the factors that have shaped the emergence of violence prevention on the policy agendas of each of the three cases. This Chapter concludes on how we can build on the literature of political science, and in particular health policy, to investigate the issue of violence and how a policy of prevention can become the norm.

2.1 Violence prevention the issue

Globally the United Nations Office on Drugs and Crime estimated there to be 468 000 homicides in 2010, with rates as high as 80 homicides per 100 000 population in some countries (UNODC 2011). In Guatemala, criminal violence today kills more people every year than the civil war in the 1980s did (The World Bank 2011). This burden of violence on global health is predicted to rise. The Global Burden of Disease Update Study reports homicide to be the 16th leading cause of death by 2030, rising up from 22nd in 2004 (WHO 2008). Violence is thus a clear challenge for the advancement of health globally. Mortality due to violence is routinely measured through police homicide records and death certificates. This is held to be a reliable measure as there is a distinct end point. However measuring morbidity due to violence is less definitive. There are a variety of measures utilised including hospital records, self-reporting surveys and police records, serious assault and other violent crime. These measures have been used increasingly within countries to measure the prevalence, severity and nature of violence. National data is then collated to present a global picture of the burden of violence, as illustrated

through such reports as the World Report on Violence and Health 2002 and the UNODC 2011 Global Study on Homicide.

Violence is a significant cause of death and disability in all countries. The global average homicide rate is 6.9 deaths per 100 000 population. However the prevalence and nature of violence varies markedly between and within countries. The burden of violence is greatest in low- and middle-income countries (LMICs) where more than 90% of violence-related deaths occur (WHO 2010). In Africa and the Americas the homicide rate is more than double the global average. Moreover the homicide rate is increasing in many LMICs, particularly Central America and the Caribbean, while it has continued to decrease in Europe and Northern America since 1995 (UNODC 2011).

Violence affects all age groups but it is an issue of particular concern among young people. The latest update of the Global Burden of Disease Study ranks homicide as the 4th leading cause of death among people aged 15 to 29 years old (WHO 2008*).* Furthermore, there are clear gender dimensions to the experiences of violence. It is men who are most often involved in homicide, accounting for some 80% of homicide victims and perpetrators globally (UNODC 2011). Yet, even though men are more likely to kill or be killed, the rate of non-fatal violence victimisation is comparable between males and females. As was found in the 2010 World Bank Study of Violence in the City, overall, men were only slightly more likely than females to be victimised by violence (The World Bank 2010). Certain types of violence predominantly affect women. For example, child sexual abuse is more common in girls than boys. An estimated 20% of girls are sexually abused at some point in their childhood, relative to between 5–10% of boys. Similarly, episodes of intimate partner violence and sexual violence are more common against women than men and very often go unreported (World Health Organisation/London School of Hygiene and Tropical Medicine 2010).

The geographical dispersal of violence is also evolving as the population spread changes. Urban centres are now home to half of the world's population and are

expected to absorb almost all additional population growth over the next 25 years (World Health Organisation/United Nations Human Settlements Programme 2010). The increased urbanisation and the associated growth in poverty and inequalities make the issue of urban violence even more pressing, as highlighted in the WHO/UN-HABITAT's 2010 *Hidden Cities Report*. In some cases, areas of cities have deteriorated into "no-go zones" that undermine the overall governance of an area and trap the poorest population in a dangerous cycle of poverty and violence (The World Bank 2010).

The hundreds of thousands of deaths that result from violence represent only a small fraction of those injured. Millions of people suffer violence-related injuries that lead to hospitalisation, emergency or general practitioner treatment or informal medical care (WHO 2010). As well as the physical injuries of violence a recent review of literature on the relationship between violence and health in low- and middle-income countries (LMICs) showed the numerous non-injury health consequences. These included a detrimental impact on mental and sexual health and changes in behaviour. Violence contributes significantly to depression, sexually transmitted diseases and unwanted pregnancies, while also increasing the likelihood of engaging in risky behaviours, such as alcohol and substance misuse, smoking, unsafe sex and eating disorders. These in turn contribute to such leading causes of death as cardiovascular disorders, cancers, depression, diabetes and HIV/AIDS (Matzopoulos *et al*. 2008). In addition violence is a self-perpetuating cycle. Those who are victims of violence in childhood are at increased risk of being involved in further violence as victims or perpetrators in adolescence and adulthood (Felitti *et al.* 1998), as found in the important *Study of Adverse Childhood Experiences* conducted in the United States of America in conjunction with the Centres for Disease Control and Prevention (CDC).

As well as the immense emotional toll that injuries and violence exact on those affected, they also cause considerable economic losses to victims, their families, and to nations as a whole. The monetary cost of violence relates to direct and indirect expenses including health care and legal costs, absenteeism from work and lost

productivity (WHO 2008). The financial cost of violence is incurred across many sectors including health and social care, social and economic development, policing, judiciary and education. The health system is strained by the costs of treating violence-related injuries. Police services are stretched to respond to and deter violent assaults. The criminal courts are increasingly occupied with cases of violence and prisons are swollen. These costs are not isolated to service-related expenditure but have also been shown to impact on development. The prevalence and fear of violence weakens communities. There is an erosion of social capital, a breakdown of community networks and decline in community safety. The climate of fear and distrust created by chronic violence deters investment, stigmatises neighbourhoods, erodes social cohesion, and limits access to employment and educational opportunities (The World Bank 2010). At the national level, the costs of violence can add up to a substantial portion of the Gross Domestic Product (GDP) and reduce economic growth. Overall violence can impede economic development as well as having a long lasting detrimental social impact (The World Bank 2009).

The social and economic deprivation of violence is again disproportionately experienced by LMICs (Matzopoulos *et al.* 2008). There are few global estimates of the costs of violence, but the following example illustrates the financial impact of injuries on national economies. A study estimating the economic costs of injuries due to interpersonal violence in Brazil found that direct costs in 2004 totalled 472 million Brazilian Reais (R$). In the same year, the medical cost of injuries due to violence (R$519 million) accounted for approximately 0.4% of Brazil's total health expenditure. Moreover the loss of productivity due to violence-related injuries (R$15.5 billion) was commensurate to 12% of the total health expenditure or 1.2% of the country's GDP (WHO/CDC 2008).

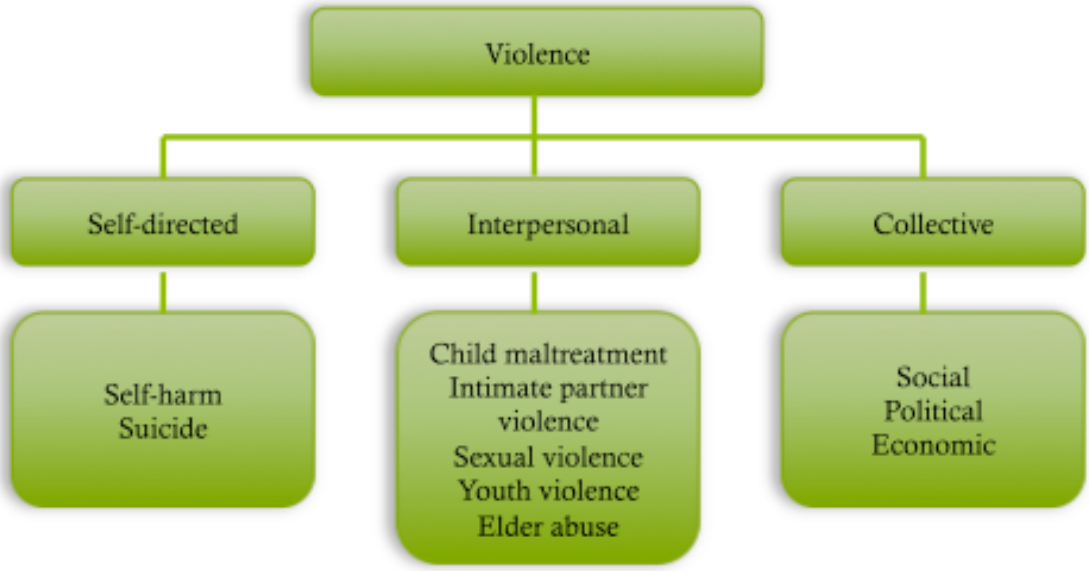
Violence is a common term for which each member of society holds a socially constructed conception. This is generally shaped by personal experiences composing of what is; witnessed within communities, transmitted through the media; debated within the family and peer networks; and perceived within society.

The disciplines of criminology, sociology and gender studies adopt distinctive definitions of violence. However for the purpose of this study, with the specific interest in prevention, the public health perspective of violence is employed. As defined in the *World Report on Violence and Health* (WRVH);

> *"The intentional use of physical forces 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, mal-development or deprivation"* (WHO 2002).

Three general types of violence are encompassed by this definition: interpersonal; self-directed including suicidal behaviour and self-abuse; and collective including war and terrorism, as illustrated in Figure 2.1. However these sub-types of violence are not mutually exclusive, they are underpinned by shared risk factors. Research indicates that risk factors such as alcohol and substance misuse; parental loss; crime; household poverty and; social and economic inequalities traverse all of these sub-types (Matzopoulos *et al*. 2008). For the design of this study the concern is interpersonal violence, including child maltreatment, intimate partner violence, sexual violence and youth violence.

Figure 2.1 Typology of violence



Source: WRVH 2002

2.1.1 Evolving concept of violence

As already stated violence is not a modern phenomenon it has been pervasive within society throughout history. However as appreciation grows of the consequences of violence for both individuals and society then so intolerance of violence intensifies. The concept of violence is evolving and receptiveness to alternative solutions is expanding as awareness and understanding of the problem increases. Violence may be a persistent burden on humanity but as the change in prevalence of violence in some countries demonstrates, violence is not inevitable *(*WHO Regional Office for Europe 2010*)*.

As long as there has been violence there have been systems to prevent or limit it such as religious, philosophical, legal or communal sanctions. The public health approach, of identifying the risk factors of violent behaviour and targeting interventions to reduce these risks, is gaining support. However punishment and deterrence remains the predominant paradigm. As exemplified by the initial response to problems of rising crime and violence, in North America during the 1960s and 1970s, and Central America in the 1980s. In both cases these primarily consisted of "tough-on-crime" approaches. Policies such as the Mano Dura policies of much of Central America and the Three Strikes laws in California focused principally on arrests as the key indicator of success. These policies conceded limited attention to the underlying risk factors for violence. A strategic approach of control and management alone is discordant with a significant number of criminological studies. This body of literature proposes that there is little evidence to show that tough penal measures, such as increased or mandatory sentencing, serve to deter violent behaviour. The limits of this approach are arguably reflected in expanding prison populations. Moreover such a strategy is often criticised for breeding further violence rather than cultivating rehabilitation. As reflected in a letter from a leading criminologist to newly elected politicians in the United Kingdom;

> *"You'll discover it is not crime that is spiralling out of control; it is punishment. You'll find that penal expansion has been a spectacularly bad investment; fiscally, politically and socially."* (Loader *et al.* 2010)

However multiple global reports have indicated that violence prevention policy has evolved in recent years from a focus on law enforcement toward greater attention to the economic and social drivers of violence. The problem of violence increasingly is recognised as not simply a security issue but also one that has deep social and economic roots and consequences. It is more widely understood by policy-makers that broader reforms to address the drivers of violence via multiple sectors are necessary to accompany criminal justice reforms. These include urban development, education, health, social protection, and labour markets. However, despite this increased focus on the social dimensions of violence, control measures continue to absorb significant portions of the national budgets of many countries (The World Bank 2010). So what are the drivers of violence and what understanding of these factors and the means of tackling them does the public health perspective offer?

2.1.2 Public health approach to violence

Violence is a product of both individual behaviour and the social environment. It is determined by complex interactions between biological, social, cultural and economic factors. By tackling these risk factors violence can be reduced *(*WHO 2002*)*. This is the starting point of the public health approach that is now being increasingly adopted in an attempt to address violence. The public health approach is science-based, population focused and aims to help people to refrain from committing acts of violence. It seeks to achieve this by identifying measures to eliminate or reduce underlying risk factors, and reinforce protective factors (WHO 2008). Surveillance of data is employed to understand the nature and extent of the problem and to identify the risk factors of violence. Based on this data led understanding of the problem interventions are developed, piloted and evaluated to address the causes of violence, thus presenting proven effective interventions that are scaled-up and implemented to reduce the prevalence of violence. This multi-

disciplinary approach emphasises working with and learning from other sectors and disciplines to build sustained inter-sectoral responses to violence. Potential partner sectors include education, employment, housing, justice, safety and security, social welfare, sports and recreation, trade and industry (WHO 2002). The application of the public health model to violence and recommendations for the prevention of violence are set out in the *World Report on Violence and Health 2002*.

By taking a public health approach to violence there is a body of literature identifying the factors that increase both the risk of being either a perpetrator and or a victim of violence or in some cases both. These are presented in Figure 2.2 through the lens of an ecological model. Biological factors such as age and gender, behavioural factors such as substance abuse, societal factors such as cultural norms and rates of unemployment and structural factors such as poverty and inequality all underpin violence. Thus socio-economic status and the structural determinants of these conditions are linked to the root causes of violence. Typically a person living in a socially deprived area is likely to have greater exposure to violence, to live in greater fear of violence, to lack social support and to see violence as a normal way of resolving conflict or punishment *(*WHO Regional Office for Europe 2010*)*. There is no single cause of violence. It is the result of the complex interplay of individual, relationship, social, cultural and environmental factors. In order to reduce the levels of violence it is broadly advocated from a public health perspective that policies need to move beyond the individual focus and take a collective and inter-sectoral approach. Upstream issues such as poverty, education and inequality need to be addressed when discussing violence. This fits within the wider discourse in public health on the social determinants of health.

Figure 2.2 Ecological model for understanding violence

Source: WRVH 2002

Based on studies of interpersonal violence there is a growing body of scientific evidence to support the effectiveness of interventions to prevent violence. The strength of the evidence for prevention is presented in the WHO's systematic review of intervention which states;

> *"Violence can be prevented and its impact reduced, in the same way public health efforts have prevented and reduced pregnancy-related complications, work place injuries, infectious diseases and illness resulting from contaminated food and water in many parts of the world. Violence prevention is not an article of faith but a statement based on evidence"* (WHO 2009).

There are seven core violence prevention strategies, as presented in Box 2.1. These are based on a literature review that examined the scientific evidence for the effectiveness of interventions to prevent interpersonal violence.

Box 2.1 Violence prevention strategies

The violence prevention strategies shown to be effective are:

1. Support safe, stable and nurturing relationships between children and their parents and caregivers through parenting programmes;
2. Develop life and social skills in young people through pre-school and school-based enrichment programmes;
3. Address social and cultural norms that support violence through school and community-based interventions and specifically promote gender equality;
4. Reduce access to alcohol through legislation on service hours, pricing and the licensing of alcohol retail outlets;
5. Reduce access to knives and sharp weapons through strengthening and enforcing legislation on minimum age of purchase and licensing;
6. Raise awareness of the impacts of violence and promote non-violent behaviour through social marketing, media and education programmes;
7. Identify and support victims through victim rehabilitation.

Source: WHO 2009

As more governments around the world come to recognise that injuries and violence can and must be prevented, many are attempting to ascertain an understanding of the problem in their countries as a basis for designing, implementing and monitoring effective prevention strategies. A number of measures that have helped lower the rates of injuries and their consequences have been shown to be effective. Results of longitudinal studies mapping physically aggressive behaviour in children emphasise the importance of early years interventions (Tremblay 2007). However intervention evaluation and effectiveness research mainly focuses on experiences of high-income countries (HICs).

The volume of literature on interpersonal violence clearly outlines the global scale of the problem and the burden on health and development. The increasing body of scientific evidence on preventing violence presents interventions and their effectiveness at reducing violence. These developments in the literature are reflected in the advances of the global campaign for violence prevention.

2.1.3 Global violence prevention movement

On the whole violence is a neglected global health issue. Over the last decade an increasing number of donors and development agencies have acknowledged the momentous problem violence poses to global health. At the international level, the growing concern across sectors is reflected through the body of work undertaken to document the scale of the problem and the intersection of violence with other major global issues. This includes reports such as the UNODC 2011 *Global Study on Homicide*, the World Bank Report on *Violence in the City* 2010, the UN-HABITAT/WHO *Hidden Cities Report* 2010 and the United Nations Secretary-General's *World Report on Violence against Children*, 2006. There has been a proliferation of documentation and awareness-raising by international institutions since the WHO's original WRVH 2002. The WHO *World Report on Violence and Health* presented violence as a public health issue. It detailed the typology; magnitude and impact of violence; the factors that increased the likelihood of violence; and approaches to tackle these risk factors. The report disputed the assumption that violence was an inevitable condition of society and set out a way forward aimed at reducing violence.

Ten years on, violence is now recognised as one of the key barriers to development in the 21st Century, as presented in the World Bank's *World Development Report 2011: Conflict, Security and Development.* A growing group of consultants and experts within academia and the non-governmental sector has also emerged. Collaborative programmes supporting this agenda include the Armed Violence Prevention Programme (AVPP). Several international alliances now exist on the issue, including the WHO Violence Prevention Alliance, the Geneva Declaration on Armed Violence Reduction, and the International Centre for the Prevention of Crime and Violence. Violence reduction is now held to be a crucial impediment to the achievement of the Millennium Development Goals. In recognition of this, in May 2010, 60 countries agreed to the Oslo Commitments, under which they undertook to implement concrete measures to address armed violence. In terms of violence as a global health priority it is increasingly framed as part of other major global health issues such as reducing the spread of HIV/AIDS. This originated in

the UN framework with a resolution of the World Health Assembly on the prevention of violence to be a public health priority. Subsequently there have been resolutions on type specific aspects of interpersonal violence, such as the violence against women resolution, but there has been no UN resolution declaring the mandate to lead on violence prevention.

There is a growing sentiment, within society and reflected politically, for the prevention of violence. The public health model has been put forward by many institutions as the basis of a prevention strategy. This is led by the World Health Organisation and supported by the World Bank and the United Nations Development Programme. Science-based, it draws upon many disciplines to understand the problem; design, implement, monitor and evaluate interventions; and scale-up effective programmes. This expanding international support for violence prevention is reflected in country activity. The development of national policy is a central element of this strategy.

2.1.4 National uptake of violence prevention

A primary component of effective violence prevention is the development and implementation of a national plan as recommended in the WRVH (WHO 2002). This is accompanied by the emergence of violence prevention on the global and in some states national agenda. Nationally there are also indicators to suggest violence prevention has emerged as a priority in some states; there are over 100 officially appointed Health Ministry focal persons for the prevention of violence; over 50 countries have had national launches of the WRVH; and over 25 countries have developed reports and/or action plans on violence and health (WHO 2007).

The adoption of a preventative approach by countries is escalating as reflected in the number of national policies on violence prevention. However national policy often focuses on an individual type of violence rather than an overall national violence prevention policy. This is demonstrated in the World Health Organisation (WHO) European Region where 71% of countries reported to have national policies for preventing intimate partner violence but only 23% of countries reported

to have a holistic national violence prevention policy (WHO Regional Office for Europe 2008). Moreover where a holistic national violence prevention policy is in place it is not necessarily accompanied by a required implementation plan. The translation of policy into programme implementation is typically poorly documented. Overall the stage of uptake of violence prevention policy and programme implementation varies between countries. On the whole country experience indicates that typically low-income countries occupy the descriptive stage of defining the problem, middle-income countries actively design and evaluate small-scale pilot programmes and high-income countries have proceeded to scaling up effective interventions into national violence prevention programmes (Krug 2011).

A growing global awareness of the scale and consequences of violence has seen an increase in the number of countries that acknowledge the importance of prevention. However there are few countries where this is reflected through policy. In this investigation I will study cases where policy has been developed and is in the process of development in order to gain an understanding of what conditions shape and influence policy outcomes and how this context is constructed. The analytical generation of an understanding of the policy environment and an explanation of the factors directing policy could be used to inform action to strengthen the reform of violence prevention policy.

Sociology, criminology, feminism and many other disciplines have significant contributions to the development and practice of theory and research of violence. There are divergent positions on the definitions of violence and the principles that underpin the theory of violence presented by different disciplines. These have a critical role to play in the scholarly debate on interpersonal violence. For the purpose of this investigation the public health approach is adopted as a complimentary perspective of violence that sits alongside these other disciplines.

The principal rationale for the utilisation of the public health approach in this thesis is because of its distinct focus on the prevention of violence. Science-based and

population-focused the public health approach provides a valuable perspective to understand the problem of violence as well as to design solutions to prevent violence. By taking this approach the study findings can provide insight and guidance to the public health community as a primary stakeholder in the violence prevention agenda. However by taking a focused approach and omitting other perspectives this does not necessarily provide as complete an understanding as would otherwise have been possible.

2.2 Policy analysis the framework

Conceptual, theoretical, methodological and empirical literature on the prevention of violence primarily addresses the prevalence, causes and consequences of different sub-types of violence. Research, data collection and surveillance is primarily undertaken at the sub-national level and largely based in high-income countries (HICs). The findings of these investigations have helped researchers understand the nature of the problem of violence and the effectiveness of interventions. Despite the accumulation of evidence on the causes and manifestations of violence and how this can be reduced there is still relatively little known about how political priority is generated for violence prevention on the policy agenda.

The limited analysis of policy on violence prevention that does exist has focused largely on the content of policy and the evaluation of interventions, thus neglecting actors, context and processes of policy formulation and implementation. Although, accompanying the emergence of violence prevention on national policy agendas, there is a growing volume of studies on the effectiveness of violence prevention policy. As in Sao Paulo, Brazil, where a policy to restrict alcohol sales was found to result in a significant decrease in murders (Duailibi et al. 2007). Junger *et al.* contributes to the literature here by presenting rules on implementing violence prevention interventions as well as an examination of strategies (Junger *et al.* 2007). Despite these examples the literature is predominantly based on the experience of HICs with particular attention to policy content.

This expanding body of material presents a greater understanding of the scale and severity of violence and the effectiveness of prevention programmes. It has been argued that this should form the basis for evidence-based policy-making (Junger *et al.* 2007). A comparative study of national policies to prevent violence in seven countries found that the examined high-income countries were moving towards an evidence-based approach. The researchers proposed more rigorous experimental research is required to determine effectiveness of violence prevention programmes. The study identified a need for better access to knowledge at the local level to support greater rationality when selecting and implementing policies and programmes (Junger *et al.* 2007).

However there is limited literature, within policy analysis, on the process of developing violence prevention policy. The process of putting the issue of violence on the agenda and formulating the solution of prevention in policy at a country level has largely gone without investigation. What literature there is on the development process of violence prevention policy is often related to a type of violence specific policy such as Usdin et al. study on the development and implementation of the Violence Against Women Act in South Africa. Here the role of advocacy networks was examined and it was found that policy advocates had an important role in ensuring effective implementation of policy (Usdin *et al.* 2000). In particular the need for coalition building between advocacy groups, the use of advocacy tools and the creation of connections between streams of the policy process was found to be a significant aspect of the advocate's role. Barriers to implementation were found to include a lack of cross-department working and cooperation (Usdin *et al.* 2000). However the findings of this single case study must be viewed in context.

Further studies of the development of violence prevention policies have found strong collaborative working across government departments and agencies as an important factor for effective policy formulation (Postmus & Hahn 2007). This comparative study between the USA and South Korea looked at the development and implementation of domestic violence prevention strategies. It highlighted the

role of advocacy groups from getting the issue on the agenda to the delivery of services. The experience showed the need for such groups to be involved from early on in the policy development process as well as the potential for unintended consequences from the implementation of a national policy (Postmus & Hahn 2007). The study explored the development and implementation of this policy as well as evaluation however there was no discussion of the accuracy of implementation and achieved policy outcomes.

2.2.1 Health policy research

The modest volume of literature on the development of violence prevention policy would benefit from an understanding of the breadth of research examining the processes of health policy in other public health issues, such as studies of policy directed at smoking cessation, obesity, vaccine adoption, and family planning (Asbridge 2004; Craig *et al.* 2010; Munira & Fritzen 2007; Lee *et al.* 1998). This includes Tantivess & Walt (2008) presentation of their findings on the role of non-state actors in the policy process in reforming and delivering anti-retro viral treatment policy in Thailand. These are public health issues where studies have been conducted to assess the processes that have shaped related policy.

A political science-based approach, policy analysis has been widely applied across disciplines within the social sciences including health policy and systems research. The health sector is part of the general policy environment and in order for governments to improve the health of their populations they need to reform policy. The aim is to produce better policies and improve effectiveness of outcomes. Until the 1990s the focus for advancing policy was on policy content. However a contemporary view among scholars is that to improve policy it is necessary to recognise the context and conditions under which that policy is formulated and implemented (Hudson & Lowe 2009).

Health policy analysis addresses this demand. It takes a multi-disciplinary approach that aims to explain the interaction between institutions, interests and ideas in the policy process. Walt, along with others, has advocated the value of health policy

analysis. It can be employed both retrospectively and prospectively to understand past policy failures and successes and to plan for future policy implementation (Walt *et al.* 2008).

The health sector is a core area of public policy with specific characteristics that affect the policy environment. Of particular note is the status of the medical profession. Health professionals have traditionally been perceived to have a unique role in shaping and controlling health policy (Walt & Gilson 1994). This is predominantly through their position of trust and the collective strength of professional associations.

The focus of health policy research has largely been on the content of policy (Walt *et al.* 2008). However a recent systematic review of literature analysing the health policy processes in low- and middle-income countries found a significant volume of literature on policy formulation and implementation research across a breadth of policy areas (Gilson & Raphaely 2008). The central themes of the study findings leads Gilson to conclude that process, politics and power must be integrated into the study of health policies. The prevailing descriptive nature of studies on this subject restricts the contribution of this literature to the understanding of the policy process. Gilson outlines the need for more multi-country studies and greater rigorous use of case study design as well as identifying implementation as an area where further work is required (Gilson & Raphaely 2008).

This study builds on existing health policy research to design and carry out an investigation of violence prevention policy development. A study of violence prevention is valuable as it both adds to the understanding of violence prevention policy as well as the field of policy process analysis as a whole. Although any transfer of learning should be undertaken with caution as violence prevention has distinctive attributes. One such characteristic is that violence is a visible and contentious public issue. Violence and how to address it is highly political and a policy area where the public influence is significant both in terms of getting the issue on the agenda and the shape of the policy response (Junger *et al.* 2007).

Moreover the life-span and broad cause and effect nature of violence can make violence prevention a difficult concept to convey and one that extends past the traditional four or five year period of elected representation. For example making the case that improving life-skills in early years can reduce the likelihood of violent behaviour in adolescence. Finally the prevention of violence necessitates action across government departments and across sectors. Junger *et al.* (2007) highlight the complexity of relations in the process of developing and implementing cross-sector policy and identify the need for collaboration and cooperation at and between national and sub-national levels.

There is a volume of literature applying policy process analysis to public health issues however its application to the issue of violence prevention remains scarce. This study builds on the literature to investigate the determinants of the policy process that resulted in the advancement of violence prevention policy. Thus this study promises to both contribute to our knowledge of public health policy development as a well as to offer guidance on how to generate political priority for violence prevention in countries where the issue is struggling to progress. The body of public health policy research largely draws upon political science thinking and in particular policy process theories, which is where the attention of this Chapter now turns.

2.2.2 The policy process

"Policy is a process as well as a product" (Pressman & Wildavsky 1984).

Where in public citizens can smoke, what children are served for school meals and how infectious outbreaks are tackled is determined by public policy. How this public policy exists both on paper and in action is through a process of choice, design, delivery and testing; within a framework of complex institutional structures; undertaken by a network of actors; where a myriad of forces such as power are played out. In order to understand policy the product, policy the process is studied within the field of policy analysis. Knowledge of the policy process can be used to change policy and inform better practice.

Based on conceptual, theoretical and empirical research an understanding of the policy process within the international, national and sub-national arena has been constructed. Presented by many scholars as a political process, there is a considerable volume of literature within the field of policy analysis. This explores different stages and components of the policy process; including agenda-setting and programme evaluation; policy content and policy transfer; institutional structures and actors.

Methodological difficulties in undertaking policy analysis are also addressed by scholars. A core ingredient of the policy process decisions, are themselves often unobservable to the researcher and difficult to dissect as they emerge over time rather than being made at a clearly defined moment. The policy process involves multitude different, geographically widespread, actors, individuals, groups and networks that present numerous practical challenges in investigating (Walt *et al.* 2008). The capacity to scrutinise such intricacies is a factor, among many others, which means a predominant portion of scientific literature is based in high-income countries. This study aims to further add to the literature by employing this approach in middle to high-income countries.

Policy analysis provides the theoretical foundation of this inquiry. It presents a systematic approach to examining the determinants of violence prevention policy. Thus enabling this study to analytically generate an understanding of the policy environment and an explanation of the factors directing violence prevention policy. As noted policy analysis is a widely employed approach to investigating the policy process. Within this approach there are multiple models presented as tools for understanding the formulation of public policy.

Traditionally the policy process is explored through two opposing theoretical foundations; one a cycle of rationality; and the other a complex of mess. Lasswell proposed the policy process composed of a series of consecutive stages and functions; Lindblom suggested it was a process of gradual change and accretion (Hudson & Lowe 2009). Contemporary scholarly debate has introduced a number

of theoretical frameworks to address key concepts, such as power and resistance, through which to describe and explain the complex policy process (Sabatier *ed.* 2007). A brief overview of some of the key theories will now be outlined.

2.2.3 Theories of the policy process

There is difficulty in generating national political support for particular health goals. Even if national policy-makers recognise the existence of health problems, have sufficient donor resources, and are cognisant of Millennium Development Goals, there is no guarantee they will prioritise these issues or take action. Policy-makers in developing countries are burdened with very many issues and have limited resources to deal with them, as well as conflicting political imperatives. Goals targeting improved health must compete for policy attention and resources in these difficult political circumstances. Therefore we need to be aware of the characteristics of the policy process as well as developing technical interventions. In order to reform policy the public health community must engage in the policy process. This functions on principles outwith the public health evidence-based approach. In order to investigate the course of public health policy development an understanding of policy process theories is necessary. The following Sub-Section outlines three of the dominant theories Advocacy Coalition Framework, Multiple Streams Theory and Punctuated Equilibrium Theory. The Sub-Section will conclude by detailing the theoretical framework employed by this study, the Shiffman Public Health Policy Priority Framework.

Advocacy Coalition Framework

The Advocacy Coalition Framework developed by Sabatier and Jenkins-Smith (1999) suggests that major policy change is a function of power and conflict between central groups of actors within policy sub-systems. They maintain that policies are the product of the belief systems of the actors concerned by a given policy sub-system. Such actors not only include legislators, civil servants and the representatives of interest groups but also other actors concerned by the problem in question, such as journalists and academics. All of these actors make up the policy elite of the sub-system. Policies emerge from numerous confrontations and

negotiations between different coalitions of actors in the sub-system. Each coalition forms around a belief system that conveys a worldview and its own hierarchy of values.

In the policy sub-system, one coalition typically predominates by imposing its vision of problems and solutions; a vision compatible with its belief system. This coalition enjoys important strategic advantages from the standpoint of resources and opportunities. According to the model, the accumulation of new knowledge and the struggle waged by one or more challenger coalitions can achieve only limited policy change.

Only events outside the sub-system are likely to significantly upset the coalitions' advantages and resources. These events allow one challenger coalition to impose the policy core of its belief system. It can do so by changing, for instance, the rules, resources and individuals in charge of institutions and through the adoption of legislations imposing its own vision of the problems and solutions (Sabatier & Jenkins-Smith 1999). The Advocacy Coalition Framework contains both a broader framework that identifies several types of variables that should be considered in analyses of policy processes and a theory of policy reform and changes to core policy beliefs of actors within sub-systems.

Multiple Streams Theory

Kingdon's Streams Model (1995) is another important theory of the policy process. Its primary relevance here is to recognise the significance and roles of actors in policy processes. According to Kingdon's approach, policy entrepreneurs and other members of policy communities frame ideas about problems and solutions. They look for windows of opportunity to advance issues on policy agendas so that they receive serious attention from authoritative government actors. Kingdon emphasises legislative and executive actors in his agenda-setting model. However he suggests policy entrepreneurs and communities may include those inside or outside government, in elected or appointed positions, interest group representatives, academics, consultants, and representatives of civil society

organisations. Their power derives from different bases of influence, such as expertise, a position of leadership or political connections, and collective action surrounding shared concern about a particular policy issue or arena (Kingdon 1995). Kingdon is primarily concerned with major legislative policy change and suggests that administrative actors are more instrumental in specifying policy alternatives or choices than setting the agenda.

Punctuated Equilibrium

The approach to policy analysis presented by Baumgartner and Jones (1993) in *Agendas and Instability in American Politics* draws attention to policy influences exerted in the broader realm of macro politics, involving partisan political conflict. It argues that policy processes are characterised by lengthy periods of relative stability, of incremental policy-making, that are occasionally disrupted by brief periods of wide-ranging policy change. According to Baumgartner and Jones' approach policy monopolies, are stable sets of policy actors supported by powerful structural arrangements and political understandings of an issue. These policy monopolies tend to exert significant influence on incremental policy processes within particular issue areas. The main focus of their approach is to explain infrequent, short bursts of major policy change that are characterised by the public attention-grabbing dynamics of agenda-setting that consumes officials' time and resources. According to Baumgartner and Jones' (1993) model, changes to the structure of political institutions and the way issues are understood by those institutions can precipitate substantial policy change. For example, significant social movements, changes in political leadership or shifting understanding of an issue from one of personal to government responsibility could affect rapid policy change (Baumgartner & Jones 1993).

Agenda-setting in these arenas determines whether and the extent to which certain issues receive attention and resources, as well as the operating rules within which policy actors; especially those representing the administrative state, but including technical experts and others with public and private policy interests; function within issue areas or policy domains, such as public health (Baumgartner & Jones 1993).

The field of political science is occupied with theoretical debates fundamental to policy process theory. One such debate is the concept of "successful" policy and a model of effective implementation to achieve this goal (Hill & Hupe 2009). This brings into question the purpose of a modelled approach to policy analysis, is it to design better policy, achieve greater control over policy outcomes or to seek understanding and explanation of what happens in practice (Barrett 2004). There are criticisms of both approaches. A frequent underlying criticism of a modelled approach to the policy process is that studies here fail to clarify the aims of the model; to describe the real process or prescribe the ideal process (Howard 2005). The use of a policy process framework for analysis in this study is to explore the real process and identify the factors that shape them in reality.

Many of the contributions to Sabatier's (2007) *Theories of the Policy Process,* for example, present what may be better described as descriptive frameworks, as opposed to theories. In fact, Sabatier states explicitly *"most theoretical constructions in policy studies would qualify as frameworks"*. The chapters on network analysis and institutional rational choice, for example, describe units of analysis and general causal mechanisms without espousing a specific theory or model that yields falsifiable predictions.

This study is a bridge between Political Science and Public Health. This approach was principally designed in order to demonstrate rigorous scientific health policy analysis and to illustrate the value of such an approach. Policy-based research is an identified gap in the public health field. A greater understanding of the policy process would benefit public health in order to engage effectively to reform policy. This study aims to contribute to this small but growing pool of literature and to help advance the field of health policy analysis.

Public health provides the evidence but generally lacks informed engagement in the policy process. Drawn from political science policy analysis aims to explain the interactions between institutions, interests and ideas in the policy process. Application of this approach to health policy therefore enables an understanding of

the factors influencing policy change. This study contributes to the field of health policy analysis and applies this approach to violence prevention policy. Ultimately seeking to strengthen the development of violence prevention policy. This study thus demonstrates how it is possible to undertake a systematic policy analysis of a public health issue and the importance of gaining a scientific understanding of the policy process.

However this original approach is not without its challenges. In connecting two disciplines there can be difficulties in traversing methods. Core research practices are not necessarily shared across disciplines and in some instances methods can conflict. As a means of addressing these challenges the literature of both fields was continually consulted. This would have been strengthened by further drawing expert advice from colleagues from both disciplines to ensure that Political Science and Public Health were veritably applied in the research design.

2.2.4 Public health policy framework

A useful framework that has been developed based on policy process theory literature from political science and drawn from application to public health issues is the Shiffman Framework. As noted in Chapter 1 the Shiffman Framework forms the basis for analysis for this study. The Shiffman Framework is designed to explain how political priority is generated for health issues. The framework identifies 11 factors that shape priority which are presented in four categories. These factors have been identified in previous research on the policy process. The four categories of factors include; the power of involved actors; the ideas they use to position the issue; the nature of the political contexts in which they operate; and characteristics of the issue itself (Shiffman & Smith 2007).

The first component is actor power. Policy communities (factor 1) differ in the strength of the actors that compose them, in the quality of linkages among these actors, and in the collective capacity of the actors to confront opponents. Policy communities are networks of actors from different types of organisations, such as government agencies, NGOs, international institutions and academics, committed

to common causes. The presence of respected and influential leaders (factor 2) enables cohesion among the policy community. The leadership role is occupied by capable individuals; who are willing to exert effort and direct the advancement of a cause. As well as individual leadership robust guiding institutions (factor 3) are also of core importance. Such institutions are organisations or coordinating mechanisms with a mandate to lead the initiative. The final influencing factor within the category of actor power is the impact of grassroots organisations (factor 4). Policy initiatives are aided in generating political support if linked with civil society mobilisation.

The advancement of a policy initiative is also shaped by ideas, the second category. The role of ideas in politics has been the subject of considerable research. Based on the premise that actor behaviour cannot fully be explained by material influences alone. Decisions and actions are based on actor interpretation of a situation in addition to the factors that underpin the situation. The way in which an issue is understood and positioned publicly is termed the frame. Any issue can be framed in multiple ways. Some frames resonate more than others, and different frames appeal to different audiences. Frames that resonate internally (factor 5) unify policy communities by providing a common understanding of the definition of, causes of and solutions to the problem. Frames that resonate externally (factor 6) move critical audiences to action, particularly the political leaders who control the resources that initiatives need.

The third category of influence on the policy process is the political contexts in which actors operate. Actors may have little control over these contextual factors, however they must be considered when developing effective strategies. A primary component of the political context is policy windows (factor 7). These are moments in time when global conditions align favourably for an issue, presenting advocates with particularly strong opportunities to reach political leaders. Policy windows often open following major disasters, discoveries or conferences. They attract notice from wide audiences and can bring visibility to hidden issues. A second critical element of context is the global governance structure for the sector (factor 8). This is

the set of norms, shared beliefs on appropriate behaviour, and the institutions that negotiate and enforce these norms.

The final category shaping political priority is the nature of the issue itself. Some issues are intrinsically easier to promote than others. Problems easily measured are more likely to gain political support than ones that are not, as policy-makers and advocates will have information to confirm the severity and monitor progress (factor 9). These make a difference because they have the uniquely powerful effect of giving visibility to that which has remained hidden, serving not just monitoring purposes, the way they are traditionally understood, but also as catalysts that may provoke political elites to act. Where no such indicators are available, policy-makers may ignore the issue either because they are unaware of the existence of a problem or are unconvinced in the absence of evidence that any problem exists. Problems that cause significant harm, as indicated by objective measures such as numbers of deaths, are more likely to attract resources than those that do not, as policy-makers will perceive the former as more serious (factor 10). Problems with relatively simple, inexpensive, evidence-based solutions will be easier to promote than those without these features, as policy-makers prefer to devote resources to issues that they think they can address effectively and cheaply (factor 11). Policy-makers are more likely to act on an issue if they are presented with clear proposals that convince them that a problem is surmountable. This is because political elites prefer to allocate resources toward problems they believe can be effectively addressed. Summarised in Table 2.1.

Table 2.1 Determinants of public health policy prioritisation

	Description	Factor
Actor power	Strength of individuals and organisations	Policy community cohesion
		Leadership
		Guiding institutions
		Civil society mobilisation
Ideas	How the issue is understood and portrayed	Internal frame
		External frame
Political context	Environments in which actors operate	Policy windows
		Global governance structure
Issue characteristics	Features of the problem	Credible indicators
		Severity
		Effective interventions

Source: Shiffman & Smith 2007

Each factor enhances the likelihood an initiative will receive priority. The literature concludes that a global policy community is more likely to generate political support for its concern if it is cohesive, well-led, guided by robust institutions and backed by mobilised civil societies; if it agrees on solutions to the problem and has developed frames for the issue that resonate with political leaders; if it takes advantage of policy windows and is situated in a sector with a strong global governance structure; and if it addresses an issue that is easily measured, high in severity and has effective interventions available (Shiffman 2007). In such a situation, actor power, ideas, political contexts and issue characteristics all work in favour of generating priority for the health issue.

The framework builds on existing research that has sought to understand why initiatives pursuing social and political change succeed or fail in attracting political support. This framework was developed based on the experience of maternal health issues in the policy process in five countries (Shiffman 2007). The studies undertaken by Shiffman and his team aimed to identify the factors that had prioritised maternal health issues in some of the countries while it remained relatively low priority in other countries. Based on cross-case comparison the Shiffman Framework outlines the broad category of factors that shape the policy

process and goes some way to answering why some health issues attract significant attention from national leaders while other issues remain neglected. This framework was further refined to address the generation of political priority for global health initiatives. Again based on the case of maternal mortality this advanced framework was designed specifically applicable to public health issues. This is one of the few models for policy process analysis that is explicitly designed for public health issues.

The Shiffman Public Health Policy Priority Framework is adopted by this study. There are other policy process models, such as Advocacy Coalition Framework, which could have been selected to theoretically underpin analysis. However the SPHPPF is the only policy process framework specifically designed based on public health policy. It is applied to health issues in order to understand how health issues generate political priority on the policy agenda. As it is tailored to public health it is a relevant tool to utilise in this study as a framework to draw out the factors that shape the advancement of violence prevention policy. A notable adaptation of the framework specific for public health is the inclusion of issue characteristics as a category of factors that determine the level of political priority attributed to a public health issue. As a field that heavily weights the importance of evidence-based planning and practice it is advantageous to measure the influence of data availability and evidence-based interventions in shaping the development of health policy.

This study employs the Shiffman Public Health Policy Prioritisation Framework to identify the factors that have shaped the advancement of violence prevention policy in three cases and to analytically generate an understanding of the policy environment and an explanation of the factors directing violence prevention policy. An application of the Shiffman Framework as the theoretical orientation of this inquiry enables the examination of the utility of this framework in the field of violence prevention. This study therefore contributes to the literature by advancing understanding of the issue of violence prevention and the process of public health policy.

Chapter 3

Method

Drawing from scholarly literature on policy analysis and political science this study employs multiple in-depth case study research. This enables the collection of evidence that may lead to new empirical insights with respect to the factors that shape the development of violence prevention policy, as well as informing an under-explored area of investigation in the literature of the public health policy process. It is a deductive study designed from a post-positivist perspective that aims to test the utility of a public health policy process model through empirical data. A case study line of inquiry provides for an explanatory investigation of the questions that are the focus of this research.

Why have some countries adopted a violence prevention policy? And how have the issue of violence and a strategy of prevention gained political traction in these countries?

The detailed study proposal, including research questions, rationale, methodology, methods, theoretical basis and expected findings was drafted based upon a comprehensive review of the literature. This included academic papers and texts on research design and methods; policy analysis and theories of the policy process; health policy and systems research; public health policy and practice; and the issue of interpersonal violence including typology, prevalence, causes, consequences and prevention. The proposal was also discussed with colleagues and benefited from their comments. A comprehensive understanding of the issue of violence from multiple perspectives was built up based on extensive reading and analysis of the literature and complimented by my location within the Violence and Injury Prevention Unit at the World Health Organisation.

The research questions of this study were drawn from policy analysis literature on other public health issues and formulated to address a gap in current public health research. The case for understanding health policy analysis has been made and the assessment of health policy has been successfully conducted for many public health issues including vaccine adoption, malaria treatment and childhood obesity. This literature provided guidance for designing the study and specifically refining the research questions. However the pool of empirical health policy research is not extensive. Moreover the body of health policy analysis literature that does exist is noted to predominantly focus on technical content and design, neglecting the actors and processes involved in developing policies (Gilson & Raphaely 2008). This policy content focus is also reflected in the literature on interpersonal violence prevention. There is very little research on the process of developing violence prevention policy. The objective of the study is to better understand how violence prevention policy is developed. The questions directing this research were therefore formulated to investigate the decision-making process and specifically building political traction for a strategy of violence prevention. Other formulations of the research questions were considered however the questions set out here were decided to best meet the objectives of the study.

Case study research is a widely adopted research method used to capture historical and contemporary evidence to explore and explain research questions and to generate hypotheses (Yin 2009). Case studies employ multiple sources of data for purposes of triangulation (Miles & Huberman 1994). They enable incorporation of documented historical evidence from sources including government and donor agency reports, policy directives, media reports and other archival data. They also facilitate collection of contemporary evidence through interviews with key informants and direct or participatory observations in the field.

A qualitative method, case study research allows for investigation of phenomena within their real-life setting and recognise that context is integral to understanding the subject of study (Yin 2009). Both the issue of violence prevention and the process of developing public health policy are shaped by environmental conditions.

Policy to prevent violence is a complex phenomenon. The problem of and solution to, violence lie within a political socio-economic context. Violence is a controversial issue that impacts across society and is caused by risk factors at the individual, relationships, communities, environment and national level. Policy to prevent violence must be viewed within this context to understand the intricacies of how a policy response is designed and delivered.

Thus the adoption of a case study design for undertaking this investigation facilitates the systematic collection and analysis of historical and contemporary data to understand the phenomenon of violence prevention policy within the real-life context of the policy process. This will provide a crucial insight for addressing the questions at the centre of this research. More commonly used methodologies in public health and medical research, including randomised controlled experiments, structured surveys, and statistical analysis of health service utilisation, do not normally carry these advantages.

Lastly, this is a multiple-case study, including three cases. This research follows a logic of methodological replication by examining three cases in an identical, thorough and systematic way, allowing for analytic insights to be drawn from their comparison and thus improving the external validity of the work. It is stated in case study research that if two or more cases are shown to support the stated theory then replication may be claimed (Yin 2009). The inclusion of three cases in the study therefore allows cross-case comparisons to be drawn and shared themes to be identified.

There is a range of approaches that could have been used for undertaking this health policy analysis, such as controlled comparisons, formal modelling or quantitative analysis. These different methods have relative benefits however for investigating the development of violence prevention policy it was decided that an in-depth investigation of the phenomenon in its real-life context was the most appropriate approach. This is a study of how political traction is gained for a public health issue. The selected cases are useful to study as they provide an insight into

the advancement of violence prevention policy that is poorly understood. Reflection on what the cases were a case of and why these cases were useful to study guided the selection of the case study research method and the Shiffman Public Health Policy Priority Framework in the design of this study.

A weakness of the case study approach is the limitation on making recommendations that may apply beyond the cases themselves. A means of facilitating generalisation is increasing the number of cases. However this is a time and resource intensive process.

3.1 Case selection

The topic of study is the preventative policy approach to violence within three countries. These are cases where violence prevention policy has been instigated and is in the process of further development. Case selection was conducted through a preliminary review of the literature and discussions with experts in the field. It was guided by set criteria, as outlined in Box 3.1. Practical considerations such as language, geographical representation, political stability and existing country contacts were also considered. An initial list of 16 proposed cases was reviewed against the criteria. From this process the Western Cape Province of South Africa, Jamaica and the Republic of Lithuania were selected.

Each case was selected as it best met the criteria designed to reflect an overall preventative approach towards violence. In this study it is a policy of preventing violence that is the phenomenon at the centre of investigation. However predominantly there is not a single overarching policy document on interpersonal violence. Therefore each case refers to the overall strategic approach towards interpersonal violence.

The core characteristics common to each case is the presence of a violence prevention programme based on a public health approach and comparatively high levels of violence-related injuries. Established violence prevention programmes set

out in national policy is a relatively rare phenomenon. The possible cases for study are therefore limited. Moreover the prevention of violence is somewhat a contemporary approach. Therefore the available examples of advancing an overall preventative strategic approach to violence are at varying stages of policy adoption. This diversity in the degree to which a policy of violence prevention is adopted is reflected in the selected cases. A further notable difference between the cases is that the observed overall preventative strategic approach to violence is advanced at different levels of government. This heterogeneity is a valuable feature of the study as it allows investigation of the determinants of the policy process that challenged as well as enabled the degree of advancement of violence prevention policy in each case. This variation could also provide a further basis of comparison of how the issue of interpersonal violence is tackled at national, provincial and city level.

A central attribute of the research design is the number of cases selected for inclusion in the study. To meet the objective of the study, to understand the development of violence prevention policy, then case study methodology would suggest the investigation of more than one case would be best suited. Moreover health policy analysis literature highlights the value of cross-country comparative study in helping to derive generalizable propositions from country context-specific effects. The number of cases included in the study design was determined by the balance between the breadth of cases and the depth per case achievable within the available time and resources. Originally it was proposed that the study would include five cases. However as the nature of the policy process is complex and difficult to measure then depth of data in a limited number of cases was prioritised in order to better understand the phenomenon in each case. Based on this rationale it was decided to study three cases. A weakness here is that the fewer cases there are then the increased likelihood that not all relevant influencing factors would be reflected. The inclusion of three cases was decided to be the appropriate balance between depth per case study and breadth of cases for the requirements of this investigation.

Box 3.1 Case selection process

PROPOSED CASES				
Region of the Americas	**African Region**	**European Region**	**Western Pacific Region**	**South-East Asia Region**
Colombia	Kenya	Czech Republic	Malaysia	Thailand
El Salvador	Malawi	Former Yugoslav Republic of Macedonia	Philippines	
Jamaica	Swaziland	Latvia		
Mexico	Western Cape, South Africa	Republic of Lithuania		
Sao Paulo, Brazil				

Selection criteria

- Established and sustained violence prevention programme based on a public health approach
- Relatively high levels of violence-related injuries
- Homicide surveillance data available

Selection process

- Preliminary literature review
- Discussions with violence prevention experts
- Discussions with country contacts

SELECTED CASES		
Western Cape Province of South Africa	Jamaica	Republic of Lithuania

3.1.1 Case rationale

The Western Cape Province of South Africa

There is a national commitment to violence prevention within South Africa and an acknowledgment of the critical role of the health sector in building an inter-sectoral response. South Africa has also supported regional violence prevention efforts through the hosting of a summit on violence prevention. Sub-national efforts have been made to implement national policy; in particular the Burden of Disease Reduction Programme in the Western Cape Province has taken a disease reduction approach to reduce violence. Homicide rates in South Africa are persistently high.

Limited data is available through surveillance systems and there exists a commitment to evaluation and evidence-based programmes. South Africa is a prominent member of the Violence Prevention Alliance.

Jamaica

An integrated multi-sector public health approach to all forms of interpersonal violence has been taken to prevent violence in Jamaica. Policy discussions have taken place on how to implement the World Report on Violence and Health and Jamaica launched the Jamaican Chapter of the Violence Prevention Alliance. There is a significant and considerable problem around youth violence and in particular gang-related violence. Surveillance systems have been used to support the documentation of interpersonal violence prevention efforts and the piloting of guidelines to estimate the costs associated with injuries due to interpersonal and self-directed violence, as part of previous WHO programmes. Jamaica has the political will to prevent violence however there is still a high burden of mortality due to homicide.

The Republic of Lithuania

National support for violence prevention is demonstrated in Lithuania through limited and focused national strategies and programme implementation, including initiatives addressing school-based violence. Regionally Lithuania has some of the highest rates of mortality caused by violence-related injury. Data and surveillance systems for homicide and serious injury are based within the Ministry of the Interior. There has also been work at the European level surveying levels of violence and prevention within Lithuania.

3.2 Data collection

Four kinds of data collection methods were systematically employed for each individual case study: in-depth interviews with officials involved in violence prevention policy, observations of violence prevention-related activities, the close reading of government and international institution reports and documents, and a

careful review of published research on interpersonal violence. Drawing on these multiple sources and forms of data a profile was constructed for each case of the scale of the problem of violence and the extent to which violence prevention policy was adopted. Based on this detailed presentation of the status of violence prevention policy in each case the interview, observation and documentary data was analysed to identify the factors that enabled and challenged the development of violence prevention policy.

This research is informed by a number of data sources for purposes of triangulation, as well as to understand the phenomenon in both historical and contemporary perspectives. Interviews with actors close to violence prevention policy development and delivery are crucial to understanding influences on the policy process. Primary data sources, including in-depth interviews with key informants and observations in the field, are discussed first in this Section, followed by a discussion of secondary data sources. They importantly inform our understanding of the status of violence prevention policy and the factors that have enabled and hindered the adoption of violence prevention policy in each case.

3.2.1 Primary data

Interviews with key informants and observations made on field visits form the backbone of this research. Over four weeks in March, April and May 2011 I interviewed 42 individuals in the three countries. This ranged between 11 and 17 interviews in each country. I interviewed 20 government officials in order to gain the insights of policy-makers overseeing violence prevention policy development. Key informants included Heads of government departments and Senior Political Advisors from the Ministry of Health, Ministry of Justice and Community Safety, Ministry of Social Welfare and Ministry of Education.

A total of 22 informants representing international agencies, donor agencies, NGOs and academic institutions provided similar historical and contemporary insights to the research questions, each based on their own area of expertise. These respondents represented such agencies as the United Nations Development

Programme, the World Health Organisation and country embassies as well as local and international NGOs, academic institutions and research centres. The expertise of these informants spanned many fields from public health to criminal justice, psychology and human rights and they contributed significant insights to the historical and current status of policy towards violence in each case and the factors that have influenced this position.

Prior to the week of interviews in each country I spent a separate preliminary week in each country, in 2010, shadowing key informants including senior government officials and academics, observing violence prevention policy-related activities. This included attending policy meetings, roundtable events, conferences, training seminars, community meetings and projects; and visiting and talking with community members in areas with a high prevalence of violence.

In each case the interviews were conducted with the main actors from across sectors involved in directly or indirectly advancing violence prevention policy. The identification of interviewees was based on purposive sampling through a review of government and international institution documents, as well as referrals from key informants to identify individuals that were centrally involved in violence prevention policy. A snowballing technique was also used where interviewees identified in the documentation could suggest other relevant stakeholders for interview.

Interviews were semi-structured, focusing on the common question of core factors influencing violence prevention policy, but allowing for flexibility to gain the insights of each individual informant. The interview schedule, including direct and supporting probing questions, was developed through a consultative process involving country-based academics, government and international representatives. The broad areas to be addressed were informed by the overall objectives of the study and the initial documentation. I used open-ended questions to draw out the unique knowledge of each informant. Interview preparation for each case included

background reading and a review of interviewing skills to ensure consistency in interviewing style (Bernard 2006).

The in-depth semi-structured interviews were conducted face-to-face and lasted between 45minutes and 1hour 40minutes, averaging one hour. Five of the interviews conducted employed the use of an interpreter. A Dictaphone was used to audio record interviews. The recordings were listened to again at least one further time and partial verbatim transcripts produced. I also took extensive notes during all interviews and followed them up by recording my observations of the settings, tones, attitudes and other relevant pieces of data as soon after each interview concluded as possible. Often, this was within an hour or two. Sometimes it was at the end of the day. I also created summary sheets within 24 to 48 hours after each interview. Summary sheets covered the main issues and themes, detailed notes of the interview and issues to follow-up on. After each interview an email was sent to the interviewee thanking them for their participation. In-depth interviews were extremely important because the data they provided was not available in the written record.

3.2.2 Secondary data

The starting point for data collection was a comprehensive review of academic and international policy literature, using online databases. More than 200 pieces of documentary data was systematically identified and methodically reviewed. This included government reports and policy documents; health and criminal justice reports; reports from bilateral and multilateral donors; relevant national, state and local government plans; conference proceedings; demographic, health and criminal justice surveys; published research; and related national and state media reports. The documentation process for collecting relevant material was guided by a logical search plan that set out search terms, relevant sources and document criteria. This primarily relied upon web-based searches with some documents obtained from donor, NGO and university libraries by asking key informants. The document search plan was applied uniformly to each case and the search process was systematic and clearly documented.

The primary purpose of documentation was the compilation of country profiles on the scale of the problem of violence and the status of violence prevention policy for each case. This involved a process of background reading; assessment of latest empirical studies; discussions with experts in the field and country experts. This initial desk-based data collection to prepare a preliminary case profile supported preparations for primary data collection including the identification of interviewees. As further groundwork prior to gathering data I participated in a series of seminars, workshops, conferences and training programmes, through Graduate skills courses, online courses and international programmes that supported the development of research skills and knowledge necessary for conducting the study.

A further use of the documentary data was to verify interview and observation data. Documents were systematically reviewed and cross-checked to substantiate interview data; to provide further clarification where necessary as well as to understand historical developments relevant to violence prevention more completely.

In summary 42 semi-structured interview transcripts and detailed notes; eight weeks of direct observation recordings; and more than 200 pieces of documentary data form the data sources of this investigation. This data was anonymised, coded and analysed.

3.2.3 Coding

As already outlined the primary data was gathered through in-depth semi-structured interviews. The detailed notes taken during and following the interviews, along with the audio recordings of the interviews, formed the data for this study. Each interview was listened to and partially transcribed. For each interview, using the transcript and notes, data points were identified that indicated a factor that enabled or challenged the development of violence prevention policy. The specific data points were utterances made by interviewees. These included examples given; comments made; or institutions, individuals or ideas referenced. These data points were then coded into the 11 categories of the Shiffman Framework. The interviews

were listened to again to verify that the coded data accurately reflected the content of the interview. This stage of the coding process was also used to identify specific quotes to illustrate the enabling and challenging factors drawn from the data points. This process was methodically repeated for each interview one case at a time. The coded data from the interviews was then collated for each case. This presented the data points from all interviews that indicated a factor that enabled or challenged the development of violence prevention policy. These collated data points were categorised based on the Shiffman Framework. Therefore for each case there was a summary of the data gathered from all the interview transcripts and notes. This data set was the basis of analysis to draw out the identified factors that influenced that advancement of violence prevention policy in each case. This was also supported by triangulation with secondary data and data from across interviews.

The Shiffman Framework was used as the coding framework for this study. This required a consistent and in-depth understanding of the categories of the framework. This was a continual reiterative process. If there were discrepancies as how to categorise a data point then this was logged and the rationale for the coding in each category was considered at the end of the interview transcription. It was again reflected on once all interviews had been transcribed and coded. Moreover on occasion coding in one case prompted reconsideration of coding in the other cases. In these instances amendments were made to ensure consistency in coding across the cases. This reiterative process enabled the study to benefit from improving technique through the cases. The practice of coding the data was based on an understanding of the data in the context of each interview. Therefore considering the background of each participant also enabled a judgement to be made on any coding contradictions. In summary the coding of the data was a continual process of reflection, questioning, learning and improvement. Moreover rationale judgement informed by the context of each interview was employed to ensure consistency and accuracy in coding the data.

This hands-on meticulous coding process was undertaken in order to thoroughly understand the data set. Immersion in the data was particularly important when

addressing the challenges of ensuring consistency in coding and analysis in the three cases across different countries. For example terminology differed across cases. In these instances judgement and understanding of the country context was used in order to ensure the data accurately reflected the statement that was being made. This approach facilitated consistent data interpretation across the cases. This was the primary rationale for not employing Nvivo. Instead this active participation in data coding generated an in-depth understanding of the data set that enabled a richer analysis.

3.3 Data analysis

The analytic strategy underpinning this study included three core stages of analysis. Firstly there was an assessment of the solutions being undertaken in each of the cases to address interpersonal violence. This presented the status of violence prevention policy in each case. Secondly there was an analysis of the factors that have shaped the generation of political interest in interpersonal violence and support for a preventative solution in each individual case. This identified a set of factors in each case that have helped to drive the issue of violence prevention up the political agenda as well as those factors that have constrained the advancement of violence prevention policy. Thirdly there was a cross-case analysis to identify the shared themes about the factors that influence the development of violence prevention policy.

The unit of analysis of this study is a strategy of violence prevention adopted by each case. However interpersonal violence is a complex public health issue that cuts across sectors. As such it is rarely addressed by a single clear-cut policy. Therefore for the purposes of this study alternative criteria was employed to measure an overall strategic approach of preventing violence. Drawn from knowledge of the interpersonal violence literature the recommendations of the *World Report on Violence and Health* (WRVH) were selected as the criteria. These were used to measure the degree to which a preventative approach to violence has been adopted in each case. The WRVH presented seven recommendations for advancing the

prevention of violence. An assessment of how each case met every recommendation was used to determine the degree to which an overall strategy of violence prevention was adopted in each case. Alternative criteria could have been employed however this approach was principally selected, as it was applicable across countries. The overall strategic approach of preventing violence is the unit of analysis of this study. By adopting this consistent method of measurement across the cases this presented a clear unit of analysis for the study of this complex issue.

The initial stage was analysis of the interview, observation and documentation data to assess the status of the problem of violence and the extent to which a policy of violence prevention has been adopted in each case. The framework for assessment was based on the recommendations of the World Report on Violence and Health (WHO 2002). This report concluded that to advance a preventative approach to violence key measures should be in place including a policy plan, data, research, collaboration and violence prevention interventions. Therefore the data for each case was analysed based on these five criteria to assess the extent to which each of the key measures were met. This was broken down by type of violence: intimate partner violence, sexual violence, child maltreatment and youth violence. Based on the findings for each of the key measures for sub-types of violence conclusions were drawn as to the overall degree of support for violence prevention policy. Table 3.1 is a template of the Table used for summarising violence prevention policy status for each case.

Table 3.1 Violence prevention policy status template

	Policy plan	Data	Research	Primary prevention	Victim support	Social norms	Collaborate
Intimate partner violence							
Sexual violence							
Child abuse							
Youth violence							

The principal stage of analysis was the identification of the factors that had influenced the adoption of violence prevention policy in each case. To draw out these factors from the in-depth interviews, observations and documentary data the Public Health Policy Priority Framework was employed to analyse the data. This framework, summarised in Table 3.2, was developed by Professor Jeremy Shiffman at the University of Syrcaus to explain how political priority is generated for health issues (Shiffman & Stone 2007). As outlined in Section 2.2.4, the framework consists of four categories of factors: the power of involved actors, the ideas they use to position the issue, the nature of the political contexts in which they operate, and characteristics of the issue itself.

Table 3.2 Determinants of public health policy prioritisation

	Description	**Factor**
Actor power	Strength of individuals and organisations	Policy community cohesion
		Leadership
		Guiding institutions
		Civil society mobilisation
Ideas	How the issue is understood and portrayed	Internal frame
		External frame
Political context	Environments in which actors operate	Policy windows
		Global governance structure
Issue characteristics	Features of the problem	Credible indicators
		Severity
		Effective interventions

Source: Shiffman & Smith 2007

The data, including interview transcripts and detailed observation notes, was coded based on the categories of the Shiffman Framework. Data analysis identified factors that generated traction for the issue of violence prevention on the policy agenda as well as factors that limited the formulation of violence prevention policy. Due to the fact that the corresponding author did all the coding no inter-coder reliability tests were needed. An understanding of the conditions that shaped the violence prevention policy position in each case was generated from the application of the framework. This enabled empirically based conclusions to be drawn as to the

determinants of the policy process that resulted in the advancement of violence prevention policy in the three cases.

The final stage of analysis was the identification of shared themes. Drawn from the individual case study results comparative analysis identified common determinants that shaped the advancement of violence prevention policy in two or more of the cases. Moreover cross-case analysis was employed to examine the weight of influence of these factors in generating political priority for violence prevention. This took into account that the influence of the factor could be both positive and negative. Moreover this is assessed based on absolute degree of influence identified in each case and not relative across the cases. Based on this two-part cross-case analysis the study drew generalizable propositions to explain the factors that influence the development of violence prevention policy. Thus allowing this study to present an analytically generated understanding of the policy environment and explanation of the factors directing violence prevention policy.

3.3.1 Theoretical framework

The organisation of this inquiry is based upon the multi-disciplinary Public Health Policy Priority Framework. Drawn from a review of the literature this was identified as the most relevant framework to investigate the research questions set out in this study, as it is one of the few policy process models that is specifically designed for public health issues. As part of the process of identifying a relevant model for analysis of the public health policy process I searched literature databases and textbook guides on theories of the policy process to identify the primary relevant theories for public health policy. I also examined prior empirical studies that address related topics to pick out the theories used by other authors in this area. A summary of the principal theoretical models is presented in Section 2.2.3. The Shiffman Public Health Policy Priority Framework was selected based on its specific applicability to public health policy. Therefore the factors that enabled or hindered the development of violence prevention policy in each of the three cases of this study was drawn out by employing the Shiffman Framework of public health policy process analysis.

Based on the application of the Shiffman Public Health Policy Priority Framework as the theoretical orientation of this inquiry the utility of this framework for studying interpersonal violence was tested. Conclusions were drawn as to its effective employment in the field of violence prevention and its broader utility for public health. Possible gaps in the framework were identified and suggestions were made on how the framework could be augmented to produce a tool applicable across many areas of public health policy.

3.4 Validity

Measures were taken to address construct validity, internal validity, external validity and reliability. Where possible I used multiple sources of evidence for the purposes of triangulation using two or more sources of evidence to mitigate the impacts of response bias, reflexivity and to follow up discrepancies of information gaps. This is held to be good practice in case study research for construct validity (Yin 2009). Further measures include constructing a case study protocol; establishing a chain of evidence; implementing replication logic across the three cases and; developing an analytic strategy based within a theoretical framework.

Based upon the research proposal the research protocol provided systematic procedures for data collection including an overview of the project, procedures to be followed during field research, questions to guide the case studies, and an outline of the research report. This provided focus and clarity in undertaking the fieldwork and guided the management of a comprehensive and relevant data set as suggested by Yin (2009) to ensure reliability and address issues of validity.

The uniform application of methodical procedures in each case in collecting, coding and analysing data allowed cross-case comparisons to be made. A logic of replication was employed in designing the research. The cases were conducted separately, systematically using the same case study protocol, to contribute independent evidence and findings suitable for comparison. Thus this enabled the investigation to infer generalizable propositions to explain the conditions that generate political priority for the issue of violence prevention.

3.4.1 Ethical considerations

The ethics of this study were considered for every stage of the study process. As this is a case study then greatest consideration was regarding the collection of data through interviews and how this was analysed and reported. This was addressed through confidentiality agreement, anonymity and data coding. A participant information sheet and consent form for interviewees was also used. The study received ethical approval from the School Ethics Committee. This included a concise outline of the ethical considerations raised by the study and how these were to be dealt with.

3.4.2 Researcher positionality

As a health policy analyst an issue that required reflection was positionality. This included consideration of how I was situated as a researcher, my institutional base, perceived legitimacy, and prior involvement in policy communities. This position was critical to my ability to access the policy environment and conduct meaningful research, especially as this study involved engagement with policy elites. Based within the Violence Prevention Unit at the World Health Organisation as part of a project funded by the Scottish Government presented a unique opportunity as a researcher. It is often difficult to undertake research at a macro level however my position within the WHO enabled investigation at this level. This facilitated access to country level contacts and built on existing relationships between field organisations and WHO. These country level contacts secured the engagement of senior figures as participants in the study. As well as allowing access my position at WHO also impacted on the openness of respondents. As a non-aligned outsider I was able to ask taboo questions and draw fuller explanations, as knowledge is not assumed. This access to and frankness of high-level officials was of value as it enabled rich data from senior respondents to be collected as part of the study. However to ensure transparency this impact on the data collected, afforded by my position at WHO should be noted. Moreover this position also influenced interpretation of research findings. It is acknowledged that my knowledge was constructed based on the global perspective and this included the application of externally imposed categories and constructs based on a global knowledge base.

3.4.3 Study limitations

A specific limitation of the replicated case study methodology imposes constraints on inferring causality and generalising results. In-depth exploration of these countries facilitated the development and examination of propositions that concern the generation of policy advancement. In the absence of additional comparative inquiry, one cannot control for confounding influences on the outcome of interest and thus cannot be certain that the factors identified were the primary forces at work. Also, each of these three countries has unique political and socioeconomic circumstances, so caution must be exercised in generalising to other settings. The capacity of the study to more confidently draw generalizable findings would be strengthened by expanding the number of cases in the study.

However the selection of cases was within the confines of limited examples of governments that have adopted a violence prevention policy. National or sub-national policy to prevent violence is in its infancy; hence there are few examples of the phenomenon being studied. Therefore the ability of this study to draw generalizable propositions is restricted by the limited number of replicable cases.

The adopted case study approach allows the phenomenon of violence prevention policy development to be investigated in the context of the policy process. This method recognises that the broader context of policy development is integral to understand how political traction is gained for the issue of violence. The adoption of a case study design for undertaking this investigation facilitates a broader and deeper exploration of the conditions that determine the advancement of violence prevention policy. A narrower approach focusing on a dissection of the policy would likely present a systematic account of the policy process rather than a detailed understanding of the factors that shaped the process. A weakness of the case study approach is the limitation on making recommendations that may apply beyond the cases themselves. Therefore there is a restricted ability to draw generalizable propositions.

An alternative approach considered was the adoption of a quantitative method for undertaking this study. This would have employed a structured questionnaire. The quantitative data collected using this method would have been clearer to categorise. It is likely this would reduce uncertainties and discrepancies in the coding process. However it was proposed that this questionnaire-based approach was less likely to secure the direct participation of high-level officials. Moreover such a method would not have the flexibility to accommodate the diversity of terminology across the cases. In conclusion it was judged that the simplicity and clarity of data gathered through a quantitative approach would be at the expense of depth of data and consequently richness of analysis.

Chapter 4

The Western Cape Province of South Africa – Case one

The Western Cape is the richest province in South Africa and one of the country's main tourist destinations. It is a major exporter of wine and hosts some of the country's leading academic institutions. But this is also the province where on the day this was written a four year-old girl was found raped and murdered (Damba 14/09/11). If this week is typical then her death will be one of 44 murders in a seven day period and contribute to a total of 2311 lives lost due to violence in the year (South African Police Service 2011). Each case is an individual tragedy and for the population this constitutes a public health epidemic. The provincial government response to this epidemic has changed and developed over the last decade and there is growing support for a preventative approach to reduce levels of violence. There has been a move to quantify the prevalence and typology of violence in the Western Cape; identify the factors that increase the likelihood of someone being a victim or perpetrator of violence; and an endeavour to design interventions to address these risk factors. In order to understand the factors that have shaped this process and generated political priority for the issue of violence prevention in the Western Cape, then we first need to assess the status of the problem of violence and review the policy solutions adopted. This approach has led me to apply the fundamental question of this study to the situation in the Western Cape. Why has the Western Cape Province of South Africa chosen to adopt an increasingly preventative response to violence? How have the issue of violence and a strategy of prevention gained traction on the policy agenda in the Western Cape? And what are the actors, processes and relative forces that have shaped the journey of policy reform in the case of the Western Cape?

The purpose of this Chapter is therefore to set out the problem of violence in the Western Cape; assess the solutions being undertaken; and analyse the factors that have shaped the generation of political interest in the problem and support for a preventative solution. The case study will conclude that the Western Cape has adopted a policy of violence prevention to a moderately high degree. The results demonstrate that the issue of violence and the adoption of a preventative approach continue to rise up the policy agenda and are gaining greater traction among decision-makers through utilising a comprehensive evidence-base to present policy alternatives to generate reform.

An analysis of the factors that have shaped this journey will find that skilled researchers and advocates coalesced in a network of concerned organisations. Policy-makers increasingly identifying violence as a shared agenda and political events presented an opportunity to link violence with other important policy priorities. These features of the policy environment helped to drive the issue of violence prevention to prominence. However the study results also indicate that the lack of clear mandate for violence prevention within government departments; the complexity of the issue and in particular limited acceptability of a preventative approach; as well as the competition of other higher priority issues has constrained the progress of a province-wide violence prevention strategy. Before exploring these factors in further detail we turn now to the scale and severity of the problem of violence presented within the context of the historical and political background of the Western Cape.

4.1 Background

The Western Cape Province of South Africa has a population of 4.5 million with an economy based on tourism, manufacturing and agriculture. The Western Cape Province has the highest per capita of Gross Domestic Product in South Africa and the greatest income inequalities with a Gini coefficient more than 0.6. According to the 2001 Census 37.2% of the Western Cape population is under the age of 19 and it has a population growth rate of 14% since the last Census (Statistics South Africa

2003). In South Africa there is a collision of four excessive health burdens: non-communicable diseases, epidemic infectious diseases (especially HIV/AIDS and tuberculosis), perinatal and maternal disorders, and deaths from injury and violence (Mayosi *et al.* 2009). While the change in the socio-political context in South Africa since 1994 has brought change to the lives of millions, South Africa remains one of the most violent countries in the world (UNODC 2011).

4.1.1 Historical and political violence

Post-apartheid South Africa was built on a liberation struggle against oppressive state policy enforced by violence. South Africa is commonly seen as remarkable for not descending into civil war following the removal of the apartheid government in 1994. However, apartheid policies have left a legacy of social exclusion and multiple deprivation. It was proposed that with the end of apartheid and the first democratic elections in 1994 the levels of violence in South African society would drop significantly. Yet, various forms of violence at all levels of society, from armed robbery to sexual violence and homicide, have remained at extremely high levels. The period of segregation and apartheid that marked the 20th Century, and in particular the systematic use of state violence against the civilian population to enforce government policies, is of notable importance in understanding the levels of violence in South Africa today.

Spatial segregation began to affect all areas of life following the election of the National Party in 1948. Forced removal and resettlement was imposed on Black and Coloured populations. The aim was to eliminate almost all personal contact between members of different population groups. Whites, for instance, were to be separated from all Non-whites. The Prohibition of Mixed Marriages Act 1949 and the Immorality Act Amendment 1950 were designed to keep the White race "pure". Public spaces, from the beaches to post offices, were segregated in the Separate Amenities Act of 1953. Black and Coloured housing in areas redefined as White were demolished and land redistributed (Thompson 2001). Places like District Six, a predominantly Coloured area in the Western Cape, later became an

exclusively White area. Most of the Coloured people of this area were displaced into "Coloured only townships" known as the Cape Flats.

The police were used by the state to impose segregation through forced removal and resettlement and to oppress the uprising of the Black and Coloured populations. Peaceful means of protest against segregation were met with increasingly repressive methods from the government. On 21st March 1960, the Pan-Africanist Congress organised a march to demonstrate against pass laws and deliberately gathered in police stations for arrest because they were not carrying their passes (Thompson 2001). However, in what was to become known as the Sharpeville massacre, the police responded to a peaceful protest march by opening fire, killing 67 Africans and wounding 186.

The arming of the liberation movement was seen in response to state violence and as the last resort to advance their goals. The forming of the African National Congress (ANC) military wing called Umkhonto we Sizwe (Spear of the Nation) in 1961 marked the adoption of the armed struggle (Mandela 1995). In 1976 the Soweto uprising saw violence spread all over the country which was to shape the subsequent years of struggle against apartheid.

The violence was not only directed towards the oppressive regime but also towards suspected apartheid government collaborators such as Black Police Officers and Councillors. This included a practice known as "necklacing" where a car tyre filled with petrol was placed around the victim's neck and set alight (Truth and Reconciliation Commission 1998). This was compounded by violent clashes between the different opposition parties, including the Inkatha Freedom Party representing Zulu nationalists. The effect of these competing visions for a post-apartheid South Africa culminated in violent clashes in the Province of KwaZulu-Natal and many other parts of South Africa during the 1990s.

The Truth and Reconciliation Commission reported 15 000 deaths between 1990 and 1994 (Truth and Reconciliation Commission 1998). There were a multiplicity of causal factors including state manipulated "third force"; local factors; political competition between parties or more broadly the legacy of the structures of inequality inherited from apartheid as well as race and ethnic mobilisation.

South Africa's move, since 1994, to constitutional democracy saw a marked socio-political transition characterised by rapid migration to urban areas; limited socio-economic prospects for urban youth; inadequate housing and social infrastructure; increased income inequality; and a security focused criminal justice system. Originally led under a social welfare approach for development there was a shift in the mid-1990s to the market-orientated approach.

From the 1960s to the late 1990s was a period of great political violence in South Africa through the violence exerted by the state and the ruling elite and the violence of the liberation struggle. This historical and cultural context can be seen to have shaped the pervasion of violence through society however the nature of violence today in South Africa is very different from its politically violent past. Therefore, the community-based violence of today's South Africa needs to be understood within the context of history but history alone is not a sufficient explanation.

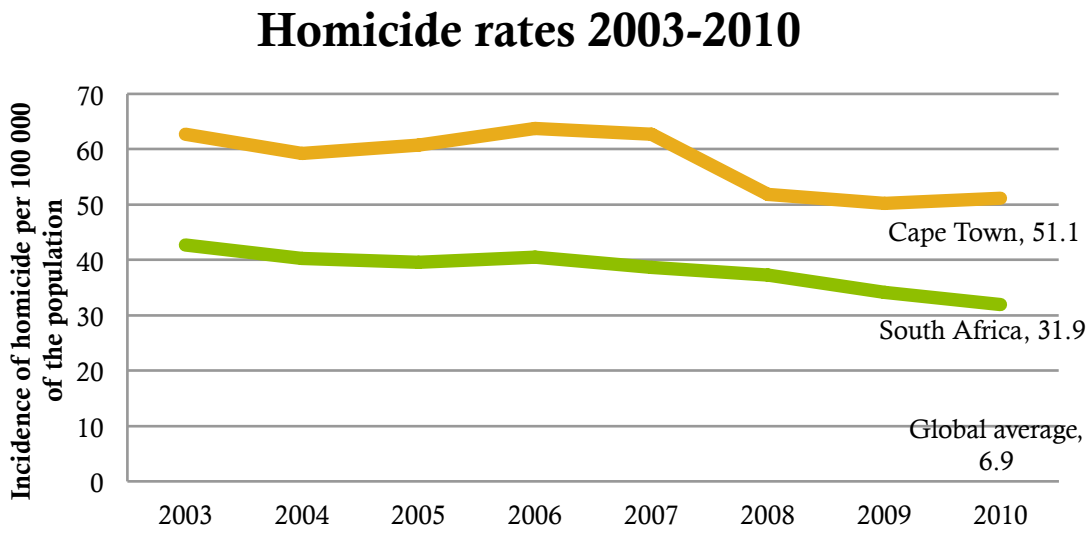
4.1.2 Rates of violence

South Africa is among the most violent countries in the world. In 2010/11 the South African Police Service (SAPS) recorded nationally 15 940 homicides at a rate of 31.9 per 100 000 population. This represents a fall of 52% since 1994 when the rate was 66.9 per 100 000 population (South African Police Service 2011). However, SAPS has received criticism for incomplete recording of homicide and other violent crime incidents. In 2001 a homicide rate of 64.8 per 100 000 population was estimated based on data from the National Injury Mortality and Surveillance System and vital registration system in contrast to the 49.8 homicides per 100 000 population reported by SAPS (Norman *et al.* 2007). Despite the decreasing rate of homicide the country's overall violent death rate is still nearly

five times the global average (UNODC 2011). In 2000 violence and injuries were the second leading cause of death and lost-disability life years in South Africa, after HIV/AIDS: nearly half of these injury-related deaths are caused by interpersonal violence (Seedat *et al.* 2009).

In the Western Cape Province of South Africa the levels of violent behaviour is significantly higher than the national average and is a major cause of mortality and physical injury in the province (Graph 4.1). The Western Cape has the second highest provincial homicide rate in South Africa. In 2010/11 the Western Cape homicide rate increased by 4.2% since 2009/10: rising to 44.2 per 100 000 population (South African Police Service 2011). As is the case nationally, in the Western Cape Province interpersonal violence is the cause of more years of life lost than tuberculosis and road traffic incidents, and only less than HIV/AIDS: accounting for 12.9% of premature mortality (Matzopoulos *et al.* 2008).

Graph 4.1 Homicide trend in Cape Town 2003-2010



Source: UNODC 2011

A characteristic of violence in South Africa, and seen in the Western Cape, is the disproportionate role of young men as perpetrators and victims. The highest homicide victimisation rates are seen in men aged 15-29 years (Seedat *et al.* 2009). It was found in the 2008 National Injury Mortality Surveillance System (NIMSS)

report that there were just over six male violent deaths for every female violent death in South Africa (Donson Ed. 2009). A large proportion of violence-related deaths occurred in the context of entertainment linked with alcohol consumption. These mainly occur between people who know one and other (relatives, friends, acquaintances, colleagues, neighbours etc). Such crimes frequently result from arguments about money or property, sex, work-related issues and/or other matters: influenced by impaired judgment linked to alcohol and drug abuse. The number of homicides peak over recreational periods including weekends and festive periods. This pattern was observed in the city of Cape Town: 68% of recorded violence-related deaths occurred between Friday to Sunday (Prinsloo & Maruping 2005).

The rate of homicide deviates between ethnic groupings. Most homicide victims in the Western Cape are Black, yet the highest rates of homicide are reported in men and women who under apartheid were classified as Coloured (Seedat *et al.* 2009). The extent of the problem of violence, in the Western Cape Province, also varies greatly geographically. In Cape Town's poorer townships of Khayelitsha and Nyanga, male youth violence is reflected in extremely high homicide rates between 15-24 year-olds: 451 and 485 per 100 000 population respectively (Norman *et al.* 2007). Provincial injury surveillance data suggests that 40-50% of homicides in Cape Town, between 2001-05, were firearm-related and nearly 40% were committed with sharp objects (i.e. stabbings) (Groenewald *et al.* 2008). This reflects the entrenched gun culture and high levels of gun ownership that exist within South Africa.

Homicide is one measure of violence. However this data only reflects the scale of fatal injury due to violence. It is necessary to measure non-fatal violence-related injuries in order to better reflect the extent of violent activity. In the Western Cape the surveillance system does not routinely capture non-fatal violence-related injury. Therefore, it is not possible to present an accurate account of the rate of violence. A small-scale study in the Western Cape has estimated that violence was the cause of 57% of non-fatal injuries (Household presentation 2010). Victimisation studies and

community-based surveys are used increasingly in the province to measure the level of exposure to violence (Department of Community Safety 2011).

4.1.3 Typology of violence

The prevalence of violence extends beyond incidents reported to the police and is thus not fully reflected by crime statistics. In order to understand the breadth of violent activity then it is necessary to explore the different types of violence that occur both in the public and private spheres. Young people in South Africa are exposed to violence in the home, schools and communities; and they are twice as likely to be victimised by violence as adults (Burton 2006). The National Youth Victimisation Survey found that in the period between September 2004 and September 2005, 42% of South African children and youth between the ages of 12 and 22 years were victims of crime or violence. This equates to approximately 4.3 million young people. The measures of crime and violence include assault, sexual assault, rape, theft, robbery, housebreaking and car hijacking (Leoschut & Burton 2006). The provincial breakdown of this survey's results shows that a fifth of children in the Western Cape, between the ages of 12 and 17 years, have been exposed to domestic violence of all kinds. What is more between 29-39% of young people have witnessed someone being stabbed or shot in their communities. The rate of sexual violence against children is particularly notable. Sexual offence is the most prevalent crime against children with 20 141 cases recorded by SAPS in 2010/11: an increase of 2.6% from 2009/10 (South African Police Service 2011).

Furthermore there is an exceptionally high-level of gender-based violence in South Africa. The country has the highest reported intimate female homicide rate in the world at 8.8 per 100 000 population: six times the global average (Seedat *et al.* 2009). Despite this being an area beset with problems of under-reporting there were 9299 sexual offences reported in the Western Cape in 2010/11. At a rate of 178 per 100 000 population the province has the highest incidence of reported sexual offences in South Africa (South African Police Service 2011).

At a community-level there is a significant fear of crime. A survey of 12 communities in the Western Cape Province found that residents primarily feared violent crimes in their communities, such as robbery, rape, fighting and gangsterism. In addition to violent crimes, property crimes such as housebreaking and car theft were also typically identified when respondents were asked what they feared most in their neighbourhoods (Department of Community Safety 2011). Over 30% of respondents in the Gugulethu community mostly feared gangs and robberies conducted by gangs. Gang violence in South Africa, particularly in the Western Cape, remains a compelling and pervasive problem. In the province there are an estimated 137 gangs operating with estimates of combined membership ranging between 80 000 and 100 000 (Kinnes 2000).

Gangs and gang-related activity is inherently violent in nature: manifesting in drive-by shootings, rape, intimidation, robbery and murder. Thus posing a serious threat to community safety. It is widely held that gangs are responsible for up to 70% of all crime on the Cape Flats. Gangs present in the community also place children at greater risk for being exposed to gang violence or joining neighbourhood gangs for protection and/or supportive reasons (Kagee & Frank 2005). In a survey of youth risk behaviour 14.5% of learners in the Western Cape reported that they had been part of a gang (Reddy *et al.* 2010).

There is extensive research investigating why distinctively high rates of violence are observed in the Western Cape Province. The severity of violent activity, reflected in a high proportion of fatalities due to violence and high number of rape homicides, is also the subject of investigation. Finally the nature of violence in the Western Cape illustrates cultural practices of violence, for example correctional rape, child rape and vigilantism such as People Against Gangsterism and Drugs (PAGAD). In order to understand the prevalence and typology of violence in the Western Cape Province the attention of this Section now turns to the demonstration of shared risk factors that underpin violence.

4.1.4 Risk factors for violence

The social dynamics that support violence are widespread in the Western Cape Province including poverty, unemployment and income inequality; patriarchal notions of masculinity that valorise toughness, risk-taking and defence of honour; exposure to abuse in childhood and weak parenting; access to firearms; widespread alcohol misuse; and weaknesses in the mechanisms of law enforcement (Seedat *et al.* 2009). Many of these explanatory factors are linked to social and economic determinants of violence, which are viewed by many as a legacy of inequality of apartheid policies (Norman *et al.* 2007).

Major social and demographic changes in the Western Cape Province, such as migration and urbanisation, have been identified as structural risk factors of violence. The increased population density, degraded environment, overloaded infrastructure and stretched service delivery, characteristic of urban living, is associated with higher injury and homicide rates (Matzopoulos *et al.* 2008). Townships in the Western Cape are recorded to be at particular exposure to such structural risks. The most recent national Census reveals that 19.2% of the population in the City of Cape Town live in informal dwellings (Statistics South Africa 2003).

A profound issue facing South Africa and the Western Cape Province is poverty as a result of socio-economic inequality. The province has higher than average economic growth however the data indicates that the benefits of this are not equally experienced across communities. The Western Cape has the greatest level of inequality in the country with a Gini-coefficient of 0.62 compared with the national average of 0.57 (Household presentation 2010). Concurrent with high levels of poverty is the high-level of unemployment experienced by youth in the Western Cape. The general unemployment rate in the Western Cape has escalated and is currently at a rate of 25.4% (Statistics South Africa 2012). The highest rate of unemployment is among 15-24 year-olds, with 45.1% of this age group unemployed (Provincial Treasury 2012).

In the Western Cape setting scholars have identified societal risk factors increasing the likelihood of violent behaviour. These include large numbers of children, poor family cohesion, single parent households, young mothers, partner and child abuse and harsh punishment. It is noted that poor early childhood family relationships can result in children as vulnerable victims of violence and neglect becoming young offenders. A further significant societal risk factor for interpersonal violence observed in the Western Cape is the patriarchal notions of masculinity. These traditional gender norms of masculinity and respect are based on valorising toughness and the subjugation of women, which are perpetuated through social norms (Matzopoulos *et al.* 2008).

Alcohol and drug misuse are widely held to be major factors underlying homicide, intimate partner violence, rape and abuse of children (WHO 2002). South Africa has one of the highest alcohol consumptions in the world per head of all individuals who drink alcohol with 41 billion South African Rand spent on alcohol in 2006 (Holtmann 2008). In the Western Cape alcohol remains the most frequently abused substance. Across household surveys, the prevalence of lifetime alcohol use in the Western Cape ranges from 39% to 64%. The proportion of drinkers reporting risky drinking or problematic use ranges from 9% to 34% depending on the instrument used to assess problem drinking (Harker *et al.* 2008). In 2007 National Injury Mortality Surveillance System (NIMSS) data suggested that up to 57.7% of tested homicide cases in the Western Cape had high alcohol concentrations in their blood. In Cape Town up to 73.4% of non-fatal patients with interpersonal violence-related injuries in urban areas tested positive for alcohol in 2001 (Pluddemann *et al.* 2004).

4.1.5 Conclusion

The reputation of brutal violence is not a desired image for the 21st Century as the Western Cape hopes to capitalise on increasing tourism. As an emerging economy and within a tightening global economy the financial costs of treating the wounds; providing services to victims; dealing with the long-term health consequences; investigating, charging, sentencing and imprisoning the perpetrator; and protecting the public with ever increasing police numbers and budgets, violence is no longer

sustainable. The consequences of violence are political, health, social, developmental and economic. So how have these sectors tackled the problem of violence? The pervasive scale and nature of the problem of violence in the Western Cape Province of South Africa is clear and what we shall turn to now is what is being done strategically and programmatically to address this problem. Violence has a history in the Western Cape what is its future?

4.2 Policy status

Overall the current approach in the Western Cape Province of South Africa to tackling the high levels of violence primarily consists of downstream interventions. These measures target the individual with an aim of changing behaviour, generally through policing and law enforcement. However some government departments, notably the Department of Health, are increasingly adopting policies designed to address upstream dimensions of violence, such as income inequality and early childhood development. This is accompanied with a growing recognition of the macro-structural, economic and political stratums of the risk factors that direct violence; along with the need for long-term investment for sustainable prevention measures. This is an agenda in which many sectors are involved. The Department of Health and the Department of Community Safety are initiating a move towards greater collaboration. This is partnered with a call for a comprehensive multi-sectoral structure for coordinating a violence prevention strategy.

The data from detailed documentation and in-depth interviews indicates that the Western Cape of South Africa has adopted a policy of violence prevention to a moderately high degree. The following Section will present this data based on the recommendations of the World Report on Violence and Health (WRVH). As noted in Chapter 3 the WRVH recommends that in order for a country to progress a strategy of prevention it is requisite that there be in place a policy plan, surveillance data, research, collaboration and interventions. Violence prevention holds a prominent position on the provincial agenda and is sited as one of the governing administration's top priorities. Nonetheless to what extent do the strategic and

programmatic measures of the Western Cape Provincial Government meet the WRVH recommendations for advancing an effective violence prevention strategy?

4.2.1 Policy plan

The National Crime Prevention Strategy (NCPS) and the National Urban Renewal Programme are the two primary national initiatives intended to address the twin challenges of crime reduction and social development. Both map out a relatively progressive vision of crime prevention that links crime reduction to development. The NCPS was in fact one of the original six pillars of the 1996 National Growth and Development Strategy (NGDS), which identified crime prevention as part of an overall economic development strategy. However in 1996 there was a shift from a social welfare guided development strategy to the market-orientated approach of Growth, Employment and Redistribution policy (GEAR). This transition was also reflected in the approach to the challenge of crime. A number of observers noted of the period a move to a more "tough on crime" stance (Samara 2005). This was accompanied with renewed attention to making South Africa attractive to foreign investment. Thus a conservative standpoint on tackling violence was a core component of South Africa's development strategy from the mid-1990s onwards.

There are some well-crafted national policies addressing specific types of violence. The National Crime Prevention Strategy (NCPS) of 1996 established crimes of violence against women and children as a national priority. A number of legislative reforms have also been instituted in this area such as the Domestic Violence Act (1998), the Sexual Offences Act (2007) and the Children's Act Amendment (2007). These primarily focus on protection of victims and punishment of abusers. Within the legislation there are elements of preventative measures although these are largely within the realm of tertiary prevention. Moreover implementation of these Acts has been problematic and the government has been criticised for failing to provide fully budgeted strategies to guide implementation of the legislation. This is noted to be especially the case for the preventative components of the legislation as these typically receive lower priority.

For example the Domestic Violence Act (1998) aims to increase the amount of support the police and the judicial services can give to child and adult victims. The Act allows victims of domestic violence to apply for a protection order to be issued by the courts as well as for the police to arrest a suspect without a warrant. Social Workers and Police Officers are also compelled by law to report possible ill treatment and to inform victims that they are entitled to protection. However, the prevention aspect of the legislation is limited. This is restricted to tertiary prevention through the provision of victim services and reducing re-victimisation. Furthermore the implementation of the Act has been criticised on the grounds of under-resourced courts and police stations; the poor police perceptions of domestic violence; and the fragmented service provided by the courts, the police and the health sector. The tertiary prevention measures in particular were undermined by the failure to budget for and by the lack of department obligation to provide the necessary services such as counselling and shelter services for victims (Centre for the Study of Violence and Reconciliation 2008).

Legislation that is however rooted in primary prevention is the Firearms Control Act (2000). The purpose of the Act is to reduce access and availability of firearms and the overall number of guns in South Africa. Despite some difficulties with implementation the data has shown a significant decrease in gun-related violence since the introduction of the Act. Based on the Injury Mortality Surveillance System data in 2001 firearms accounted for 46% of violence-related deaths in Cape Town and in 2004 this had reduced to 35.6% (Prinsloo & Maruping 2005). The NIMSS data also reflects a decrease in overall homicide between 2001 and 2004 in Cape Town. The data indicates that this decrease is largely due to the significant decrease in firearm-related homicides from 2002 to 2004, whereas non-firearm homicide rates have remained stable. Reasons for the decrease are uncertain but greater public awareness prior to the introduction of the Firearms Control Act has been presented as a possible contributing factor; along with improved effectiveness of targeted policing initiatives (Groenewald 2008).

At the Western Cape provincial level the primary policies relating to interpersonal violence prevention are the Liquor Act (2010), Anti-Gang Strategy (2008), Early Childhood Development Provisioning Plan, Victim Empowerment Programme and the Safe Schools Programme. The Liquor Act (2010) of the Western Cape Provincial Government regulates the trade and therefore availability of alcohol. The Act aims to bring the numerous illegal shebeens (drinking taverns) into the mainstream liquor industry (Matzopoulos *et al.* 2008). This has been in part motivated by the high prevalence of alcohol-related injuries in the province and the role of entertainment establishments, such as shebeens, as the setting for violence.

As already outlined the province has identified it has a significant problem with the presence of gangs. There has been on going activity and investment made by the Provincial Government of the Western Cape in seeking to respond to the problem. A broad range of strategies has been adopted. These stem from the Provincial Anti-Gang Strategy that focuses on the social drivers of violence and gangsterism as well as provision for law enforcement. This approach aims to mobilise both the criminal justice sector departments and social sector departments to coordinate and compliment their activities to reduce gangsterism in the Western Cape (Kagee & Frank 2005).

The final provincial government department strategy to be noted here that tackles an aspect of interpersonal violence is the Safe Schools Programme. This consists of a three-pronged approach to create a safer, effective and conducive learning environment. This includes programmes to create a safe physical environment as well as initiatives to support non-violent behaviour among learners and educators.

4.2.2 Data

There is a relatively comprehensive understanding of the scale and nature of the problem of violence in the Western Cape Province of South Africa. Data availability is supported by a provincial Injury Mortality Surveillance System, which was rolled out in 2007. The institutionalisation of the data is facilitated by strong links between government ministries and academic institutes exemplified by

jointly funded shared postings. However utilisation of the data and study findings to inform policy design and implementation is not consistent across departments.

Homicide is often cited as the most consistent indicator of violence as it is one of the few crime trends, which should not be influenced by over- or under-reporting. This data for the province is controlled nationally by the South African Police Service (SAPS) and is released annually retrospectively. However, access and accuracy of this data has been under debate (Dawes *et al.* 2006). It is argued that the reliability of the SAPS data can be questioned due to routine missing data such as victim/perpetrator relationship and age of victim. Data on non-fatal violence-related injury is challenged further by the perpetual problem of under-reporting. As such there is a common gap between government official data and the self-reported data gathered through academic research. The latter captures incidents that are not reported to the police and thus can present a more accurate picture of the scale and nature of the problem of violence.

The National Injury Mortality Surveillance System (NIMSS) is the only data source available for estimating the distribution of injury-related deaths. This sentinel mortuary-based study captures information on the causes of fatal injuries, mainly in urban areas. The NIMSS produces and disseminates descriptive epidemiological information for deaths due to non-natural causes that, in terms of existing legislation, are subject to medico-legal investigation. This national surveillance system provides information to describe incidence, cause and consequences of fatal intentional injury; monitor seasonal and longitudinal changes in the profile of non-natural fatalities; identify new injury trends and emerging problem areas; evaluate direct and indirect violence and injury; and prioritise injury and violence prevention action (Swart & Prinsloo 2006).

At a provincial level the Injury Mortality Surveillance System was established in 2007 by the Department of Health. The provincial surveillance system is institutionalised within relevant government departments and the data is used to shape provincial services. It is part of the Department of Health's Burden of Disease

Reduction Project (BoD). This was initiated to improve health surveillance for planning and resource allocation; review risk factors; and prioritise interventions to reduce the overall burden of disease (Matzopoulos *et al.* 2007). It is led by the University of Cape Town's School of Public Health, in collaboration with other schools of public health and research agencies. The BoD project uses multiple sources of information to derive coherent and consistent estimates for the level and causes of mortality in the Western Cape. The focus was on eliciting mortality estimates, given the paucity of population-based morbidity data (Norman *et al.* 2007). The BoD project prioritised investigation of upstream risk factors referring to societal and structural levels of the causal chain that typically fall within sectors other than health (Matzopoulos *et al.* 2008). This has utilised Geographic Information System (GIS) mapping for over-laying data and for presenting the data to multi-sector audiences.

However, the lack of reliable health statistics has made it difficult to assess the impact of societal changes on the rate of injuries. Furthermore, there is an absence of non-fatal outcomes in the measure of the injury burden (Norman *et al.* 2007). The Department of Community Safety has attempted to fill the gap produced by under-reporting of non-fatal violence, by the establishment of a Community Safety Barometer to measure people's experiences and fears of violence (Department of Community Safety 2011).

4.2.3 Research

An extensive volume of research has been conducted by leading academic institutes in the Western Cape Province including the University of Cape Town and the University of the Western Cape. This work is led across many disciplines including Criminology, Public Health, Psychology, Forensics and Religion. Leading academics in the Gender, Health and Justice Research Unit and the Centre of Criminology, at the University of Cape Town, have added greatly to this work through prevalence studies, risk factor case studies and intervention evaluation. A significant number of research papers have been published in peer-reviewed journals, both nationally such as in the South African Medical Journal and

internationally such as in the WHO Bulletin. This culminated in a Lancet series on Health in South Africa, which provides a detailed assessment of the country's health status and health system with a dedicated chapter on violence and injuries (Mayosi *et al.* 2009).

National research agencies, including the Medical Research Council (MRC) and the Human Sciences Research Council (HSRC), have also engaged in interpersonal violence-related studies at the provincial level. Such is the breadth of academic capacity on this subject that a network of academics has recently been established. Drawn from across disciplines with a shared interest in violence the network is led by the University of Cape Town. The Safety and Violence Initiative (SaVI), launched in 2011, aims to unite academic work on violence and to establish a comprehensive evidence-base. Moreover it seeks to link the evidence-base with the policy-makers. To this ends the network has hosted a series of conferences and seminars engaging both academics and policy-makers in a shared programme. Such examples of collaborative research between government departments and research institutes are complimented in some government departments, for instance the Department of Social Development, by in-house research. However this is not routine across government.

4.2.4 Collaboration

Many actors are engaged in moving the violence prevention agenda forwards in relation to their own strategic objectives however this is often uncoordinated and does not always support a preventative approach. There is an extensive spectrum of government and non-government agencies involved in the agenda. The Provincial Government of the Western Cape has undertaken significant activity and investment in seeking to respond to the problem of interpersonal violence. The primary leader has been the Department of Community Safety. These activities are primarily supported by the initiatives of the Department of Social Services and Poverty Alleviation and the Western Cape Education Department.

Traditionally violence is equated with crime and perceived as a responsibility of the police service. Although the multifaceted understanding of violence has expanded the role of other sectors, the South African Police Service (SAPS) still has a central role to play in prevention. The historical focus of policing in Black areas was on the enforcement of apartheid laws and apprehension of those engaged in crime against White people. As a result there was very little common-law policing in townships. Consequently today some communities are sceptical of enforcement. Attempts at community-based policing and the establishment of Community Police Forums have helped to reduce these barriers, however, the police are still argued to be a difficult partner to engage on a programme of prevention.

Moreover the Department of Health is pushing an agenda for recognising the macro-structural, economic and political dimensions influencing the risk factors for violence and the need for long-term investments for sustainable prevention. The Department of Health has initiated related programmes and is increasingly working collaboratively through mechanisms such as the Cabinet level Violence and Injury Prevention Cross-Ministry Working Group. In addition government and non-government based programmes for research and surveillance, such as the Burden of Disease Reduction Project and the Safety and Violence Initiative, referred to in Sections 4.2.2 and 4.2.3 respectively, are based on cross-sector collaboration.

Finally, there is a broad range of non-governmental organisations that are engaged in the province in delivering violence prevention-related programmes and victims of violence services. These primarily focus programmes at women and children but also include diversionary interventions and training programmes aimed at young people. Some of the principal NGOs in this field include the Western Cape Network on Violence Against Women, Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN), Childsafe and People Who Care About People organisation. These organisations along with government organisations are engaged in delivering programmes that directly or indirectly address the risk factors of interpersonal violence.

4.2.5 Interventions

Across government and non-government agencies multiple methods have been adopted with the objective of reducing the levels of violence-related injury in the Western Cape. These are primarily on a small-scale at the level of programme pilots within a targeted community. Interventions aimed at individual behaviour are the most prevalent approach. These are noted to benefit from being relatively affordable, feasible and evaluable. However the evaluation of these types of intervention is usually based on knowledge and attitude changes rather than behavioural change and injury reduction. Violence prevention programmes aimed at community and societal factors are less commonly implemented in the Western Cape. Although there are examples of programmes either directly or indirectly addressing income inequality and social deprivation; improving criminal justice and social welfare systems resources; changing cultural norms to promote gender equality while challenging negative norms associating violence with masculinity, racism or sexism; strengthening communities through reducing alcohol availability and improving childcare facilities; investing in early childhood education; and increasing positive adult involvement in the monitoring and supervision of children and adolescents (Matzopoulos *et al.* 2008). However, these programmes are predominantly uncoordinated, under-funded, on a small-scale and often lack evaluation based on their effectiveness in reducing interpersonal violence. A summary of some of the principal violence prevention interventions in the Western Cape is presented in Table 4.1. This is based on the seven categories of effective violence prevention programmes identified from the global evidence-base, as outlined in Chapter 2 (WHO 2010).

Table 4.1 Violence prevention programmes in the Western Cape Province of South Africa

Programme category	Programme title	Deliverer	Description
Development of safe, stable and nurturing relationships between children and their parents	Safe Schools Programme	Western Cape Education Department	An integrated programme of prevention, crime control, intervention and response
Developing life skills in children and adolescents	Youth Leaders Against Crime	Department of Community Safety	Institutionalised youth development structures and peer support mechanisms
Reducing the availability and harmful use of alcohol	Liquor Act (2010)	Government of the Western Cape Province	Trading regulation tightening
Reducing access to lethal means (Guns & Knives)	Firearms Control Act (2000)	Government of South Africa	Gun licensing and regulation tightening
Promoting gender equality	Intervention with Micro-finance for AIDS and Gender Equality (IMAGE)	Gender Violence and Health Centre	Community-based programme for economic and social empowerment for women
Changing cultural and social norms	Booza TV	Burden of Disease Reduction Project	Mass communication intervention to challenge societal norms around drinking
Victim identification, care and support programmes	Victim Empowerment Programme	Department of Social Development	Includes empowerment of women; advocacy for rights and responsibilities of vulnerable groups; preventative work with men and boys; training and public education; economic empowerment services; legal support and advice

However, these are disparate programmes with limited reach and do not represent a comprehensive programme to prevent violence. As outlined these programmes are led by different government departments, NGOs, researchers and external agencies. Although there are many relevant programmes very few of these are of any significant scale. Moreover despite the presence of examples of evidence-based programme designs, the implementation, funding and evaluation is not necessarily in place.

4.2.6 Conclusion

It can be concluded that the Western Cape Province of South Africa has adopted a policy of violence prevention to a moderately high degree. Based on the documentation and in-depth interview data presented in this Section it is evident that, to a significant extent, the Western Cape has undertaken measures to develop a policy plan, establish surveillance systems, generate research, work collaboratively and implement violence prevention programmes. Table 4.2 summarises the violence prevention policy status in the Western Cape based on the recommendations of the World Report on Violence and Health (WRVH), outlined in Chapter 2, presented according to type of violence (WHO 2002). The attention of this study now turns to the influencing factors that have shaped the advancement of this prevention strategy.

Table 4.2 Violence prevention policy status in the Western Cape Province of South Africa

	Policy plan	Data	Research	Primary prevention	Victim support	Social norms	Collaborate
Intimate partner violence	✓			✓	✓	✓	
Sexual violence	✓	✓			✓	✓	✓
Child abuse			✓				
Youth violence		✓	✓	✓		✓	✓

4.3 Factor analysis

The Western Cape Province of South Africa has a severe problem with violence and has responded to a moderately high degree through a policy of prevention. During the process of policy change numerous challenges arose and strategies were taken to progress policy reform. Examination of the Western Cape Province case identified factors that effectuated incremental changes in prioritising the issue of violence on the political agenda. An understanding of the conditions that shaped this policy position was generated from the application of the Shiffman Public Health Policy Priority Framework to analyse the data drawn from in-depth interviews, observations and comprehensive documentation. As outlined in Chapter 2 and summarised in Table 4.3 these factors are categorised according to the power of involved actors, the ideas they use to position the issue, the nature of the political context in which they operate and characteristics of the issue itself. The following Section presents the findings of the investigation of violence prevention policy in the Western Cape Province. It thus details the determinants of the policy process that resulted in the advancement of violence prevention policy in the Western Cape. The findings indicate that certain factors had greater relevance than others. In particular the importance of multi-sector networks, change agents, political will and policy windows. How have the issue of violence and a strategy of prevention gained attention on the political agenda in the Western Cape? And what are the actors, processes and relative forces that have defined policy reform in the case of the Western Cape?

Table 4.3 Determinants of public health policy prioritisation

	Description	Factor
Actor power	Strength of individuals and organisations	Policy community cohesion
		Leadership
		Guiding institutions
		Civil society mobilisation
Ideas	How the issue is understood and portrayed	Internal frame
		External frame
Political context	Environments in which actors operate	Policy windows
		Global governance structure
Issue characteristics	Features of the problem	Credible indicators
		Severity
		Effective interventions

Source: Shiffman & Stone 2007

4.3.1 Actor power

Policy community cohesion

A small but close group of academics, policy-makers and non-governmental organisations (NGOs) was found to have pushed forwards the issue of violence prevention in the Western Cape. Over 10 years academics raised awareness of the problem of violence through detailed surveillance, research, practice and advocacy. This group produced extensive publications outlining the prevalence and incidence of violence; the fatal and non-fatal violence-related injuries; the victim and perpetrator risk factors; and the recommendations of upstream and downstream interventions to prevent violence. The establishment of research units at the University of Cape Town, such as the Gender, Health and Justice Research Unit and the Centre of Criminology, served as the academic home of violence-related research in the Western Cape. The interconnection of academics in the Western Cape is illustrated in the Safety and Violence Initiative (SaVI), as outlined in Section 4.2.3. This initiative was established to unite academics from across disciplines and research institutes around the issue of violence prevention. In establishing the network it was found that in just one university between 35-40 academics from multiple disciplines were working in a violence-related field. This

activity at the provincial level aligned with the work of national research agencies such as the Medical Research Council (MRC) and the Human Sciences Research Council (HSRC). Both of which have offices in Cape Town. Furthermore there were consistent examples of close working between provincial and national researchers through commissioning and conducting joint research studies.

The network of academics served to collate an evidence-base to clearly set out violence as a major public health problem as well as to engage with the provincial government to advocate for policy reforms. Many of the academics engaged in formal government consultations. Furthermore a small group were part of formal provincial government Cabinet level working groups such as the Violence and Injury Prevention Cross-Ministry Working Group. As noted by a senior policy-advisor, academics were valued for presenting the evidence and for having a "non-politicised" contribution (Interview no 1). The working relation between the Department of Health and a circle of leading academics is an example of an ingrained bilateral relationship between academics and policy-makers. This fluid relationship was supported by jointly funded positions between the Department of Health and the University of Cape Town. An example of this close working is the Burden of Disease Reduction Project, as outlined in Section 4.2.2. Further examples of collaboration between policy-makers and academics were found in the Department of Community Safety's research project with the Centre for Justice and Crime Prevention. The objective of the project was to design and implement a Community Safety Barometer to measure perceived levels of safety and fear of crime in selected communities. However, the position and depth of this relationship fluctuated between university faculties and government departments. As summarised by a senior policy-maker;

> *"The level of engagement was dependent on the willingness, ability and propensity of the Head of Department to engage openly with his/her colleagues in the university"* (Interview no 4).

These direct formal links between government departments and academic institutions on violence-related policies ensured a degree of cohesion. However these connections were often between individuals. Therefore, this consensus was not necessarily reflected in institutional relations between government departments and academic institutes.

This policy community was also occupied with other non-state actors. There were ingrained links between the research community and the NGO sector as was noted by several respondents from both research and academic institutes. This was exemplified by leading academics sitting on governing boards of violence-related NGOs such as Gun Free South Africa (GFSA) and RAPCAN (Resources Aimed at the Prevention of Child Abuse and Neglect). It was also noted that academics would proactively feed NGOs the latest study findings to support advocacy efforts. This would typically be to promote a shared standpoint on violence. As one academic and NGO board member noted;

> *"Academics do the research and the NGOs use it for advocacy. You'll get an academic rolled out to provide a scientific message which is consistent with what the NGO is advocating"* (Interview no 10).

NGOs and civil society-based organisations were primarily active in delivering violence prevention services and their capacity for advocacy was characteristically limited. The programmes they ran were predominantly funded by a government department or an external donor agency and on a relatively small-scale. On occasion the larger NGOs commissioned research. However those NGOs that were more actively engaged in campaigning were often focused on a specific type of violence such as the Network Against Violence Against Women. There appeared to be no dominant advocacy NGO campaigning for interpersonal violence holistically. In addition there were no evident signs of structural coordination between the NGOs active in the field of interpersonal violence.

In summary over the last 10 years there were growing links within and between government, academia and NGOs on issues related to interpersonal violence. There were cases of strong bilateral relations. In particular where there was a climate receptive to collaboration individuals bridged the gap between policy and research. And finally there was consistency from across disciplines in advocating a preventative approach. These factors were found to galvanise traction for the issue of violence prevention on the policy agenda.

Challenges

Cohesion between government departments over the prevalence of the problem of violence did not consequently result in a coordinated cross-government solution. There were examples of violence prevention measures led by each department, such as the Conflict Resolution Programme delivered in schools under the Western Cape Education Department and the restriction of alcohol outlets under the Department of Economic Development and Tourism. However these were undertaken in isolation. There were some examples of bilateral collaboration between departments, such as components of the Safe Schools Programme jointly implemented by the Department of Community Safety and the Department of Education. However these were limited and generally restricted to a bilateral partnership. An overarching knowledge or coordination of violence prevention programmes across government was therefore lacking. It was found to be unclear what interventions were being delivered, what areas were targeted and how resources were being allocated. This absence of cross-government vantage point prevented coordination and created duplication. As one senior policy-maker noted;

> *"Duplication is also a problem. You get various people going tangentially in the same direction but not actually communicating with one and other . . . There is a lot of good intent and a lot of good being done by various components of government but the challenge is to bring it all together and to create more of a focus and ordering"* (Interview no 2).

The approach to interpersonal violence was viewed through each department's perspective within the confines of their mandate and the solutions were guided by departmental priority objectives. This presented many small-scale stand-alone projects with few systemic interventions. This silo-based working was compounded by the lack of overarching policy on violence. As a specialist commented;

> *"In terms of violence prevention its biggest problem is there's no policy and no political will to address it"* (Interview no 6).

And a long standing researcher in this field continued;

> *"There isn't a coordination and that's why I'm struggling to find these policies. There has been no comprehensive single state entity, whether its health, whether criminal justice, whether its social development that is responsible to look after interpersonal violence prevention policy. It's been very ad-hoc. Interpersonal violence is always seen as a criminal justice issue, so it's a secondary issue, it's a prison issue, it's a court issue"* (Interview no 7).

Coordination was also connected with competition that was heightened when budgets were linked to performance and delivery of department objectives. As one senior policy-maker noted this fostered *"territoriality and jealous owners"* (Interview no 2). Government departments were found to be apathetic to working collaboratively and typically had a preference to work on their own. As illustrated with the development of the Anti-Gangs Strategy where it was noted by a policy architect that the police were drawn in *"kicking and screaming"* (Interview no 5). The challenges to collaboration were particularly visible when promoting the realignment of core services in order to address the upstream structural factors shaping violence, for instance poverty, education and employment. Such a policy approach would require buy-in from across departments and a coordination of resources that was not evident in the Western Cape.

The study found that in some circumstances certain government departments were not necessarily aware of their potential role in violence prevention. This is within the context of limited resources and over burdened departments. Thus the coordination of priorities and resources was not consistently well received. As a policy architect commented;

> *"There was lots of hesitation from some of the departments for them to play their role in the gang strategy properly. They were taken up with the drug strategy and this was something in itself to administer. We then came with another strategy which demanded their time and budget . . . It was difficult for them in view of their engagement with other strategies but they came on board"* (Interview no 5).

Moreover the advancement of violence prevention on the political agenda was found to be undermined, in some government departments, by competing interests and from external interest groups. Exemplified by the passing of the Liquor Act (2010). This process required detailed negotiation between the Department of Trade and Industry and the Department of Health. The negotiations gave consideration to the economic impact of the bill along with the health and social impacts. This process also served to illustrate the influence of external lobbying forces, in this case the alcohol industry. Silo-based working within government and the challenges of meeting core business objectives within limited resources was found to hinder the development of a coordinated strategy on violence prevention. As one respondent stated;

> *"The challenge is always coming from different interest groups within government and within departments. So if change is recommended then it is invariably stepping on someone's toes and messing with the status quo and how things have been done in the past. So it means extra work and extra thinking and a realignment of key staff. It's a bit of work. It's outside of the comfort zone so there's always that type of resistance. Which can be overcome by getting a top-down type of directive, but that's not always so easy as that resistance is also at the top"* (Interview no 1).

Leadership

There were entrenched champions of violence prevention from across academia, the civil service and NGOs. Spearheading aspects of interpersonal violence was also identified within specific government departments. These were dedicated individuals who had been in the field for more than a decade. Typically they were driven by a passion to make the Western Cape a safer place and to free the population from the burden of violence. As noted by the following researcher;

> *"We are used to responding to issues that are not right (i.e. fighting for our rights), we know the script for raising an issue"* (Interview no 7).

Challenges

However just as many departments had engaged in an element of violence prevention, there were abundant participants but few leaders. Nor was there clarity on where this leadership should centre. Each department led in their own area of responsibility but a perception of ownership of the issue of violence as a whole was not held in a specific department. Departments were often occupied with "fire fighting" urgent service delivery-related issues. As reflected by some respondents who noted that government strength was not always held in the capacity for innovation and strategic planning. So it was not only a leading department that was missing but also leading individuals within government. As an informant commented;

> *"There is a lack of capacity of government officials to think strategically and then use their power to affect change. In every department you have pragmatists and people that are innovators and they are the people that drive; they are your champions. If we didn't have that partner in the department of community safety that we could bounce ideas off all the time then we wouldn't have achieved what we did"* (Interview no 5).

Guiding institutions

Each government department could be seen to lead on a particular aspect of violence within their mandate. The Western Cape Education Department led the development and implementation of the Safe Schools Programme. This programme brought together representatives from the relevant government departments along with the Teacher Trade Union representatives and Business sector. The Department of Social Development and Poverty Alleviation led on the Victim Empowerment Programme. The Department of Community Safety led on gang violence and reducing violence as a means of improving community safety. The Department of Health led on injury surveillance. However, the overarching prevention of violence across all types of interpersonal violence and in all settings was not the responsibility of any one department. The Safety and Violence Initiative (SaVI) network attempted to bring these different perspectives together however this was still in its infancy. Therefore, despite there being many bodies from across sectors involved in this issue there was no government nor non-governmental agency which had the holistic prevention of violence as its core business.

Challenges

Each department calculated the relation between violence and their field. However interpersonal violence is not a policy priority of any government department. Each department leads in its own specific aspect of interpersonal violence. Thus, holistically interpersonal violence did not have a central base from which policy reform could be lead. The challenge for progressing violence prevention here is that despite it being related to multi-sector issues it is not the core business of any single government department. No department has the mandate to lead on violence and no single department has a strategic objective to reduce the level of violent behaviour. And without the mandate and strategic objectives there was no department directly accountable for taking forwards the violence prevention agenda. In the Province of the Western Cape it was described how this created a high-level policy context where violence was acknowledged as a problem but there was no traction for action. As a senior policy-advisor noted;

> *"Twelve strategic objectives have been identified, strangely none of them identify interpersonal violence, that was one of the ironies. However during the course of the analysis over the last 12-18 months a number of elements came to the fore. So interpersonal violence is an intersection of four strategic objectives; economic growth and job opportunities; increasing access to safe public transport; increasing safety; and social cohesion (dysfunction in society)"* (Interview no 1).

And as expanded on by a senior policy-maker;

> *"There was competition between some of the departments. Other departments were not willing to take over the driving role because they felt it wasn't their core business and some departments shirked their responsibility"* (Interview no 5).

Many government departments were found to be undertaking violence prevention activities while not necessarily recognising their contribution to this issue. Where it does appear on a department's agenda then this has been as a secondary issue and not as the central focus. As a specialist commented;

> *"Never been to a meeting that is purely about violence; violence is always a side issue that gets tacked onto the main issue being discussed" (Interview no 6).*

Civil society mobilisation

As noted above there were many NGOs active in this area but they were often overwhelmed by the provision of services within limited resources and had limited advocacy capacity. The mechanisms for NGO engagement in government policy and programme development are primarily at the level of programme implementation. However, there are platforms for NGO engagement in local planning through arenas such as Community Police Forums. These attempt to coordinate services. However, run by local officials and community members, their effectiveness has been found to vary considerably between localities. An example of effective mobilisation was Soul City's role in the Liquor Bill consultation. This

NGO engaged both academics and other NGOs in sharing comments and drafting joint submissions for the consultation. As this respondent noted;

> *"Either academic or community on its own wouldn't have won but together it gave real strength to the argument"* (Interview no 6).

Challenges

Civil society was found not to have a fundamental base for work on interpersonal violence. Nor was there a coordinated driving force. NGO service provision and advocacy activity on violence-related issues was dispersed across different dimensions of violence. Such activities would on the whole focus on a specific type of violence, a targeted demographic or set of risk factors. The coordination of this activity within civil society under a strategy of violence prevention was not evident. Moreover the capacity of civil society for mobilised advocacy for this issue was also found to be limited. NGO activity primarily focused on operational service delivery, thus there were insufficient capacity or resources for advocacy.

The timeframe of the policy process was also found to challenge NGO engagement in the development of violence prevention policy. A central mechanism for engagement is through government consultations. However as these were over extended periods of time NGOs were often found to engage only sporadically.

In summary it is clear that bilateral relations were key to formulating a preventative approach to interpersonal violence. However, the lack of change agents and a leading institution with interpersonal violence forming part of its core business has restricted progress. We now turn to how the concept of violence was found to shape the policy process in the Western Cape in the case of interpersonal violence.

4.3.2 Ideas

Internal ideas frame

The concept of violence held by many academics from multiple disciplines was largely consistent with the public health approach. Despite the use of different terminology the substance of what was perceived to be violence and the scope for prevention was widely held. Predominantly academics focused on either a type of violence, a risk factor or demographic and the public health approach was seen to link these together. This supports a concept of violence as a multi-faceted problem of society with biological, environmental and structural risk factors. This shared understanding of violence could also be seen among research institutes and NGOs, such as the Centre for the Study of Violence and Reconciliation (CSVR), Open Society Foundation – South Africa and Soul City. This broadened the type of actors viewing both the problem and solution through a similar public health lens. This also added a practical dimension, as it was not only theorists but also practitioners framing the problem of violence.

This multi-sectoral approach to violence was demonstrated as increasingly adopted by policy-makers. However, this was an evolving process and some traditional perceptions and approaches still persisted. The issue of violence had been high on the agenda for many years however the framing of it had changed along with the strategic approach to addressing it. Firstly the concept of violence was shifting to acknowledge that it is not only violent crime affecting the wealthy of South Africa, such as burglary and car hijackings, which was an issue. Violence is a problem that afflicts all classes in various forms, such as gang violence and school bullying. Secondly the breadth of violent behaviour was increasingly accepted. This recognised that violence was not only what is deemed a criminal act, but can also take the form of emotional, financial, sexual as well as physical violence. Moreover the pertinence of violence as an issue, that not only affects individuals and the health and criminal justice services, was increasingly acknowledged. Finally this broad concept of violence encapsulated recognition of the consequences of the fear of crime and the overall impact interpersonal violence has on the economic growth and development of the province.

"In large measure there is a shared vision but that is something that is still developing . . . We're not quite there yet" (Interview no 2).

This is further exemplified;

"Even within the Department of Health there are a number of views. People who share the views about structural violence of apartheid and upstream drivers and need for primary prevention. Then others who say it's not health's business we should really be patching people up. The police should do their job. It's very polarised still even in the health department as it is across government. We're winning the battle of minds to some extent. What we're suggesting is gradually taking hold. It's transcended now two governments at a senior level and I think it's starting to dominate" (Interview no 10).

It was observed that the issue of violence prevention benefited from being framed within the context of other priority matters. In the case of the Western Cape violence prevention was framed within the policy discourse on alcohol, for which there was political appetite to address. By focusing on a single dominant risk factor this pragmatic approach enabled the advancement of violence prevention. This method did not approach the problem of violence holistically but was found to provide a manageable focus. Consequently giving the overall violence prevention strategy impetus. By linking violence prevention to the alcohol agenda this capitalised on the policy imperative. As a specialist noted:

"When we were advocating for violence prevention on its own we didn't get anywhere. What has created this space to talk about violence prevention is actually alcohol. That's what's given us that space. Everything has really come through there, and to get that on the agenda took years of advocacy. The violence also has facilitated action around alcohol, so it works in both ways" (Interview no 6).

It could be concluded that the scale of the problem established violence as a priority for the heads of government departments but the dynamic understanding of the problem was provided by academics. Moreover there were challenges in communicating the concept of violence and in particular violence prevention, which the following Section addresses.

Challenges

The mechanism for translating research findings to policy-makers was identified. However, this was not equally evident across departments. An understanding that violence is a problem was shared across departments but a perception of the nature of violence was not equally held. The traditional concepts of violence as an act of a violent individual still persisted to a certain degree. These were often partnered with a customary criminal justice punitive approach to address the issue. Provincially and nationally it was observed that the traditional punishment and deterrence strategies have increasingly been partnered with preventative measures, such as in the Domestic Violence Act and the Sexual Offences legislation. However the preventative measures included here are generally secondary or tertiary prevention and there have been particular challenges with the implementation of these aspects of the legislation.

Moreover the strategy of prevention was found as not very well regarded. In South Africa the dominant approach to crime is the long established punitive method. Certain types of programmes, such as early childhood development, are not consistently viewed as addressing risk factors of violence that in turn can reduce the levels of violent behaviour. Provincially a leading response to violence has been to strengthen police numbers, equipment and power. Initiatives moving towards a greater preventative approach are traditionally met with scepticism from a police perspective. Addressing the risk factors of violence was found to be considered a "soft" approach and on the whole not well regarded across government agencies, as one respondent noted;

> *"There is a huge lack of political will around understanding the preventive interventions that have to take place . . . Maybe kind of defeatist, the problem is so big and we don't know which string to pull"* (Interview no 3).

The complexity of the issue of violence was also noted as a barrier. The consideration of behavioural, societal, environmental and economic factors that increase the likelihood of violent behaviour presents a more complicated picture than the traditional standpoint. The transformation of the concept of violence from the act of violence to the precursors to violence requires a different mind-set. Historically addressed through the criminal justice realm of the police, courts, prison and probation services. The extension of services to tackle violence to include the welfare, education and health sectors was noted to be a challenging transition. The multiple disciplines necessary to address these factors requires a different skill set to work collaboratively with "unlikely" partners. These dimensions of complexity of the concept of violence prevention were observed to be two fundamental barriers to the advancement of violence prevention in the Western Cape. There are of course multitudinous complex issues that cut across disciplines and sectors. However it could be interpreted that a characteristic of violence prevention is the perplexity posed by existing alternative concepts of the issue of and the solution to violence.

A further challenging aspect of the concept of violence prevention in the Western Cape is the long-standing prevalence of the problem. Some respondents regarded this to give rise to an almost defeatist attitude. The complex nature of violence and the challenges in presenting prevention as an alternative to other contrasting approaches frames violence prevention as an intractable message to convey. Moreover these information challenges are compounded by the absence of natural champions for this type of message. This is exacerbated by the challenge in identifying the links between different types of violence that are often not understood. Types of violence are seen in isolation. Hence progress in framing violence as a whole society issue and the preventative measures that can be taken

vary between different types of violence and the progress is not necessarily shared. As a respondent noted;

> *"So for example the police will have a crime prevention angle on things, social development would be interested in mental wellness and early childhood development. This would have a role in violence prevention but they wouldn't really be seeing themselves as a violence prevention agency even though they're an important player. The Department of Health would be picking up the pieces so for example in the trauma unit, rehabilitation and emergency medical response. Obviously there's scope for these agencies to work much more closely together if they have a shared understanding and shared vision"* (Interview no 10).

External ideas frame

Crime and violence is a top public priority in the Western Cape. Communities have proactively engaged and the business community has supported action on this issue. It was found that the prevalence and nature of the problem is broadly recognised and a public priority. The media was identified to be instructive in popularising the issue and bringing the scale of the problem to the publics attention. The media was also discerned to be the main source of information on crime. However it has been criticised for extensively and disproportionately reporting on particularly sensationalist crime (Department of Community Safety 2011). This has created a public perception of higher levels of crime than what is the reality on the ground. In some cases this heightened fear of crime brands communities as crime ridden and unsafe. As an interviewee noted;

> *"The media has been very instructive in popularising violence as a social concern in South Africa. But this has its draw back as well, because they tend to sensationalise and to focus on certain types of high-profile crimes that are not necessarily reflective of society more broadly. This presents quite a bias view of violence. So I'm sure if we got a newspaper today it would have the most horrific crime, the most emotive one, the ones generally affecting a wealthy person tends to be the things that are highlighted. But the every day violence of drunken brawls happening in poor deprived areas on the*

periphery where the bulk of violence is happening is not going to get much of a mention. So the media does slant perceptions and builds fear as well"
(Interview no 10).

Challenges

Violence and crime was a repeated major political campaigning issue with an emphasis on being perceived to be "tough on crime". A preventative approach is typically viewed as weak. Thus public opinion is essential in framing violence as a major problem that should be addressed. However it does not necessarily raise awareness and support for prevention. Acknowledging the value of prevention requires a population-based perspective that is difficult to convey to the public. Therefore the main external barrier in conceptualising the ideas around violence is not how the issue of violence is viewed but predominantly how the solution to violence is perceived.

4.3.3 Political context

Policy windows

To look at the ascendance of violence on the political agenda in context then the election of a new administration in 2009 was identified as a catalytic event. There was not only a renewed attention to the issue of violence but also a change in the way of working. Academics noted the increased receptiveness of decision-makers to evidence and within government there was restructuring to enable multi-sectoral collaboration. As a senior policy-maker said;

"The new government said that government should work in a more integrated fashion. Now we've heard this before, but they brought in this transversal management system and they gave each department a role to play and accepted there are internal affairs and transversal affairs. Being driven from the top, with the leadership of the Premier and the Special Advisor, they have changed the dynamics and it's broken up the logjam" (Interview no 2).

The change of administration brought about a change in working and the new Premier also brought fresh priorities. When taking office the Premier set out the reduction of fatalities as the top priority of the Premiership. This was in a context where the methamphetamine (tik) use was widespread within society and generating concern within communities. It was through tackling tik that the Premier set out to reduce fatalities. However the mortality data indicated that the top two causes of non-natural death in the Western Cape was violence and road traffic incidents. Furthermore research into violence and road traffic-related deaths identified alcohol consumption as a shared risk factor. This resulted in the drafting of the Drugs and Alcohol Strategy. Although reducing violence was not the original priority the data led to a programme of violence reduction through restricting access and availability of alcohol. An outcome of the Premier's flagship policy on drugs and alcohol, if successful, will be a reduction in the rate of violence-related fatalities. The opportunity was presented to prioritise violence reduction by linking in with the Premier's policy agenda. Moreover by having the data available and presenting this in a policy relevant context then violence prevention was able to attach to the policy priority of the day. This was under the leadership of the Premier who stated her commitment to violence prevention at the Global Milestones Meeting on Violence Prevention in September 2011. Therefore the original drugs agenda created space to debate violence. As one senior Policy Advisor commented;

> *"The political support has been incontestable. This was a happy coincidence and a happy confluence where fact has followed a decision"* (Interview no 1).

The Premier's Office acknowledged that this was an issue linked to all government departments and so introduced a transversal system of working led by the Policy Unit, within the Premier's Office. This new approach broke the logjam and generated movement. Previously the problem was only viewed through each department's perspective and the solution only through each department's remit. The department priorities and objectives were in silo. The new system aims to clearly identify shared objectives that will be measured along with department in-house objectives. Budget allocation depends upon meeting both department specific

objectives and cross-department shared objectives. But introducing this new system was not without its challenges. As one of the lead architects described;

> *"Encountering both the levels of maturity and immaturity has been the single biggest stumbling block. More than the political contestation, more than the institutional trauma of trying to convince a Cabinet of a system where we're trying to build a structure from the top-down and from the bottom-up"* (Interview no 1).

These significant internal government changes were accompanied by smaller events that galvanised public awareness to create a ground swell of concern for violence in the Western Cape. An incident in the Hanover Park area of the Cape Flats in autumn 2010 saw gang violence take over the area for two months: shutting down schools, health centres and other government services. This illustrated to each of the service providers the impact and relevance of violence to each of their realms of work. The hosting of the World Cup in 2010 also provided short-term impact on safety but this was through traditional increased policing methods. There were examples of short-term responses to high-profile incidents in an atypical setting such as the murder of a lecturer in the community around a university campus. And it was the shooting of a boy in 1999 in the Gugulethu area that drove to prominence the School Safety Programme and initiated the development of the strategy.

It was also noted that there has not necessarily been one single catalytic event but a culmination of many. And although this has been taken up under the Premier's agenda a position on violence prevention had already been set out under the previous administration.

> *"One of the important things is that despite the change in government this project has transcended that to some extent. The thinking within that project has now spanned two governments and we're starting to have a consistency of messaging. I don't know if it's thanks to our efforts, but the logic of the approach is starting to take hold across both parties in the Western Cape"* (Interview no 10).

Challenges

It was found that this was also partnered with practical and political challenges in advancing this agenda at the provincial level. Firstly there is the division of power between national and provincial governments. Secondly the province is lead by the national opposition party. Thirdly the Western Cape Province is a swing province that has seen the two main parties, the African National Congress (ANC) and the Democratic Alliance (DA), in power over the last decade. The fluctuation in political leadership of the province can impede the ascendance of violence prevention as a public policy priority. This particularly affects violence prevention activity as it is a highly political issue and each party strives to be the party that cracks crime.

Furthermore it is not only the divisions between political parties at national and provincial level but also the separation of power. There are clear examples of the difficulties in collaborating with nationally governed agencies, such as the barrier to accessing crime data from the South African Police Service (SAPS). The Democratic Alliance Provincial Government requires approval from the national police service to obtain support at the provincial level. The provincial level of SAPS is not under instruction from the provincial government. The lack of accessible provincial crime data challenges the planning and design of violence prevention policies and programmes.

> *"This government is not part of the national government. There are nine provinces. This provincial government and the city of Cape Town is run by the Democratic Alliance which is at national parliament in opposition and in opposition in all the other provinces. So they have a bit of schizophrenia saying yes they're the bosses but in national parliament they're in opposition. So sometimes they've got to scream the odds about changing national policy and here they can't scream it they've got to do it because they're in charge"* (Interview no 4).

Other challenges identified include positioning in terms of political expedience. In the example of the Liquor Act (2010) the African National Congress administration of the time's policy position was in line with a public health approach. And so even though the impetus of this policy was not to improve public health it was conducive to making the public health argument. In this case the public health community was on the right side of political expedience but noted that this could easily have been different. Therefore it is not imperative for academics and policy-makers to shape the political policy direction. However it is necessary to identify opportunities to advance public health priorities through political priorities. This course of action is expedited by being prepared with the data and evidence to turn a political issue into a public health issue even if that diverges from the original policy intentions.

Global governance structure

Prioritisation of violence was observed as challenged for violence is not part of the Millennium Development Goals (MDGs). Other priority issues that are reflected in the MDGs, such as HIV/AIDS, were noted to have ascended the policy agenda. The global status of certain health issues was regarded to facilitate the allocation of resources. It was observed that global oversight for violence against women had raised awareness of the issue and generated activity provincially and nationally. However this global impetus had not spread across other types of interpersonal violence.

The limited global attention attributed to violence prevention not only weakens the prioritisation of the issue nationally but also presents competition for policy space from high priority global health issues. It was repeatedly noted in the case of the Western Cape that violence prevention was hindered by the existence of higher priority issues, for example HIV/AIDS. Such top priority issues are attached with ring-fenced funding and statutory services. As a leading academic noted;

> *"There are lots of other burdens of disease that are prevalent such as HIV and tuberculosis, that are huge and demand a lot of treatment resources; whereas violence doesn't demand that much relatively in terms of treatment resources. Even though it's hugely expensive if someone is in intensive care unit for days, that's 10 days of treatment, it's not on going"* (Interview no 3).

The strength of global data, reports and guidance was discerned to be facilitatory. Moreover the engagement in the global violence prevention movement was not only concentrated in the traditional realm of academics. Senior Government Officials also participated in the WHO Global Milestones meetings for violence prevention. This culminated in the Western Cape hosting the 5th Milestones of a Global Campaign for Violence Prevention meeting in September 2011. As noted by a leading academic;

> *"It's good to have the Department of Health represented there. Previously it had just been a couple of crack pot academics, a little removed and out of touch. But then being there and seeing it's a global ground swell was very positive and gave currency to that approach in government . . . These events catalysed change in perspective to change mind-set"* (Interview no 10).

4.3.4 Issue characteristics

And finally it was found that certain characteristics specific to interpersonal violence enabled the generation of traction for the strategy of violence prevention among policy-makers in the Western Cape.

Credible indicators

The Burden of Disease Reduction project provided measurements and objective data. This provided comprehensive detail of the prevalence and incidence of violence. This was supported by the South African Police Service (SAPS) homicide data. Technology in presenting data was also found to be useful through Geographic Information System (GIS) mapping and spatial layering data. The

example here is of mapping liquor outlets and SAPS data on violence that resulted in fatality. The big "aha" moment was when Cabinet was presented with multiple data sets mapped out. As a senior policy-maker recounted;

> *"When you put graphs up, graphic information showing percentage of people dying and years of life lost due to violence, it's very potent data. The Premier sits up and looks and says goodness me this is terrible. It's important when a senior policy-maker actually says that's important to me, that's the first step"* (Interview no 2).

However the data is not always accessible. Illustrated in the Western Cape where the crime data is held by the nationally lead South African Police Service. Also this data fails to reflect the true scale of the problem, as it does not include non-fatal violence-related injury. Violence-related injuries can be difficult to classify and to measure accurately. This can be undertaken through hospital-based surveillance. However there is no such non-fatal injury surveillance system in the Western Cape.

Severity

The scale and severity of the problem of violence has been comprehensively documented and is consistently acknowledged as a major issue in the Western Cape, as outlined in Section 4.1.2. This epidemic scale of the problem was noted as a barrier to action. The problem of interpersonal violence was observed to be almost too extensive to tackle as well as too complex, as detailed in Section 4.3.2.

Effective interventions

Also supporting the ascendance of violence on the political agenda is the presentation of evidence-based preventative solutions. Global evidence is available on the effectiveness of violence prevention programmes. However country and province specific programme evaluation findings are less readily available. Therefore evidence-based solutions exist but these are not necessarily suitably adapted and tested in the Western Cape setting. The weighting of evidence-based solutions was noted to be of particular relevance within the Western Cape as this

fitted with the current administration's approach. The increasing uptake of prevention is reinforced by the new administration's adoption of evidence-based policy-making. It was observed that if you could demonstrate that an intervention was effective and efficient then funding was possible regardless of whether the proposal was a preventative or punitive approach.

Moreover the strategies that focused on prevention generally fell under sectors outwith the criminal justice sector. The preventative approach therefore provided a way for the provincial administration to undertake measures to tackle violence. Otherwise criminal justice-based approaches would principally fall under the mandate of national government agencies, such as SAPS. Prevention also gained more support under the new administration as it provided an innovative approach that distinguishes from national government.

It is important to note that scientifically evaluated violence prevention programmes are limited to a handful of those aimed at the individual and relationship levels. Interventions at these levels of influence are more common and affordable, easier to design and implement, and also straightforward to evaluate. Evaluation of community and societal violence prevention strategies is complicated by numerous interacting variables and, as a result, there are relatively few programmes aimed at the community and societal levels of influence and also relatively little evidence for their effectiveness. Nevertheless, there are a number that show promising results. However a problem here is that the majority of the evidence-base for interventions comes from research in high-income countries. Within the Western Cape there is a wide variety of NGOs that support work in this area but it is small-scale and disparate.

Critical reflection on the employment of the Shiffman Framework in this study highlights how this theoretical understanding helps analysis of case data. From the utilisation of the Shiffman Framework to analyse the data for the Western Cape Province of South Africa case it is proposed that the framework is valuable as it enables a focus on the issue of interpersonal violence. This allowed for rich data

collection as the focus is on the nature of the process rather than the specific structures and actors of the system. Application to addressing the research question the Shiffman Framework facilitated a focus on how the issue of violence prevention is advanced rather than how the system works. This is particularly suited to violence prevention as a complex cross sector issue. Frameworks drawn from political science, such as the Advocacy Coalition Framework, are generally designed to understand the system of policy-making.

4.3.5 Conclusion

The purpose of this Chapter was to set out the problem of violence in the Western Cape; assess the solutions being undertaken and analyse the factors that have shaped the generation of political interest in the problem and support for a preventative solution. Based on the data gathered from in-depth interviews and comprehensive documentation this Chapter concludes that in the Western Cape Province of South Africa the problem of violence is historic, contemporary and pervasive; the solution adopted is to a moderately high degree a policy of prevention; and multi-sector networks, change agents and policy windows effectuated the prioritisation of violence prevention.

Why has the Western Cape Province of South Africa chosen to adopt an increasingly preventative response to violence? The findings of the investigation demonstrate that the issue of violence and the adoption of a preventative approach is rising up the policy agenda; is gaining greater traction among decision-makers; and is utilising a comprehensive evidence-base to present policy alternatives to generate reform.

How have the issue of violence and a strategy of prevention gained traction on the policy agenda in the Western Cape? Multiple events marked the advancement of a policy of prevention. The election of a political party with an agenda opportune for embedding violence prevention; the design of a new government system favourable to collaborative working; and the establishment of a network of academics, policy-makers and activists that united support for a preventative approach.

And what are the actors, processes and relative forces that have defined policy reform in the case of the Western Cape? The study of the advancement of violence prevention policy in the Western Cape concludes that multiple determinants have galvanised action for violence prevention on the policy agenda while others have limited the formulation of violence prevention policy and the scale up of implementation. Summarised in Table 4.4.

The analysis of the factors that have shaped this journey found that skilled researchers and advocates coalesced in a network of concerned organisations. Policy-makers increasingly identified violence as a shared agenda and political events presented an opportunity to link violence with other important policy priorities. These features of the policy environment helped to drive violence prevention to prominence. However, the study results also indicate that the lack of a clear mandate for violence prevention within government departments; the complexity of the issue and in particular limited acceptability of a preventative approach; as well as the competition of other higher priority issues constrained the progress of a province-wide violence prevention strategy.

Table 4.4 Influencing factors summary for the Western Cape Province of South Africa

Category	Influencing factors	Enabling factor description	Challenging factor description
Actor power	Policy community cohesion	Academic-activist network Academics part of policy process Strong bilateral relations in policy and research Climate increasingly receptive to collaboration	Uncoordinated cross-government response Silo-based working led by departmental policy objectives No overarching policy on interpersonal violence Barriers to realignment of core services to address upstream factors
	Leadership	Champions at every level Sustained political will	Risk averse strategies in certain departments
	Guiding institutions	Violence prevention components of core department programmes Each department leads in specific area of violence prevention	No agency with the mandate to lead on interpersonal violence
	Civil society mobilisation	Large number of active NGOs in the field	Civil society limited capacity for advocacy No overarching advocacy NGO for interpersonal violence
Ideas	Internal frame	Violence concept agreed between academics and NGOs Scale and severity of the problem understood across government departments	Conflicting perceptions of the solution; Punitive Vs. Prevention Prevention often seen as "soft" approach Violence viewed as too complex Types of violence seen in isolation Competition with higher priority issues
	External frame	Violence is a top public priority	Public support for "hard" justice Sensationalised media coverage
Political context	Policy windows	New administration; new way of working Intersects with top priority issues High-profile incidents in atypical setting	Coordination between national and provincial policy Strength of external lobbying such as alcohol industry
	Global governance	Hosted 5th Milestones Meeting of the Global Campaign for Violence Prevention, 2011	Violence indicators are not part of MDGs
Issue characteristics	Indicators	Ingrained surveillance system and clear data	Non-fatal violence-related injuries are not routinely recorded
	Severity	Violence is one of four core health burdens of South Africa	Non-health consequences of violence under-represented
	Interventions	Evidence-based prevention programmes	Limited evaluation of interventions

Chapter 5

Jamaica – Case two

Jamaica is a popular holiday destination with over 1.8 million tourist arrivals in 2009 (Caribbean Tourism Organisation 2009). The golden beaches and tranquil sea are the images of postcards, however, this small Caribbean island suffers equivalent levels of violent deaths per year as a country at war. The island has a reputation for a laid back way of life; yet a significant proportion of the Jamaican population lives under the constant threat of violence in their homes and on their doorsteps. Compounded by poverty and limited state services the data reveals a cycle of violence that is ingrained in the public and private spheres. A culture of violence is a product of history and a determinant of the future. The government response to this problem has reformed over the last decade and there is a measure of support for a preventative approach to reduce the levels of violence. There have been endeavours to quantify the prevalence and typology of violence in Jamaica; identify the upstream factors that increase the likelihood of someone being a victim or perpetrator of violence; and to work across sectors to coordinate policy to address these risk factors. In order to understand the determinants that have shaped this process and generated political priority for the issue of violence prevention in Jamaica, then we first need to assess the status of the problem of violence and review the policy solutions adopted. This approach has led me to apply the fundamental question of this study to the situation in Jamaica. Why has Jamaica chosen to adopt an increasingly preventative response to violence? How have the issue of violence and a strategy of prevention gained traction on the policy agenda in Jamaica? And what are the actors, processes and relative forces that have shaped the journey of policy reform in the case of Jamaica?

The purpose of this Chapter is to outline the problem of violence in Jamaica; assess the solutions being undertaken; and analyse the factors that have driven interpersonal violence and a strategy of prevention up the political agenda. The case study will conclude that Jamaica has adopted a policy of violence prevention to a moderate degree. It is shown by the results that the issue of violence and the adoption of a preventative approach are firmly established on the policy agenda; have secured cross-sector buy-in; and are being advanced through a programme of community-based initiatives.

An analysis of the factors that have shaped this position will find that there was coordinated collective activity within some sectors and a cross-sector conceptualisation of violence as a high-priority development issue. Moreover there was a robust civil society with a prominent group of academic-activists as well as a major public "crisis". These components were key to galvanising action and formulating a preventative approach to interpersonal violence.

However, the study results also find that ineffective policy and programme cooperation, coordination and cohesion across sectors; isolated and entrenched academics, policy-makers and practitioners; and a volatile project-based approach has constrained the design and implementation of a sustainable scaled-up violence prevention programme. This Chapter will present these case study results in detail. However, now we turn to the magnitude and nature of the problem of violence in Jamaica within the historical context. A culture of violence is the consequence of a history of violence but what galvanises action to attempt to interrupt this cycle of violence?

5.1 Background

Jamaica is a small island democracy of 10 991 square km within the Region of the Americas. It is the third largest island in the Caribbean Sea. It is located 898 kilometres southeast of Miami, 144.8 kilometres south of Cuba and 160.9 kilometres south west of Haiti. It has a population of 2 825 928 and a life expectancy of 73.5 years. It is a relatively homogenous population with 91.2% Black and 6.2% Mixed (United Nations Country Team 2011). According to the annual UNDP Human Development Report, Jamaica is classified as highly developed, with a Human Development Index (HDI) of 0.727. The HDI is a composite index aggregating three basic dimensions into a summary measure using country level information. It measures health, education and living standards dimensions through life expectancy, GDP per capita, literacy and the gross enrolment ratio. Based on this criteria Jamaica is ranked 79 most developed out of 187 countries (UNDP 2011).

Jamaica has been described to be in a deep multi-dimensional crisis (Harriott 2001). This reflects the far-reaching impacts of both the social and economic pressures. The Jamaican economy has experienced protracted stagnation, a heavy debt burden (the ratio of debt to GDP is close to 150%), disinvestments and it has a highly vulnerable narrow production base. It is predominantly dependent on services, which now account for 70% of its GDP. The country derives most of its foreign exchange from tourism, remittances and bauxite.

5.1.1 Historical and political violence

Jamaica completed the transition from a British colony to an independent state in 1962. Jamaican politics is often held-up as an example of successful post-colonial two-party democracy. It has had nine competitive elections over nearly 50 years of sovereignty (Clarke 2006). However violence and fraud accompanied most election campaigns and stifled political development. Politicians used their patronage to buy votes in key constituencies. There were links with gangs in order to disrupt opposition electors, or to combat other gangs engaged by their political opponents (Brown 1979). Since independence the pattern of a two-party political system, the Jamaica Labour Party and the People's National Party, has become entrenched.

Clientelism has characterised Jamaican politics. This was routinely reinforced with partisan political violence, especially prevalent in Kingston's poorer constituencies. Violence was a major aspect of electioneering activity in Kingston. Street violence was used both by the PNP and the JLP in the late-colonial period. For example the PNP's Group 69, in inner West Kingston, was notorious for breaking up JLP meetings (Sives 1999). This escalated into the engagement of organised gangs in the political system (Harriott Ed. 2003).

In the 1970s communities in downtown Kingston were divided into a patchwork of competing constituencies. These turfs were under the control of local bosses or dons, each with their own party-political affiliation. The dons commanded their own private armies and were mandated to capture electoral support, protect the party faithful and enforce the will of the political hierarchy (Sives 2002). These turfs were based on communal clientelism where communities would barter their votes in exchange for material resources, homes and jobs. People were prepared to fight or kill to get their candidate elected and benefit from the political-patronage network. A feature of ghetto politics was the emergence of garrison communities. In these communities the entire electorate votes for the same candidate and any opposition is treated as a threat to the hegemony of the successful party (Figueroa & Sives 2002).

During the 1970s, drugs became a key source of income of the organised criminal gangs. Through the close association with the country's political class these gangs often operated with protection from prosecution (Harriott 2000). A circle involving gangs, guns and marijuana evolved in downtown Kingston that was appropriated by party politics.

Since 1980, and particularly since the 1988 election, there has been a decline in partisan-political violence. Structural adjustment packages have, at the behest of the International Monetary Fund, opened up the economy to global forces. Government protection for nascent industry through tariff protection has been withdrawn, and government expenditure on subsidised housing for the poor has

been outlawed. As the state has retracted, so the capacity of politicians, and especially those in government, to offer patronage to their followers has declined (Harriott 2001).

However the gun and gang violence, first harnessed by the politicians in the 1960s, has not been extinguished as the political influence has diminished. This is due in part to the internationalisation of drug crime. Jamaica's recent history is heavily shaped by its prominent position in the illegal drug network: with Kingston linking Columbia to the UK and the USA (Clarke 2006). The reorientation of the gangs from politics to drugs has been accompanied by the greater availability of guns. On the whole the balance of power in the communities has shifted to gang leaders away from the elected political representatives. Many of these dons are regarded as neighbourhood protectors (Harriott 2001). The dons and their organisations, provide welfare services to the people in their communities. Thus exploiting the contraction of the state agencies. Such services include the setting-up and staffing of schools, informal policing, the provision of employment on state projects, and informal banking (Harriott Ed. 2003).

There is a history of Jamaica's police having given protection to the dons, originally at the behest of the politicians. The trade-off was one involving the offer of protection from the law by the police and payment for that protection by the dons (Levy 1996). In recent years the Jamaican Constabulary Force (JCF) has undergone extensive reform and developed a zero-tolerance culture to gang activities, including drug trafficking. Many dons have died in assassinations carried out by specialist police squads, such as the Anti-Crime Investigative Detachment and the more recently formed Crime Management Unit (Headley 2002). Despite the efforts at reform and public relations the police force has a reputation for abuse and violation of the rights of the urban poor. This historic distrust of the police has meant that, in many instances, people live beyond effective protection of the policing services and tend to resort to self-help in settling conflicts.

In conclusion the historical position of violence as a fundamental building block of governance in the Jamaican political system has shaped the relationship between state and citizens today. It has fostered a community network and complete ecosystem based on violence as a means of securing resources, wealth, protection and justice.

This recent history of violence is of course built on centuries of violence under colonial rule. 307 years of British colonial rule has left a legacy that is still felt in Jamaica today (Black 1983). Between 1655 and 1962 Jamaica was an extensive British sugar plantation. The cultivation of sugar was intrinsically intertwined with the system of slavery. This connection has set the course of the nation's demographics since the 18th Century when slaves vastly outnumbered any other population group. The British seized Jamaica from the Spanish in 1655. The chief legacy of the Spanish occupation was the extermination of the aboriginal population of Arawak Indians, estimated to have numbered between 60 000 and several 100 000 at the time of the arrival of Columbus in 1494. As the world's leading individual sugar producer Jamaica became one of Britain's most valuable colonies. The sugar industry was fuelled by Africans enslaved by the British. In 1807 when the slave trade was outlawed, there were 322 421 slaves in Jamaica (Brown 1979).

The slaves were captured by war, as retribution for crimes committed or by abduction, and taken to the coast with their necks yoked to each other. They were placed in trading posts or forts to await the six to twelve week Middle Passage voyage between Africa and the Americas during which they were chained together, underfed and kept in the ship's hold in the thousands. The life of a slave on a sugar plantation in Jamaica was one of extreme hardship. During this time there were many slave rebellions, and Jamaica had one of the highest instances of slave uprisings of any Caribbean island. The descendants of these slaves comprise the majority of Jamaica's population (Black 1983). The Jamaican national motto is "Out of many one people" based on the country's multi-racial roots.

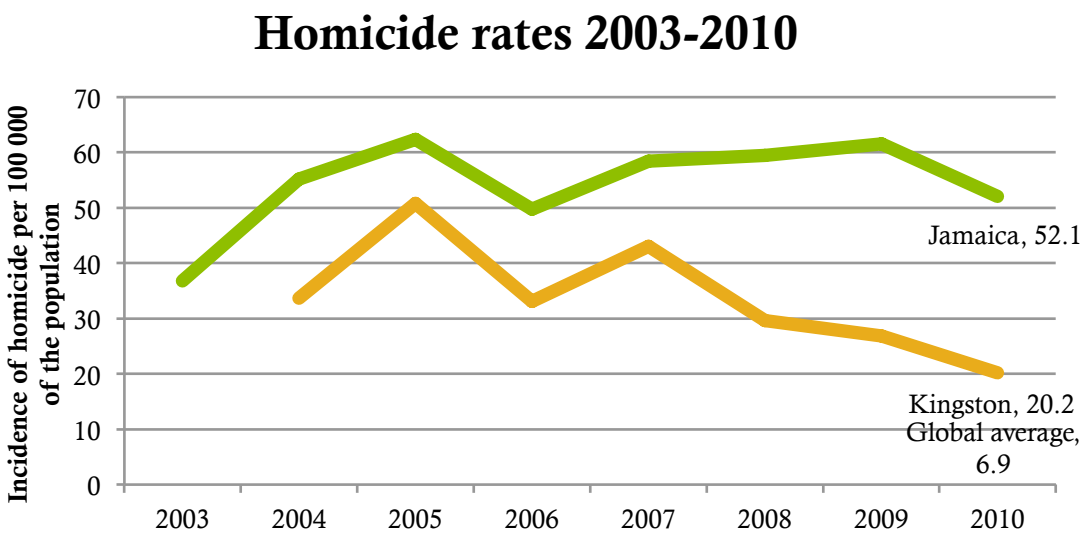
5.1.2 Rates of violence

In 2005, Jamaica had the highest recorded per capita homicide rate in the world. The homicide rate for 2010 stands at 52.1 per 100 000: a rate that is more than seven times the global average of 6.9 per 100 000 (UNODC 2011). In fact with in excess of 1000 deaths per year, Jamaica's death rate from violence is higher than in many wars.

Jamaica has the highest rate of homicide in the Caribbean region and one of the highest in the world (UNODC 2011). The problem is so extreme in some inner-city communities that residents have named them after war zones or areas associated with violence such as "Gaza" and "Tel Aviv" (Harriott 2008). Observers have reported that Jamaica is on the verge of becoming a crisis country unless urgent action is taken to address crime and violence.

Over the last four decades violent crime as a proportion of major crime in Jamaica has sharply risen. In 1974 violent crime accounted for 10% of crimes compared to property crimes at 78% (Harriott 2000). By 2010 violent crimes were responsible for 62% of all major crimes reported in Jamaica (Jamaican Constabulary Force 2011). A notable aspect of this increase in violent crimes is the significant rise in the rate of homicide. In the 10 years from 1995 to 2005 the homicide rate doubled: to 62.4 homicides per 100 000 population (UNODC 2011). Since 2005 there was a sharp drop in the rate of homicide followed by a steady rise to 2009 when 1682 people were killed. In 2010 there was a 15% decrease in the number of homicides: to the rate of 52.1 homicides per 100 000 population (Jamaican Constabulary Force 2011). This is shown in Graph 5.1.

Graph 5.1 Homicide trend in Jamaica 2003-2010



Source: UNODC 2011

The majority of homicides are committed in the Metro area. The Metro comprises Kingston and its two neighbouring Parishes, St Andrew and St Catherine, of which Spanish Town is the principal city. It can be noted from Graph 5.1 that the homicide trend in Kingston is markedly lower than the national homicide rate. This is because this data does not include homicides committed in the whole of the Metro area (Jamaican Constabulary Force 2010).

Consistent with global trends, young males from 15-29 years-of-age are disproportionately represented, both as victims and perpetrators of violence. In 2010 males accounted for 89.9% of homicides. This equates to a homicide rate among males in Jamaica of 95.2 per 100 000 compared to a rate of 10.3 per 100 000 for females (UNODC 2011). In 2002 this demographic group was responsible for 80% of the violent crimes, 75% of the murders and 98% of all major crimes committed in Jamaica (Smith & Green 2007).

Homicide has become a common feature of dispute resolution in Jamaica. Arguments or reprisals between individuals are the grounds for the largest proportion of homicides. In a study of homicides in Jamaica between 1998-2002 it was found that the main motives of homicide were disputes (29%) and reprisals

(30%) (Lemard & Hemenway 2006). In Jamaican culture there is no strict code governing reprisal killings. A saying in Jamaica is, "if you can't catch Harry, you catch his shirt". In other words, if you cannot exact retribution against the right person then hurt the nearest person related to him (Lemard & Hemenway 2006). However this raises questions around whether these homicides are gang-related as the retribution can be exacted based on gang membership. In 2010 the police attributed 26% of murders to gang-related activity (Jamaican Constabulary Force 2011).

The high levels of violence in Jamaica are also illustrated by the prevalence of non-fatal violent behaviour. In 2010 there were 5540 reported cases of shooting, rape, carnal abuse and robbery (Jamaican Constabulary Force 2011). However, not all non-fatal violence is reported to the police. The scale of violent activity is more accurately reflected in hospital data on non-fatal violence related-injuries. In 2002 a study recorded 6107 registered violence-related visits to the Kingston Public Hospital representing 11.5% of all recorded visits. The most common methods of inflicting injury was by stabbing (52.1%), blunt injuries (37.9%) and gunshot wounds (7.3%) (Arscott-Mills 2002). Firearm-related violence is more likely to result in death. The UNODC study reports that in 2010 75.6% of homicides in Jamaica involved the use of firearms (UNODC 2011).

5.1.3 Typology of violence

It has been argued that the culture of aggressive masculinity in Jamaica makes women, children and the elderly among the most vulnerable. Reflected in high rates of rape and assault. Many children in different communities, on their way to school or at school, witness robberies, fighting, police arrests, and sometimes deaths. An increasing number of them are also becoming involved in serious acts of violence (UNDP 2004).

A study of 1674 urban 11-12 year-old children found that Jamaican children had high levels of exposure to physical violence. A quarter of the children surveyed had witnessed severe acts of physical violence such as robbery, shooting and gang wars.

A fifth of the children had been victims of serious threats or robbery and one in every twelve had been stabbed. Robbery was an almost universal experience that affected children from all schools and socio-economic groups. The single commonest experience as a victim of violence was the loss of a family member or close friend to murder. This affected 36.8% of children surveyed. Children's experiences of witnessing violence occurred chiefly in their communities. Their direct personal experiences of violence occurred at school (Samms-Vaughan *et al.* 2004).

Violence against women and girls is widespread in Jamaica. In 2009/10 despite high levels of under-reporting 685 women were recorded victims of rape and 618 girls were victims of carnal abuse (Jamaican Constabulary Force 2010). In Jamaica the common law definition of carnal abuse refers to sexual intercourse between a male and a female under the age of consent: the current age of consent is 16 (Harriott Ed. 2003). Moreover in 2010 females accounted for 10% of homicide victims (Jamaican Constabulary Force 2011). Jamaican statistics suggest that retalitatory actions account for a high percentage of women's victimisation. And while Jamaican women are often killed by someone they know they are less likely to be killed by an intimate partner (Harriott Ed. 2003). And finally women comprise a significant proportion of victims of non-fatal violence. A 2002 study of hospital admissions found that females accounted for 46% of violence-related injuries (Arscott-Mills 2002).

An additional dimension of the rates of homicide in Jamaica is the high number of killing of civilians by the police. On average, 139 persons were killed by the police in each of the 10 years from 1993 to 2002. This gives Jamaica one of the highest rates of police killings in the Western Hemisphere (Headley 2002). However the killing of a member of the Jamaican Constabulary Force (JCF) is also not uncommon. Since 1995, 115 Police Officers have been killed in Jamaica (United Nations Country Team 2011).

5.1.4 Risk factors for violence

Analysis undertaken as part of the UN Common Country Assessment found there to be three overarching thematic root causes of violence in Jamaica. Firstly, poverty and cultural issues in a context of limited economic opportunity and decaying social conditions; secondly, the challenges affecting the effectiveness of the family and other traditional agents of primary socialisation; thirdly, the role of the political leadership in the encouragement and maintenance of an ethos of violence. These three conditions were identified by the UN country team study as being responsible for the absence of justice, peace and security (United Nations Country Team 2011).

The social and economic determinants of violence are pervasive in Jamaica. In particular there is a concentration of joblessness, poverty, poor educational opportunities and general marginalisation in the urban inner cities. Families in the inner-city neighbourhoods invariably experience social isolation, chronic unemployment and involvement in illegal activities. As studies have demonstrated poverty places children at greater risk for being exposed to gang violence and joining neighbourhood gangs (Smith & Green 2007).

Although strong family networks are shown to be protective factors for children against violence, harsh parenting in Jamaica is commonplace. It has been argued that in Jamaica a tradition of severe parenting perpetuates a culture of violence. Physical punishment often is considered a form of "love". Whether it is a result of the brutal history of slavery or religious beliefs. This is based on a literal interpretation of the Bible with direct reference to the Book of Proverbs "not to spare the rod and spoil the child". Socially and legally sanctioned forms of discipline in homes and schools include striking children with hands, sticks, belts, wood, wire or other objects (Meeks-Gardner *et al.* 2003). A study by the Jamaican Ministry of Health, found that 84% of children reported being beaten with an object at home. Another 8% of children reported being kicked, bitten or beaten-up. Undoubtedly, the pervasive use of harsh physical punishment in the home and at school has legitimised the use of violence against children and fuels a culture of violence (Smith & Green 2007).

Moreover the conventional family unit reflects a high rate of father-absence that has been the norm historically. Family dispersal and the diminution of the extended kin leave many children without the traditional compensatory network. Some scholars have even posited that in Jamaica, the combination of father-absence and female dominance is responsible for the low levels of responsibility and high aggression and hostility in Jamaican males (Smith & Green 2007). Although a more recent trend affecting the family unit is mother-absence. This primarily occurs when mothers immigrate to a new country in search of economic opportunities and a better standard of living. In many cases, children are abandoned and left to fend for themselves or left in the care of neighbours or older siblings. Without the protection of the family unit the children are put at extremely high risk for physical and sexual abuse (Smith & Green 2007).

Gender socialisation and the concept of masculinity have also been identified as a catalyst in the development and endorsement of a culture of violence. This manifests in high levels of domestic abuse in Jamaican homes and the apparent societal acceptance of a man's right to beat women. Several Caribbean scholars have advanced the view that the violent behaviour of the Caribbean man can be directly linked to his socialisation. For many men the social pressure to be tough, to be a provider and protector is so intense that they are often driven to develop a mask of aggression to survive (United Nations Country Team 2011).

The valorising of toughness in the notion of masculinity is augmented by the accessibility of firearms. Anthropological studies have highlighted the use of firearms within the Jamaican culture to attract girls as noted in the popular saying "no gun, no girl" (Moser & Holland 1997). Popular youth culture is also argued to endorse a culture of violence. For example dancehall reggae music is often criticised for condoning violence or inciting conflict between groups loyal to different artists (Stolzoff 2000).

Partisan political violence, as outlined in Section 5.1.1, has been extensively documented and is consistently acknowledged as being a foremost part of the problem of crime and violence in Jamaica. Jamaican sociologists and social anthropologists agree that prior to attainment of independence, the level of societal violence was low and on par with other Caribbean countries. Following independence there began the waves of communal violence that has continued up to the present (Coleman 2006). Thus the recent history of political-patronage-based governance has been found to legitimise violent conflict, foster the escalation of political violence and nurture the growth of gun and drug crime in Jamaica (United Nations Country Team 2011).

5.1.5 Conclusion

The growth and development of an independent Jamaica has been afflicted by a cycle of violence. As Jamaica attempts to build a productive and prosperous state equally experienced by "one people" the population of Jamaica continues to grapple with the legacy of colonial rule. Recent history has shaped a Jamaica that in the 21st Century has one of the highest homicide rates in the world. Characterised by the disintegration of family, increased migration, the emergence of community dons, the growing illicit drug market and partisan political violence. Violence is both a product of these conditions and a catalyst perpetuating the crisis. Further compounded by economic pressures of stagnation and debt repayment; structural pressures of poverty and unemployment; and underpinned by cultural acceptance of aggressive behaviour. Jamaica is on the verge of becoming a crisis country. The pervasive scale and nature of the problem of violence in Jamaica is clear. Now we shall turn to what is being done strategically and programmatically to address this problem. A culture of violence is part of Jamaica's present but what is its future?

5.2 Policy status

Several initiatives have been introduced in an effort to curb the levels of major crimes in Jamaica. These are lead by the government, community groups and non-government organisations (NGO). The government response has largely centred on poverty reduction, crime fighting and reforming the police service. NGOs have focused their efforts on social and behavioural contributory factors such as working with at-risk youth and their families by providing support services and skills training (United Nations Country Team 2011). The violence prevention agenda has received significant support from the international development community. This is primarily through technical assistance and the funding of government programmes and community projects. Overall in Jamaica there is recognition of the macro-structural, economic and political determinants of the risk factors of violence. As well as the acknowledgment of the need for long-term coordinated investments in order to achieve a reduction in violence that is sustainable.

The data from detailed documentation and in-depth interviews indicates that Jamaica has adopted a policy of violence prevention to a moderate degree. The following Section will present this data based on the recommendations of the World Report on Violence and Health (WHO 2002). As noted in Chapter 3 the WRVH recommended that in order for a country to progress a strategy of prevention it was requisite that there be in place a policy plan, surveillance data, research, collaboration and interventions. Violence prevention holds a prominent position on the national agenda and has been catalysed by recent violent events. Nonetheless to what extent do the strategic and programmatic measures of the Government of Jamaica meet the recommendations for advancing an effective strategy for preventing violence?

5.2.1 Policy plan

The central policy addressing violence is the National Security Policy (2007). The implementation of the policy is coordinated by the National Security Policy Coordination Unit. The National Security Council is an inter-ministerial committee that meets once per month and is chaired by the Prime Minister. It is responsible for the direction of the policy and guiding the national security agenda. The policy is primarily a broad framework addressing security as a whole-society issue and drawing together all security matters. It sets the objectives, however, it does not include an implementation plan (Ministry of National Security 2007). Implementation is lead by the Ministry of National Security. As the strategy frames security as a cross-ministry issue then each ministry has an identified role in implementation. NGOs are also engaged in the implementation of the National Security Policy through the delivery of social intervention programmes.

To ensure the cross-ministry approach the National Security Policy sits under the Office of the Cabinet. From this Office it is possible to communicate across ministries enabling the implementation of the policy. The National Security Policy was developed at the time when the Jamaican Defence Force (JDF) and the Jamaican Constabulary Force (JCF) were both in a process of strategic review. The National Security Policy is now being revised led by academic consultants. This is guided by a working group and steering committee: with representatives from the JDF, JCF, Ministry of National Security, the Cabinet Office, elected members of the two main political parties and civil society. This will be a review of the policy as well as the development of an implementation plan. Many aspects of the policy supports violence prevention by framing violence as a whole-society issue which impacts on national security. Although the policy objectives support the reduction of violence the policy does not have an implementation plan to present a preventative method.

In terms of implementing a strategy of violence prevention the lead unit in the Ministry of National Security is the Crime Prevention and Community Safety Unit. This team leads on the implementation of social interventions as a key driver of

meeting the objectives of the National Security Policy. Within this policy framework the unit has developed the Crime Prevention and Community Safety Strategy. This primarily adopts a preventative practice focusing on the risk factors of violence and designing programmes to address social development, community renewal and building social capital within communities. The strategy also supports more appropriate policing and in particular a community-based policing method. This holistic approach acknowledges that the remit for violence prevention falls across ministries, partner agencies and civil society organisations.

As part of this implementation arm under the Ministry of National Security there is the Citizen Security and Justice Programme, funded by the Inter-American Development Bank, and the Community Social Institution, funded by the UK Government's Department for International Development (DFID). As part of the harmonisation of security focused activity these two programmes have been merged into one Citizen Security and Justice Programme. The objective is to reduce the rate of homicide by providing services to the most under-served communities to address development issues. These include homework projects, drug addiction prevention, academic improvement, edutainment, and general community renewal projects. The newly developed Crime Prevention and Community Safety Strategy thus anchors the programme activity in a preventative approach.

The merging of these two core programmes followed an assessment of Community Security and Transformation Programmes in Jamaica, in 2009. This study observed there to be multiple community-based programmes and projects with a shared objective to improve security. These were led by numerous state and non-state agencies including government ministries, development agencies and NGOs. A central conclusion of the assessment was the need for greater harmonisation of violence prevention and community safety programmes (McLean & Lobban 2009).

The Community Renewal Programme (CRP) was initiated following the community security programme assessment findings. Led by the Planning Institute of Jamaica (PIOJ) the objective of the CRP is to harmonise the design and delivery

of community-based programmes. The PIOJ as Secretariat coordinated the CRP and engages with government ministries and partner agencies to implement programmes. The aim of the CRP is to more efficiently and effectively utilise resources to improve community development. The CRP consolidates activity and concentrates on 100 of the more volatile and vulnerable communities across Jamaica. In addition the CRP serves to synchronise funding streams. It provides international development agencies a mechanism to further improve the alignment of their programme of assistance. Sitting under Jamaica's 21-year development plan, Vision 2030, the CRP contributes to delivering the second development goal, to create a secure and just society.

The final area of principal strategic direction is the Jamaica Constabulary Force (JCF). The JCF has been under reform for approximately the last 15 years. The purpose is to move away from a militarised organisation into a service with a community-based policing focus. Community-based policing has been espoused policy for over 10 years, most recently in the JCF's 2005 - 2008 Strategic Plan. This policing approach is based on the concept that crime can be most effectively addressed through partnership between the police and the community they serve. When put into practice this method of policing is generally characterised by consultation of the police with communities; adaptation of police policies and strategies to meet the requirements of specific communities; mobilisation of the public to work with police to prevent crime; and adoption of a mutual problem-solving methodology as the fundamental strategy of policing. However this approach is not without its challenges such as being perceived as too weak to tackle major levels of crime. The JCF has been criticised for being a top-heavy, reactive police organisation that does not serve community needs effectively, efficiently or fairly. The force today also remains poorly trained and equipped, and vulnerable to corruption. It is also criticised for frequently displaying excessive force in the least safe communities, as noted in Section 5.1.1 (Foglesong & Stone 2007). The reforms continue to address these difficulties to a varying extent and a preventative approach served by community-based policing is at the core.

There are other relevant policies that contribute in part to the violence prevention agenda. For example the Ministry of Justice's Child Diversion Programme, which aims to provide an alternative to prison for young people through skills and training. As part of the overall strategy to further improve the system, the Child Care and Protection Act (CCPA) was passed in 2004. Also work is progressing on the finalisation of the Child Justice Plan of Action to reform the juvenile system to align with international standards (United Nations Country Team 2011). The Ministry of Health established a hospital-based surveillance system to measure violence-related injuries. This developed a profile of injury, costs related to management of injury and geographically mapped where violent incidents occurred. The Ministry of Education leads the Safe Schools Programme. Moreover there are broader programmes that support the violence prevention agenda such as social services provided through the Ministry of Labour and Social Services; and community development and youth empowerment programmes provided through the Social Development Commission. However routinely these are insufficiently resourced with limited accessibility in the poorest communities.

In conclusion there are comprehensive policies in place that provide a policy framework prioritising the prevention of violence. There are policies that set out a preventative methodology and support the implementation of upstream measures and community-based interventions to address the risk factors of violent behaviour. Moreover there are policies that aim to harmonise activities to prevent violence within the context of community renewal and development. Finally this sits under the flagship policy to stimulate development. Therefore it could be concluded that on paper the Jamaican Government has adopted a holistic preventative approach to violence. Such an inclusive perception of violence has positioned this issue within the broader structural upstream agenda. However it is less clear if policies are in place to address specific types of violence such as child maltreatment or intimate partner violence.

5.2.2 Data

There is a progressive understanding of the scale and nature of the problem of violence in Jamaica. Data is utilised to shape the development of policy, target programmes, design interventions and measure intervention effectiveness. There is a range of data sources available. These primarily include the police record of major crimes, the Ministry of Health's Injury Surveillance System and the Social Development Commission's database of communities.

The Jamaican Constabulary Force (JCF) provides the most comprehensive record of reported homicides in the country. However flaws in the data have been identified. For example the registry is unable to classify the cause of death for the majority of victims of homicide. Moreover fatal shootings by the police are not included in homicide reports and are therefore excluded from the database. Finally the data deals only with deaths and non-fatal violence is excluded (Lemard & Hemenway 2006).

To address the need for timely and accurate data on non-fatal violence a hospital-based Violence and Injury Surveillance System was established. Initiated by the Ministry of Health the surveillance system collects data on non-fatal victims of violence who present at hospital emergency rooms (Lemard & Hemenway 2006). Coordinated by the Crime Observatory at the University of the West Indies the hospital-based data is integrated with crime and violence data from cross-sector sources, including the Jamaica Constabulary Force and the University of the West Indies Peace and Justice Centre. The data is routinely shared with government and non-government organisations. There are examples where the coordinated data is presented to multi-sector policy audiences, such as the Geographical Information System (GIS) mapping of the occurrence of violence in the Kingston Metropolitan region (Ward *et al.* 2002). However the use of the integrated data on non-fatal violence is yet to be institutionalised. The Crime Prevention and Community Safety Strategy sets out to address this gap by establishing a Crime Observatory within the Ministry of National Security. This mechanism would utilise non-fatal violence data to inform policy development and programme design.

5.2.3 Research

A significant volume of research has been conducted on the issues of violence, crime and security. Predominantly led by the University of the West Indies the issue benefits from the attention of academics from multiple disciplines including anthropologists, sociologists, criminologists, epidemiologists and economists. International development agencies have also engaged in studies at the national and community level. These customarily focus on community needs assessments and programme evaluation. Frequently undertaken by commissioned academics these studies guide the design and targeting of programmes and evaluate the effectiveness of programme investment. An example is the Documentation of Violence Prevention Programmes, commissioned by the World Health Organisation and undertaken by Jamaican scholars (White & Ward 2005).

However, the research capacity on this subject is concentrated in a small pool of highly regarded academics defused across disciplines. Moreover this group is to a significant extent detached from other sectors. The Violence Prevention Alliance (VPA) attempts to coalesce research and bridge the gap between academia and the NGO sector. The VPA provides an opportunity for organisations from all sectors of society to unite around a shared public health approach to violence prevention. The VPA's mission is to create a violence-free and safe Jamaica. By bringing together varying organisations and creating discourse, the VPA is able to initiate interventions from grass roots level to governmental and international agencies. Participation in the VPA is open to many kinds of organisations: governmental, nongovernmental, inter-governmental, community-based and private. The VPA provides the participants with an infrastructure through which they can work together to build partnerships and increase the capacity for information gathering and sharing on violence. It also encourages widespread implementation of evidence-based policies and programmes. A particular focus of the VPA is to connect research and practice. It provides a forum to share research and build research capacity across sectors.

5.2.4 Collaboration

There is a broad range of actors working in Jamaica. And as interpersonal violence is a fundamental issue that links with other priority issues, such as development, then a multitude of these actors engage on the violence prevention agenda. International development agencies, including technical and donor agencies such as UNDP and UNICEF; country development agencies such as DFID and USAID; and funding agencies such as the World Bank and the Inter-American Development Bank. Ministries and agencies of the Government of Jamaica including the Ministry of National Security, the Planning Institute of Jamaica, the Ministry of Justice, Ministry of Education, Ministry of Health, Child Development Agency and the Jamaican Constabulary Force. Non-governmental and civil society-based organisations include Jamaican's for Justice, the Violence Prevention Alliance and the Jamaican Civil Society Coalition. The private sector is also engaged both through collective work and individual philanthropic ventures including the Jamaican Chamber of Commerce and Grace and Star Foundation. Academia, principally led by the University of the West Indies, is engaged with this agenda through scientific studies, intervention-based working and participation in the policy process. And finally Jamaica has an active independent media that has extensively reported on the issue of violence.

The UN system in Jamaica comprises the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Food and Agricultural Organization (FAO), United Nations Population Fund (UNFPA), Pan American Health Organization/World Health Organization (PAHO/WHO), United Nations Environment Programme (UNEP), United Nations Children's Fund (UNICEF), the World Bank, the Joint United Nations Programme for HIV/AIDS (UNAIDS) and the International Labour Organization (ILO) sub-regional Office for the Caribbean. The UN agencies largely provide technical assistance and capacity development as well as facilitating dialogue between government, civil society and international development partners (United Nations Country Team 2011).

An example of inter-agency coordination is the collective programming of UN activity. An example of inter-agency collaboration with the Government of Jamaica is the alignment of the UN programme of work with the government's development plan, Vision 2030. The United Nations Country Team (UNCT), in partnership with the Government of Jamaica (GOJ), undertook a Common Country Assessment (CCA) in order to develop a harmonised United Nations Development Assistance Framework (UNDAF) for Jamaica for the period 2006-2010. The CCA serves as an overview and analysis of the development situation in Jamaica and identifies key development challenges. It assists the UNCT, international and national development partners to respond effectively to development priorities. As part of this collaboration continued support is given to crime and violence prevention initiatives. This agreed collaborative programme is further reflected in the UNDP's country programme 2007-2011 for Jamaica, linking directly with the United Nations Development Assistance Framework. The programme identifies justice, peace and security as one of its three priority areas of activity (UNDP 2007).

The Government of Jamaica has adopted substantial policies to respond to the problem of violence. The principal lead is the Ministry of National Security. Its activities are coordinated with the initiatives of the Jamaican Constabulary Force (JCF) and the strategies of the Planning Institute of Jamaica (PIOJ). As already outlined the Ministry of National Security and the Planning Institute of Jamaica have worked across ministries to develop the National Security Policy and the Community Renewal Programme, respectively.

Finally there is a broad range of NGOs that are engaged in Jamaica in delivering violence prevention programmes and victims of violence services. An example of collaboration across sectors is the Jamaican Civil Society Coalition (JCSC). The JCSC brings together cross-sector representatives with a shared interest in social development. Established in 2010 it aims to catalyse the coalescing of these diverse organisations from across sectors around common principles.

Further non-state networks include the Violence Prevention Alliance (VPA), referred to in Section 5.2.3, and the Jamaican Chamber of Commerce (JCC). The JCC, in addition to individual companies such as Sandals, and Grace Kennedy Co, have demonstrated an on going commitment to social and economic development in Jamaica. The Jamaican Chamber of Commerce undertakes a coordinating role in generating private sector support for community-based violence prevention activities.

5.2.5 Interventions

Across government and non-government agencies multiple methods have been adopted with the objective of reducing the levels of violence in Jamaica. These are primarily short-term projects within a targeted community. Interventions aimed at life skills development are the prevalent approach. These are partnered with upstream approaches addressing community and societal risk factors such as community infrastructure improvements. A summary of some of the principal violence prevention interventions in Jamaica is presented in Table 5.1 based on the seven categories of effective violence prevention programmes identified from the global evidence-base, as outlined in Chapter 2 (WHO 2010).

Table 5.1 Violence prevention programmes in Jamaica

Programme category	Programme title	Deliverer	Description
Development of safe, stable and nurturing relationships between children and their parents	Children First	Children First	Works with parents and communities to build relationship skills
Developing life skills in children and adolescents	Peace and Justice Centres	Dispute Resolution Foundation	Teaches conflict resolution management skills and includes outreach youth services
Reducing the availability and harmful use of alcohol	Not applicable		
Reducing access to lethal means (Guns & Knives)	Gun Court Act (1974)	Government of Jamaica	Strict gun licensing and regulation tightening
Promoting gender equality	Bureau of Women's Affairs	Ministry of Labour and Social Affairs	Legislation designed to address violence against women
Changing cultural and social norms	Peace Day Initiative	Violence Prevention Alliance	Month long campaign of marches, concerts and community activities for peace
Victim identification, care and support programmes	Peace Management Initiative	Peace Management Initiative	Undertakes mediation in communities in conflict; running healing and reconciliation programmes for communities and counselling for victims of violence

However these programmes are delivered by multiple agencies, are under-funded and time constrained. They are disparate programmes that reach a limited number of people and do not represent a comprehensive programme to prevent violence. Although there are many relevant programmes very few of these are of any significant scale. Moreover despite the presence of some well-founded design the implementation, funding and evaluation is not necessarily in place.

5.2.6 Conclusion

It is evident from this overview that there are multiple agencies engaged in the violence prevention agenda in Jamaica. There are examples of collaboration within these sectors and some limited illustrations of collaboration across sectors. What is clear is that there are multiple players and networks linking within and between the sectors. It can be concluded that Jamaica has adopted a policy of violence prevention to a moderate degree. Based on the documentation and in-depth interview data presented in this Section it is evident that Jamaica has undertaken measures to develop a policy plan, establish surveillance systems, generate research, work collaboratively and implement violence prevention programmes. Table 5.2 summarises the violence prevention policy status in Jamaica based on the recommendations of the World Report on Violence and Health (WRVH), outlined in Chapter 2, presented according to type of violence (WHO 2002). The attention of this study now turns to the influencing factors that have shaped the advancement of this prevention strategy.

Table 5.2 Violence prevention policy status in Jamaica

	Policy plan	Data	Research	Primary prevention	Victim support	Social norms	Collaborate
Intimate partner violence	✓						
Sexual violence				✓			
Child abuse		✓	✓	✓			
Youth violence		✓	✓	✓	✓	✓	✓

5.3 Factor analysis

Jamaica has a severe problem with violence and has responded to a moderate degree through a policy of prevention. During the process of policy change numerous challenges arose and strategies were taken to progress policy reform. Examination of the Jamaica case identified factors that effected incremental changes in prioritising the issue of violence on the political agenda. An understanding of the conditions that shaped this policy position was generated from the application of the Shiffman Public Health Policy Priority Framework to analyse the data drawn from in-depth interviews, observations and comprehensive documentation. As outlined in Chapter 2 and summarised in Table 5.3 these factors are categorised according to the power of involved actors, the ideas they use to position the issue, the nature of the political context in which they operate and characteristics of the issue itself. The following Section presents the findings of the investigation of violence prevention policy in Jamaica. It details the determinants of the policy process that resulted in the advancement of violence prevention policy in Jamaica. The findings indicate that certain factors had greater relevance than others. In particular the importance of sector networks, a harmonisation policy framework, a shared conceptualisation of the problem and a high-profile incident. How have the issue of violence and a strategy of prevention gained attention on the political agenda in Jamaica? And what are the actors, processes and relative forces that have defined policy reform in the case of Jamaica?

Table 5.3 Determinants of public health policy prioritisation

	Description	Factor
Actor power	Strength of individuals and organisations	Policy community cohesion
		Leadership
		Guiding institutions
		Civil society mobilisation
Ideas	How the issue is understood and portrayed	Internal frame
		External frame
Political context	Environments in which actors operate	Policy windows
		Global governance structure
Issue characteristics	Features of the problem	Credible indicators
		Severity
		Effective interventions

Source: Shiffman & Stone 2007

5.3.1 Actor power

Policy community cohesion

Coordination within sectors of the policy community was found to have assisted the advancement of violence prevention policy. This catalysed support and strengthened collective activity. A coordinated approach was primarily identified within sectors however there were also examples of bilateral partnerships across sectors. Mechanisms to ensure coordination are in place within the international development community and the NGO sector.

The international development community was noted to be inwardly cooperative, coordinated and cohesive. Established in recent years the mechanism for coordination was led by the UNDP. The UNDP holds the role as representative coordinator for all UN agencies working in Jamaica. Under the leadership of the UNDP this coordination mechanism expanded to include all the main international development partners in the country. The partners would convene in an effort to harmonise activities and rationalise support. This was observed to have been an area of focus for prioritising violence prevention in the work of the international community. The integrating structures include thematic working groups such as the

Justice and Security Working Group, which share their matrices and country work programme. A joint product of this collaboration was the in-depth study on the Assessment of Community Security and Transformation Programmes in Jamaica. This included an assessment of both upstream and community-based interventions addressing violence prevention. Overall this platform for coordinating the planning and delivery of international development community programmes furthered the advancement of violence prevention on the policy agenda. It has been attributed with correlating the allocation of resources; harmonising programme design and delivery; and reducing duplication of activities among international agencies working in Jamaica. This was found to support a coordinated approach to the international community's role in advancing the prevention of violence in Jamaica.

There were limited examples observed where these networks extended across sectors. Where this extension did occur it was primarily through bilateral rather than multi-sectoral links. An example of engaging multiple and diverse actors is the Violence Prevention Alliance (VPA). In particular this connected academia and NGOs within a planning and delivery network for violence prevention. The VPA brings together representatives of NGOs, academics and government officials to explore the issue and share research findings. This was found to be a unique platform to develop relations and share research, policy and practice. Thus serving to inform violence prevention policies and programmes. As one academic noted;

> *"In the absence of the VPA and the particular leadership of the VPA. It would not have happened, it's not a natural kind of interaction. It's not normal for NGOs to seek out the work of social scientists. It's not the done thing or normal thing for us [academics] to seek out the NGOs to say here's a good idea why don't you pursue it. We happen to have had individuals who are able to bridge both worlds"*
> (Interview no 11).

Across the relevant ministries of the Jamaican Government there was broad cross-ministry engagement in policy development related to violence prevention. Demonstrated through general consultation processes and the setting-up of cross-

sector working groups, such as the high-level inter-ministerial committee to guide the delivery of the National Security Strategy. However effective policy outcomes of these attempts at coordination were found to be limited. As a senior policy-maker responded;

> *"The Office of the Cabinet is responsible for the communication programme. Hence we have to try to engage them into the roles and responsibilities of each of the ministries, departments and agencies. It's like marketing. We are actually selling it to the ministries what it is that they have to do and they need to put that in their corporate plan"* (Interview no 21).

Challenges

Therefore in the case of Jamaica the effectiveness of coordinating mechanisms across sectors, particularly between government agencies, NGOs and the international development community, was largely found to be lacking. Identified integrating structures primarily focused on within sector networks. The mechanisms that were in place for cross-sector cooperation were found to have restricted accessibility and limited functioning. They were criticised for failing to translate into coordinated activity on the ground. Ineffective cooperation, coordination and cohesion was noted by almost all respondents. As succinctly stated by a representative of the international development community;

> *"One of the key missing pieces is that joined up state approach to violence"* (Interview no 23).

The fact structures alone are insufficient in generating effective collaboration was further outlined by a senior member of the JCF;

> *"Even though [the JCF] is part of the Ministry of National Security there are some things that are happening within the ministry that we are not necessarily a part of. Even if we are a part of it, it's just for information, we're not really a part of it"* (Interview no 17).

Policy community cohesion was further challenged by efforts to secure cross-ministry buy-in for violence prevention. Despite cross-ministry working mechanisms being in place the study found that this did not accordingly result in ministry support in advancing the violence prevention agenda. Experienced in the development of both the National Security Policy and the Crime Prevention and Community Safety Strategy. The key architects of these policies attributed this lack of ministry buy-in primarily to the absence of acknowledgement of each ministry's role in violence prevention. Viewed as a Ministry of National Security led strategy violence prevention was not a policy priority shared across ministries. However it was noted that greater achievements were gained through bilateral engagement on an operational programmatic level. Exemplified by the collaboration between the Ministry of Education and the Ministry of National Security in developing and delivering the Safe Schools Programme.

The lack of cross-government agency coordination was also illustrated by the duplication of violence prevention policy and programmes. One clear area of replication without collaboration was the work of the Crime Prevention and Community Safety Unit within the Ministry of National Security and the Community Safety and Security Unit within the JCF. These work streams, despite having similar objectives and being part of the same overall ministry, were observed to be predominantly operating in isolation.

Limited resources and territorial competition was also found to hinder effective collaboration on violence prevention. As particularly observed to be the case within the NGO sector. The engagement of NGOs in the design and implementation of violence prevention policy is set within a context of limited resources and thus heightened competition. A significant proportion of NGOs operate with a small number of staff on a restricted budget to deliver high-demand services. A noteworthy proportion of NGOs predominantly provide a similar range of violence-related community-based interventions such as homework clubs, parenting programmes, skills training and anger management programmes. As government and international donor agency funding was reduced this was noted to generate

competition within the NGO sector. Thus challenging the collaboration and coordination of activities. As summarised by one interviewee;

> *"Because of the economic climate and the severity of the problem NGOs are really strapped for resources. Most times it's one or two person with any particular skills. Sometimes they're out of their depth in terms of areas that they're intervening in. Most times people are really following the funding. Therefore you find that they're suspicious of themselves and of others. If there's some money then we'll come together but it's not sustainable"* (Interview no 24).

Overall this pressurised funding environment was identified as a barrier to a cohesive and coordinated NGO community. It impedes working collectively to generate political priority for violence prevention and restricts coordination for effective delivery of violence prevention programmes. As a member of the Jamaican Civil Society Coalition noted these conditions can make it difficult for organisations to work together. The sector is trying to build a coalition whilst under pressure to sustain their individual organisations (Interview no 16).

The barrier of competition for both resources and position was also evident within the international development community. They too are competing for resources to fund their agency work in Jamaica and need to be able to demonstrate their achievements. This again led to impaired cohesion among this community and resulted in areas of duplicated violence prevention activity.

In summary the lack of effective cross-sector coordination in design and delivery of violence prevention policy; the restrained engagement of relevant ministries; the duplication of planning and programme efforts; and the competition for resources among NGOs all amounts to inefficiencies in the allocation and use of resources to prevent violence. There is extensive activity, largely supporting a shared goal through similar means. However coordination of this activity across sectors is constrained by the competition for resources and the prioritisation of securing an organisation's survival and/or legacy.

Leadership

A number of exceptionally able and active individuals across sectors were identified in the case of Jamaica. These individuals occupied leadership roles challenged with coordinating activity within their sector; bridging gaps between sectors; and initiating on the ground programme implementation. A group of particular note among these individual leaders are those that undertake an academic-activist role. These are scholars that have traversed the divide between academia and civil society and fulfil a combined role. Violence prevention has been the subject of an extensive portfolio of scholarly work. As illustrated by the broad catalogue of published papers from across disciplines including the Departments of Governance and Sociology; and the School of Medicine. Academics were noted to have initiated the debate on the social roots of the problem of violence and injected this perspective into the policy development process. These academic-activists partnered their research with on the ground action both evaluating and delivering community-based interventions. The academic units, principally at the University of the West Indies, were observed to have brought academic analysis and research both to the policy table and to the community level of intervention planning. As one observer noted;

> *"There is a good academic pool locally. Along with them you do have this academic slash civil society slash advocacy group. There is a group of men and women who have strong scientific approaches, have positioned themselves between academia and civil society; and have engaged in very strong advocacy"* (Interview no 23).

However there were challenges to the acceptance of this input based on the argued disconnect and irrelevance of academia to the Jamaican crisis. Academics who also engaged in community level activity occupied a strengthened position of influence. These individuals were noted to have led in framing the problem of violence in terms of the social and environmental root causes and presenting the solution based on a social development model.

Core organisations were also recognised in being the first to have encapsulated the evidence and the on the ground experience. Consequently inputting this combined expertise and experience into the design and delivery of violence prevention programmes. Two of the largest and most visible organisations are the Dispute Resolution Foundation (DRF) and the Peace Management Initiative (PMI). Both originated from the Ministry of National Security as part of a programme supported by international development agencies. Now as NGOs they lead on service delivery while still part funded by the Ministry of National Security. These organisations were in a position to create the policy space to discuss restorative justice and other preventative approaches towards addressing violence. This is acknowledged as bringing violence prevention to the forefront of the policy agenda. A member of the DRF noted;

> *"We try to locate ourselves in a policy space around justice, peace and development. So when we think about violence and a policy approach to it in Jamaica I think we can see our impact over the past 15 years. The impact is on the nature of the discourse and the importance being given to interpersonal disputes in policy at the government level and in practice at the level of civil society"* (Interview no 18).

Challenges

Non-governmental organisations are central in leading the delivery of violence prevention interventions in Jamaica. They also engage in shaping policy development through inputting on the ground experience into government consultations. Civil Society in Jamaica is very active and robust. However their leadership is primarily in delivery. This is constrained by resources and the policies that allocate programme funding. The skill set within the NGO sector was noted to be focused around the organisation's operational delivery mandate and fund-raising. There is a relatively well-developed government consultation system in Jamaica. However it was observed that NGOs did not necessarily have the capacity to meaningfully engage in this national policy process. As one senior academic noted when describing the involvement of NGOs in moving forwards the social crime prevention agenda;

> *"They [NGOs] operate on the notion that knowledge based on experience is the highest form of knowledge and the best form of knowledge for dealing with the problem. And that helps them in their community level interventions but you can't engage in a sensible discussion about national policy based on your experience in your community. The limitations become very obvious"* (Interview no 11).

In the case of Jamaica the role of academics within interpersonal violence policy and practice was also restricted. Engagement of academics with the NGO sector was described as an "un-natural relationship". Furthermore government ministries were noted to be averse to engaging with academics unless there was a public crisis. The study therefore found that academic research was isolated from the design of policies and programmes to reduce the levels of violence. Academic engagement in the policy process around violence prevention was shaped by individual reputations and previous experience of government involvement. As a senior policy-maker noted;

> *"There's always this friction with academics and policy-makers and politicians. There seems to be this conflict. Sometimes they're listened to and sometimes they're not"* (Interview no 21).

These entrenched roles of the NGO sector in delivery and academics in research can be argued to be isolated from the policy process in the case of Jamaica. Each sector clearly has a richness of expertise and experience to share, however, a degree of scepticism and caution is visible between sectors. The prioritisation of the prevention of violence is thus constrained by the isolation of research, policy and practice expertise.

Guiding institutions

The broad policy framework guiding the Government of Jamaica's activity in reducing levels of violence has been contributed to by multiple government agencies, as outlined in Section 5.2.1. However in recent years the Planning Institute of Jamaica (PIOJ) was identified to have taken a leadership role in harmonising this policy framework. The cornerstone of the PIOJ's activity in this area is the Community Renewal Programme (CRP). In an effort to harmonise the inputs of all the different agencies, including both government bodies and international agencies, the PIOJ was commissioned by the Prime Minister in 2010 to develop the Community Renewal Programme. The CRP was designed to bring all the major stakeholders to the table to coordinate their work to provide focused development through shared objectives. This policy framework is a central component of the government's National Development Plan, Vision 2030. The PIOJ, with responsibility for the National Development Plan, was therefore able to leverage influence for the CRP. The PIOJ also facilitated the alignment of the CRP objectives with the aims of violence-related strategies, namely the National Security Strategy and the Crime Prevention and Community Safety Strategy. Part of the PIOJ's role is as an interlocutor with international development partners to negotiate resources. This position was noted to be instrumental in achieving the buy-in of other ministries. As a senior member of the PIOJ described;

> *"When we call these agencies to the table they know this. Firstly they know we have Vision 2030 as our mandate and that CRP is a part of that. Secondly we are the ones who go out there and seek funding, we are the fund-raisers for the government in terms of the development community. Thirdly we also influence the Ministry of Finance to resource the projects in their budget. And once they know that they come to the table. They may not come very willingly but they come eventually, as they know their budgets may be affected. That's the leverage we have as a planning institute"* (Interview no 13).

Overall the CRP, led by the PIOJ, provided a harmonising policy framework to coordinate the projects and programmes of other ministries and international

development partners. This was complimentary to the existing policies and bound the issues of social development for violence prevention into the top national development strategy. The leadership of the PIOJ provided a position to bring stakeholders to the table and to negotiate funding. Thus, the PIOJ galvanised the policy community around violence prevention for national growth and development. It supported the coordination of the policy community activities to advance the common goal of the reduction of violence through development.

Challenges

However, multiple respondents questioned the strength and ability of the PIOJ to coordinate violence prevention activity under the CRP. It was observed to be unclear if the PIOJ's programme would fully satisfy the need for high-level institutionalised coordination. Although the CRP is in its very early stages there was support for the intentions of the programme. However there were also concerns expressed around the degree of influence exercised by the PIOJ and; the lack of allocated budget. Moreover some partner agencies were noted to have withdrawn from the programme until it had been shown to be effective. The study therefore observed that the PIOJ occupied an essential role in guiding and coordinating the policy community in theory. However in practice the strength of influence in shaping the violence prevention agenda was not as visible. As summarised by a senior government policy architect;

> *"We are as we speak currently trying to establish an inter-ministerial committee using the Community Renewal Programme as the sort of anchor. To take it out of the clouds and wrap it around something that is happening and something that is more actionable. We know it is going to be challenging. It is going to involve a lot of trust building. We have to ensure that the coordinator is at a sufficiently high-level that they can mandate participation"* (Interview no 14).

And supported by a senior member of the international development community;

> *"There may be a bit of a chicken and egg situation. There has to be some sort of results of this approach and then you'll see the formulation of support to push them forward"* (Interview no 23).

The challenge of shaping a coordinated violence prevention programme is within the context of a populated and complex field. As already noted in Section 5.2.4, there is a plethora of government, non-government and international agencies engaged in the issue of interpersonal violence, whether it be through long term planning, programme delivery or funding. This was found to create a highly complex environment within which to advance a focused campaign to prioritise violence and adopt preventative measures.

Civil society mobilisation

Civil society in Jamaica was observed to be extensively active. The strength of civil society is compounded by its coordination and mobilisation, as demonstrated by the Jamaican Civil Society Coalition (JCSC). The JCSC brings together cross-sector representatives including NGOs, community-based organisations, faith-based organisations, private sector bodies, human rights lobbyists and professional associations. It is a platform where organisations with a shared interest in social development can have a dialogue to identify common principles for unified action. This was established in 2010 following a major national incident. In response to the event many organisations made media statements calling for government action. These were undertaken in isolation but shared similar objectives. This catalysed the coalescing of these diverse organisations from across sectors around common principles. The Jamaican Civil Society Coalition was therefore observed to mobilise and strengthen the social dialogue and its strategic position. This was noted to be a unique platform for establishing a civil society network that came out of a major national incident. As described by a Chief Executive in the sector;

> *"There is no prior formation of this multi-sectoral working. The space itself is providing an opportunity for these disparate groups to find a language they can speak that's in common to enrich the inter-sectoral perspectives"* (Interview no 16).

Civil society activity is further galvanised through an annual month long campaign for peace. This includes peace marches, concerts and various community activities. The private sector was also noted to be active in supporting community projects. It was observed that in recent times the private sector has increasingly participated on the violence prevention agenda and with greater coordination. The issue of violence was not always embraced by the private sector: except in situations where violence impacted directly on their own businesses. However over recent years, and in particular since the major incident in 2010, the philanthropic arm of the private sector started to focus more closely on how they could engage in prevention activities. This is coordinated by the Jamaican Chamber of Commerce and the Council of Presidents; and led by individual entities such as the Grace and Star Foundation. The study found that these private sector initiatives were able, on the whole, to access resources and were held to be credible contributors to the development of communities.

Challenges

However, a significant proportion of this activity was delivered through projects. These are delivered by multiple agencies, typically under-funded and time constrained. The cycle of new projects starting while others ended was also noted to have resulted in heightened discontinuity and uncertainty. Moreover the roll out of a multitude of projects in the same limited population group was found to have resulted in community fatigue. This unstable project-based approach thus failed to provide a sustained mobilising force.

In summary it is clear that a prominent group of academic-activists, a strategic lead agency with reach and a robust civil society was key to formulating a preventative approach to interpersonal violence. However progress was restricted by an isolated and entrenched role of academics, policy-makers and practitioners; an over

populated network of government, non-government and international agencies; and a volatile project-based approach. We now turn to how the concept of violence was found to shape the policy process in Jamaica in the case of interpersonal violence.

5.3.2 Ideas

Internal ideas frame

In Jamaica the field of violence prevention is occupied by a plethora of actors: government ministries, agencies and departments; international development agencies and country embassies and; non-governmental organisations, academics, civil society organisations, faith-based organisations, private enterprises and the media. Within these agencies the study found there to be a strong degree of cohesive conceptualisation of the problem of violence. This was in terms of the nature of the problem and partnered with common agreement on the method of solution. Moreover this cohesive conceptualisation was identified as being primarily framed within the context of development.

As a post-colonial country emerging from the economic crisis of the 1970s the underlying focus of the government ministries and international agencies was development. Globally interpersonal violence was increasingly viewed as a barrier to development through lost productivity and increased health and social costs. The correlation between violence and development is reflected in Jamaica. In the private sector businesses experience increased security costs and absenteeism. Furthermore the costs to business of high levels of violence and a perception of insecurity threatened foreign direct investment and the tourism industry. State resources are consumed in addressing the health, social and economic consequences of violence, thus diverted away from development targets for health and education. As stated by one respondent;

> *"The Growth Strategy noted that one of the key things that was hindering our development was crime and violence. So the whole need for dealing with crime and violence is one of those things that will lead to growth"* (Interview no 12).

The study found that the high-level of violence was therefore widely perceived across agencies as a barrier to development. Violence thus occupies a prominent position on the agendas of the multiple international, national and local agencies working towards improved development in Jamaica. This was reflected in the significant proportion of programmes and resources that are directed towards peace and security. As an interviewee noted;

> *"Conceptualisation of violence as a developmental issue has not had any resistance. The UN country team has just developed its development assistance framework for the next cycle, 2012-16. The common analysis of the country placed very squarely the development issue of violence"* (Interview no 23).

The reduction of violence is directly linked to the objectives of the development agenda. It was observed that violence prevention strategic and programmatic activity was framed within the context of improved development. Thus generating legitimacy and priority to the issue of violence prevention.

Moreover a cohesive conceptualisation of the nature of the problem of violence was accompanied with a shared perceived approach to the problem. It was found to be widely agreed across agencies that violence can not be solved by "hard" policing alone. On the whole there is an understanding that violence is a result of biological, social and environmental risk factors. Therefore to address violence these risk factors must be tackled through interventions such as parenting programmes, life skills training and employment support; as well as upstream initiatives to improve housing and sanitation. As is reflected in the two key government policies on this subject, the National Security Strategy (2007) and the Crime Prevention and Community Safety Strategy. These policies present violence as a multi-dimensional problem that requires a multi-sectoral response. Firstly the National Security Strategy clearly sets out that security-related issues, including violence, is a whole-society issue.

Secondly the Crime Prevention and Community Safety Strategy is based on the premise that punishment alone will not reduce the levels of violence. It states that to tackle the problem of violence a two-pronged strategy must be taken. One that comprises of policing measures as well as community-based interventions that address the root social and environmental factors of violence. This strategic approach was observed as supported by the Jamaican Constabulary Force (JCF). It was noted that the JCF had long purported that it was not the responsibility of the JCF alone to reduce violence. The complex nature of the problem required the engagement of social and finance ministries to address the social dimensions of violence. This was reflected in the JCF's reform programme. It sets out community-based policing and multi-sectoral collaboration as a core function of the JCF. Overall the police reform clearly supported the shift towards a preventative approach to violence. The JCF was observed to be increasingly playing its role in delivering this agenda at a community level.

Championed by the Ministry of National Security but taking a multi-departmental and multi-sectoral approach this two-pronged strategy of control and prevention was found to have received support from across agencies. The following quote from a senior member of the international development community illustrates the multi-agency buy-in to this two-pronged strategy;

> *"From a human security approach this [Crime Prevention and Community Safety Strategy] is exactly what we want to see. We are much less interested in the law enforcement reactive approach than to recognise the conditions that are likely to give rise to violence. And then how can we do long term sustainable intervention that will mitigate the risks of violence"* (Interview no 23).

Moreover it was noted that the two-pronged strategy is in-line with the traditional approach adopted by the development community. This support has primarily been for social interventions. The development agencies had customarily refrained from security matters within a country, following controversial experiences in other countries. And so when making the case in the late 1990s for violence to be viewed

as part of the development agenda the agencies were described to have been cautious to engage in a security-related issue. Furthermore when agreeing to support this programme there were initial stipulations that assistance was only available for social interventions.

In summary there is a cohesive conceptualisation of violence as a barrier to development in Jamaica. This is partnered with comprehensive support for a multi-sectoral response to address the root social and environmental factors of violence. However the weighting of each of these two approaches varies across the sectors, and the resources available are not always equitable, which the following Section addresses.

Challenges

In Jamaica the study found that the balance between the two dominant approaches to tackling violence was not consistent. The NGO sector argued that the government rhetoric is a two-pronged approach with community-based interventions at the heart. However, in practice the funding goes to policing. The policies such as the National Security Strategy and the Crime Prevention and Community Safety Strategy both purport this two-pronged approach and the value of prevention. However, it was argued that the budget follows the "hard" policing measures. Resource allocation therefore challenges the shared conceptualisation of violence as a problem that requires both punishment and prevention. As stated by one respondent;

> *"They talk about it but the money is not allocated to prevention"* (Interview no 19).

Another challenge identified is the prioritisation of basic infrastructure improvements addressing upstream factors over community-based interventions. It was proposed that there are a vast number of community-based interventions but there would be greater value through improving core infrastructure. It is argued that community-based interventions are a low cost "sticking plaster" alternative to state administered services. The contraction of state agencies in response to the debt

crisis resulted in the provision of only basic state services. Typically NGO led projects would fill the gaps in the delivery of community services. These were on the whole consistent with the government policy framework and routinely funded by international agencies. It was noted that government policy was moving to a prioritisation of infrastructure improvements to reduce violence. Thus this presented a third approach to violence prevention. It could be concluded that this is a long-standing debate with entrenched views, vested interests and limited innovation and motivation to do things different.

External ideas frame

Public surveys, conducted by the Planning Institute of Jamaica (PIOJ) and academics, have illustrated that the public perceive violence as a major problem facing Jamaica. The rising homicide rate and the impact this is having on communities, business and development has occupied public debate. There has been a great deal of attention and debate about what constitutes violence, its causes and the different approaches for addressing violence. It is evidenced by the number of studies conducted both by academics and international development agencies that violence has been the subject of much public, political and scholarly debate. As noted by the following respondent;

> *"I did a survey recently and it showed that the vast majority of the Jamaican population are strongly supportive of social crime prevention programmes. They believe investments in education, in housing and better integrating the communities of the urban poor are important for violence prevention"* (Interview no 11).

Moreover Jamaica has a rich media landscape both in broadcast and print. The media through its extensive coverage of violent incidents was identified to be a central player in highlighting the problem of interpersonal violence as well as, some respondents argued, shaping the public response to violence. This was noted to be particularly true when the levels of violence were exceptionally high and reflected the popular sentiment that "enough is enough".

"The media reports and amplifies what is of public concern. It's only more recently that it's become more engaged in agenda-setting rather than agenda-reflecting" (Interview no 16).

Challenges

Peace and security in Jamaica should be viewed within the historical context. As outlined in Section 5.1.1 the independent state of Jamaica since its formation in 1962 has been marred by partisan political violence. Political-patronage resulted in mistrust of government agencies and unequal distribution of state services. The vacuum left by the state has been filled, to an extent, by the community dons.

Therefore as the state attempts to engage with these communities today to address the social and environmental determinants of violence this is within the context of historical mistrust and the current challenge of an alternative system. The don in these communities is often seen as the community protector and may be the provider of limited social services. However they and their organisation are also the source of a large proportion of criminal activity in Jamaica. In some communities where the rules and enforcement is administered by the don then in practice the state cannot enter.

Violence and the methods of prevention are therefore framed within this historical context of mistrust and an alternative system of governance. This poses a major challenge to the design and delivery of a programme of violence prevention in Jamaica. This was described by one long-established senior policy-maker as the, *"white elephant in the room"* (Interview no 13).

A final factor that was noted to challenge the emerging and progressive conceptualisation of violence prevention was the call for tough punitive measures following the May 2010 incident. There were media discussions about the re-introduction of special units (death squads), capital punishment and other such "hard" policing methods. An example of this could be the perceived general public support for extra-judicial killings and the role of death squads in the police force. As one respondent commented;

> *"There is such a level of concern and fear that people really want to see a sort of immediate very aggressive measures. There was a lot of support for when approximately 4000 people over a period of a couple of months were basically shanghaied, taken processed and then many of them were let back out. People felt comfortable. Politically that's something the directorate has to be very sensitive to, that people want to see boots on the ground and that sort of thing"*
> (Interview no 23).

5.3.3 Political context

Policy windows

The armed incursion in a Kingston parish to extradite Christopher Coke (aka Dudas) was identified as a catalytic event in the violence prevention agenda of Jamaica. In May 2010 there was a month-long siege in Tivoli Gardens as the police attempted to capture this major drugs don. All respondents referenced the impact of this event on policy and delivery. The development of the Community Renewal Programme within the six months following the event was a definitive strategic response. The impact of the incursion was felt across the country with businesses closed, people not able to go to work and services disrupted. Moreover there was damage incurred to Jamaica's reputation and tourism industry as news footage of the scenes of violence was viewed around the world. As the event impacted across social and class divides it highlighted that violence was not only a problem of poor communities but an issue that affected the whole community. This was reported to have galvanised middle-class interest in the pertinence of the issue. And

respondents noted an awakening of the public to the nature and severity of the problem. As a former media commentator noted;

> *"So people are much clearer that the future of middle-class society in Jamaica is umbilically connected to a restoration of citizenship, and the rights that go along with that to those poorer communities"* (Interview no 16).

The event also acted as an opportunity to reassess the prevailing structures and practices of strategic leadership and delivery. Politicians and experts responded to the event calling for social interventions and community strategies to address the societal conditions that had given rise to these problems. Such measures were found to be already outlined in relevant strategies but had largely failed to be implemented. Thus highlighting the weakness of the bureaucratic system. The Prime Minister at the time took a lead in responding to the event. There was a call to bring together the main players and to coordinate interventions. This was the origin of the Community Renewal Programme. The Planning Institute of Jamaica (PIOJ) was mandated to develop a "post-conflict" response. It engaged stakeholders and through consultation it crafted the Community Renewal Programme.

> *"We had an insurgency in May and that pushed the development of the Community Renewal Programme much faster than it was going. They recognised how urgent it is . . . It's a knee-jerking thing basically. We have to get this done but it's already in the strategy that it should have been done"* (Interview no 21).

The event also removed barriers and facilitated collaboration such as the coming together of civil society through the formation of the Jamaican Civil Society Coalition. It provided an event around which disparate groups could work collectively with shared objectives. As a member of the coalition noted;

> *"People saw their sectoral interests as almost immaterial because in that moment you are Jamaicans together facing a very serious problem"* (Interview no 16).

The May 2010 incident was found to be a turning point for the empowerment of the police. It was noted that the independence of the police was strengthened to enable them to act. And there was improving public cooperation. This is in contrast to the pre-May 2010 status quo where the police were, *"emasculated subject to the vehicles of political directorate"* (Interview no 12).

The May 2010 incident also illuminated issues that had previously been taboo subjects. The issue of dons, the relationship between criminality and politics and the overall impact on governance had long been known but not discussed. The event provided the opportunity to bring this to the table and to discuss the full dynamics of the issue of violence.

Challenges

The issue of violence and its social determinants within the controversial historical context and framed by recent events made the issue highly politicised. Thus inhibiting advocacy. It was noted that organisations were sometimes afraid to make statements regarding government policy as it may be seen to be supportive of one party or the other. The Jamaican system is a strong two-party state with communities very much divided between the main parties. It is thus difficult for organisations or individuals to identify themselves with one party or the other on a particular issue. This could jeopardise credibility, career and funding opportunities. Organisations were also noted to be vulnerable to being "hijacked" by a political agenda. As the Jamaican Civil Society Coalition noted this was something they had to be vigilant about. As stated by one respondent;

> *"It's hard sometimes in commenting about violence-related injuries to remain neutral politically, because if you comment for or against it could mean your allegiance one way or another. So people in the past in many organisations have found it difficult and so shy away from commenting on certain kinds of things"* (Interview no 22).

Global governance structure

As reflected throughout this Chapter there is a vast number of international agencies engaged in Jamaica. The challenge of coordinating this community and aligning it with government priorities has already been identified. However it was also clear that these agencies themselves work within a global system that shapes their objectives, resources and activities at country level. Moreover this global system was also characterised by finite resources and competing priorities. The influence of these factors is reflected in the programme of activity undertaken in Jamaica. However as already noted violence prevention in Jamaica is framed within the context of development thus securing support.

A global force of particular relevance to Jamaica and the government's ability to tackle violence is the International Monetary Fund (IMF). Jamaica has a heavy debt burden. It was observed that the regulations imposed under the debt agreement with the IMF led to a restrained social system. These regulations shaped the state approach to infrastructure and state services. It was also noted that a component of the IMF regulations includes public sector reform and a reduction of the public sector workforce. This has brought about uncertainty in the public sector and hinders long term planning. As noted by one respondent;

> *"There is a great deal of uncertainty so forward planning and the addition of responsibilities is difficult. There isn't that sort of stable environment that gives the opportunity to focus on things like how do we do joined-up government better"* (Interview no 23).

5.3.4 Issue characteristics

And finally this study found that certain characteristics specific to interpersonal violence enabled the generation of traction for the strategy of violence prevention among policy-makers in Jamaica.

Credible indicators

It was noted that data is available, however, its use in policy and programme design and evaluation is not institutionalised. It was noted that policies are rarely data driven. As outlined in Section 5.2.2 data is available through the Jamaican Constabulary Force and the Crime Observatory. An example of the use of data was the identification of 100-targeted communities for the first stage implementation of the Community Renewal Programme. However such examples were found to be limited. As a senior policy-maker noted;

> *"Data and evaluation to be frank is quite weak. If we spent more of our time building those capacities I think we would gain tremendous efficiencies with our limited resources"* (Interview no 14).

And further states with regard the attitude towards data;

> *"Everybody says that data speaks but not everybody listens. Political imperatives can make the data uncomfortable"* (Interview no 14).

Credible indicators of the problem enabled the presentation of the issue. However there was division over the level of detail of the scale and nature of the problem that was necessary in order to take action. This was noted as a particular source of contention within the NGO sector and among policy-makers. As summarised;

> *"There is, especially among NGOs, a feeling that the issues are being over studied. We know the problems. All we need to do now is act; and all money spent on data and so on and so forth is a waste and better if spent it on practical things"* (Interview no 14).

The Crime Prevention and Community Safety Strategy sets out to address this gap by establishing a Crime Observatory within the Ministry of National Security. This mechanism would utilise non-fatal violence data to develop more efficient and targeted responses driven by data.

Severity

The scale and severity of the problem of violence has been extensively documented and is consistently acknowledged as a major issue in Jamaica, as outlined in Section 5.1.2. Of particular note is the high proportion of violent activity that results in death. This is noted to be a consequence of the high prevalence of firearm-related violence. It is not only the severity of the health consequences of violence but also the acute impact of violence on the community that is widely recognised. The acknowledgement of the broad societal impact of violence is reflected in the framing of this issue in terms of the growth and development of Jamaica. However the areas of violence with the most severe consequences are not necessarily the area of primary focus. Violence is commonly equated by the general public to gang-activity moreover a significant proportion of the response to the problem is targeted at reducing gangs. However as outlined in Section 5.1.2 there is a significant level of interpersonal violence that is not gang-related. This study therefore found that the severity of the issue of violence serves to support traction on the political agenda, however, it does not accordingly direct it to all the areas of need.

The high-profile nature of a dimension of violent activity and the potential severity of the consequences of violence raises awareness of the problem. However it was also found to overshadow other aspects of violence. As noted in Section 5.1.3 males are the predominant victims of fatal violence-related injury. However women make up almost equal proportion as men of the victims of non-fatal violence-related injury. An understanding of the typology of violence in Jamaica is not adequately documented. However it is indicated that other less-often fatal types of violence, such as intimate partner violence and child maltreatment, are widely prevalent. Thus, this study observes in the case of Jamaica that the severity of the nature of violence has helped to gain traction for the issue on the policy agenda. Although it has also overshadowed other types of less-often fatal but possibly more numerous types of violence, thus, constraining prevention activity in these areas.

Effective interventions

Across government and non-government agencies multiple methods have been adopted with the objective of reducing the levels of violence in Jamaica. Interventions aimed at life skills development are the prevalent approach. However a significant proportion of interventions are small-scale project-based. These are delivered by multiple agencies; and are typically under-funded and time limited. It was noted that particularly in the NGO sector there is a cycle of old and new projects. Moreover it was often unclear what projects were being delivered in an area at any one time, thus leading to duplication of services. This volatile project-based approach and the lack of scaled up interventions was found to be unsustainable and a barrier to effective programme delivery. As one respondent commented;

> *"The challenge of many great initiatives is how to scale up. We are perpetually in a framework of pilots"* (Interview no 18).

However of these multiple projects there was limited known as to the effectiveness of these interventions due to the lack of evaluation. As a respondent succinctly stated;

> *"A big problem is validation. We are not too sure what works. Anecdotally everyone claims success but the homicide and injury trends don't reflect this"* (Interview no 14).

A criticism levied against NGOs was that there is not necessarily the capacity or the culture to ingrain evaluation in project design. However the evaluation requirements of the international development agencies was found to be pushing towards a more ingrained culture of evaluation. In order to obtain funding a comprehensive evidence-based argument is required. However sometimes these constraints are criticised for being outwith the capacity of small-scale community-based NGOs.

Critical analysis on the utilisation of the Shiffman Framework in this investigation identified unexpected themes. Principally that the objective characteristics of interpersonal violence is not as significant in importance as public health would otherwise attribute. From the employment of the Shiffman Framework to analyse the data for the case of Jamaica it is proposed that it is, to an extent, valuable to consider issue characteristics in order to understand the factors that shaped the development of violence prevention policy. However this category could be argued to be the least influential category. This could raise the question of the value of a public health specific model. The utility and need for a public health specific model are two distinct questions and the latter was not the focus of this study however it could present an interesting area of further research.

5.3.5 Conclusion

The purpose of this Chapter was to outline the problem of violence in Jamaica; assess the solutions being undertaken; and analyse the factors that have driven interpersonal violence and a strategy of prevention up the political agenda. Based on the data gathered from in-depth interviews and comprehensive documentation this Chapter concludes that in Jamaica the problem of violence is historic, contemporary and entrenched; and the solution adopted is to a moderate degree a policy of prevention. From the factor analysis it is inferred that an active field of cross-sector agencies, a cross-sector conceptualisation of violence and a harmonised policy framework effectuated the prioritisation of violence prevention.

Why has Jamaica chosen to adopt an increasingly preventative response to violence? It is shown by the results of the case study that the issue of violence and the adoption of a preventative approach are firmly established on the policy agenda; have secured cross-sector buy-in; and are being advanced through a programme of community-based initiatives.

How have the issue of violence and a strategy of prevention gained traction on the policy agenda in Jamaica? Multiple events marked the advancement of a policy of prevention: the establishment of a platform for dialogue between academics and

activists to unify violence prevention activity; the assessment of community-based community safety initiatives; and the extradition of a drugs don.

And what are the actors, processes and relative forces that have defined policy reform in the case of Jamaica? The study of the advancement of violence prevention policy in Jamaica concludes that multiple determinants have catalysed action for violence prevention on the policy agenda while others have limited the formulation of violence prevention policy and the scale up of programme implementation. Summarised in Table 5.4.

An analysis of the factors that have shaped this position found that policy-makers, academics and international agencies shared a conceptualisation of violence as a barrier to development and of prevention as addressing the root social and environmental factors of violence. Civil society was robust in its voice and action with a prominent group of academic-activists and a major public "crisis" presented an opportunity to galvanise public appetite for change. These features of the policy environment drove the issue of violence prevention to prominence. However, the study results also find that ineffective policy and programme cooperation, coordination and cohesion across sectors; isolated and entrenched academics, policy-makers and practitioners; and a volatile project-based approach has constrained the design and implementation of a sustainable scaled-up violence prevention programme.

Table 5.4 Influencing factors summary for Jamaica

Category	Influencing factors	Enabling factor description	Challenging factor description
Actor power	Policy community cohesion	Strong networking within sectors Examples of bilateral networking across sectors	Poor coordination across sectors; Poor cross-ministry buy-in Duplication of activities within and across sectors Competition for resources Entrenched roles and relationships Limited NGO capacity; isolated academics
	Leadership	Strong academic-activist individuals Private sector taking the initiative Prime ministerial leadership	Small group of champions; exhausted capacity No professional or practitioner support
	Guiding institutions	Multiple agencies expressed share of leadership Donor agency coordination and strategic focus	Multiple agencies involved Leading agency not adequately positioned Donor agencies wary of prescribing country policy priorities
	Civil society mobilisation	Extensive grass roots work in this area	Community fatigue
Ideas	Internal frame	Violence framed as a development issue Share cross-sector perception of the solution Two-pronged approach	Resource distribution does not reflect equal weighting of two-pronged approach Conflicting perception of best delivery mechanism for prevention; upstream infrastructure Vs. community-based interventions
	External frame	High public awareness and priority of the problem Media centralised the public interest	Public support for punitive solution
Political context	Policy windows	Major incident between police, the dons and politicians with international attention	Politicised issue Turbulent political system
	Global governance	UN decade for action	Donor agency agenda led by donor country interests
Issue characteristics	Indicators	Strong cross-sector data	Data usage is not institutionalised nor coordinated
	Severity	The scale of the problem is widely acknowledged	Too busy fire fighting to prevent; too big to tackle
	Interventions	Multiple initiatives	Lacks evaluation capacity Poor transition of research into policy and practice

Chapter 6

The Republic of Lithuania – Case three

Violence in Lithuania is a serious health and social problem. The rates of interpersonal violence are among the highest in the European region. The prevalence of violence in modern Lithuania occurs within the context of a history of state violence and oppression under occupation. The Government of the Republic of Lithuania response to the problem of interpersonal violence has reformed over the last decade and there is a measure of support for a preventative approach to reduce levels of violence. In order to understand the factors that have shaped this process and generated a degree of political priority for the issue of violence prevention in Lithuania then first one needs to assess the status of the problem of violence and the policy solution adopted. This led me to apply the fundamental question of this study to the situation in Lithuania. Why has Lithuania chosen to adopt an increasingly preventative approach to violence? How has the issue of violence and in particular the strategy of prevention gained traction on the policy agenda in Lithuania? And what are the actors, processes and relative forces that have shaped the journey of policy reform in the case of Lithuania?

The purpose of this Chapter is therefore to set out the problem of violence in Lithuania; assess the solutions being undertaken and analyse the factors that have shaped the generation of political interest in this problem and support for a preventative solution. The case study will conclude that Lithuania has adopted a policy of violence prevention to a limited degree in selected areas.

The analysis of the factors that have shaped this journey found that international institutions exercised external leverage to facilitate policy dialogue across ministries and sectors. Violence prevention policy in Lithuania was framed within the prioritised human rights agenda. And membership of the European Union presented opportunities to access best practice and funding for violence prevention projects. These features of the policy environment helped to drive the issue of violence prevention up the political agenda.

However the study results also indicate that cross-ministry collaboration was difficult in practice and there was overall policy community discord. A comprehensive understanding of the scale and nature of the problem of interpersonal violence was obscured by a concentration on a single type of violence and by the lack of data. And finally, the conceptualisation of violence as a private issue presented opposition to state intervention. These characteristics of the policy environment limited the formulation of violence prevention policy and a holistic approach to interpersonal violence. Before exploring these factors in further detail we need to review the scale and severity of the problem of violence presented within the context of the historical and political background of Lithuania.

6.1 Background

The Republic of Lithuania is the largest of the three Baltic States in Northern Europe and its capital city is Vilnius. It has an estimated population of 3 043 000, 84% of whom are ethnic Lithuanians, 6.6% ethnic Poles and 6% ethnic Russians. Roman Catholicism is the main religion. Over the last decade, the country's population has decreased by 12.6%. This trend is due to a combination of negative population growth (the mortality rate being higher than the national birth rate) and emigration: more than 400 000 people left Lithuania between 2001 and 2011 (Statistics Lithuania 2012).

Since independence from the Soviet Union in 1990 Lithuania has been a stable parliamentary democracy with the President as the ceremonial head of state elected directly for a five-year term. Executive power is vested in the Government of Lithuania headed by a Prime Minister. It has a unicameral parliament (the Seimas) with 141 members elected for four years.

Lithuania is an upper middle-income country with a gross national income per capita of US$11 410 in 2008 (WHO 2011). According to the annual UNDP Human Development Report, Lithuania is classified as very highly developed, with a Human Development Index (HDI) of 0.81. The HDI is a composite index aggregating three basic dimensions into a summary measure using country level information. It gauges health, education and living standards through life expectancy, GDP per capita, literacy and the gross enrolment ratio. Based on this criteria Lithuania is ranked 40 most developed out of 187 countries (UNDP 2011).

WHO estimates that a person born in Lithuania in 2009 can expect to live 73 years on average: 79 years for females and 68 years for males. Life expectancy in Lithuania is two years lower than the European average. In 2008 non-communicable diseases accounted for 71% of years of life lost in Lithuania, just below the European average of 72%. However 23% of years of life lost were injury-related which is significantly higher than the European average of 16% (WHO Lithuanian health profile). This reflects the complex burden of road traffic injuries, suicide and interpersonal violence.

6.1.1 Historical and political violence

Lithuania has a heritage of invasion, genocide and repression. Through the 20th Century Lithuania experienced multiple occupations. In 1915 Lithuania was first occupied by German troops during World War I. In the aftermath of the war Lithuania signed an Act of Independence in 1918 and was re-established as a sovereign state. In 1940 Lithuania was occupied by the Soviet Union and subsequently by Nazi Germany in 1941. As World War II neared its end in 1944 and the Germans retreated, the Soviet Union re-occupied Lithuania. In March 1990

Lithuania became the first Soviet Republic to declare independence. In 2004 Lithuania became a member of the European Union. Lithuania also holds membership of the North Atlantic Treaty Organisation (NATO).

In 1940 Soviet forces occupied Lithuania. Lithuania's central administration was paralysed and the process began of incorporating Lithuania into the USSR. Soviet occupation culminated in mass deportations of Lithuanians to Russia and Siberia. This included the liquidation of the Lithuanian political leadership. A considerable number of former Prime Ministers and Ministers of State were deported, exiled, imprisoned or executed. Lithuania was without internal leadership and under the control of a puppet government (Eidintas 1995).

In 1941 Nazi Germany occupied Lithuania. For most Lithuanians the Germans were welcomed as liberators and received support from Lithuania's irregular militia against retreating Soviet forces. Many Lithuanian's believed Germany would allow the re-establishment of the country's independence (Nikzentaitis, Schreiner & Staliunas Ed 2004).

During the Nazi German occupation of Lithuania, 1941-1944, approximately 95% of Lithuanian Jews were killed. Before World War II the Lithuanian Jewish population was estimated to be 208 000, about 7% of the total population. Between 1941 and 1944 around 196 000 Lithuanian Jews were murdered. The proportion of the Lithuanian Jewish population killed was the largest in the whole of Nazi-occupied Europe (Nikzentaitis, Schreiner & Staliunas Ed 2004).

In Lithuania the occupational authorities implemented highly discriminative policies from the beginning. Mass massacres of Jews started in the first months of occupation. Approximately 80% of Lithuanian Jews were killed in the first six months following occupation (Bubnys 2011). In Lithuania there were notable characteristics that contributed to the rapid liquidation of the Lithuanian Jewry.

The Nazi German administration directed and supported the organised killing of Lithuanian Jews. However, the Lithuanian administration was also involved in the Jewish extermination (Bubnys 2011). In particular the Lithuanian Security Police (LSP) were an integral part of the repressive mechanism. The LSP worked under the directives of the Nazi security police. Records indicate that LSP forces, particularly in rural Provinces, took an active part in the persecution of the Jews: mass arrests, transportation of the Jews to the venues of imprisonment and massacre (Bubnys 2003).

A combination of factors present a rationale for why some Lithuanians collaborated with the Nazi occupiers thus enabling an accelerated and extensive extermination of Lithuanian Jews. These included a perception of the Jewry as Bolshevic and anti-Lithuanian; removing the competition of a successful Jewish business community; and nationalist sentiments for a "pure" Lithuanian race. Moreover there is the argument that for many Lithuanian's collaboration with Nazi German's was a means of survival.

Nazi propaganda succeeded in exploiting the anti-Communist and anti-Semitic moods that had developed during the year of Soviet occupation. It was successful in convincing Lithuanians that Bolshevism meant Jewish power and that the Jews were primarily responsible for the misfortunes endured under Soviet occupation (Bubnys & Kuodyte 2005). During the Soviet occupation, prior to Nazi occupation, cadres of Communist Jews assumed significant roles in the People's Commissariat for Internal Affairs (NKVD). Secular Jews, because of their literacy and pre-war attachment to Communist ideals, became the visible image of the Communist regime and were considered disloyal to the Lithuanian state (Wyman Ed. 1996).

The actual extent of the collaboration of Lithuanians in the mass killing of Jews is unclear. The number of collaborators is disputed. Moreover it is highlighted that some Lithuanians helped the Jewish community. A significant group of Lithuanians provided shelter to the Jews and helped them to escape. It is reported that the Vilna Gaon Jewish State Museum has a register of 2300 non-Jewish

Lithuanians who were Jewish rescuers (Sakait 1998). In addition the State of Israel has awarded the honour of Righteous Among the Nations to 831 Lithuanians. This is an honour awarded to non-Jews who risked their lives to save Jews during the Holocaust (www.yadvashem.org).

Only 5 -10 per cent of Lithuanian Jews were able to survive the Nazi occupation to the end of the war (Bubnys 2011). The involvement of the local population and institutions, in relatively high numbers, in the destruction of Lithuanian Jewry became a defining factor of the Holocaust in Lithuania. The Holocaust of the Lithuanian Jewry was the worst tragedy of Lithuanian's history. Never in Lithuanian history has so many people been killed in such a short period. Although the Final Solution was organised and initiated by the Nazis it would not have been carried out so rapidly and on such a scale without the active support of part of the Lithuanian administration and the local population (Nikzentaitis, Schreiner & Staliunas Ed. 2004).

The participation of so many Lithuanian volunteers in the mass murder of Jews is a very sensitive subject. There is marked variation between different assessments, both inside and outside Lithuania, of the extent of Lithuanian involvement in the Holocaust. The complexities of this period of history are not the subject of this Section however what is important to note in the context of today's Lithuania is that the difficulties of this period of history are unresolved. The Holocaust in Lithuania still remains one of the least researched aspects of Jewish genocide both in Lithuanian and foreign historiography (Nikzentaitis, Schreiner & Staliunas Ed. 2004).

From 1944-1990 a totalitarian system existed in Lithuania under the Soviet Union. The Soviet occupation of Lithuania has been described by commentators as a *"deliberate and brutal attempt to destroy all that was meant by the word Lithuanian"* (Lane 2001). This was undertaken by arrests, imprisonment, executions and mass deportation of Lithuanians. As a senior Lithuanian official noted;

> *"People still remember these times. People were deported, were put in political prison. The KGB would leave the corpses of executed partisans in the central square of Vilnius. On a daily basis you see people killed, violence was a daily thing"* (Interview no 34).

It is estimated that a total of 350 000 people were deported between 1944-1949 (Lane 2001). This was a traumatic period in Lithuanian history. It was characterised by political repression and economic devastation through efforts at the collectivisation of the means of production. The Sovietisation process of "destroy and construct" was undertaken in Lithuania. Anyone considered an obstacle in the path of Sovietisation or who showed signs of independence was dubbed "an enemy of the people" and arrested. It is estimated that perhaps several hundred persons a month were seized in this way. Opposition often resulted in execution or long sentences of hard labour (Lane 2001). This experience of terror, persecution, tyranny and tragedies has left its mark on the Lithuanian psyche. As one Lithuanian academic noted;

> *"A state, which is unable to show dignity in relations with its citizens, will endeavour to turn them into obedient dependants and, failing this, will do this by force. Penetrating through all strata of life, the ideology of violence has become the daily round, the norm, because people started believing this is how it should be. This adds acceleration to the wheel of helplessness and violence which is going round now"* (Jasiulione & Povilaitis 2008).

The Movement for the Liberation of Lithuania was a partisan anti-Soviet resistance army that aimed to re-establish Lithuanian independence. A significant number of those involved in guerrilla warfare suffered the brutality of Soviet repressive methods (Lane 2001). During the whole period of the Movement for the Liberation of Lithuania existence (1949–1953) losses of civilian people accounted for 1525 persons. At the same time, the losses of partisans totalled 3070 deaths (Anusauskas 2003).

Independence was declared in 1990. This brought significant changes to public life and presented challenges in rebuilding the economy. This was compounded by embargos imposed by the USSR causing severe economic difficulties.

Violence exercised by the state has thus been a persistent part of Lithuanian modern history of occupation. However the role of the Lithuanian people as both victims and perpetrators of violence is unresolved. Multiple structures have been established to investigate crimes committed under occupation. These include the State Genocide Research Centre of Lithuania and the Commission for the Evaluation of the Crimes of the Nazi and Soviet Occupation Regimes in Lithuania (Rohdewald 2008). However these bodies have been widely criticised for largely focusing on the conditions under Soviet rule and providing little examination of the collaboration of Lithuanian citizens with Nazi occupiers (Rohdewald 2008). The Holocaust of the Jews is a topic that has only relatively recently attracted scholarly attention in Lithuania (Nikzentaitis, Schreiner & Staliunas Ed. 2004).

Over five decades the Lithuanian populace was victim of the repression of occupying forces while also collaborators in the genocide of fellow Lithuanians. This dichotomy is not part of public discourse and there is no observable sense of national moral responsibility (Nikzentaitis, Schreiner & Staliunas Ed. 2004).

The historical and cultural context can be seen to have shaped the Lithuanian internal psyche. The country has expelled its occupiers and is now an independent nation and looking Westward. However an understanding of the pervasion of violence through public and private spheres in today's independent Lithuania should be perceived through the historical psyche.

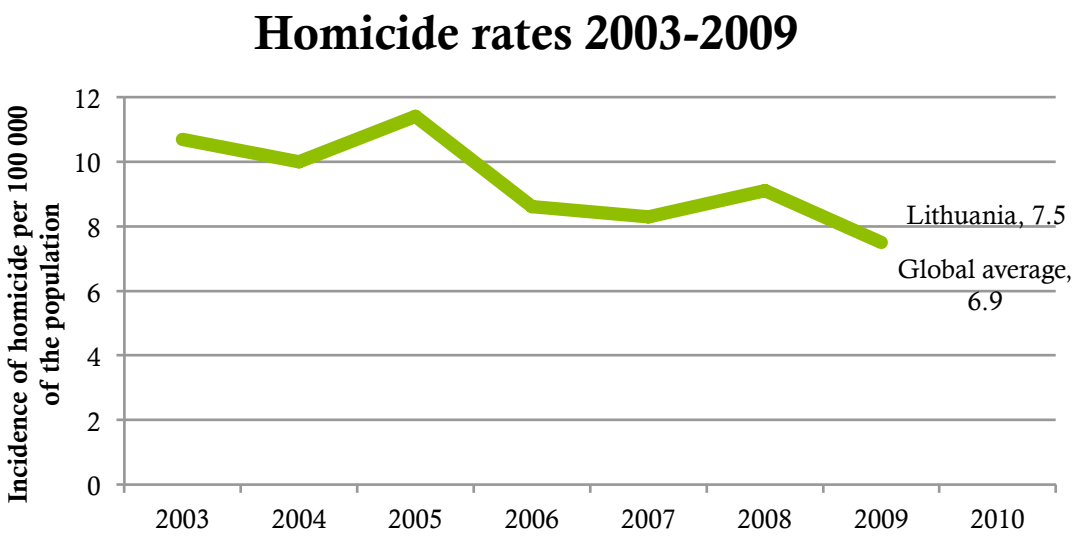
6.1.2 Rates of violence

Despite the significant decline in the rate of homicide since 2005 the Republic of Lithuania has the third highest homicide rate in the European Region behind the Russian Federation. According to the UNODC crime trend survey data, with a rate of 7.5 homicides per 100 000 population in 2009, Lithuania is significantly above the European regional average homicide rate of 2.39 (based on latest available country data 2008-2010). This is also in marked contrast to the homicide rates of neighbouring Baltic countries. In Estonia the homicide rate is 5.2 homicides per 100 000 population and slightly lower again in Latvia with a rate of 4.8 in 2009 (UNODC 2011).

Moreover across the European Union more people are killed per head of population in Lithuania than in any of the other 27 Member States (Eurostat 2012). This is based on the number of homicide offences recorded by the police in Member States and calculated as an average per year for the period 2007-09. Lithuania has by far the highest incidence of homicide in the European Union. There are only four other EU Member States that reported more than two homicides per 100 000 population (Eurostat 2012).

Following the declaration of independence in 1990 there was a considerable increase in the rate of homicide: from 6.1 homicides per 100 000 inhabitants in 1990 to a rate of 14.2 in 1994. Since then the rate of homicide has steadily decreased, apart from a modest increase in 2000 and 2005 (Crime Prevention Centre accessed 2012). The homicide trend 2003-2009 is shown in Graph 6.1.

Graph 6.1 Homicide trend in Lithuania 2003-2009



Eurostat 2012

Of the 252 people killed in Lithuania in 2009, 74.6% of the victims were male and 2.5% of the cases were committed with a firearm (UNODC 2011). The number of victims of homicide starts to increase after the age of 21 years and decreasing after the age of 66 years. The majority of suspected perpetrators are in the age group 21-40 years of age. In addition most homicides in Lithuania occur in cities: there is almost two times more homicides recorded in the cities than in rural areas. Two thirds of the victims of homicide were found in apartments, homes or other residential facilities. It should be noted that two thirds of the suspects identified in 2010 were believed to be under the influence of alcohol at the time they committed the offence. It is also important to observe that in nearly one third of homicides the perpetrator was known to the victim (Institute of Hygiene 2011).

The incidence of violent activity in Lithuania is also illustrated by the high-level of non-fatal violent behaviour. In 2009 there were 4204 reported cases of violent crime (Eurostat 2012). These figures include physical assault, robbery and sexual offences. This is a notable fall from a high of 6561 of violent crime reported in 2005. The data indicates that although there are significant levels of homicide and violent crime in Lithuania these have considerably declined since 2005 (Institute of Hygiene 2011).

6.1.3 Typology of violence

There were altogether 3019 child victims of criminal offense in Lithuania in 2010. Based on reported cases, boys are twice as likely to become the victims of a criminal offense than girls. The largest proportion of victims is 10-13 years old, followed by 7-9 years old. Analysis of data from the last six years indicates that there are now fewer child victims of criminal offense: with 4955 child victims in 2005 and 3019 child victims in 2010 (Institute of Hygiene 2011). However the data does not show if there is an equal decrease in the rate of child victims as there has been a significant drop in the population size, as stated in Section 6.1. Of the recorded child victims of violence 40% experienced physical abuse; 6% suffered from psychological abuse and neglect; and 4% were sexually abused. Ministry of Social Security and Labour data, for 2008-2010, indicates that victims of physical abuse were most frequently abused by a close adult relative (Institute of Hygiene 2011).

Moreover an international study of young people found that of the more than 3000 respondents nearly one third stated they had experienced sexual abuse. Of those that had experienced sexual abuse, around 60% responded they had experienced it once and 11% reported they had experienced sexual abuse more than five times. In the majority of cases abusers were persons known to the victim but not family members (Jasiulione & Povilaitis 2008). An adverse childhood experience study was also carried out in Lithuania in 2010. It was a retrospective study of 19-21 year olds to measure the prevalence of physical, sexual and psychological abuse experienced in childhood. The survey was carried out using a questionnaire to assess negative childhood experiences. The study found that nearly twice as many women as men experienced sexual abuse in their childhood, and 36.5 % of women suffered emotional neglect. However it also found that more men than women had experienced physical abuse and neglect in childhood (Povilaitis *et al.* 2011).

A further international study found that young people in Lithuania were more likely to be victims as well as perpetrators of bullying at school compared to young people in the other countries participating in the study. Data on the prevalence of

bullying in Lithuania was gathered as part of the WHO coordinated study *Health Behaviour in School-Aged Children (HBSC).* According to this study bullying is one of the most prevalent forms of adverse behaviours in Lithuanian schools (WHO/CAHRU 2008). Moreover the HBSC Study conducted in 2006, found that girls in Lithuania had the highest rate of experiencing bullying (26.5%) compared to the findings in other countries. The percentage of boys bullying others was also the highest in Lithuania (30.3%) compared to the other participating countries (Puras Ed. 2009).

Lithuania lacks comprehensive research on violence against women. Therefore it is difficult to determine the real extent of the problem. The most reliable data is based on the Ministry of Internal Affairs' departmental register of criminal acts. According to this data, 334 women suffered from violent crimes from a spouse or a partner in 2010. Analysis of the 2005-2010 data on women who suffered violence from a spouse or a partner shows there was a reduction from 464 to 334 cases (Institute of Hygiene 2011). Again the data does not allow us to conclude if there is a corresponding drop in the rate of intimate partner violence as there has been a significant decrease in the population size. The number of reported cases of rape has also decreased from 265 to 208 during the period 2005-2010. However Lithuania still has the highest rate of rape in comparison with other Baltic States: 6.3 cases per 100 000 population (Institute of Hygiene 2011).

Moreover in a European barometer survey it was revealed that 47% of respondents in Lithuania knew a female victim of domestic violence within their circle of friends and family. Furthermore 45% of respondents in Lithuania said they knew of somebody in their circle of friends and family who subjects a woman to violence (European Commission 2010). In 2002 a survey was conducted in Lithuania as part of an educational campaign "Life Without Violence", supported by the United Nations Development Fund for Women. According to the survey data, a total of 82% of women above 16 years-of-age had experienced psychological abuse in the family. In addition 35% of those polled had been subjected to physical violence (Women's Issues Information Centre 2002).

6.1.4 Risk factors for violence

Lithuanian criminological data indicates that there are certain factors and conditions that are related to a higher probability of committing an offence. These include unemployment, lack of education, intoxication with alcohol and drugs; juvenile delinquency; insufficient social assistance; distrust of state and legal system; and law enforcement capacity, funding and practices. The effect of increased international relations has also been noted as impacting on the causes and conditions of crime. Of particular note is the increase in urbanisation and social mobility while weakening family and social relations and exposure to international influences (Ministry of the Interior 2003).

Prior to the economic crisis of 2007 Lithuania had one of the fastest growing economies in the European Union. The unemployment rate dropped from 16.4% in 2000 to 4.3% in 2007. However following the economic crisis Lithuania has experienced some of the highest increases in unemployment in the EU. In 2010 unemployment increased to 17.8% in Lithuania (Eurostat accessed 2012).

As already noted a significant proportion of serious criminal offences were conducted under the influence of alcohol. This is consistent with global studies that identify alcohol consumption as a risk factor of violent behaviour. Adult alcohol consumption in Lithuania is at a high-level and has been increasing up until 2006. The average 2003-2005 adult per capita consumption of alcohol, measured in litres of pure alcohol, is above the WHO European Region average. This steadily increased between 2001-2005 (WHO 2011). However in more recent years the level of alcohol consumption has started to decrease along with the rates of chronic liver disease and cirrhosis. The standardised death rate from cirrhosis has significantly dropped from 43.32 per 100 000 in 2007 to 27.83 per 100 000 in 2009 (WHO health for all database accessed 2011). This has accompanied the introduction of the Alcohol Control Law (2009) that restricted the hours of alcohol sales and banned daytime advertising of alcohol on radio and television.

Actual levels of alcohol consumption are likely to be higher than reported. Alcoholic psychosis incidence grew from 58.5 per 100 000 in 1998 to 81.5 per 100 000 in 2004 but in 2009 decreased by 20%. Alcohol-related psychosis is a secondary psychosis with predominant hallucinations. It occurs in many alcohol-related conditions, including acute intoxication, and is often an indication of chronic alcoholism (WHO 2011). The incidence of drug addiction has increased during recent years. National data shows that substance abuse rose from 81.2 per 100 000 in 1998 to 146.3 per 100 000 in 2004 (WHO Regional Office for Europe 2006).

6.1.5 Conclusion

In more than two decades of independence Lithuania has moved from the Soviet Union to the European Union. As Lithuania looks forward to grow and develop under European standards this is within the historical context of occupation, genocide and repression. The rates of violence reflect the transition from an occupied Republic of a totalitarian system to an independent democratic state. The daily experience of violence as witness, victim or perpetrator, of the people at the hands of the state, has left its mark on the Lithuanian psyche. The private nature of Lithuanian culture has shaped the nature of violence. What we shall turn to now is what is being done strategically and programmatically to address the known and unknown dimensions of this problem.

6.2 Policy status

Overall the problem of certain types of violence and the value of prevention has been acknowledged in Lithuania. This agenda has been lead by the Social Welfare and Labour Ministry, the Ministry of Education and the Interior Ministry. Under the Family, Youth and Social Exclusion policy in the Social Welfare Ministry the primary focus has been on secondary and tertiary prevention. The Police Department under the Ministry of the Interior targets at-risk youth as part of crime reduction programmes.

Nationally there is no holistic concept of violence or a comprehensive policy approach to reducing the levels of violent behaviour. However the types of violence that are recognised; such as child maltreatment and violence against women, are broadly supported by prevention policies and programmes. As reflected in the numerous interventions designed to address life skills, conflict management and cultural norms. However a significant proportion of preventative measures, particularly around violence against women, focus on tertiary prevention with provision for crisis centres and counselling.

Violence prevention activity is predominantly at the micro level focusing on individual behaviour. Moreover evaluation of this programme activity largely measures outputs. It is thus unclear what impact this approach has on behaviour and reducing the occurrence of violent incidents. Therefore it can be summarised that certain types of violence are prioritised; preventative measures focusing on individual behaviour have been implemented; multiple ministries and organisations are involved in advocating for, designing and implementing policy change and; there is some degree of success.

The data from detailed documentation and in-depth interviews indicates that Lithuania has adopted a policy of violence prevention to a limited degree in selected areas. The following Section will present this data based on the recommendations of the World Report on Violence and Health (WRVH). As noted in Chapter 3 the WRVH recommended that in order for a country to progress a strategy of prevention it is requisite that there be in place a policy plan, surveillance data, research, collaboration and interventions. Violence prevention is on the agenda in certain forms in Lithuania and has gained a degree of political support. Nonetheless to what extent do the strategic and programmatic measures of the Government of the Republic of Lithuania meet the recommendations for advancing an effective violence prevention strategy?

6.2.1 Policy plan

There are numerous policies and legal acts passed by the Seimas of the Republic of Lithuania that address interpersonal violence. These have largely been adopted over the last 10 years and focus on child maltreatment and violence against women. The National Programme for the Prevention of Violence Against Children and Providing Aid to Children (2008-2010) sets out measures for the prevention of abuse and bullying of children. This targets those children who are likely to suffer or who have suffered from emotional, physical and sexual abuse and who have been neglected at schools as well as in the family. The programme aims to build public intolerance to the abuse of children, eliminate the causes of abuse and develop inter-institutional cooperation (Ministry of Social Welfare and Labour 2004). This was initiated under the Ministry of Social Affair. The ministry highlighted the scale and severity of the problem of child maltreatment in its Annual Social Report. The report identified violence against children as a priority and recommended the introduction of a national programme.

An element of child maltreatment that has received particular attention is school-based violence. A European study found Lithuania to have the highest levels of school bullying in Europe (WHO/CAHRU 2008). The response led by the Ministry of Education is the Action Plan for the Prevention of School Violence (2007). Extensive resources have been invested in implementing this action plan with clear prevention programmes rolled out in many schools across the country. This includes measures such as the violence reduction programme Zippy's Friends for pre-school children, the Second Step Programme for primary school children and the Olweus Bullying Prevention Programme for secondary school students. Despite advances in this area there is no explicit statutory prohibition of exercising violence against children within the framework of parenting and education of children. However there is strong advocacy for a law prohibiting corporal punishment being led by the Children's Rights Ombudsman (Jasiulione & Povilaitis 2008). This would be in-line with the recommendations of the UN Committee on the Rights of the Child for the strengthened implementation of the Convention on the Rights of the Child in Lithuania.

A further aspect of interpersonal violence that is reflected in policy is violence against women. The central policy here is the Strategy for the Reduction of Violence Against Women and Implementation Plan (2007-2009). This highlights the problem of violence against women and presents a programme of measures. These primarily focus on improving the legal framework; providing comprehensive assistance to victims of domestic violence; sanctions for violators and institutional capacity building (Ministry of Social Welfare and Labour 2006). Additional action includes a prevention programme addressing social and cultural norms. This is through educational programmes building intolerance for violence against women. The programme of reforms supporting this policy is based within the equal opportunities agenda. The coordination and implementation of the Strategy for the Reduction of Violence Against Women is monitored under the inter-ministerial Commission of Equal Opportunities for Women and Men (Open Society Institute 2007). Advancement of this strategy is inhibited by public discord on the boundaries between the public and private spheres and the role of the state within the private sphere. Legislation is in the process of being proposed on the prevention of violence in the private sphere.

Child maltreatment and violence against women are the two primary types of interpersonal violence that are guided by national policy. However these, as well as other types of violence, are addressed indirectly by broader policies. The National Mental Health Policy and Implementation Plan (2008-2010) tackle child and adolescent mental health. It has given particular attention to reducing the high-level of self-directed violence. The shared risk factors underpinning self-directed violence and interpersonal violence is evident in the strategy. Furthermore the strategy emphasises the need to address mental health issues in early years as a means of reducing behavioural problems in adulthood. Education institutions have been the primary setting for the programme implementation. However this strategy has recently been revised and now presents greater recognition for the utility of positive parenting interventions as part of a preventative approach.

Violence prevention from a criminal justice perspective is underpinned by the Crime Prevention Programme (2003), which is led by the Ministry of the Interior. This prioritises the prevention and control of crimes of violence. The measures to address this priority issue include life skills development through the teaching of conflict management; the acknowledgement that law enforcement institutions must cooperate with health care, social, education and other institutions to harmonise services; and finally to give special attention to restricting violence promotion in the mass media (Ministry of the Interior 2003). There is recognition of the need to work with other services to tackle a broad range of factors. The programme perceives crime as a symptom of social disease and; the manifestation of state socio-economic and cultural disability. Moreover it holds that it is only possible to make positive changes in the criminogenic situation by improving these spheres. Thus the programme purports that the state must coordinate the directions of socio-economic and legal policies orientated towards the fulfilment of crime prevention and control tasks (Ministry of the Interior 2003). Within this framework sits the Children and Youth Crime Prevention Programme and the Children and Youth Socialisation Programme. However these programmes are more oriented towards juvenile justice reform than to the prevention of delinquent behaviour in the wider sense. Measures include the creation of specialised police departments to work with children and youth, specialisations for courts or judges and other personnel at criminal justice institutions responsible for enacting punishments; and alternatives to imprisonment such as strengthening the institutions of mediation or diversion. It has been proposed that an important catalyst to reform the juvenile justice system was Lithuania's accession to the United Nation's Convention on the Rights of the Child (Vilekiene 2007).

Therefore on the issue of interpersonal violence, child maltreatment and violence against women are the central policy focus. The preventative approach adopted principally includes interventions targeting individual behaviour. Moreover programmes are dominated by tertiary interventions. However there is an increasing move towards interventions addressing relational factors as well as individual factors. The links between types of interpersonal violence experienced at

different life-stages are largely unrecognised. Finally the impact of societal and environmental factors in shaping violent behaviour is mainly un-reflected in national policy.

6.2.2 Data

The data available on interpersonal violence in Lithuania varies dependent on type of violence. The primary source of data is the Ministry of the Interior and the Department of Statistics. However this data is based on reported incidents of violence. There are no routine victim or self-report surveys to measure the experience of violence compared to the reporting of violence (Vilekiene 2007). Nor is there a hospital-based surveillance system routinely collecting data on the number of cases of violence-related injuries. There is no overarching body with the mandate to coordinate violence-related data however there are organisations that correlate aspects of the data. The Institute of Hygiene collates available government data and the Crime Prevention Centre utilises police data to publish annual crime reports. Moreover for data relating to child maltreatment the Child Rights Ombudsman publishes a summary of the cases reported to the office of the Ombudsman. In the area of violence against women, crises centres can provide data on the number of women receiving services. However these multiple sources are incomplete and impaired by under-reporting. As noted in the Violence Against Women Strategy it is difficult to understand the scale of the problem and design programmes effectively when gender-disaggregated data on violence is not available (Ministry of Social Welfare and Labour 2006).

In addition to the limited data that is collected as part of national monitoring there are regular European studies that conduct routine surveying in Lithuania. Such as the Euorbarometer on Domestic Violence Against Women (2010); the Health Behaviour in School-Aged Children Survey that measures school-based violence; and the European School Survey Project on Alcohol and Other Drugs (Hibel Ed. 2009) that records alcohol consumption patterns.

In conclusion routine data gathered through national surveillance is limited and insufficiently coordinated. However relevant national data is also captured as part of European surveillance studies. Moreover there is a lack of non-fatal outcomes in the measure of the injury burden. Therefore the scarcity of reliable health statistics and self-reported data has inhibited the construction of a full understanding of the scale and severity of the problem of violence in Lithuania.

6.2.3 Research

Overall there appears to be limited research on the scale and severity of the problem of violence in Lithuania. In particular there is minimal study of the risk factors and consequences of violence specific to the Lithuanian setting. There are esteemed academic institutes in Lithuania which host active research centres in fields related to interpersonal violence including the University of Vilnius and the University of Kaunas. However the pool of academics in this broad area is limited and there are no identifiable academics on the issue of interpersonal violence. Predominantly the focus is on a specific type of interpersonal violence within the context of the state system. Of the research in this field only a small proportion of peer-reviewed papers are published in English language journals.

The state departments on the whole do not have in-house research capacity. However there are examples of ministry-funded studies conducted by academic research centres. Such as the Department of Health's engagement with the University of Kaunas to measure the effectiveness of the government School Violence Prevention Programmes and the overall changes in violent behaviour in schools. The studies that have been undertaken are often as part of an international programme. For example the United Nations Development Fund for Women funded a population-based survey to assess violence against women (Ministry of Social Welfare and Labour 2006); and the WHO Europe funded a study of Adverse Childhood Experiences (2011). This research was set out in the Biennial Country Agreement between the WHO Regional Office for Europe and the Ministry of Health in Lithuania. Led by Childline Lithuania, a community survey of young

adults at colleges and universities was conducted to determine the prevalence of adverse childhood experiences (Povilaitis *et al.* 2011).

There is no clear overarching research agenda for violence prevention or an institute leading this research. The volume of studies conducted on the prevalence, nature and risk factors of violence is sparse and so are the studies on intervention effectiveness and trend data. The pool of academics working in this field is also limited however there are some key centres. Where research appears to be most active is when it is conducted and/or funded by international institutions or when it is in partnership with academic institutes in other countries.

6.2.4 Collaboration

The principal agencies involved in the design and delivery of interpersonal violence-related policies are the Ministry of Social Affairs and Labour, the Ministry of Education and the Interior Ministry. Each ministry leads on its own particular priority area of interpersonal violence. The Ministry of Social Affairs and Labour focuses on prevention of family violence and violence against children and the prevention of work-related injuries. The Ministry of the Interior prioritises prevention of violence and intentional harm. The Ministry of Health attends to the treatment of injuries and data collection and the Municipal Public Health Bureaus implement municipal prevention policy. The Ministry of Education and Science is responsible for the prevention of school-based violence. Finally the Police Department, under the Ministry of the Interior, collects and coordinates violent crime-related data and houses a Crime Prevention Unit in each municipality.

There are relevant cross-ministry working groups designed to coordinate the progression of these policies. However the effectiveness of multi-sectoral collaboration is constrained. Examples of cross-ministry working include the cross-sector working group set up to develop and implement the National Programme for the Prevention of Violence Against Children. This group consisted of representatives from the Ministries of Social Security, Education, Justice, Health and Culture; the Police Department; the Prison Service; the Child's rights

Ombudsman; special pedagogic and psychology centres and; NGOs. However there is limited evidence to illustrate that cross-sector working is institutionalised. Moreover policies addressing different types of violence are made and delivered in isolation.

There are examples of non-state agencies active in the area of interpersonal violence. In particular certain country embassies have prioritised violence against women as an area of attention. National non-governmental organisations are chiefly engaged in service delivery around child maltreatment and violence against women. Organisations such as the Children Support Centre that implements preventative programmes as well as providing services for victims of child abuse. Moreover NGO activity in this area extends to the provision of rehabilitation and victim services, through women's shelters, for victims of intimate partner violence. However there are NGOs that prioritise advocacy activity as illustrated by Childline Lithuania and the Centre for Equality Advancement. There is limited coordination between kindred NGOs and the engagement between NGOs and ministries is varied and constrained.

Secondly international institutions are also active in the area of interpersonal violence. For example the UNDP has been instrumental in supporting the implementation of the human rights agenda through its Implementation of the National Human Rights Action Plan Support Programme. Moreover the UNDP supported the establishment of the Centre for Crime Prevention in Lithuania in partnership with the Ministry of Justice and the Institute of Law in 1997. This was in response to the rapid growth of the crime rate in Lithuania. As well as the lack of coordination in preventive activities designed to eliminate the causes and conditions of crime on a large-scale (Centre for Crime Prevention in Lithuania accessed 2012).

An additional international institution working on interpersonal violence prevention in Lithuania is the World Health Organisation. Interpersonal violence prevention is identified in the Biennial Country Agreement as a priority area for

collaboration between the WHO European Regional Office and Lithuania. The World Health Organisation has provided technical assistance to develop policy and build data collection and analysis capacity. This is specific to advancing violence and injury prevention. There is a WHO focal person for violence, based within the University of Vilnius, and the WHO country office has actively engaged in this area. Furthermore Kaunas University of Medicine is a WHO collaborating centre. It has engaged in capacity building for violence prevention through the incorporation of modules from WHO's Teach Violence and Injury Prevention training materials into the university curricula (WHO 2008).

The bilateral working relations between international institutions and relevant ministries are strong and set within a clear framework, such as the WHO Biennial Country Agreement. However there is insufficient data to indicate the degree of collaboration and coordination of work programmes between the international institutions in the Lithuanian setting.

An example of collaborative activity between state and both national and international non-state organisations is the Child and Adolescent Mental Health in Enlarged EU (CAMHEE) project. Launched in January 2007 the programme is funded by the EU Public Health programme. The project aims to provide a set of recommendations and guidelines for effective child and adolescent mental health (CAMH) policies and practices in the European Union. This is in light of the Declaration and Action Plan, which is endorsed by the WHO European Ministerial Conference on Mental Health. The work packages include country profiles and national policies in the field of CAMH; parenting and caring for children of the mentally ill; prevention of self-destructive behaviour patterns in school settings and; best practices and economic evaluation of CAMH community-based activities to promote alternatives to traditional practices of institutionalisation and social exclusion (Puras Ed. 2009).

A further example of collaboration is the engagement of certain country embassies in a specific area of interpersonal violence. Some embassies have identified violence against women as a priority for collaboration. Thus engaging with relevant

government ministries and NGOs to advance this agenda. This programme of activity primarily facilitates policy development and capacity building.

The manifestation of violence in schools is identified to be a problem that extends outwith the school setting. It is an issue that demands cross-sector engagement. The Ministry of Education and Science, in cooperation with an inter-departmental group formed by the Prime Minister, developed recommendations on the prevention of violence in schools. The recommendations are approved under the government's Strategic Planning Committee. The proposed strategy contains measures aimed at increasing competencies of educational professionals, implementing targeted programmes for the minimisation of violence and bullying in schools; and building social and life skills in children. These recommendations form the National Programme for Combating Violence Against Children and Assistance to Children in 2008-2010. In 2008, the government assigned six million Lithuanian Litas to the Ministry of Education and Science for combating violence. These funds are used for the implementation of such violence prevention programmes as Zippy's Friends, Second Step and the Olweus programme.

6.2.5 Interventions

Across government and non-government agencies core methods have been adopted with the objective of reducing the levels of violence-related injury in Lithuania. These measures include primary, secondary and tertiary interventions. And have a particular focus on life skills development, awareness-raising campaigns, capacity building and victim services. These are primarily delivered by non-state agencies funded by government ministries. Designed to meet the objectives of national policies these programmes are principally rolled out on a national-scale. Interventions aimed at individual behaviour are the most prevalent approach, in particular life skills and conflict management interventions. These are widely accredited programmes that have been implemented and evaluated in multiple countries, such as the Big Brother Big Sister Programme. However the evaluation of these programmes in the Lithuanian setting has largely centred on the measurement of outputs. Such as the number of schools participating in the

programme rather than behavioural change and injury reduction. However violence prevention programmes aimed at community and societal factors are less commonly implemented in Lithuania. Generally the national programmes are well funded by relevant government ministries. However it is the discretion of local municipalities what programmes are selected for provision. National programmes also provide for awareness-raising campaigns and programmes to challenge cultural norms on violence such as the Month of May without Violence Campaign. A summary of the principal violence prevention interventions in Lithuania is presented in Table 6.1 based on the seven categories of effective violence prevention programmes identified from the global evidence-base, as outlined in Chapter 2 (WHO 2010).

Table 6.1 Violence prevention programmes in Lithuania

Programme category	**Programme title**	**Deliverer**	**Description**
Development of safe, stable and nurturing relationships between children and their parents	Second Step Programme	Child Support Centre with funding from the Ministry of Social Affairs	Social and emotional skills building programme in primary schools
Developing life skills in children and adolescents	Olweus Bullying Prevention Programme	Ministry of Education	Conflict resolution and peer mediation in secondary schools
Reducing the availability and harmful use of alcohol	Alcohol Control Law (2009)	Ministry of the Interior	Restricts hours of alcohol sales and bans daytime advertising of alcohol on radio and TV
Reducing access to lethal means (Guns & Knives)	NA		
Promoting gender equality	Law on Equal Opportunities	Office of the Ombudsman for Equal Opportunities	Implements projects to promote gender mainstreaming in the public sector
Changing cultural and social norms	Month of May without Violence Campaign	Childline Lithuania (NGO)	Raising public awareness and intolerance to child maltreatment
Victim identification, care and support programmes	Database of Violence Against Women Victim Services	Women's Issues Information Centre (NGO)	Sign posts to victim services provided by NGOs

6.2.6 Conclusion

It can be concluded that Lithuania has adopted a policy of violence prevention to a limited degree in selected areas. Based on the documentation and in-depth interview data presented in this Section it is evident that, to a significant extent, Lithuania has undertaken measures to develop a policy plan, establish surveillance systems, generate research, work collaboratively and implement violence prevention programmes. Table 6.2 summarises the violence prevention policy status in Lithuania based on the recommendations of the World Report on Violence and Health (WRVH), outlined in Chapter 2, presented according to type of violence (WHO 2002). The attention of this study now turns to the influencing factors that have shaped the advancement of this prevention strategy.

Table 6.2 Violence prevention policy status in Lithuania

	Policy plan	Data	Research	Primary prevention	Victim support	Social norms	Collaborate
Intimate partner violence	✓		✓		✓		
Sexual violence	✓						
Child abuse	✓	✓	✓	✓	✓	✓	✓
Youth violence					✓		

6.3 Factor analysis

The Republic of Lithuania has a significant problem with violence and has responded to a limited degree in selected areas through a policy of prevention. During the process of policy change numerous challenges arose and strategies were taken to progress policy reform. Examination of the Lithuanian case identified factors that effectuated incremental changes in prioritising the issue of violence on the political agenda. An understanding of the conditions that shaped this policy position was generated from the application of the Shiffman Public Health Policy Priority Framework to analyse the data drawn from in-depth interviews, observations and comprehensive documentation. As outlined in Chapter 2 and summarised in Table 6.3 these factors are categorised according to the power of involved actors, the ideas they use to position the issue, the nature of the political contexts in which they operate and characteristics of the issue itself. The following Section presents the findings of the investigation of violence prevention policy in Lithuania. It thus details the determinants of the policy process that resulted in the advancement of violence prevention policy in Lithuania. The findings indicate that certain factors had greater relevance than others. In particular the importance of "soft" power and policy transfer. How have the issue of violence and a strategy of prevention gained attention on the political agenda in Lithuania? And what are the actors, processes and forces that have defined policy reform in the case of Lithuania?

Table 6.3 Determinants of public health policy prioritisation

	Description	**Factor**
Actor power	Strength of individuals and organisations	Policy community cohesion
		Leadership
		Guiding institutions
		Civil society mobilisation
Ideas	How the issue is understood and portrayed	Internal frame
		External frame
Political context	Environments in which actors operate	Policy windows
		Global governance structure
Issue characteristics	Features of the problem	Credible indicators
		Severity
		Effective interventions

Source: Shiffman & Smith 2007

6.3.1 Actor power

Policy community cohesion

Inter-ministerial working was found to be an integral part of the policy process in the Lithuanian administrative system. This is reflected in the area of interpersonal violence where related policy and programme development was predominantly led under cross-ministry working groups. This was the case of the National Programme for the Prevention of Violence Against Children and Providing Aid to Children (2008-10). This was coordinated by the Ministry of Social Affairs and implemented in cooperation with the Ministry of Education and Science, Ministry of Health, Ministry of Internal Affairs, Ministry of Culture, Ministry of Justice, Ministry of Finance and the Department of Police under the Ministry of Internal Affairs (Institute of Hygiene 2011). Non-governmental representatives were also found to participate in the policy development process. As illustrated by the NGOs, such as the Children's Support Centre, which were engaged in these inter-ministerial working groups for the development of violence-related policies. A clear example of the cohesion of the policy community in Lithuania around interpersonal violence is the campaign and resulting government programme on school violence.

The NGO Childline Lithuania initiated the campaign "No Bullying" in 2004, with the aim to draw public attention to the problem of school violence. This campaign utilised data from an international study to gain media interest and to raise public and political awareness. In 2007 the problem of school violence was brought to the attention of the head of state and various governmental institutions led by the Ombudsman for Children Rights of the Republic of Lithuania. The Committee on Education of the Seimas of Republic of Lithuania organised a seminar. The Office of the President held a meeting on issues of violence prevention in schools. The Prime Minister set up a cross-sector working group to develop an operational program. This culminated in the adoption of the Action Plan for the Prevention of School Violence (2007). At the end of 2007 this was reported at a high-level conference. This event had representatives from across ministries and sectors and drew together best practices from multiple countries (Jasiulione & Povilaitis 2008).

However cross-ministry working was not always observed to be effective and the examples of external actor engagement were limited. There was restricted cohesion both within sectors and across sectors of the policy community. Attention was often focused on specific aspects of violence and there did not appear to be a network to unify efforts around interpersonal violence. Therefore even though the need for and the demonstration of cross-ministry working were noted by most of the government respondents the actual practice presented a different picture. A lack of community cohesion was resolutely illustrated. This was found to present a challenge to the development of violence prevention policy.

Challenges

Evidence of joined-up working across ministries was limited particularly at the policy design stage. This is demonstrated through the parallel activities of the two main violence prevention programmes, the Child Poverty and Violence Alleviation Programme under the Ministry of Social Affairs and the Action Plan for the Prevention of School Violence (2007) under the Ministry of Education and Science. As one respondent noted;

> *"There is no coordination almost at all. It's like putting the measures into one document but without discussing. Ministry of Education can decide what they put into the document and Ministry of Social Affairs leaves it to the Ministry of Education to do what it wants. So it's like one document but there is no overall thinking underneath this document"* (Interview no 35).

Although there were cross-ministry working groups these were often cited to be at an insufficient level resulting in restricted progress. The example was given of the development of the Mental Health Strategy (2011). Led by the Ministry of Health. In this inter-ministerial process proposals were blocked if they impacted on the mandate of another ministry. In this instance the cross-ministry working group did not have the authority to progress proposals that had cross-ministry implications. This policy community discord is also reflected at the stage of programme delivery. To address this deficiency the Ministry of Internal Affairs has called for greater

cooperation of law enforcement institutions and other state institutions to prevent violence (Ministry of the Interior 2003).

As already noted in Section 6.2.4 there is a diligent group of non-governmental organisations on issues related to violence. However this is a complex environment comprised of many organisations, multiple funding streams and numerous projects. Government officials noted the challenge in remaining abreast of the multiple organisations and projects. This was exacerbated under the considerable proportion of projects that was funded by the European Union. Moreover it was observed that there was limited coordination of NGO activities.

There is no overarching network of NGOs in Lithuania on interpersonal violence. NGO cooperation was further hindered by the competition for funding. NGO activists noted this competition was heightened by the reduction of internationally funded projects following the accession of Lithuania into the European Union. As summarised by a respondent from the NGO sector;

> *"There is not a strong nucleus who do only this advocacy work and then bring the NGOs together. This movement is weak. Everybody is fighting for resources for survival"* (Interview no 37).

Furthermore it was clear that the government consultation system allows for NGO engagement in the policy process. However the study found that closer engagement, for example through participation in a government work group, was not always based directly on merits. It was proposed by one NGO respondent that criticism of government policy risked exclusion from such forums. Also worthy of note here is the lack of academic engagement in the issue of interpersonal violence, as detailed in Section 6.2.3.

Therefore it can be concluded that the development of a cohesive violence prevention policy and the implementation of related programmes was hindered by a culture of silo-based working within the civil service; NGO disconnection from the government policy process; and disunity within the NGO sector.

Leadership

A strong example of leadership is presented in the organisation of the anti-bullying campaign, outlined in Section 6.3.1. This campaign was led by the NGO Childline Lithuania. This organisation was credited with raising public awareness and interest in the issue of school violence. It utilised international data and a close relationship with the media to build support for a policy change. The NGO presented the issue to government and petitioned the President and relevant ministers and committees. This resulted in the adoption of the Action Plan for the Prevention of School Violence (2007). Many agencies and actors were engaged in this process however the NGO Childline, and in particular its Director, was repeatedly credited with championing the issue through the policy process. It was the leadership of this individual that initiated and sustained the advancement of the issue of school-based violence. It is also worthy of noting that the Vice Chair of the parliament who took up the issue within the Seimas, was later appointed Minister of Education. In this new role he declared school violence to be one of the Ministry of Education's top three priorities.

<u>Challenges</u>

However the leadership provided by this campaign was confined to school-based violence. Holistically interpersonal violence was not championed under an individual. The issue of violence was noted as being somewhat unattractive to potential political leaders. It was a taboo subject that was not part of popular discourse. The absence of leadership for interpersonal violence was reflected across all relevant sectors. One Member of Parliament was identified as having taken a stand on this issue however they were noted to be politically isolated. As one respondent noted;

"There is not this critical mass that would influence some visible change" (Interview no 37).

Therefore the study found there to be numerous participants active in addressing specific types of violence. However there was a dearth of leaders to advance interpersonal violence. Thus this challenged the prioritisation of violence prevention on the political agenda in Lithuania.

Guiding institutions

In Lithuania the study found that international institutions provided a common forum for government ministries and NGOs to discuss interpersonal violence. This was noted to be a platform for dialogue between sectors that had not otherwise existed. This was illustrated through the hosting of a roundtable event in December 2010 by the Embassy of the United States of America on violence against women. This was the first in a series of roundtable discussions on violence against women hosted by multiple embassies. As well as presenting a forum for dialogue the embassies provided modest funding for follow-on projects. Moreover embassies imparted visibility and credibility to the issue and to the preventative work conducted by NGOs. This "soft" influence utilised the external position of embassies to leverage high-level ministry attention for violence against women. It was observed that this degree of recognition would not necessarily have been achieved by NGOs alone. Furthermore this was not only an opportunity for cross-sector engagement but also cross-ministry coordination. This forum was found to highlight the role that multiple agencies have to play in preventing violence against women. However this external facilitation was limited to specific types and aspects of violence. Thus further restricting a holistic conception of interpersonal violence and a joined up strategic approach to reducing this problem.

Moreover the identified area of focus, in this case violence against women, was noted as being directed by the priorities of the embassy. For example a key priority of the Embassy of the USA was the promotion of human rights and the prevention of violence against women. Furthermore it was observed that this was lead by the

US Ambassador who was personally committed to these issues. Thus this was found to shape the prioritisation of interpersonal violence in Lithuania. An informant commented;

> *"Some of the embassies are very eager to help as well and are quite active. Such as the Embassy of the United States of America and the Embassy of the Netherlands. They are making an effort so that this week without violence lasts not 16 days but all year round. They are trying to initiate and organise various events like roundtable discussions. They will also be involved in the campaign to pass the draft law"* (Interview no 33).

Challenges

As already outlined multiple ministries have a role to play in the violence prevention agenda which is principally led by the Ministry of Social Security. However the policy and programme focus has been on child maltreatment and violence against women. It was observed that there is no holistic perception of interpersonal violence. This is reflected in there being no single ministry with the responsibility for the overarching prevention of violence: across all types of interpersonal violence and in all settings. Therefore despite the involvement of many agencies the holistic prevention of violence was not the core business of any single government or NGO agency.

Therefore holistically interpersonal violence did not have a central base from which policy reform could be led. The conception of interpersonal violence was principally lead by the Ministry of Social Security. The priority objective for this ministry was the reduction and provision of victim services for violence against women and child maltreatment. This has thus shaped the prioritisation of interpersonal violence from a type specific perspective. As already noted no ministry has the mandate to lead on interpersonal violence prevention. However the Ministry of Social Security has a strategic objective to reduce the level of specific types of behaviour. This dominance of institutional leadership around

specific types of violence was found to challenge the progression of the violence prevention agenda.

An institution of pronounced importance in Lithuania is the Catholic Church. The church is an influential institution in Lithuania. According to the last census 77% of the population was Roman Catholic (Statistics Lithuania 2012). The church has been regarded to be an institution in which the public have a high-level of trust. The study observed that from this position of influence the church has engaged in the national debate around specific types of violence, namely violence against women. Moreover it has shaped legislation on this issue through participation in relevant working groups. The nature of violence against women links it with issues of the family unit. The family unit is a dominant area of interest for the Catholic institution. Thus it was found that the Catholic Church in Lithuania influenced both public discourse and political debate on violence against women. The guidance of this institution could be recognised to raise awareness of the issue. However the Catholic Church advocated for the maintenance of the family unit. This was found to be not always complimentary to preventative methods. As one specialist commented;

> *"The position of the church in Lithuania is very powerful. The church is trying to establish and keep a very traditional way of living in families. The church is conservative and is a big influence for these issues [interpersonal violence]"* (Interview no 28).

The church's position was noted to be in support of the family and in the provision of services to keep families together. In accordance with this approach violence against women should be treated as a private matter. This has been argued to be a barrier in developing and passing legislation to acknowledge violence against women as a public crime. Thus inhibiting the provision of rights and services to women as victims of crime. Therefore the influence of the Catholic Church challenged the advancement of a strategy of prevention to address violence against women.

Civil society mobilisation

Lithuania does not have a well-developed record of civil society mobilisation. This is an aspect of society that has only recently started to emerge and strengthen following independence. Interpersonal violence was found to generate sparse interest and support. However some specific types of violence have been more successful at raising awareness in civil society and galvanising desire for change: for example the wide-scale public activity across Lithuania for the Month Against Violence Against Children. Overall the infrastructure of civil society in Lithuania is under-developed. Moreover this embryonic civil society has not mobilised around interpersonal violence.

In summary it is evident that external leverage to facilitate a policy dialogue across ministries and sectors was central to formulating a preventative approach to interpersonal violence. However the lack of change agents and a leading institution for interpersonal violence holistically has restricted progress. We now turn to how the concept of violence was found to shape the policy process in Lithuania in the case of interpersonal violence.

6.3.2 Ideas

Internal ideas frame

The investigation found that support for violence prevention policies and programmes was developed under the human rights and equal opportunities agenda. For example the rights of women and children to live free from violence was a central component of Lithuania's new human rights policy. The issue of human rights was advanced as a consequence of Lithuania's accession into the European Union and increasing international role. This programme of policy reform received significant international support as illustrated by the UNDPs National Human Rights Action Plan. It aimed to work with the relevant government ministries to support the development and implementation of measures necessary for Lithuania to meet its international human rights obligations (UNDP 2005). These actions included the reinforcement of the legal instruments for the

protection of women's rights and to stop the violence against women. Thus it was observed that violence prevention policy in Lithuania was framed within the prioritised human rights agenda.

Moreover intervention at an early stage as a means of reducing the risk of violent behaviour was largely found to be accepted among relevant policy officials and professionals. The focus of this shared concept of prevention was on child and adolescent mental health. In particular developing life skills and addressing cultural norms in childhood were credited methods for reducing violent behaviour in adolescence and adulthood. Prevention measures at this individual behavioural level were a widely regarded approach across ministries. As was reflected in the multiple school-based interventions included in the government's Action Plan to Prevent School Violence (2007).

The common perception of the problem of violence was as an issue of individual behaviour that could be reduced by addressing risk factors at the individual level. However this understanding of the problem of violence was found to be expanding. There was greater acknowledgement of the need to address relational risk factors in the home setting as well as individual factors. As was illustrated through the proposed inclusion of positive parenting programmes in the updated Mental Health Strategy. Overall government ministries and NGOs alike were found to value preventative measures to address violence. This was reflected across various government strategies. This shared conceptualisation of prevention thus supported the normalisation of prevention. As summarised by a senior policy-maker;

> *"If we look into primary prevention in schools I think this understanding is there, at the level of the politicians and the ministers. As you see the programmes are funded and implemented. So the importance and understanding that we should invest into early childhood, the promotion of healthy relationships and non-violent resolution of conflicts, are there in those programmes"* (Interview no 35).

Challenges

Interpersonal violence was widely held as an issue of the private sphere. This presented a significant challenge for policy-makers and decision-makers to take public action to reduce the levels of violence. In Lithuania there was an enduring political debate about the divide between the public and private spheres. A fundamental tenant of this debate is the need to protect against state intrusion into the private sphere. This was noted as being a barrier to raising the issues of interpersonal violence as a problem of state concern that should be tackled through state institutions. As was demonstrated by the opposition faced by NGOs that were advocating for the introduction of legislation to make violence against women a criminal offence.

The process of policy development for violence against women and school-based violence was distinct. It was observed that a comprehensive policy and programme of implementation had been developed to address school-based violence. This was partnered with resources and on the ground action within schools. However in the instance of violence against women there was noted to be a struggle to recognise the violence as a criminal offence. Moreover the current policy framework did not routinely allow for family-based interventions. The programme focus was on victim services, such as crisis centres, rather than primary prevention. The recognition of the problem and the approach prescribed was thus dependent on whether the type of violence was perceived to be a public issue or a private matter. It was also noted that few politicians were amenable to championing the need for state intervention, as this was both publically and politically unpopular. The framing of interpersonal violence within the discourse on the boundary between, public intervention in the private sphere, thus challenged the prioritisation of perceived private forms of violence.

However public opinion was observed to be shifting. The public was becoming more aware of the issues of violence as a public concern and an issue the state should act upon. This was not universally held but there has been movement towards this viewpoint. This has enabled NGOs to gradually build public support

for state action. This has been supported by high-profile cases of violence that have evoked public outcry. As one respondent summarised;

> *"Private violence is now becoming a very public affair. The concept of violence is changing now because people understand that a free country means not only a free country but a free person as well"* (Interview no 28).

The links between different types of interpersonal violence experienced at different life-stages are largely unrecognised. Types of violence are thus seen in isolation. Moreover the conceptualisation of violence did not identify the broader determinants of violence. As already explored in this Section violence is perceived as a product of a violent individual. There was not an understanding of violence as a result of biological, social and environmental risk factors. Thus national policy did not reflect the need for a multi-sectoral response to address the root social and environmental factors of violence. This compartmentalised conceptualisation of violence was observed to be a fundamental barrier to the advancement of violence prevention in Lithuania. Finally violence was not the issue in and of itself but more so the focus was on the victim and in particular the rights of the victim. Therefore these agendas ran in parallel. This was evident at all levels of activity related to the specific type of violence including awareness-raising campaigns, policies, legislation and services.

External ideas frame

There has been extensive media attention of school-based violence and shocking cases of child maltreatment. The media coverage was identified as having raised public awareness and debate. Thus supporting the adoption of the issue on the political agenda with an imperative on action. However this coverage was noted to be excessively aggressive and it was argued to have a negative impact on children by portraying them as "monsters". Thus legislation was introduced to restrict media coverage. As noted when a respondent outlined the progress of the violence against women campaign;

> *"There were a number of extremely cruel cases broadly reflected by media that led to public discussions. This has led to the idea of establishing crisis intervention centres. This is how the domestic violence issue has become one of the priorities in our strategy and the EU structural funds have been allocated for establishing the crisis centres. It shows that the media played quite a big role in this case. As society and decision-makers became aware that something must be done"* (Interview no 36).

Challenges

The Soviet-era was a period when emotions and personal life were kept to oneself. In this closed society the problem of interpersonal violence went unseen. As illustrated by one respondent;

> *"Twenty years ago there wasn't violence in families or sexual violence, ministries say that these things never happened historically"* (Interview no 30).

In contemporary Lithuania the perpetration or victimisation of violence is still viewed as a personal issue and not a matter for public discussion. In particular the aspects of violence other than physical violence were seen as not something to be discussed. It was regarded that there was a sense of inevitability in the public attitude towards violence. It was a factor of life that was to be dealt with personally. Repeatedly it was noted that violence is an issue that is not spoken about openly. As stated by one respondent;

> *"Lithuanians are the type of people who are taught not to reveal their emotions or personal relations in public"* (Interview no 29).

The private nature of Lithuanian culture shapes public attitude towards interpersonal violence. Thus the problem of violence is conceptualised as a private issue and consequently does not gain significant public visibility. Moreover there is constrained public appetite for state intervention to address this private matter.

6.3.3 Political context

Policy windows

Twenty years of independence has involved a whole-scale reform agenda to move towards an open democracy. This reform has been significantly shaped by the application, accession and membership of the European Union. To join the EU Lithuania was required to undertake systemic changes. This included extensive legislative reform to meet the necessary standards, a process which is on going. The transition was described by one respondent;

> *"I can see a very big change. Lithuania is 20 years independent and this is a big change towards the West. This small country had so much Soviet period influences. I'm talking about violence against everybody in this country. In 2004 we became a member of EU. Before that we had to adopt a lot of international regulation and legislation dealing also with violence. Sometimes it was not always very clear for everybody what violence exactly means"* (Interview no 28).

The requirement to meet European and international obligations, as part of Lithuania's increased international role, was observed to have presented an opportunity to shape the direction of reform. There are distinct examples of how this has supported raising the priority of certain violence prevention issues. For example it was noted by NGO respondents how they have used the United Nations Convention on the Elimination of Discrimination Against Women (CEDAW) to leverage changes around violence against women. NGO activists and policy officials alike noted the catalyst affect on violence-related issues of such roles as Lithuania's chairship of the EU.

> *"In 2009 the Ministry of Social Affairs initiated drafting law on protection against domestic violence. Why they started to bring this issue is partly because Lithuania was criticised by CEDAW that Lithuania still does not have a law. Lithuania this year is the chair country in the OSE and human rights is the key issues for Lithuania to chairship philosophy. In 2013 Lithuania will be EU chair country and certain international pressure on this issue is getting stronger. This is why I think Ministry of Social Affairs has started initiating the drafting of the law"* (Interview no 37).

A further aspect of greater engagement in the international community and in particular Lithuania's membership of the EU was the opportunities this presented for joint projects with other countries. These projects included the sharing of best practice and access to EU structural funds. The CAMHEE project, outlined in Section 6.2.4, illustrated the benefit of partnership working within the EU. It presented the opportunity to raise public awareness of interpersonal violence issues and generate political support for relevant national policies and programmes.

Following the WHO European ministerial conference on mental health the main state and non-state stakeholders in the field of child and adolescent mental health in Lithuania, formed the CAMHEE project with partners from 15 other countries. Supported by the Ministry of Health the objective of the project was to work collectively to improve mental health in children and adolescents in Europe. In Lithuania the child and adolescent mental health indicators including, the prevalence of suicides, bullying and number of children living in state institutions, were among some of the highest in Europe. There was increasing consensus that EU accession should be used for effective decision-making and change in the field. As part of the project financial support for joint European activities was made available. Moreover there was an exchange of experiences and knowledge between new and old Member States. This resulted in fundamental changes being made in child mental health systems (Puras Ed. 2009). As one of the centres involved in the project outlines an element of the on going impact of the project;

> *"One of the work packages was a parenting programme and the leader of the package was from Finland. We started to discuss experiences in other countries and the situation in Lithuania. We understood that we very much lack such programmes. Discussions among specialists and decision-makers in Lithuania have continued outwith the project"* (Interview no 36).

This culminated in a European conference on modern approaches in prevention of bullying and violence in schools, held in Vilnius in 2007. This was a high-level event sponsored by the European Commission Daphne programme. It was opened by the President of the Republic of Lithuania, attended by three prominent Ambassadors, Deputy Chairman of the Seimas, Secretary of the Ministry of Health, State Secretary of the Ministry of Education and Science and with many international delegates.

Challenges

It was found that this policy window of high-level interest and committed resource was accompanied with ideological challenges following the election of the Homeland Union: Lithuanian Christian Democrat party in 2008. This is a centre right conservative party with close ties to the Catholic Church. It was noted that this has shaped the policy discourse on violence prevention to a less liberal perspective. As one respondent noted;

> *"When they drafted the law, the main purpose was to encourage people to live in families and to solve conflict in a peaceful way. In order to solve the problem they want to promote family ideals. Very much going with the conservative party and Catholic Church, family is the state subject. In 2008 Lithuania adopted state family policy concept law where family is identified as heterosexual couple living with children. The rest are not family, very discriminatory"* (Interview no 37).

Global governance

It was observed that Lithuania's membership of the EU and the development of international cooperation has shaped the direction of policy reform. The bilateral relations being actively developed between Lithuanian and foreign institutions and the assistance provided by foreign experts have exerted a positive influence on the quality of decisions in the field of social and labour policy. Moreover it was noted to have improved the performance of the institutions leading the administration of this policy (Ministry of Social Welfare and Labour 2004).

6.3.4 Issue characteristics

And finally it was found that certain characteristics specific to interpersonal violence enabled the generation of traction for the strategy of violence prevention among policy-makers in Lithuania.

Data

In the case of Lithuania the data available was limited and fragmented. Certain areas, such as child maltreatment, have a significant level of comprehensive recorded data. However the accessibility, sharing and utilisation of the data was found to be a further challenge. This was highlighted by discrepancies between official and unofficial data findings.

European-wide surveys were observed to be a consistent source of reliable data as to the scale and the nature of different types of violence. An example of this is the Health Behaviour in School-Aged Children Survey coordinated by the World Health Organisation. Within the framework of this study, Lithuanian scientists have been researching the problem of bullying among school-aged children for ten years. The purpose of this report is to assess the spread of bullying among students in Lithuanian schools, to identify its dynamics within the period from 1994 to 2006, and to compare the findings with data of analogous surveys in other countries (HSBC survey). The comparison of Lithuanian data with that of other countries was noted to be of particular value. As illustrated by one successful campaign;

"When we started there was complete ignorance. The Ministry of Education for several years was not responding nor reacting to the results of the HBSC study where Lithuania is in the last position. The principal investigator on the HBSC study was from Kaunas University. We became kind of partners because they were collecting the data and no one was reading that. Then when we started using that data and started publicising it then this data from 1998 became interesting in 2004. It took years to look into what we had. This study was an important source of evidence to see the extent of the problem. Without that study I think we probably would have difficulty in showing that this was a problem. When we were using the result that being in the last position and having the highest rate of bullying and being repeated and repeated then they said wow we should not be so" (Interview no 35).

Severity

The lack of comprehensive surveillance, data and research has resulted in an incomplete picture of the scale and nature of violence in Lithuania. It was noted that there is greater measurement and understanding of the scale of the problem around high-profile types of violence, for example child maltreatment. However as there has been no overall national research then it is not the country specific nature of the problem of violence in Lithuania. It was noted that greater attention was given to types of violence experienced by children in public settings. However this greater understanding of this dimension of the problem does not necessarily follow that this is the most prevalent or severe element of violence. It could be argued that the scale and severity of the problem is obscured by the disproportionate focus on one type of violence.

Interventions

In the case of Lithuania there is an extensive range of violence prevention programmes. Many of these programmes have been rolled out at a national level. Of particular note in Lithuania was the employment of internationally validated programmes that was found to hold significant weight among policy-makers. Such support for internationally accredited programmes resulted in the comprehensive and large-scale introduction of programmes such as the Big Brother Big Sister and Second Steps programmes. Moreover as already noted policy and activity is influenced by international partnerships. The Scandinavian countries were noted to be dominant partners and their adoption of a preventative approach supported the Lithuanian adoption of a preventative programme. For example the introduction of the Olweus Bullying Prevention Programme for secondary schools students that was part of a Finnish partner project.

However the adoption of a preventative programme was hindered by a lack of comprehensive outcome evaluation. Evaluation was extensively undertaken however this tended to focus on output measures. And finally despite acknowledgement of the value of prevention and the role out of primary prevention programmes targeting specific groups the funding streams predominantly support victim services and rehabilitation. As a senior health policy-maker noted;

> *"We consider that much more attention should be devoted to prevention in the future. In the meantime we devote most attention to post-vention actions rather than prevention but we understand that prevention remains and will always remain a priority"* (Interview no 36).

Critical reflection on the employment of the Shiffman Framework in this study demonstrated a gap in the framework. Notably that historical context is an additional factor of influence that is currently not part of the existing framework. From the utilisation of the Shiffman Framework to analyse the data for the case of Lithuania it was observed that there is an implicit cognizance of the pertinence of history in shaping the current status of and response to interpersonal violence.

6.3.5 Conclusion

The purpose of this Chapter was to set out the problem of violence in the Republic of Lithuania; assess the solutions being undertaken and analyse the factors that have shaped the generation of political interest in the problem and support for a preventative solution. Based on the data gathered from in-depth interviews and comprehensive documentation this Chapter concludes that in Lithuania violence is a serious health and social problem. Moreover the pervasion of violence within an independent Lithuania is experienced within the context of historical state violence and oppression. The solution adopted is to a limited degree in selected areas a policy of prevention. And finally "soft" power and policy transfer effectuated the prioritisation of violence prevention.

Why has Lithuania chosen to adopt an increasingly preventative response to violence? The findings of the investigation demonstrate that the damage caused by certain types of violence and the value of prevention has been acknowledged in Lithuania. Child maltreatment and violence against women are the central policy focus for interpersonal violence. These have been prioritised on the policy agenda and supported by preventative measures focusing on individual behaviour. However the conceptualisation of violence is compartmentalised into types of violence without recognition for the shared determinants of violent behaviour.

How have the issue of violence and a strategy of prevention gained traction on the policy agenda in the Republic of Lithuania? Multiple events marked the advancement of a policy of prevention. Principal among these was Lithuania's application, accession and membership of the European Union. The requirement to meet European and international obligations, as part of Lithuania's increased international role, presented an opportunity to shape the direction of reform.

And what are the actors, processes and relative forces that have defined policy reform in the case of Lithuania? The study of the advancement of violence prevention policy in Lithuania concludes that multiple determinants have galvanised action for violence prevention on the policy agenda while others have

limited the formulation of violence prevention policy and the scale up implementation. Summarised in Table 6.4. The analysis of the factors that have shaped this journey found that international institutions exercised external leverage to facilitate policy dialogue across ministries and sectors. Violence prevention policy in Lithuania was framed within the prioritised human rights agenda. And membership of the European Union presented opportunities to access best practice and funding for violence prevention projects. These features of the policy environment helped to drive the issue of violence prevention up the political agenda.

However the study results also indicate that cross-ministry collaboration was difficult in practice and there was overall policy community discord. A comprehensive understanding of the scale and nature of the problem of interpersonal violence was obscured by a concentration on a single type of violence and the lack of data. And finally the conceptualisation of violence as a private issue presented opposition to state intervention. These characteristics of the policy environment limited the formulation of violence prevention policy and a holistic approach to interpersonal violence.

Table 6.4 Influencing factors summary for Lithuania

Category	Influencing factors	Enabling factor description	Challenging factor description
Actor power	Policy community cohesion	Examples of cross-sector working	Ineffective cross-ministry working No internal coordination in NGO sector Government and NGO coordination biased Limited academic involvement
	Leadership	Example of champion NGO	Champions are issue specific
	Guiding institutions	Embassies facilitate platform for cross-sector dialogue Embassies prioritise issue	No ministry mandate Opposition from faith-based institutes
	Civil society mobilisation		Poor infrastructure for civil society mobilisation
Ideas	Internal frame	Shared agenda with human rights Prevention widely accepted	Conflicts with perceived role of the state Type specific perception of the problem; no holistic view of violence Narrow perception of prevention; behavioural primary prevention and rehabilitation tertiary prevention
	External frame	Media publicised high-profile cases	Violence is a taboo subject
Political context	Policy windows	Accession into EU	New administration; new ideology
	Global governance	Driving force of EU agenda and international standards	
Issue characteristics	Indicators	Participation in EU surveys	State data dependent State data not publicly credible
	Severity	Overshadowed by specific type of violence	Unclear picture of prevalence and nature of the problem
	Interventions	Internationally recognised interventions	Output-based evaluation Resource intensive

Chapter 7

Comparative analysis, propositions and conclusions

Why have some countries adopted a violence prevention policy? And how have the issue of violence and a strategy of prevention gained political traction in these countries?

The purpose of this study is to understand the factors that influence the development of violence prevention policy. In this investigation three cases were studied where violence prevention policy has been instigated and is in the process of further development. Data collected from 42 in-depth semi-structured interviews, eight weeks of direct observations and more than 200 pieces of documentary evidence was systematically coded based on the Shiffman Public Health Policy Priority Framework. The coded data was analysed to draw empirically based conclusions as to the factors that influenced the advancement of violence prevention policy in the Western Cape Province of South Africa, Jamaica and the Republic of Lithuania.

The uniform, thorough and systematic examination of three cases allows cross-case comparisons to be drawn and shared themes to be identified. As this Chapter will present, this enables conclusions to be derived about the common determinants that shape the adoption of violence prevention policy. From these cross-case findings generalizable propositions are inferred about the key influencing factors for violence prevention policy development. However caution must be exercised in generalising the results due to the limitations of the replicated case study methodology employed by this study. And finally the application of the Shiffman Public Health Policy Priority Framework as the theoretical orientation of this inquiry allows the study to conclude as to the utility of this framework for public health policy analysis.

Drawing on the disciplines of Political Science and Public Health this study aims to explain the interactions between institutions, interests and ideas in the policy process that determined political traction for the issue of violence prevention. The findings of this research thus contribute to our knowledge of public health policy development as well as offering guidance on how to gain political traction for violence prevention in countries where the issue is struggling to be progressed.

The first Section of this Chapter proffers an explanation of the factors that influence the development of violence prevention policy. The primary component of this understanding is a presentation of the common determinants identified to have shaped the advancement of violence prevention policy in two or more of the cases. The secondary element of this understanding is an examination of the weight of determinants in shaping the adoption of a preventative approach to violence. Based on this two part cross-case analysis the study draws generalizable propositions to explain the key influencing factors for the development of violence prevention policy. These propositions for violence prevention policy development are accompanied by implications that suggest the significance of the study findings for violence prevention policy development. The first Section of this Chapter thus presents an understanding of the policy environment and the conditions that determine political traction for the issue of violence and a strategy of prevention.

The second Section of this Chapter draws conclusions as to the utility of the Shiffman Public Health Policy Priority Framework and proposes refinements. Based on the application of the framework as the theoretical orientation of this inquiry, conclusions are presented as to its effective employment in the field of violence prevention. Possible gaps in the framework are identified and suggestions are made on how the framework could be augmented to produce a tool applicable for broader public health policy analysis. The conclusions for public health policy analysis therefore lead onto recommendations for strengthening the policy framework for public health policy analysis. This second Section of the Chapter thus contributes to an understanding of the public health policy process. This Chapter now turns to a presentation of the shared factors that galvanise support for violence prevention policy.

7.1 Violence prevention

A growing awareness of the scale and consequences of violence has seen an increase in the number of countries that recognise the importance of prevention. However there are few countries where this is reflected in policy. The focus of this study is to understand why some countries have adopted a policy of preventing violence. Despite the accumulation of evidence on the causes and manifestations of violence and how this can be reduced there is still relatively little known about how political traction is gained for violence prevention.

The following Section first presents an explanation of the common determinants identified to have shaped the advancement of violence prevention policy in two or more of the cases; and secondly examines the weight of influence of these factors in determining the adoption of a preventative approach to violence. Drawn from this two part cross-case analysis the study derives generalizable propositions to explain the key influencing factors for the development of violence prevention policy. And finally the resultant implications of these propositions for violence prevention are put forward.

7.1.1 Common determinants

The study shows that there are 15 shared factors that shaped the adoption of violence prevention policy. Comparative analysis of the case study results identified common determinants that were found to influence the development of a preventative approach to violence. As Table 7.1 illustrates these common determinants are both positive and negative.

Table 7.1 Common determinants of violence prevention policy development

Category	Factors shaping political priority	Common determinant description
Actor power	Policy community cohesion	• Complex field of multi-sector agencies • Stakeholders coalesced in a network
	Leadership	• Limited leadership roles with cross-sector reach
	Guiding institutions	• No agency with the mandate to lead on violence • External institutions facilitate platform for cross-sector dialogue
	Civil society mobilisation	• Robust voice and action of civil society
Ideas	Internal	• Compartmentalised conceptualisation of violence and conflicting perceptions of prevention • Framed within a prioritised policy agenda
	External	• Nature of public discourse on violence
Political context	Policy windows	• Highly politicised issue • Events present opportunities
	Global governance	• International obligations, assistance, standards and comparisons
Issue characteristics	Credible indicators	• Ingrained surveillance system and clear data
	Severity	• Severity obscures prevalence of sub-types of violence
	Interventions	• Volatile project-based approach

The individual case study findings were aggregated and coded. Cross-case analysis identified the factors that were found to have shaped the development of violence prevention policy in two or more of the cases. The appearance of these factors in two or more cases supports replication. However as analysis is limited to three cases then the ability to generalise is of course limited.

The common determinants will now be detailed within the Shiffman Public Health Policy Priority Framework. This Sub-Section identifies and explains the common determinants of violence prevention policy development, thus contributing to an understanding of the policy environment that shapes political traction for violence prevention.

Actor power

Policy community cohesion

Drawing on the three case study results it is clear that the interpersonal violence policy community is richly populated with multi-sector agencies. There is a plethora of government, non-government and international agencies engaged in the issue of interpersonal violence. However this creates a highly complex environment that challenges policy cohesion and programme coordination.

A culture of silo-based working is identified in each of the cases as a barrier to advancing violence prevention. The importance of effective policy and programme cooperation, coordination and cohesion, within and across sectors, is widely acknowledged. There are examples of such practices however it is concluded that a coordinated approach across agencies to interpersonal violence is not institutionalised.

Derived from analysis of the case study results coordination of this complex policy community is constrained by isolated and entrenched stakeholder positions; competition for resources; and caution between sectors. Interpersonal violence is a subject of long-standing debate with established views, vested interests and limited motivation to change the status quo. There is clearly a richness of expertise and experience to share between sectors however relations across sectors are cautious and dependent on bilateral relations between individuals.

The coalescing of academics, advocates and policy-makers in a violence prevention network is found to mobilise research, policy and programme implementation. A network presents a platform for organisations to have a dialogue to identify common principles and to unify violence prevention activity. As demonstrated in Section 4.3.1, the Safety and Violence Initiative (SaVI) identified in the case of the Western Cape Province of South Africa is an example of this. In this case the network served to collate an evidence-base to clearly set out violence as a major public health problem as well as to engage with the policy process to advocate for policy reforms.

Leadership

Cross-case analysis of the case results found that a prominent group of academic-activists champion a preventative approach to interpersonal violence. These are scholars that have traversed the divide between academia and civil society and fulfil a combined role. These are exceptionally able and active individuals that occupy leadership roles challenged with coordinating activity within their sector; bridging gaps between sectors; and initiating on the ground programme implementation. As confirmed in Section 5.3.2, where academic-activists were observed in the case of Jamaica to have brought academic analysis and research both to the policy table and to the community level of intervention planning.

Academic-activists are found to galvanise coordinated action to advance a common goal of the reduction of violence. However the strength and influence of this group varies. Champions of violence prevention were identified in each of the cases however these often focused their activities on a specific type of violence and they did not occupy a sufficiently senior position with reach across sectors. As interpersonal violence engages multiple sectors leadership with adequate authority is required to bring stakeholders together and to catalyse coordinated action to advance a common goal of the reduction of violence. However there are limited roles with the necessary reach across multiple sectors to lead violence prevention. It is found that in the interpersonal violence policy community there are abundant participants but few leaders that challenge the advancement of interpersonal violence prevention policy.

Guiding institutions

It was observed in each of the cases that despite the involvement of many agencies the holistic prevention of violence was not the core business of any single government or non-government agency. This lack of a distinct lead directly accountable agency restricted progress in taking forwards the violence prevention agenda.

Case analysis presents examples of institutional leadership for specific types of violence. However there is no single agency with the responsibility for leading policy reform of interpersonal violence: across all types of interpersonal violence and in all settings. Moreover this dominance of institutional leadership around a specific type of violence can challenge the progression of a holistic violence prevention agenda.

However institutional leadership for interpersonal violence is also directed by international agencies. An interpretation of the results of the case studies is that external leverage can facilitate a cross-sector policy dialogue to prioritise the prevention of violence. This "soft" influence was found to utilise an external position to leverage high-level ministry attention. This is evidenced in Section 6.3.1, where in the case of Lithuania, it was observed that embassies provided a platform for dialogue for government ministries and NGOs to discuss interpersonal violence. International agencies can impart visibility and credibility to the issue of interpersonal violence and to the preventative work conducted by NGOs.

Civil society mobilisation

The existence of a robust civil society gives voice and action to the process of advancing a preventative approach to violence but does not guarantee success. Its existence could thus be seen as necessary but not sufficient in and of itself to ensure progress. This is indicated in Section 5.3.1, where in the case of Jamaica civil society was found to be both active and robust. However their leadership was observed to be primarily in delivery. The result is that NGO sector skill sets tend to be focused around the organisation's operational delivery mandate and fund-raising and NGOs do not necessarily have the capacity to meaningfully engage in this national policy process.

Ideas

Internal ideas frame

It can be concluded from the results in the three cases that the issue of interpersonal violence is challenged by a compartmentalised conceptualisation of the problem. The awareness and acceptance of a public health approach to interpersonal violence is fairly widespread, however a holistic approach to violence prevention seems rare.

Violence sub-types are seen in isolation and there is only tangential recognition of the links between forms of interpersonal violence experienced at different life-stages. This compartmentalised conception of interpersonal violence obscures a comprehensive understanding of the scale and nature of the problem of interpersonal violence and can result in a violence prevention policy dominated by a single type of violence.

Moreover conflicting perceptions of prevention challenges the generation of political support for violence prevention. On the whole primary and secondary prevention is recognised to be a credible method of reducing violence. However this sits alongside a traditional punitive response as part of a multi-pronged strategy. It is concluded that a preventative approach is broadly accepted in theory but not necessarily reflected in policy across sectors.

However a mechanism for unifying this discord in the understanding of the problem of and solution to violence is by framing the issue within a prioritised policy agenda. The impetus of a policy does not need to be to reduce violence in order for it to be conducive to making the public health argument for violence prevention. The policy community therefore benefits from identifying opportunities to advance public health priorities through other related political priorities. This provides space for dialogue and generates legitimacy and priority for violence prevention.

This is present in each of the case studies. This is indicated in Section 4.3.2, where in the case of the Western Cape Province of South Africa the study found interpersonal violence to be framed within the political discourse on alcohol. There was political appetite to address this issue and by linking with this agenda violence prevention was able to capitalise on the policy imperative. As is further revealed in Section 5.3.2, where in the case of Jamaica the investigation found violence to be widely perceived across agencies as a barrier to development. It was observed that violence prevention strategic and programmatic activity was framed within the context of improved development. Finally this is also demonstrated in Section 6.3.2, where in the case of Lithuania violence prevention policy was framed within the prioritised human rights agenda.

External ideas frame

It is interpreted from analysis of the case study results that public discourse on the causation of, and solution to, violence influences the political response. The perception of the scale of the problem and the known or assumed effectiveness of the proposed solutions influences policy choice. Moreover the public perception of the nature of the problem and their view on the role of the state in addressing interpersonal violence also shapes political discourse.

When interpersonal violence is perceived as a private matter this can present a barrier to raising support for state intervention. Few politicians are amenable to championing the need for state intervention when this is both publicly and politically unpopular. The advancement of a violence prevention strategy is thus inhibited by public discord on the nature of violence and the role of the state within the private sphere.

This is corroborated in Section 6.3.2, where in the case of Lithuania the perpetration and victimisation of violence within the home was found viewed as a personal issue and a taboo subject and thus not a matter for public discussion. Policy focus was on violence in the public environment of schools. The framing of interpersonal violence within the discourse on the boundary between public

intervention in the private sphere thus challenged the prioritisation of perceived private forms of violence.

It should be noted that this strength of debate around violence as a public or private matter was not reflected across all cases. However in each of the cases it was found that public discourse around violence, whether it be on what the most serious type of it is or the solution; this discourse shaped the advancement of violence prevention. This public discourse is reflected and shaped by the media. It can be interpreted from the multiple-case results that the media reflects and amplifies public dialogue.

Political context

Policy windows

The social determinants and visible consequences of violence felt by communities and the strength of public discourse on this issue make interpersonal violence highly politicised. Political leaderships want to preside over a reduction in violence and aim to avoid being branded "soft" on crime. The presentation of interpersonal violence on the policy agenda and the strategy adopted is thus shaped by public discourse and political awareness.

This study infers from cross-case analysis that events present an opportunity to challenge the status quo; catalyse cross-sector collaboration; increase public appetite for change and challenge otherwise taboo aspects of violence prevention. Catalytic events can thus have both a direct and indirect impact on violence prevention policy. Events also present an opportunity to reassess the prevailing structures and practice of strategic leadership and delivery. This can provide impetus to bring stakeholders together and to coordinate interventions.

As shown in Section 4.3.3, where in the case of the Western Cape the election of a political party new to government provided the opportunity to embed the concept of violence prevention within a number of policy areas thus progressing the overall development of violence prevention policy.

Global governance

It is also analytically concluded that the requirement to meet international obligations presents an opportunity to shape the direction of reform to advance violence prevention. Engagement in the international community provides access to technical assistance and best practice; and the chance to engage in collaborative projects whilst also facilitating the production and collation of visible comparative markers or even league tables.

This point is best demonstrated in Section 6.3.3. In the case of Lithuania the requirement to meet European and international obligations, as part of its increased international role, was found to have promoted the implementation of violence prevention programmes.

Issue characteristics

Credible indicators

It is deduced from case results that surveillance data is necessary to present the scale and nature of the problem of violence. However the question is at what point does some data become enough data, at least in terms of allowing action. In many cases it could be argued that we understand the problem well enough to act. And although the identification of the value of data was common across the cases, the receptiveness of decision-makers to the data varies. It certainly is necessary to have data to articulate the problem and design the solution. However in order to advance violence prevention then decision-makers are also required to be open, receptive and willing to listen.

Available data is often limited and fragmented particularly in relation to non-fatal injury. In addition there is often insufficient coordination and a lack of embededness in the policy development process. The scarcity of reliable statistics, including self-reported victim surveys, further inhibits the construction of a full understanding of the scale and severity of the problem of violence.

Severity

A further characteristic of the development of violence prevention policy is that the severity of a certain type of violence obscures the prevalence of other types of violence. The disproportionate focus on one type of violence disguises the scale and severity of the problem of interpersonal violence in general. The high-profile nature of a dimension of violent activity and the potential severity of the consequences of violence raises awareness of the problem. However it can also overshadow other types of less-often fatal but possibly more numerous types of violence. An obvious example is that of high-profile mass shootings or celebrity killings. These events can constrain a holistic approach to violence prevention.

Interventions

A final aspect of interpersonal violence prevention policy identified by the case studies is that violence prevention initiatives are predominantly project-based. There is a cycle of old and new projects. These are predominantly led by numerous state and non-state agencies. Thus it is often unclear what projects are delivered in an area at any one time. This is noted to lead to duplication of violence prevention activities and inefficient allocation of resources. A volatile project-based approach and a lack of scaled up interventions is unsustainable and a barrier to effective violence prevention programme delivery. The registration and in some cases coordination of interventions is therefore required if interventions are to be evaluated and the most effective of these scaled up. Focusing resources on scaling up effective programmes may be preferable to starting yet more small-scale pilots. Often multiple community-based programmes and projects exist within a country with a shared objective to reduce violence.

As is evidenced in Section 5.3.4, where in the case of Jamaica it was found that in the last decade there had been a proliferation of poorly coordinated large- and small-scale crime and violence prevention projects.

7.1.2 Factor causal weight

The previous Sub-Section presented the common determinants identified to have shaped the advancement of violence prevention policy in two or more of the cases. However the influence of these factors is not equal. The following Sub-Section examines the weight of determinants in shaping the adoption of violence prevention policy. This investigation first infers preliminary conclusions about the degree of influence of factors in advancing violence prevention policy in each case. Secondly based on cross-case analysis initial conclusions are deduced about the degree to which each factor determines the development of a violence prevention policy. As this is drawing on the experience in three cases then it allows a degree of generalizability however this should be treated with caution. Within these limitations this Sub-Section contributes to an explanation of the conditions that determine political traction for the issue of violence and a strategy of prevention.

Individual case analysis

The study interprets that all factors are influential in advancing violence prevention policy in all cases but certain factors are more influential than others. Measurement of the weight of common determinants in advancing violence prevention policy in each of the three cases presents initial findings about the degree of influence of each factor. The study identifies the most influential factors in shaping the development of violence prevention policy in each case. The findings as to the strength of influence of each factor in each case are set out in Table 7.2.

Table 7.2 Case causal weight of each factor

Legend: ✓✓✓ *significant influence* ✓✓ *moderate influence* ✓*limited influence*

Category	Factors shaping political priority	Western Cape Province	Jamaica	Lithuania
Actor power	Policy community cohesion	✓✓✓	✓✓✓	✓✓✓
	Leadership	✓✓	✓✓	✓✓
	Guiding institutions	✓✓	✓✓	✓✓✓
	Civil society mobilisation	✓✓	✓✓✓	✓
Ideas	Internal	✓✓✓	✓✓✓	✓✓✓
	External	✓✓	✓✓	✓✓
Political context	Policy windows	✓✓✓	✓✓✓	✓✓✓
	Global governance	✓	✓✓	✓✓
Issue characteristics	Credible indicators	✓✓✓	✓✓	✓✓
	Severity	✓✓	✓✓	✓
	Interventions	✓✓	✓✓	✓✓

In each case the coded data was analysed to deduce initial conclusions as to the weight of each factor in shaping the adoption of violence prevention policy. Based on the analysis of coded data collected from in-depth interviews, direct observations and documentary evidence, it is possible to assess how influential each factor was in shaping policy development in each of the cases. This was based on the volume, breadth and strength of data gathered for each factor in each case. These were graded significant influence, moderate influence and limited influence. This took into account that the influence of the factor could be both positive and negative. This is assessed based on absolute degree of influence identified in each case and not relative across the cases.

The strongest determinants of the violence prevention policy process identified in the case of the Western Cape Province of South Africa, Jamaica and Lithuania are summarised below.

As shown in Table 7.2, in the case of the Western Cape the unifying role of the cross-sector network; the limited acceptability of a preventative approach; the opportunity presented by the election of a new administration and the availability of comprehensive surveillance data are the most influential factors that resulted in the development of violence prevention policy in the Western Cape of South Africa.

The Table further demonstrates that in the case of Jamaica the lack of coordination, cooperation and cohesion within and across sectors; the presence of a robust and active civil society; the framing of violence as a barrier to development; and the galvanising affect of a high-profile criminal extradition are the strongest determinants that resulted in the adoption of a preventative approach to violence in Jamaica.

And finally the Table reflects that the lack of cross-sector collaboration; the leverage of international institutions; the compartmentalised conceptualisation of violence prevention; and the opportunities to access best practice and funding presented with the accession to the European Union are the most influential determinants that resulted in the advancement of violence prevention policy in the Republic of Lithuania.

Cross-case analysis

The investigation suggests that there are three factors that significantly influenced the development of violence prevention policy across all three case studies. Table 7.3 gives an indication of the aggregated strength of influence of each factor. By collating the strength of influence of each factor across the individual case studies it is possible to derive an initial assessment of the causal weights of the factors shaping the advancement of violence prevention policy. Cross-case analysis enables the study to draw preliminary conclusions as to what factors are the most influential in generating political priority for violence prevention.

Table 7.3 Aggregated causal weight of each factor

Legend: *South Africa* *Jamaica* *Republic of Lithuania*

Factors shaping political priority	**Level of influence across cases**
Policy community cohesion	
Internal	
Policy windows	
Guiding institutions	
Credible indicators	
Civil society mobilisation	
Leadership	
External	
Interventions	
Global governance	
Severity	

Firstly Table 7.3 reflects that the lack of effective policy and programme cooperation, coordination and cohesion; isolated and entrenched stakeholder positions; and the coalescing of multi-sector stakeholders in a network significantly influenced the advancement of violence prevention policy across the three cases.

Secondly the Table illustrates that the compartmentalised conceptualisation of the problem of violence; the presence of conflicting perceptions of the solution; and the framing of violence within a prioritised policy agenda significantly influenced the development of violence prevention policy across the cases studied.

Thirdly the Table shows that catalytic events significantly influenced the formulation of violence prevention policy across the individual cases.

Moreover from Table 7.3 it can be interpreted that there is a factor of significant influence specific to each case. These case specific drivers are observed in each of the three cases. In the Western Cape the case specific driver was the availability of comprehensive surveillance data; in Jamaica the presence of a robust and active civil society and in Lithuania the leverage of international institutions.

The multiple-case study design allows this investigation to glean common trends about the weight of determinants in advancing a strategy of preventing violence. Within the limitations of the study design the cross-case analysis builds on the case specific results to draw general findings that inform an empirical understanding of the policy environment and an explanation of the conditions that determine political traction for the problem of violence and a solution of prevention.

7.1.3 Violence prevention: Propositions and implications

Public policy processes are complex, involving innumerable individual and organisational actors, conflicting ideas, values and beliefs about how to define problems and what to do about them. The process of putting the issue of interpersonal violence on the agenda and formulating the solution of prevention in policy at a country level has largely gone without investigation. Thus there is limited knowledge as to the factors that enable and challenge the development of violence prevention policy. This study attempts to address this gap.

This Section has identified and explained common determinants that shape the advancement of violence prevention policy; and examined the weight of these influencing factors in determining the adoption of violence prevention policy. Based on this two part cross-case analysis this concluding Sub-Section draws the following propositions about the key influencing factors for violence prevention policy development.

Propositions for violence prevention policy development

1. The violence prevention policy community is challenged by cross-sector coordination and enabled by cross-sector networks.
2. The idea of interpersonal violence is challenged by a compartmentalised conceptualisation of the problem and conflicting perceptions of prevention as the solution.
3. The violence prevention agenda is enabled by opportunities presented by public and political events.

The policy community concerned with violence prevention is predominantly fragmented and their understanding of what is meant by interpersonal violence is disjointed. This lack of a shared conceptualisation of the problem of interpersonal violence challenges the functional formation of a cohesive policy community. The creation of an understood and widely shared concept of interpersonal violence is an essential part of the public health approach to preventing violence. This study proposes that better communication of the idea of interpersonal violence would therefore advance the development of violence prevention policy in countries where the issue is struggling to be progressed.

These findings illustrate the political nature of developing violence prevention policy. Thus challenging the presumptions of public health of the strong influence of objective reality on public health outcomes. The traditional evidence-based public health approach attributes principal weight to the measurement and severity of the problem and the availability of effective interventions in generating political priority for an issue. However the study findings emphasise the power of networks, ideas and opportunities in attaining public health outcomes. Thus, this study proposes that a data led understanding of the problem of violence and the availability of effective interventions is influential but not necessarily sufficient to gain political traction for violence prevention on the policy agenda.

This explanation has implications for our understanding of strategic public health communication, the role of the public health community and the position of the public health approach. Based on these propositions of this study the suggested implications are presented below.

Implications for violence prevention policy development

1. Policy actors and advocates must develop communications strategies as well as the evidence-base for violence prevention.
2. The public health model should not be presented as an exclusive approach to violence prevention; other approaches also matter.
3. Policy actors and advocates must be prepared to identify and optimally utilise political opportunities in an effective and timely fashion.

In conclusion this study contributes to the literature by drawing generalizable propositions about the key influencing factors for violence prevention policy development and presenting an explanation of the conditions that determine political traction for the issue of violence and a strategy of prevention. The findings of this study support the existing literature on the Shiffman Public Health Policy Priority Framework that a policy community is more likely to generate political support for its concern if it is cohesive, well-led, guided by robust institutions and backed by mobilised civil societies; if it agrees on solutions to the problem and has developed frames for the issue that resonate with political leaders; if it takes advantage of policy windows and is situated in a sector with a strong global governance structure; and if it addresses an issue that is easily measured, high in severity and has effective interventions available. The employment of a multiple-case design enables this study to draw preliminary generalizable propositions. However caution must be exercised in generalising to other settings as this is based on three cases and each of the cases has unique historical, political and socio-economic circumstances. The capacity of the study to more confidently draw generalizable findings would be strengthened by expanding the number of cases in the study.

7.1.4 Critical reflection

There is very little research on the process of developing violence prevention policy. The objective of the study is to better understand how violence prevention policy is developed. This approach was principally designed in order to demonstrate rigorous scientific health policy analysis and to illustrate the value of such an approach. Case study research methods are employed to investigate the decision-making process and specifically building political traction for a strategy of violence prevention. The selected cases provide an insight into the advancement of violence prevention policy that is poorly understood. This study is drawn from policy analysis literature on other public health issues and designed to address a gap in current public health research.

Critical reflection on the employment of the Shiffman Framework in this study highlights the value of the framework in focusing on the characteristics of how the issue of violence prevention is advanced. However critical analysis of the framework also brings into question the importance of the objective characteristics of an issue in determining political traction. And finally the study results demonstrate a gap in the framework. Historical context is an additional factor of influence that is currently not part of the existing framework. This is discussed in the following Section. This study contributes to the small but growing pool of literature and helps to advance the field of health policy analysis.

Reflecting on the design of this study a primary challenge in conducting this research was taking measures to ensure methodological replication in collecting data across the cases. This required accommodation of social and cultural diversity while maintaining systematic rigor. Moreover the large volume of data presented challenges in managing the data set. This involved continual reflection, a clear research plan and a focus on the overall aim of the investigation. Many lessons were learnt in the process of conducting this research. A proposed amendment for improving this study would be the comparison of case study results with alternative theories. Moreover the research design would have been strengthened, by

circulating the case reports with study participants. This would have added a further level of data verification.

In conclusion this study contributes to the field of health policy analysis and applies this approach to violence prevention policy. Ultimately seeking to strengthen the development of violence prevention policy. This study thus demonstrates how it is possible to undertake a systematic policy analysis of a public health issue and the importance of gaining a scientific understanding of the policy process.

A study of violence prevention is valuable as it both adds to the understanding of violence prevention policy as well as to the field of policy process analysis as a whole. It is to this policy process theory part of the investigation that the second Section of this Chapter now turns.

7.2 Policy analysis

As Section 7.1 of this Chapter illustrated the policy process is complex. Researchers have sought to understand why public health initiatives succeed or fail at being adopted onto the political agenda, developed into policy objectives and delivered through resourced programmes. Drawn on political science scholarship and health policy research the Shiffman Public Health Policy Priority Framework is a tool to explain how political priority is generated for health issues. This investigation utilises the Shiffman Framework to analyse gathered empirical data to draw out the factors of the policy process that enable and challenge the development of violence prevention policy in three middle- to high-income countries. Based on the application of the framework in this study conclusions are drawn as to its effective employment in the field of violence prevention. Possible gaps in the framework are identified and recommendations are made on how the framework could be augmented to produce a tool applicable for broader public health policy analysis.

The following Section firstly examines the utility of the framework for studying interpersonal violence; followed by a discussion of how the framework could be

refined; and finally presents conclusions as to the broader utility of the framework for public health policy analysis.

7.2.1 Framework utility

The Shiffman Public Health Policy Priority Framework is a public health specific framework that explains the interaction between institutions, interests and ideas in the policy process for multi-disciplinary public health issues. Violence prevention is a complex issue with distinct attributes that are reflected in the policy process. One such characteristic is that violence is a visible and contentious public issue. Violence and how to address it is highly political and a policy area where the public influence is significant both in terms of getting the issue on the agenda and the shape of the policy response. Moreover the life-span and broad cause and effect nature of violence can make violence prevention a difficult concept to convey and one that extends past the traditional four or five year period of elected representation. For example making the case that improving life-skills in early years can reduce the likelihood of violent behaviour in adolescence. Finally the prevention of violence necessitates action across government departments and across sectors. Employment of the Shiffman Framework in this investigation found the framework to adequately accommodate these dimensions of the policy process specific to violence prevention and not presently addressed by other frameworks. Of particular note is the capacity of the framework to examine both the political nature of the policy process as well as the measurable objective approach of public health. It is concluded that the Shiffman Public Health Policy Priority Framework is relevant to assess the determinants of violence prevention policy development.

As examined in the first Section of this Chapter the degree of influence of the factors shaping the advancement of violence prevention policy is not equal. Based on analysis of the volume, breadth and strength of data collected for each factor in each case this investigation inferred preliminary conclusions as to the weight of influence of factors in determining the adoption of violence prevention policy. However this was outwith the direct function of the framework. The utilisation of the framework would therefore, be expanded by including the capacity to analyse

the causal weight of factors. In conclusion this framework would benefit from further research, including assessment of the causal weights of the factors, their interactive effects, and whether different combinations of factors may lead to issue ascendance on the political agenda.

7.2.2 Framework refinement

The Shiffman Public Health Policy Priority Framework proposes a set of 11 factors to explain why some health issues attract attention and others are neglected. As outlined in the previous Sub-Section, the employment of this framework in assessing the determinants of violence prevention policy development found the set of factors to be relevant. However from the study of violence prevention policy development this investigation has identified an additional factor of influence that is currently not part of the existing framework. Across the cases there was observed to be implicit cognizance of the pertinence of history in shaping the current status of and response to interpersonal violence. It is therefore proposed that the fidelity of the Shiffman Public Health Policy Priority Framework would be strengthened by the inclusion of historical context as a factor determining why some health issues attract attention. It is concluded that this proposed refinement to the framework, based on its application to the complex public health issue of interpersonal violence, would further the utility of the framework across many areas of public health.

In order to understand the status of violence in each of the cases it was important to understand this within the context of history. However it should be noted that in all the cases the nature of contemporary violence was very different from historical violence. Hence the historical context is necessary to understand the conditions that shape violence prevention policy development however history alone is not a sufficient explanation.

Of particular note for the issue of interpersonal violence was the historical occurrence of violence employed by the state. It was observed across the cases that historical exertion of state violence impacted on the cultural acceptance of

aggressive behaviour. As illustrated in the case of Jamaica where partisan political violence is consistently acknowledged as being a foremost part of the problem of crime and violence. As outlined in Section 5.1.1, the historical position of violence as a fundamental building block of governance in the Jamaican political system fostered a community network based on violence as a means of securing resources, wealth, protection and justice.

A further consequence of a history of state violence is the contemporary affect this has on social, economic and political conditions: that can be risk factors for violence. As demonstrated in the case of the Western Cape Province of South Africa where the transition from apartheid government was characterised by rapid migration to urban areas; limited socio-economic prospects for young people; inadequate housing and social infrastructure; increased income inequality, as noted in Section 4.1.1. Violence was thus both a product of these conditions and a catalyst perpetuating the crisis of interpersonal violence.

And finally the implicit cognizance of the relevance of history in shaping violence prevention policy development was reflected in how the issue of violence was framed in public discourse and consequently on the policy agenda. As illustrated in the Republic of Lithuania where after five decades of repressive occupation the private realm in independent Lithuania is now tightly protected against state intrusion, detailed in Section 6.3.2. Moreover the private nature of Lithuanian culture perceives interpersonal violence as a private issue and not a matter for public discussion. Consequently the legacy of state violence on the Lithuanian internal psyche shapes the public and political conceptualisation of and response to interpersonal violence.

In conclusion the historical context was observed in each of the cases investigated to be a relevant consideration when examining the development of violence prevention policy. However this factor is not accommodated under the current Shiffman Public Health Policy Priority Framework. This study therefore proposes the inclusion of historical context as a factor in the framework to better understand

the determinants of public health policy development. The proposed amendment would strengthen the fidelity and widen the applicability of the Shiffman Public Health Policy Priority Framework across public health.

A further influencing factor that was indicated in the case studies but is currently not part of the framework is counter advocacy. Across the cases there was observed to be external lobbying influences shaping the advancement of violence prevention policy. This factor was also considered for being put forward as an additional factor of influence that is currently not included in the existing framework.

Counter advocacy was implicated in each of the cases. In the Western Cape Province of South Africa the prevention of violence faced aggressive counter lobbying from the alcohol industry as part of the process for the introduction of tighter licensing regulation. In the case of Jamaica it was observed that the prevention of violence faced opposition by counter influences of the alternative system of governance under the leadership of the dons. And finally in the case of the Republic of Lithuania the prevention of violence in the home was challenged by the advocacy of the church for the maintenance of the family unit. In the case of violence it is implied that the lobbying is not directly against its prevention however because the prevention measures can reach across social and cultural norms and require structural upstream reform. These fundamental changes of the status quo can meet objection from organisations outwith the direct health sphere. In particular, as violence prevention touches non-health spheres the disruption caused can give rise to counter lobbying.

In conclusion this study points to counter advocacy as a possible additional factor of influence to be included in the Shiffman Public Health Policy Priority Framework to better understand the determinants of violence prevention policy development. However after review it is proposed that the strength of the evidence does not allow this conclusion to be drawn. Although the results indicate that this would be a relevant issue for exploration and would benefit from further research.

7.2.3 Policy analysis: Conclusions and recommendations

Little is known about the sources of variance in priority levels afforded to public health initiatives, as there is a lack of systematic research on the subject. This study attempts to address this by applying the Shiffman Public Health Policy Priority Framework to identify the determinants of the policy process that resulted in the advancement of violence prevention policy in three cases. The employment of the Shiffman Framework to systematically investigate policy development for the issue of interpersonal violence enabled the study to infer conclusions as to the utility of this framework. Thus adding to our understanding of policy process theory.

This Section has presented an examination of the utility of the framework for studying interpersonal violence prevention and a discussion of how the framework could be augmented. Based on this the following propositions are drawn about the utility of the Shiffman Public Health Policy Priority Framework for examining violence prevention policy development.

Conclusions for public health policy analysis

1. The Shiffman Public Health Policy Priority Framework can be used to assess the determinants of violence prevention policy adoption.
2. The assessment of causal weights of the factors would increase the utility of the framework.
3. The inclusion of historical context as an influencing factor would strengthen the fidelity of the framework.

The policy process is the subject of extensive study in health policy research. However this has focused predominantly on policy content rather than the processes that shape policy outcomes. The Shiffman Public Health Policy Priority Framework has addressed this gap in the literature by presenting a framework of the policy process specific to public health. This study contributes to the existing scholarly work by testing the utility of the Shiffman Framework for studying violence prevention. This research has therefore enhanced the understanding of the application of the framework in different settings and to a complex public health issue.

These findings illustrate that the Shiffman Framework is a valuable tool to explain determinants of political priority for public health policy and that an examination of the historical context is necessary to understand the problem of violence and the policy response. Based on these conclusions this study presents the following recommendations for the advancement of the Shiffman Public Health Policy Priority Framework.

Recommendations for public health policy analysis

1. Test framework on further public health issues and in high-income countries.
2. Further assessment of causal weights of the factors.
3. Include historical context as influencing factor.

Further research is therefore needed to test the applicability of the framework to other public health initiatives and in different settings. Moreover further investigation is required into how applicable the framework is for analysing the policy process in countries of different status, low-middle-high income. The Shiffman Framework was developed in the context of five developing countries. This study was conducted in three middle to high-income countries. The testing of the utility of the framework in high-income countries would provide further insight into the generalizability of the framework.

It is concluded that the Shiffman Public Health Policy Priority Framework can be used to assess the determinants of violence prevention policy development. Moreover the utilisation and fidelity of the framework would be enhanced respectively by expanding the depth of the framework to analyse the causal weight of factors and the breadth of the framework to include historical context as an influencing factor. Overall this would strengthen the applicability and effectiveness of the framework in explaining the public health policy process. Thus, indicating the utility of the Shiffman Public Health Policy Priority Framework for broader public health policy analysis.

Box 7.1 Summary of findings

Propositions for violence prevention policy development

- ❑ The violence prevention policy community is challenged by cross-sector coordination and enabled by cross-sector networks.
- ❑ The idea of interpersonal violence is challenged by a compartmentalised conceptualisation of the problem and conflicting perceptions of prevention as the solution.
- ❑ The violence prevention agenda is enabled by opportunities presented by public and political events.

Implications for violence prevention policy development

- → Policy actors and advocates must develop communications strategies as well as the evidence base for violence prevention.
- → The public health model should not be presented as an exclusive approach to violence prevention; other approaches also matter.
- → Policy actors and advocates must be prepared to identify and optimally utilise political opportunities in an effective and timely fashion.

Conclusions for public health policy analysis

- ❑ The Shiffman Public Health Policy Priority Framework can be used to assess the determinants of violence prevention policy adoption.
- ❑ The assessment of causal weights of the factors would increase the utility of the framework.
- ❑ The inclusion of historical context as an influencing factor would strengthen the fidelity of the framework.

Recommendations for public health policy analysis

- → Test framework on further public health issues and in high-income countries.
- → Further assessment of causal weights of the factors.
- → Include historical context as influencing factor.

7.3 Conclusion

The propositions and implications deduced by this study about violence prevention policy; and the conclusions and recommendations derived on the public health policy process are summarised in Box 7.1. Drawn from this Box the following concluding statements can be made.

Violence prevention is a multi-sector response to a multi-faceted problem and there are multiple factors determining its translation into violence prevention policy.

Bringing together academics, advocates and policy-makers into violence prevention networks, focused around a shared concept of violence, gains political traction for the issue of violence and facilitates the adoption of a strategy of prevention.

The conceptualisation of violence and perception of prevention are framed in a case specific historical context, thus examination of this context is necessary to understand the conditions that shape the status of violence prevention policy.

And finally, the development of violence prevention policy in other countries would be expedited by the coalescing and informed engagement of the violence prevention policy community in the web of institutions, interests and ideas that underpin the public health policy process.

Appendix A: Interview schedule

1) How would you describe current policy on interpersonal violence?

- What are some of the key components of the policy
- Could you explain to me how this policy was led across relevant sectors
- How does this compare to the concept of prevention acceptable 10 years ago

Is there anything further you would like to add?

2) Could you tell me about the process by which this policy position has come about over the last 10 years?

- What were some of the challenging periods in moving forwards this agenda
- Could you give me an example of events that helped to move forwards this agenda
- Who were the key decision makers and influencers in shaping this position
- What are some of the barriers to bringing about this policy change

Is there anything further you would like to add?

3) How would you describe the involvement of organisations out-with government in building this preventative approach over the last 10 years? By this I mean interest groups, community organisations, the media, professional groups, academics, international institutions.

- What were some of the lead organisations that engaged with government on the issue of interpersonal violence
- What are some of the activities of the non-state actors that have shaped the prevention agenda
- Could you give me examples of the mechanisms by which these non-state actors engaged with government
- Can you tell me about some of your experiences in engaging with non-state actors around the issue of interpersonal violence
- How has the level of engagement of non-state actors in government policy making changed over the last 10 years

Is there anything further you would like to add?

Appendix B: Interview participants

The Western Cape Province of South Africa – Case one
Burden of Disease Programme
Centre for Justice and Crime Prevention
Department of Education
Department of the Premier
Gun Free South Africa
Medical Research Council
Ministry of Community Justice
Ministry of Health
University of Cape Town, Department of Psychology
University of Cape Town, Department of Public Health

Jamaica – Case two
Cabinet Office, National Security Policy Coordination Unit
Canadian High Commission, Jamaica
Civil Society Coalition
Dispute Resolution Foundation
Jamaican Constabulary Force
Jamaica Medical Doctor's Association
Ministry of Health
Ministry of National Security, Crime Prevention and Community Safety
Peace Management Initiative
Planning Institute of Jamaica, External cooperation and management division
Planning Institute of Jamaica, Social policy planning and research division
UNDP, Jamaica
University of the West Indies, Institute of Criminal Justice and Security
USAID, Community Empowerment and Transformation Project
Violence Prevention Alliance Jamaica

The Republic of Lithuania – Case three
Childline, Lithuania
Children's Rights Ombudsman
Institute of Hygiene
Institute of Hygiene, Occupational Health Division
Lithuanian Centre for Equality Advancement
Ministry of Education and Science
Ministry of Health, Public Health Department
Ministry of Social Security and Labour
Ministry of the Interior, Public Security Policy Division
Royal Embassy of the Netherlands
State Mental Health Centre
Women Shelter for Children and Mothers
WHO Liaison Office, Lithuania

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