Violence Prevention
Policy, Practice and Advocacy

Tuesday 25th March 2014, School of Medicine, University of St Andrews

Delegate pack

In partnership with: WHO Collaborating Centre for International Child & Adolescent Health Policy
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Welcome from Professor Peter Donnelly

My colleagues and I are delighted to welcome you to this seminar day entitled Violence Prevention; Policy, Practice and Advocacy. Today’s event is organised by the University of St Andrews Medical School in collaboration with the Scottish Violence Reduction Unit and the Social Dimensions of Health Institute. It is also organised in partnership with our new WHO Collaborating Centre for International Child & Adolescent Health Policy, which will be formally launched next month. Details of that launch are in the back of this pack. Do come if you can.

We are now five years into a process of building a research group in the area of violence prevention. It has been hard work but rewarding, and by following my favourite rule of only employing people who are much smarter than me we have together made progress. As a group we have benefitted greatly from the experience and generosity of colleagues from around the world. And today we are most fortunate in having been able to attract an exciting line up of national and international speakers. They may differ in their areas of expertise and in where they call home, but all share our passion for seeking to reduce the role that violence plays in our world.

In particular, today we focus not on formal armed conflict but rather on the often unseen toll due to interpersonal violence. This one-on-one or small group violence gives rise to over 500,000 homicides a year and a huge burden of expensive and traumatising injury. Thankfully, there are things that can be done and we will hear of examples of innovative research, practice and policy throughout the day. Do take the time to talk to our speakers at lunch and during coffee breaks. In my experience people who work in this area are inclusive and welcoming of your interest, no matter how new to the area or junior you may feel.

In closing my introduction let me just thank a couple of colleagues in particular who have done much to make today possible; Damien Williams and Karen Ross deserve our gratitude and if you see them buzzing around today please take the time to say “thank you”. I would also like to thank Joseph Hancock and Felicity Wild for their help in producing this brochure.

Welcome to St Andrews!

Prof Peter D Donnelly
Violence Prevention at the University of St Andrews

The Violence Prevention Group in the School of Medicine began with the appointment of Professor Peter Donnelly in 2008. The group has grown steadily and deliberately pursued collaborations from around the world.

Current Projects
Alcohol and violence – prisoner release study; female student sexual vulnerability and alcohol study

- Asset-based approach
- Epidemiology of murder
- Bystander intervention into domestic violence
- Exploring relationship between violence and societal events
- Design and evaluation of a Violence Brief Intervention
- Evaluation of Mentors in Violence Prevention intervention in Scottish High Schools
- Evaluation of violence prevention imitative in primary schools
- Collaborations
- Host regular summer interns from Michigan and Yale MPH programmes
- Host national and international visiting academics and practitioners.
- National and international collaborations with academics and practitioners

Dissemination
- Invited lectures
- Plenary talks at national and international events
- Keynote speakers at international academic and practitioner events
- Chair national and international events and sessions
- Contributed to the Scottish Government consultation on the future of electronic monitoring in Scotland.
- Co-edited a major research text for OUP on violence reduction. Nine of the 46 chapters have been written or co-written by research group members
- Published in peer-reviewed journals.
- Invited and commissioned papers and book chapters
- Present at national and international conferences
Selected publications (2013-14)


Selected presentations (2013)

- Davis, A., Neville, F.G., Williams, D.J., Goodall, C.A., & Donnelly, P.D. (2013). Ring the Bell: A mixed methods study to examine the willingness of people in Scotland to intervene if they witness or overhear violence. Poster presentation to the Faculty of Public Health Scotland Conference, Dunblane, 7th November.


• Neville, F.G., Williams, D. J., Goodall, C.A. & Donnelly, P. D. (2013). ‘Out of it’: Exploring the complex relationships between alcohol, identity and health at a Scottish university. Oral presentation to the Faculty of Public Health Scotland Conference, Dunblane, 7th November.


• Williams, D. J., Neville, F.G., & Donnelly, P. D. (2013). Exploring the association between Old Firm soccer derbies and incidents of community and domestic violence in Glasgow, Scotland. Poster presentation to American Public Health Association Annual Conference, Boston, USA, 2-6th November.


**Invited talks**


• Peter D Donnelly, Sandy Hook: reflections and solutions, American Public Health Association, 5 Nov 2013.

• Peter D Donnelly, Violence as a public health issue, Harvard School of Public Health, 7 Nov 2013.

• Peter D Donnelly, Counting the sick and dead: The comparative politics of surveillance in Europe, University of Michigan, 26 Mar 2013.
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<td>Welcome: Simon Guild (University of St Andrews)</td>
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<td>09:15</td>
<td>Setting the Scene: Peter Donnelly (University of St Andrews)</td>
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<td>Scottish perspective: Karyn McCluskey (Violence Reduction Unit)</td>
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<td>Using network science in gun violence prevention: Andrew Rappeport (Yale University)</td>
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<td>Closing remarks: Peter Donnelly (University of St Andrews)</td>
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Programme
Programme chairs

Panel 1: Global context
Professor Peter Donnelly
Professor of Public Health Medicine
University of St Andrews

Panel 2: National context
John Carnochan
Knowledge Exchange Consultant
University of St Andrews
Violence Reduction Unit

Panel 3: Violence prevention policy and advocacy
Dr. Kat Smith
Reader in Global Public Health
University of Edinburgh

Panel 4: Violence prevention practice
Dr. Damien J. Williams
Lecturer in Public Health Sciences
University of St Andrews
Professor Peter Donnelly
School of Medicine, University of St Andrews

A graduate of Edinburgh Medical School, Peter Donnelly joined the Medical School at the University of St Andrews as Professor of Public Health Medicine in September 2008. His current research focus is on two areas. Firstly Violence Reduction on which subject he works closely with the WHO and colleagues in a number of countries including South Africa, Jamaica, Lithuania and the USA. Closer to home he is evaluating a gang member rehabilitation initiative in Glasgow, conducting pilot studies of technology aimed at reducing alcohol related violence and exploring sports event related domestic abuse. He is co-editor of the Oxford Textbook of Violence Prevention: Epidemiology, Evidence and Policy, that is due to be published in autumn 2014.

His other area of interest is in Health Systems; their organisation, funding, governance and accountability and how they can be optimised to maximise patient benefit and to reduce health inequalities. In this area he has worked with the WHO, OECD, the Milbank Memorial Fund in New York and policy makers and politicians from around the world. He chairs the steering group of the Scottish clinical leadership development program and is a member of the NHS Scotland leadership board. With Scott Greer from Michigan he led the evaluation of the process of directly electing NHS board non-executive directors.

Peter serves on the international editorial board of Public Health. He is a member of the technical board of the New York based Milbank Memorial Fund and is on the steering group of the World Health Organisations Violence Prevention Alliance. From 2004 to 2008 he was Deputy Chief Medical Officer to the Scottish Government where he championed tobacco control legislation and minimum drink pricing based on alcohol content. He had previously held a variety of senior academic and service posts in Scotland and in Wales. Peter is a past Vice-President of the UK Faculty of Public Health and past President of the UK Association of Directors of Public Health.
Dr. Alexander Butchart, Coordinator, Prevention of Violence, World Health Organization, Geneva,

Dr. Alexander Butchart is the Prevention of Violence Coordinator in the Department of Violence and Injury Prevention and Disability at the World Health Organization (WHO) in Geneva, Switzerland. His responsibilities include coordinating the Global Campaign for Violence Prevention, the development of policy for the prevention of interpersonal violence, preparation of guidelines for the prevention of specific types of interpersonal violence, and the coordination of research into various aspects of interpersonal violence and its prevention. His postgraduate training includes a master’s degree in clinical psychology and neuropsychology, and a doctoral degree for work examining the history and sociology of western medicine and public health in southern Africa. Prior to joining WHO he worked mainly in Southern and East Africa, where he was lead scientist in the South African Violence and Injury Surveillance Consortium, and in collaboration with the Uganda-based Injury Prevention Initiative for Africa participated in training violence and injury prevention workers from a number of African countries. He has been a visiting scientist at the Swedish Karolinska Institutet’s Division of Social Medicine, and is a widely published social scientist.

Global violence prevention progress and prospects: World Health Organization perspective

From the perspective of the WHO this presentation reviews progress over the past 12 years in global efforts to promote the prevention of interpersonal violence, with a focus on advances in data collection, research on risk factors and prevention programmes, and national policies and plans of action. It then examines prospects for global violence prevention action in the years ahead. The most significant data collection advances have been around non-fatal violence against children, followed by violence against women, with far fewer improvements in documenting violence-related deaths and non-fatal violence among youth and toward the elderly. Risk factor and prevention programming research has grown slowly but steadily, although this work remains heavily dominated by research from the USA, with the WHO Eastern Mediterranean and South East Asian regions remaining particularly poorly covered. Although many countries in all regions have some kind of national violence prevention policy or plan of action, these appear to be most common in respect of violence against women, and rare for youth violence and elder maltreatment. A currently high level of WHO Member State interest in violence prevention points to good prospects for strengthening global and national violence prevention efforts in the coming years, and WHO’s first ever Global status report on violence prevention, due for publication in December 2014, is progressing well and has the potential to provide baseline data and prevention targets.
Dr Bandy Lee
Law and Psychiatry Division, Yale School of Medicine

Bandy X. Lee, M.D., is Assistant Clinical Professor in the Law and Psychiatry Division of the Yale School of Medicine and Lecturer for the Global Health Studies Program in the Yale Faculty of Arts and Sciences. Since her days as Chief Psychiatry Resident and Medical Anthropology Fellow at Harvard Medical School, she has served as Director of Research for the Inter-Institutional (Harvard, U. Penn., N.Y.U., and Yale) Center for the Study of Violence. She participated in the World Health Organization’s (WHO’s) launch of the *World Report on Violence and Health* in 2002 and has consulted with the Violence and Injury Prevention (VIP) Department on several projects. She now heads the Yale Violence and Health Study Group, a member of the WHO Violence Prevention Alliance (VPA), and has launched the Academic Collaborations Project Group with a special issue of *Social Science and Medicine*. Her interest is in forming a “think tank” that will not only bring together existing evidence but also identify areas of need and recommend future directions, and she is looking for collaborators. In addition to her research in Tanzania as a fellow of the U.S. National Institute of Mental Health, she has worked in several maximum-security prisons and helped to set up violence prevention programs, most notably in California and in France. She currently teaches Immigration and Criminal Justice Clinics at Yale Law School and an innovative new course, *Causes and Cures of Violence*, for Yale College and Graduate School students.

The WHO VIP Violence Prevention Alliance’s Academic Collaborations Project Group: Global South-North collaborations in the next stages of research

The Academic Collaborations Project Group has formed in response to a conversation at the Violence Prevention Alliance (VPA) meeting in Mexico City in November 2013. Project leaders of the network decided that the next stage of research leadership would need to go beyond “evidence-based” analysis and prevention of violence to address where the evidence is coming from: information from low- and middle-income countries, for example, constitutes less than 10%, despite the fact that 90% of global violence happens in these settings. A special issue has been launched with *Social Science and Medicine* to publish articles representing a collaborative effort between Southern and Northern Hemisphere members. It assembles research results from low-resources settings and/or a large scope of nations that would contribute to our understanding of overall trends. It also reflects a collaborative effort among different disciplines as well as different sectors of practice, so as to collectively widen our perspective on how social, economic, and structural factors might play a role in the causes and potential cures for this worldwide public health priority.
Dr. Alison Morris Gehring
Gender Violence and Health Centre, London School of Hygiene and Tropical Medicine
School of Medicine, University of St Andrews

Alison is a Research Fellow at the London School of Hygiene and Tropical Medicine in the Gender Violence and Health Centre. A social scientist with a background in health policy analysis her research focuses on the policy processes and the translation of research into policy in the field of interpersonal violence. As research fellow at the University of St Andrews Alison managed an international collaboration to build capacity to develop violence prevention policy, supported by WHO and funded by the Scottish Government. In fulfilment of her PhD Alison conducted a multi-country study to investigate the conditions that determined political traction for the development of violence prevention policy (Jamaica, Western Cape Province of South Africa and Lithuania).

International collaboration

This will be a presentation of the Scottish led international collaboration on violence prevention. In partnership with the Violence and Injury Prevention Unit of the World Health Organization, the Public Health Group at the University of St Andrews led the project with support from the Health Improvement and Safer Communities Units of the Scottish Government. The aim of the project was to build capacity for violence prevention policy; contribute to an evidence-based understanding of the process of developing violence prevention policy; and inform Scottish domestic policy and global action. The presentation will outline the findings from the series of international comparative case studies conducted to inform the development of violence prevention policy internationally as well as a summary of lessons learnt from this international collaborative programme.
Karyn McCluskey
Scottish Violence Reduction Unit

Karyn has worked in the police for the last 20 years in Sussex, Lancashire, West Mercia, as head of intelligence analysis. She joined Strathclyde Police 10 years ago as and was responsible for setting up the intelligence analysis function.

In 2004 she and John Carnochan wrote the report on Violence Reduction for Strathclyde police proposing a different way of addressing violence in Scotland. They went on to set up the violence reduction unit. In 2006 they were made a National Unit and lead on violence reduction in Scotland. They have developed injury surveillance, introduced a gang intervention based on Boston Ceasefire, and were instrumental in achieving changes to the Lord Advocates guidelines relating to custody for knife carriers. She supports Medics Against Violence charity in Scotland, set up in conjunction with the Violence Reduction Unit, where Doctors and Surgeons attend schools to give inputs on violence reduction and injury and keeping safe.

Karyn trained as a registered nurse, has a BSc and MSc Psychology. She has worked in a variety of areas within the NHS, East Africa and HM Prisons. She completed in 2009 the Strategic Command Course for senior leaders in the Police. She has just completed a year in the Metropolitan police developing a violence plan, and leading the Territorial Policing change programme. She is an Honorary Lecturer in Medicine at the University of Glasgow, and has just been made a Fellow, by distinction of the Faculty of Public Health – an arm of the Royal College of Physicians. She has published work on Armed Robbery teams, Alcohol and Violence Interventions in a clinical setting and Violence Reduction.
Preventing Violence - Early Years, Environment & Equity; The work of the WHO Collaborating Centre for Violence Prevention

Health Organization (WHO) Collaborating Centre for Violence Prevention is based within the Centre for Public Health at Liverpool John Moores University. It works within the UK and internationally to support effective violence prevention by helping key stakeholders to; understand the burden and impacts of violence, identify at risk groups, choose appropriate preventive measures and evaluate the effectiveness of interventions. The presentation will explore three recent aspects of the Collaborating Centre’s research:

- The impact of Adverse Childhood Experiences on health harming behaviours and longer-term health; including risks of noncommunicable diseases in later life
- Deprivation and its relationship with violence and impact on related health service use
- How violence can be impacted through environmental issues such as alcohol promotion, access and price and the design, development and management of drinking environments.

Finally, the presentation will describe how the Collaborating Centre, with WHO and the Centers for Disease Control and Prevention (CDC) is mapping the international diffusion of violence prevention research and supporting the work of WHO in the Euro region and globally.
Dr. Cathy Ward
Department of Psychology, University of Cape Town

Catherine L. Ward is an Associate Professor in the Department of Psychology at the University of Cape Town, South Africa. She holds a PhD in Clinical-Community Psychology from the University of South Carolina, USA. Her research interests are in violence prevention from the perspective of children’s development, and particularly in public health approaches to this – in developing evidence-based approaches to violence prevention that have a wide reach and are effective in improving children’s development and reducing their likelihood of becoming aggressive. Much of her current work is focused on preventing child maltreatment, and on understanding the epidemiology of risk factors faced by South African children.

She serves on the Steering Committee of the University of Cape Town’s Safety and Violence Initiative, an interdisciplinary research initiative that seeks to understand violence and promote safety. The Safety and Violence Initiative is a member of the World Health Organization’s Violence Prevention Alliance (VPA), and Cathy herself co-leads the VPA Parenting Project Group with Chris Mikton from WHO and Theresa Kilbane from UNICEF.

Violence prevention: A South African perspective

This presentation will address violence prevention in the Western Cape Province (one of nine in South Africa), with some reference to the national situation. In the Western Cape, an integrated Violence Prevention Policy Framework was launched in August 2013. It draws strongly on WHO’s (2009) *Violence Prevention: The Evidence*, and emphasizes the need to implement evidence-based interventions through an inter-sectoral approach within government, and the need to take a public health approach. The Province has a strategic objective to increase safety; this was previously a policing strategy, but the framework promotes a “whole-of-society” approach. One of the main objectives of the framework is to enhance collaboration between the health, criminal justice, educational and social development sectors – both inside and outside the state – to prevent violence through the adoption of shared strategies. The four main strategies to be pursued under the framework are: (1) Reducing the availability and harmful use of alcohol; (2) Developing safe, stable and nurturing relationships between children and their parents and caregivers; (3) Developing life skills in children and adolescents; and (4) Promoting gender equality to prevent violence against women and changing cultural and social norms that support violence. Achieving each of these will require co-operation across a number of sectors, though some progress has been made in each area.
Dr. Linda C. Degutis

Dr. Linda C. Degutis is formerly Director of the National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, USA. Previously, she was Associate Professor of Emergency Medicine and Public Health at Yale University serving as Research Director for the Department of Emergency Medicine, and Director of the Yale Center for Public Health Preparedness at the Yale School of Public Health. In addition, she directed the Connecticut Center for Public Health Workforce Development. A native of Chicago, Illinois, Dr. Degutis received her BS from DePaul University and her MSN and DrPH from Yale University. As Director of NCIPC, Dr. Degutis was responsible for leading the Injury Center in its initiatives in preventing violence and injuries, with a focus on interventions to address risk factors, and major initiatives in the areas of motor vehicle/traffic related injury prevention, prescription opioid overdose prevention, traumatic brain injury prevention, and prevention of violence against children and youth. Other work included a focus on closer linkages between research and practice fostering practice-informed research. Dr. Degutis was President of the APHA, a member of the APHA Executive Board, and served two terms as its chair. Dr. Degutis serves on the Robert Wood Johnson Foundation Health Policy Fellowship Advisory Board, the Advisory Board of the DePaul University College of Sciences and Health, the board of the Association of Yale Alumni in Public Health, the editorial board of the journal *Injury Prevention*, and the National Advisory Committee for Public Health Systems and Services Research. She co-chairs the data and surveillance task force of the National Action Alliance for Suicide Prevention, a public-private partnership. She has worked on a number of community-based efforts focused on improving public health through coalition development and action.

The US Perspective on Violence Prevention

Violence is a leading cause of death for young people in the US, while suicide rates are increasing for middle-aged males. Numerous efforts are underway to identify effective prevention strategies, and to use the current evidence base to drive practical solutions. Several data surveillance and survey systems monitor violence and its impact. The presentation will focus on the current status of data systems including the National Violent Death Reporting System; the National Intimate Partner and Sexual Violence Survey; National Center for Health Statistics data. Violence prevention initiatives and their evidence base will be highlighted, including the Adverse Childhood Experiences Study (ACE), the National Forum to Prevent Youth Violence and the National Action Alliance for Suicide Prevention. Current challenges in violence prevention, including funding and political issues will also be described.
Dr Katherine Smith
University of Edinburgh

Dr Katherine (Kat) Smith is a Reader in Global Public Health at the University of Edinburgh. Her work aims to understand who shapes the research, policy and ideas that impact on public health and health inequalities and includes research focusing on: the role of: evidence and researchers; commercial actors (especially the tobacco industry); third sector/advocacy organisations; and think tanks. She has also undertaken research to comparatively analyse policy responses to health inequalities across the UK. Kat is currently focusing on her Future Research Leaders award, A Risky Business? The Politics of Knowledge Transfer in Public Health, examining: (1) how individuals involved in developing UK public health policies are experiencing recent efforts to increase/improve the use of evidence; (2) the role of third sector & commercial organisations as potential public health ‘research mediators’ or ‘knowledge brokers’; and (3) political activity around health inequalities in the European Union. The aim is to unpack some of the assumptions underlying debates about ‘evidence-based policy’, to explore the interactions of values, politics and evidence in public health debates.
John Carnochan OBE
University of St Andrews
Violence Reduction Unit

John was until February 2013 a Detective Chief Superintendent with Strathclyde Police. He was a police officer for almost 39 years working mostly as a Detective. He was involved in various roles in the investigation of serious crime and in particular as senior investigating officer in murder inquiries. Together with Karyn McCluskey, John established the Violence Reduction Unit in January 2005 with the aim of developing a strategy that would bring about sustainable reductions in violence within Strathclyde. In April 2006 the VRU assumed a Scotland wide role and are now supported by the Scottish Government. Their fundamental tenet is that “violence is preventable - not inevitable”.

He was awarded the Queen’s Police Medal in 2007 for distinguished police service. In 2010 John was made a Fellow by Distinction of the Faculty of Public Health. In 2013 John was made an Officer of the Order of the British Empire (OBE) in the Queen’s Birthday Honours for services to community safety.

Violence prevention policy and advocacy in Scotland

Violence, in all its forms, infects the wellbeing and health of communities throughout the World, the daily stress and fear experienced by individuals and families inhibits lives and aspirations. Violence is preventable, but criminal justice solutions alone cannot achieve this. The application of a public health model provides the best and most appropriate method of tackling the challenge. Different agencies are already dealing directly with the same people as victims, offenders, patients, clients, students and tenants; already we can identify the shared agenda. The effective coordination of services that are appropriate, proportionate and timely and focussed on positive outcomes is the most viable response. While the shared challenge is recognised and the solutions acknowledged at every level of government the effective delivery of services remains, at times, elusive. Politicians appear to be stuck, knowing the challenge and understanding the solutions yet unable to allocate resources. Perhaps the paradigm of top down policy and heroic leadership requires re-imagined. Altered attitudes and a shift in societal norms may create a more arable landscape that would encourage the cultivation and growth of more bottom-up solutions.
Maeve McKeans
Office of Global Affairs, U.S. Department of Health & Human Services

Maeve McKeans serves as the Senior Advisor to the Assistant Secretary at the U.S. Department of Health and Human the Office of Global Affairs. She is the office’s lead on global human rights policy issues, including women and children’s health, LGBT and violence issues. Maeve graduated from Georgetown University where she received a joint degree from Georgetown Law as well as a Master’s Degree from the Walsh School of Foreign Service. After law school was legal fellow through Georgetown’s Women’s Law and Public Policy Fellowship Program working to secure reproductive rights for HIV-positive women. Before returning to graduate school, Maeve worked for U.S. Senator Dianne Feinstein both in her regional office in San Diego as well as on Capitol Hill. She served in the Peace Corps in Mozambique.

The role of the health system in addressing violence

At the next World Health Assembly in May 2014, countries will come together to adopt a resolution on the role of the health system in addressing violence, in particular against women and children. WHO has not had a resolution on this topic in over a decade. The text of the resolution is currently being negotiated, although almost 20 countries are co-sponsors of a still unfinalized text. Discussion continues on a number of fronts including whether the resolution’s scope should be on violence against women and girls, take a broader approach to interpersonal violence, or include issues of collective violence. Nevertheless consensus remains that there is a need to maintain a focus on addressing violence against women and against children, as some of the most vulnerable members of society. This session be an opportunity to discuss the politics shaping the resolution as well as the key goal for the resolution, to promote a whole-of-WHO approach to violence so that the body can better support work being done in country.
Larry Cohen is founder and Executive Director of Prevention Institute, a non-profit center that has helped to shape the way that the U.S. thinks about health and prevention: improving community conditions and taking action to build resilience and to prevent illness and injury. Prevention Institute has helped to advance a deeper understanding of how social and community factors shape health and equity outcomes. With an emphasis on health equity, Larry leads U.S. public health efforts at the local, state, and federal level on injury and violence prevention, chronic disease prevention, and health systems reform. Prevention Institute has also been deeply engaged in U.S. strategy to incorporate a focus on and investment in prevention and community wellness as part of the health reform platform. Prior to founding Prevention Institute in 1997, Larry served as founding Director of the Contra Costa County Prevention Program, where he formed the first coalition in the Unites States to change tobacco policy by passing the nation’s first multi-city smoking ban.

The Prevention Institute and violence prevention

Prevention Institute is deeply engaged in strategies to prevent violence and we define violence as a preventable, public health issue. PI believes that violence is a critical health equity issue and efforts to create thriving, equitable, healthy communities must address issues of safety and trauma. PI focuses on the underlying factors and systems that create and perpetuate violence and injury in order to shift norms and build community resilience. Shifting the paradigm from a focus on individual programs and law enforcement, PI develops systematic, intersectoral, comprehensive strategies to alter community conditions, respond to local needs and concerns, and build on best practices and existing strengths with a focus on environmental, policy, and individual behavior changes. Our work addresses multiple forms of violence and acknowledges the relationships between types of violence (e.g. school, community, street, family, intimate partner, sexual assault, and child abuse and exploitation). Prevention Institute also explores the impacts of emotional and physical violence on long-term health outcomes and community concerns. Violence has far-reaching consequences beyond serious physical injury and premature death—violence (and fear of violence) can create a climate where people feel unsafe, which can lead to chronic diseases, mental illness, and poor learning as well as reduced community investment and economic opportunities. Prevention Institute leads UNITY (Urban Networks to Increase Thriving Youth through Violence Prevention), an initiative that builds support for effective, sustainable efforts in U.S. cities to prevent violence before it occurs and to create safe environments for youth to thrive.
Dr Andrew V. Papachristos
Department of Sociology, Yale University

Andrew V. Papachristos is an Associate Professor of Sociology, Public Health, and Law (adjunct) at Yale University. His research focuses on social networks, neighborhoods, street gangs, interpersonal violence, and illegal gun markets. He is also currently involved in the evaluation and implementation of several violence reduction strategies, most notably the Project Safe Neighborhoods initiative and the Group Violence Reduction Strategy in Chicago. Professor Papachristos’ writing has appeared in Foreign Policy, The American Journal of Sociology, The Annals of the American Academy of Social and Political Science, The American Journal of Public Health, The Journal of Urban Health, Criminology & Public Policy, The Washington Post, and Journal of Quantitative Criminology. In 2012, he was awarded the American Society of Criminology’s Ruth Cavan “Young Scholar” award given each year to the most outstanding scholar who was granted a Ph.D. within the previous 5 years.

Using Network Science in Gun Violence Prevention

The scientific community is increasingly examining how the social and behavioral connections among individuals affect what they feel, think, and do. Indeed, over the past two decades, the growing field of network science has examined how our social connections influence a range of phenomena including: who we marry, the things we buy, the votes we cast, the jobs we get, and even the health of our communities and families. This paper explores how network science is currently being leveraged in gun violence reduction efforts in several U.S. cities. Similar to the use of network analysis in diagnosing other health epidemics, these interventions employ network science to identify those groups and individuals most at risk of being either a victim or perpetrator of gun violence. A collaborative and focused prevention effort is then directed accordingly with the goals of: (a) stopping retaliatory violence; (b), reducing trauma of victims and their families, and associates; and (c) building community resilience. The paper describes the structure and content of these network-driven interventions, as well as preliminary evaluation results.
**Dr Jorja Leap**  
UCLA Luskin School of Public Affairs, Department of Social Welfare

Jorja Leap has been a member of the faculty of the University of California, Los Angeles (UCLA) Department of Social Welfare since 1992. As an anthropologist and recognized expert in violence prevention, crisis intervention and trauma response, she has worked both nationally and internationally in violent and post-war settings. Her current work focuses on gangs, criminal justice and prison reform, and the dilemmas faced by individuals re-entering society after incarceration, including women, a group often overlooked. Dr. Leap serves as policy advisor on Gangs and Youth Violence for the Los Angeles County Sheriff’s Department, as an expert reviewer on gangs for the National Institute of Justice, and as the Clinical Director of the Watts Regional Strategy for the Los Angeles Mayor’s Office. In 2009, along with Dr. Todd Franke, Dr. Leap began a five-year study of Homeboy Industries, which focuses on the life histories of program participants as they encounter the dual challenges of leaving gang life and re-entering mainstream society. Along with this work, she is conducting a longitudinal evaluation of the BLOOM (Building a Lifetime of Options and Opportunities for Men) Initiative in South Los Angeles, and is an Evaluation Specialist for The California Endowment, a health foundation that promotes improvements in the safety and health of all Californians. Dr. Leap most recently helped develop their “Sons and Brothers” Project as part of President Barack Obama’s “My Brother’s Keeper” Initiative. Dr. Leap has authored numerous reports, articles, and book chapters as well as her most recent book, Jumped In: What Gangs Taught Me about Violence, Love, Drugs and Redemption published by Beacon Press in 2012. Dr. Leap is working on her next book, Project Fatherhood: A Story of Courage and Healing in One of America’s Most Troubled Communities to be published by Beacon Press in May 2015.

**Homeboy Industries**

Homeboy Industries, located in Los Angeles, California, is the largest gang intervention program in the US. Led by Father Greg Boyle, over the last 25 years Homeboy has grown from a grassroots agency to a multi-faceted comprehensive program that serves “every zip code in Los Angeles.” Following an ethnographic overview in 2008, one year later, UCLA began a five-year longitudinal study of the impact of the Homeboy Industries program as well as the trajectory of gang involvement and post gang-life. Today’s presentation will describe the overarching themes that were uncovered through the mixed-methods evaluation including the four individual characteristics and the three contextual characteristics associated with decreases in misconduct and re-incarceration/recidivism outcomes. Data from this work along with an overview of the vicissitudes and rewards of long-term research in a community-based non-profit will be included in this presentation.
Hawkhill Community
Hawkhill, Alloa
Violence Reduction Unit

Keith Jack: I have 15 years Police service and a long held interested in the causes of offending behaviours and practical interventions, other than simply enforcement. My interest in violence prevention extends beyond my professional life being a father and husband. For the past 18 months I have worked with the Violence Reduction Unit, offering practical support and encouragement to the residents of Hawkhill, Alloa, in their efforts to develop an asset based approach to their community.

Kirk Kennedy: I am a father of 4. I grew up in Glasgow and from 16 was involved in crime, spending the next 14 years in and out of jail for crimes including robbery. I now live in Alloa with my family and believe it is part of my responsibility to improve the wellbeing of my community.

Catherine Hunter: I am a mother of four teenagers and a child of Hawkhill. I have experienced the good bad and the ugly side of community life, including bullying which lead to suicide attempts by my children. I have been involved in the assets work, developing a number of activities that are helping to transform my community.

Tracy Martin: I am a wife, and mother of 3 children. I have lived in the Alloa area all my life and in Hawkhill for the past 4 years. I have experienced mental and physical abuse and as a result I became isolated from my community, due to the anxiety this caused me. I became involved in the asset approach about 3 years ago; this has led to me becoming involved in things that have helped my anxiety, my family and my Community.

Beyond violence prevention: Assets-based approach

Putting residents at the heart of their community, in terms of decision making, meaningful partnership working and being actively involved, is a Scottish Government aim and something Police Scotland have encouraged and supported for a number of years. It is also an obvious and sensible thing to do, but something we find challenging. We categorise people as “hard to reach”, “disengaged”, “apathetic” and “always looking to someone else to do it for them”.

The challenges people face in many of our disadvantaged communities are very real. Poverty, long term unemployment, health issues, anti-social behaviour, a lack of control over their lives and a distrust of traditional service provision, require us all to consider better ways of doing things.
Traditionally, models of service provision focus on the “deficits” in communities, “what is the issue-and what do we do to fix it?” This results in communities having things done to them and for them; passive recipients of services rather than engaged partners.

An asset based approach recognises the issues, but looks to identify, connect and mobilise all the good things in a community (the assets). People are always the number one asset. Everyone has something to offer. By encouraging and supporting people to identify their own priorities and solutions we can start to address the underlying causes of what is holding communities back, rather than just treating the “symptoms”.

Through an asset-based approach, residents of Hawkhill, Alloa, have started to transform their community. Relationships are changing, the environment is improving, people’s feelings of wellbeing are better, anti-social behaviour is reduced and meaningful, productive partnerships are developing.

We hope you will leave the conference with a sense of how communities themselves can effect transformation, through the personal experiences of three local Hawkhill residents. Kirk, Katie and Tracy all have first-hand experience of being involved in the asset-based approach; each has a story of how it has affected them personally and how they have influenced others through their involvement.
How Violence Influences Young People: three perspectives

Policy Colloquium Series
Thursday 24 April 2014
School of Medicine, University of St Andrews

The World Health Organization Collaborating Centre for International Child and Adolescent Health Policy (WHO CC) at the School of Medicine would like to invite you to its inaugural event featuring a policy debate about how violence influences young people. This event brings in internationally renowned experts and builds on the work launched by the International Collaboration on Violence Prevention Policy Development.

The following distinguished speakers are confirmed:

- Donald Henderson, Head of Public Health Policy at Scottish Government;
- Emily Rothman, Associate Professor Community Health Sciences at Boston University;
- Rene Johnson, Assistant Professor at John Hopkins.

The event is open to the public free of charge; refreshments will be provided. Further details coming soon... stay tuned!

For more information, please follow: @WHOCCStAndrews

About us
In October 2013 the WHO designated the University of St Andrews School of Medicine as its Collaborating Centre for International Child and Adolescent Health Policy. This prestigious appointment endorses the international research and policy-influencing work of the School's leading researchers in the field of population and behavioural health sciences - Professors Candace Currie, Peter Donnelly and Gerald Humphris. The centre has several strands of work related to social determinants of health and prevention of health inequalities, reduction of youth violence and prevention of risk behaviours such as drug use. St Andrews is the only WHO CC in Europe focussing on how society and culture impact the health and well-being of children and adolescents. The ultimate aim of the centre is to translate and communicate research findings to inform policy aimed at improving young people’s health and well-being.
Coming soon...

OXFORD TEXTBOOKS IN PUBLIC HEALTH

Oxford Textbook of Violence Prevention
Epidemiology, Evidence and Policy

Edited by
Peter D. Donnelly
Catherine L. Ward

Publication date: Autumn 2014