



**World Health
Organization**



GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION
CAMPAGNE MONDIALE POUR LA PREVENTION DE LA VIOLENCE
VIOLENCE PREVENTION ALLIANCE / ALLIANCE POUR LA PREVENTION DE LA VIOLENCE

VIOLENCE PREVENTION ALLIANCE TERMS OF REFERENCE

Background

Each year, around 475,000 people die as a result of interpersonal violence, which includes child maltreatment, youth violence, intimate partner violence, sexual violence and elder abuse (Annex 1 defines the key terms used in this document). Millions more suffer the effects of non-fatal violence, such as increased risk of substance abuse, high-risk sexual behaviour, mental disorders, self-directed violence and the breakdown of trust and support within families, communities and societies. In response, many governments, non-governmental organizations and communities are supporting the development and implementation of prevention strategies.

Momentum towards a systematic and co-ordinated approach to violence prevention was first catalysed by WHO's *World report on violence and health* (WRVH), released in October 2002, and the associated Global Campaign for Violence Prevention. The Violence Prevention Alliance (VPA) was officially formed in January 2004 at the *Milestones of a global campaign for violence prevention* meeting that reviewed the progress made in the first year following the launch of the WRVH.

Over the past ten years interest in violence prevention has seen a recent increase, resolution etc.

Under the umbrella of the Global Campaign for Violence Prevention, VPA participants intend to strengthen support for data-driven violence prevention programmes based on the public health approach outlined in the WRVH and to facilitate implementation of the WRVH recommendations. The Alliance is an opportunity for groups from all sectors (governmental, non-governmental, and private) and levels (community, national, regional, and international) to unite around a shared vision and approach to violence prevention that works both to address the root causes of violence and to improve services for victims.

Name

This network of participants committed to the prevention of interpersonal violence and the improvement of victim services within the framework of the WRVH will be known as The Violence Prevention Alliance, referred to in this document as "the Alliance" or "VPA".

Mission Statement

The Violence Prevention Alliance (VPA) is a network of WHO Member State governments, nongovernmental and community-based organizations, and private, international and intergovernmental agencies working to prevent violence. VPA participants share a public health approach that targets the root causes and risk factors underlying the likelihood of an individual becoming involved in violence and recognizes the need for improved services to

mitigate the harmful effects of violence when it does occur. VPA activities aim to facilitate the development of policies, programmes and tools to implement the recommendations of the *World report on violence and health* in communities, countries and regions around the world, and attempt to strengthen sustained, multisectoral cooperation around this shared vision for violence prevention.

Guiding Principles

The Alliance is guided by the evidence-based principles and recommendations described in the WRVH. The Report details a public health approach to violence prevention based on the ecological model, and provides nine recommendations (see Annex 2) for building violence prevention capacity using this conceptual framework.

By definition, public health aims to provide the maximum benefit for the largest number of people. A public health approach to violence prevention seeks to improve the health and safety of all individuals by addressing underlying risk factors for perpetration and victimization¹. The ecological model views interpersonal violence as the outcome of interaction between factors at four levels: the individual, the relationship, the community, and the societal.

- a) At the *individual* level, personal history and biological factors influence how individuals behave and increase their likelihood of becoming a victim or a perpetrator of violence. Among these factors are being a victim of child maltreatment, psychological or personality disorders, alcohol and/or substance abuse, and a history of behaving aggressively or having experienced abuse.
- b) *Personal relationships* such as family, friends, intimate partners and peers may influence the risks of becoming a victim or perpetrator of violence. For example, having violent friends may influence whether a young person engages in or becomes a victim of violence.
- c) *Community* contexts in which social relationships occur, such as schools, neighbourhoods and workplaces, also influence violence. Risk factors here may include the level of unemployment, population density, mobility, and the existence of a local drug or gun trade.
- d) *Societal* factors influence whether violence is encouraged or inhibited. These include economic and social policies that maintain socioeconomic inequalities between people, the availability of weapons, and social and cultural norms such as those around male dominance over women, parental dominance over children, and cultural norms that endorse violence as an acceptable method to resolve conflicts.

The Alliance participants recognize that specific sub-types of interpersonal violence—namely child maltreatment, youth violence, intimate partner violence, sexual violence and elder abuse—are interrelated in that one may lead to another, and that many causes and risk factors are common to all the sub-types. While some prevention approaches that address individual sub-types have also been shown to be effective and may be necessary, preventing one sub-type can help to prevent other types of interpersonal violence and all sub-types can

¹ This approach consists of four steps. The first step is to define the problem through the systematic collection of information about the magnitude, scope, characteristics and consequences of violence. The second step is to establish why violence occurs using research to determine the causes and correlates of violence, the factors that increase or decrease the risk for violence, and the factors that could be modified through interventions. The third step is to find out what works to prevent violence by designing, implementing and evaluating interventions. The fourth step is to implement effective and promising interventions in a wide range of settings and, through ongoing monitoring of their effects on the risk factors and the target problem, to evaluate their impact and cost-effectiveness.

be prevented through interventions that act on shared causes and risk factors as per the public health approach. The Alliance participants work on the understanding that sharing information and experiences relevant to all types of interpersonal violence will benefit programmes concerned with specific sub-types of violence and the field as a whole.

The Alliance participants are joined together because of their efforts to promote the public health approach by using it as a framework for their own violence prevention activities and those they support. They work together and as individual organizations to encourage uptake of this approach in the violence prevention field and to facilitate the implementation of the recommendations of the WRVH through the development of policies, programmes, and implementation tools.

Scope

The work within the Alliance will focus on interpersonal violence and the information systems, risk factors, prevention strategies, and victim services that are common to all sub-types of violence. The Alliance welcomes participants who share the vision and approach outlined in this document whether they concentrate on a specific sub-type of violence or more broadly on cross-cutting risk factors and prevention strategies. The measures necessary for promoting the prevention of collective violence are beyond the scope of this Alliance.

The Alliance is a network for participants to achieve policy-level changes that are difficult for a single agency working in isolation to affect. The Alliance does not implement prevention programmes or deliver services, but encourages individual Alliance participants to conduct activities that are consistent with the Alliance's mission under their own responsibility and according to their respective policies, principles, and purposes.

Function

VPA participants agree to facilitate the implementation of the WRVH recommendations and uptake of the public health approach to violence prevention by:

- Providing strategy-level guidance to participant organizations and others on how to draw upon the WRVH recommendations and the public health approach to become more effective and systematic in the violence prevention activities that they support and implement;
- Sharing best practices for data collection, prevention programmes, and victim services between and within participant institutions and between and within groups that focus on the different sub-types of violence;
- Sharing information, experiences, and expertise between participants through the development of technical partnerships and other collaborative projects;
- Monitoring the impact of the Alliance's work and developments in the field of violence prevention overall.

Structure

Core participants

Core participants are identified on the basis of their ongoing cooperation with WHO to promote the public health approach to violence prevention and implementation of the WRVH recommendations within their own countries and through technical, programmatic,

financial, or strategic support to projects in other countries. These core participants guide Alliance priorities and policies. The group of core participants is limited to ten.

Participants

Participation in the Alliance is open to WHO Member State governments and other institutions, including non-governmental and community-based organizations, and private, international, and inter-governmental organizations. Participants must demonstrate a clear interest, understanding, or expertise in preventing interpersonal violence and improving victim services through the application of a public health approach, and may be required to declare any actual or potential conflict of interest between them and the Alliance.

Participation

Providing there is no conflict of interest, Alliance participation is open and on a voluntary basis. There are no fees, dues or monetary remuneration for participation. All participant organizations agree to adopt the guiding principles of the Alliance, to promote these principles within their organizations and to use these principles to inform public policy, institutional policy, and violence prevention programming. Participants are asked to demonstrate their voluntary commitment to the Alliance by writing a letter of endorsement of these Terms of Reference to the secretariat. Participants may be asked to furnish examples of how Alliance principles have been integrated into the organization's activities for the purposes of evaluating the effectiveness of the Alliance. For example, a grant-making organization may be asked to show Requests for Proposals that have included explicit instructions for violence prevention programmes based on the public health approach and the recommendations of the WRVH, and to detail the proportion of proposals received that adhered to the preferred framework.

Working groups

Within the Alliance, *ad hoc* working groups may be created to address specific issues as needed.

Secretariat

The WHO Department of Injuries and Violence Prevention, subject to the availability of funds, serves as the secretariat for the Alliance. All activities undertaken by WHO as the secretariat of the Alliance will be subject to WHO policies, rules, regulations and practices.

The WHO Department of Injuries and Violence Prevention will provide the following secretariat functions:

- Organize VPA meetings and coordinate *ad hoc* working groups;
- Maintain a central repository of information and documents produced by VPA participants;
- Inform the participants and the general public of ongoing and planned activities;
- Maintain a web site for VPA;
- Receive expressions of interest from prospective participants at violenceprevention@who.int
- Prepare, distribute, and update the Alliance Work Plan as necessary based on discussions at the Alliance Annual Meeting and other feedback, and in collaboration with core participants;

- Prepare and distribute meeting agendas, meeting reports, and progress reports in collaboration with core participants.

Benefits of Participation

Participants in the Alliance are afforded the following benefits:

- *Opportunities to share information and network:* through the Alliance, organizations will interact with local, national, regional, and international agencies working towards a common goal at all levels, including resource mobilization, programming, policy, and development.
- *Participation in Alliance meetings:* all participants are invited to Alliance annual meetings and will be asked to share their expertise with relevant *ad hoc* working groups.
- *Opportunities to contribute to Alliance product development:* participant organizations have the opportunity to contribute their experiences and expertise to Alliance publications and other products and activities.
- *Information sharing:* All Alliance participants will receive access to the Alliance information exchange mechanisms, including informal web-based discussions, internal Alliance communications (e.g. work plan, meeting reports), and external communications (e.g., press releases, publications).
- *Recognition:* All participants will be named on the Alliance website and in Alliance publications, and may create a link to the Alliance website from their own website.

Information Exchange

Alliance participants discuss matters of relevance to the Alliance and share information through annual meetings, e-mail communication, web page(s) and newsletters.

Annual meetings

Alliance participants will meet at least annually. Meetings will focus on the development of Alliance policy and position papers aimed at the broader violence prevention community. Preparatory materials, documentation, and updates will be circulated by the VPA secretariat prior to the meeting. Any decision made by the participants will be made by consensus, subject to approval by the secretariat.

Work plan

The work plan, as determined by Alliance participants at the annual meeting, will be drafted by the secretariat and disseminated to all participants and other interested parties.

E-mail communications and web page

Moderated e-mail communications and a web site operated by the secretariat will facilitate informal discussion between participants and the distribution of documents.

Newsletter

A newsletter will be issued to disseminate information and reports regarding completed, planned, or ongoing activities of the Alliance participants.

Reports

The discussions of each Alliance meeting or Alliance working group will be recorded in a report and distributed to all participants through e-mail, post, or the Alliance website.

Annex I: Definitions of key terms

alliance

A group of institutions united by a shared concern and a common approach to dealing with that concern.

child maltreatment

All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

elder abuse

A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person, including physical, psychological or sexual abuse, and neglect.

interpersonal violence

The intentional use of physical force or power, threatened or actual, against another person, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.

intimate partner violence

Behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. The term covers violence by both current and former spouses and partners.

prevention

To stop new occurrences of interpersonal violence.

risk factor

A characteristic of an individual or exposure that is associated with an increase in the probability of a specified outcome (e.g. the perpetration of child sexual abuse). Risk factors are classified by the WRVH as occurring at the individual, close relationship, community and societal levels.

sexual violence

Any sexual act or attempt to obtain a sexual act—including unwanted sexual comments or advances, or acts to traffic a person for sexual exploitation—directed against a person's sexuality using coercion by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. This definition includes rape, defined as physically forced or otherwise coerced penetration, however slight, of the vulva or anus, using a penis, other body parts or an object.

youth violence

Violence committed by or against individuals between the ages of 10 and 29 years.

victim services

Medical care, counselling, advice and support offered to individuals after they have been the victims of violence.

Annex 2: Recommendations of the <i>World report on violence and health</i>

1. Create, implement and monitor a national action plan for violence prevention
2. Enhance capacity for collecting data on violence
3. Define priorities for, and support research on, the causes, consequences, costs and prevention of violence
4. Promote primary prevention responses
5. Strengthen responses for victims of violence
6. Integrate violence prevention into social and educational policies, and thereby promote gender and social equality
7. Increase collaboration and exchange of information on violence prevention
8. Promote and monitor adherence to international treaties, laws and other mechanisms to protect human rights
9. Seek practical, internationally agreed responses to the global drug trade and the global arms trade