

# **Applying public health principles to violence prevention:**

## **the Western Cape Government's *Integrated Provincial Violence Prevention Policy Framework:***

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# 2011

- 5<sup>th</sup> Milestones of Global Campaign for Violence Prevention
  - Included 200 leading experts from around the world
  - Hosted in Cape Town by WCG and National DoH

The absence of an overarching strategy was highlighted as a weakness

## The solution?



**A policy**

# 2013

*“The policy framework encompasses a comprehensive intersectoral and whole-of-society approach to the prevention of violence.*

*It is guided [...] by the international Global Campaign for the Prevention of Violence.”*

- Premier Helen Zille, MEC Theuns Botha  
*Policy Framework Foreword*



Western Cape Government  
**Integrated Violence Prevention Policy Framework**

Adopted by Provincial Cabinet - August 2013

# Key aspects

1. blends *public health and whole-of-society* approach
2. **evidence-led** interventions
3. institutionalised **monitoring and evaluation**
4. reliable surveillance to focus **on high-risk areas**



# 2014



Contents lists available at [ScienceDirect](#)

## Aggression and Violent Behavior



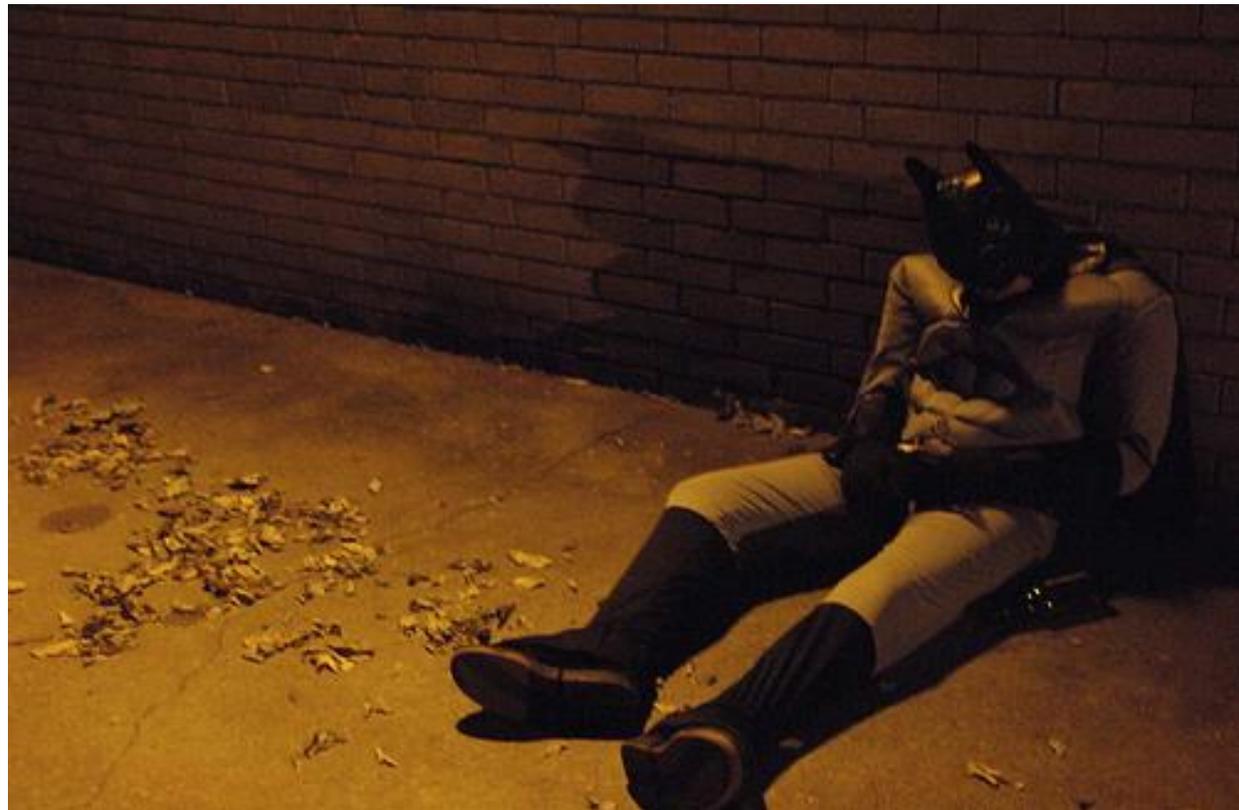
### The Western Cape Government's new Integrated Provincial Violence Prevention Policy Framework: Successes and challenges



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## Engaging the whole of society - mixed

- ✓ Consistency with several other policy developments
  - E.g. Provincial Transversal Management System and its successor
  - E.g. White Paper on Policing
- “silos” prevail and the focus is on *crime* rather than *violence* as the overarching social ill
- ✗
  - E.g. National Development Plan (NDP) and Integrated Social Crime Prevention Strategy
  - Reduces the prevention ambit
- Security inequity
- ✗
  - the rich bolstered by private security services
  - the poor - who cannot pay- rely exclusively on the police

The focus on SAFETY in this conference is welcome !

## Surveillance and M&E

- ✓ Full **coverage of all injury deaths** from Provincial Injury Mortality Surveillance System
- ✓ **Surveillance sites in selected high risk communities** to evaluate alcohol and urban upgrading interventions using spatial data
  - supported by grants from IDRC (Canada) and DFID (UK), City of Cape Town, Dept Health and Dept of the Premier
  - repeat cross-sectional injury studies at health facilities
  - annual surveys: violence, alcohol, mental health
  - observatory pilot project
- ✗ Not sustainable without additional grant funding

## Focus on high risk areas

- ✓ Funding to replicate Violence Prevention through Urban Upgrading (City of Cape Town's flagship urban upgrading initiative) to five other municipalities from 2014 to 2018
  - funded by German Development Bank (KfW) and WCG's Regional Socioeconomic Programme
- ✓ Preliminary results from an independent evaluation of the Khayelitsha pilot are favourable

# Evidence-based practice

## X inconsistently interpreted / misunderstood

- young men not recognised as a vulnerable group globally (67<sup>th</sup> WHA Resolution) or nationally (NDP)
- Provincial Crime Prevention Strategy and NDP ignore evidence-based strategies

## X interventions with no evidence are implemented

- **Western Cape Liquor Act undermined** by City of Cape Town 2014 by-law to extend trading times beyond the limits that preceded the Act (introduced under pressure from liquor industry)
- **boxing promoted as key diversion strategy for youths at-risk** despite Health Department concerns of the link between boxing, brain injuries and participants' increase in long-term risk of violent behaviour

# A few words on epidemiological evidence

Unlike the evidence in judicial processes and political debates

These rely on the strength of the arguments and the personalities involved

Levels of Evidence for Therapeutic Studies\*

Level	Type of evidence
1A	Systematic review (with homogeneity) of RCTs
1B	Individual RCT (with narrow confidence intervals)
1C	All or none study
2A	Systematic review (with homogeneity) of cohort studies
2B	Individual Cohort study (including low quality RCT, e.g. <80% follow-up)
2C	“Outcomes” research; Ecological studies
3A	Systematic review (with homogeneity) of case-control studies
3B	Individual Case-control study
4	Case series (and poor quality cohort and case-control study)
5	Expert opinion without explicit critical appraisal or based on physiology bench research or “first principles”

\*From the Centre for Evidence-Based Medicine, <http://www.cebm.net>.

## Epidemiological evidence

- based on a hierarchy of study types that can be critically appraised
- synthesized in meta-analyses and systematic reviews and meta-analyses
- i.e. it is objective and replicable

# Violence prevention evidence base

- Constantly updated
- Defined inclusion criteria
  - Focus on primary prevention (i.e. preventing new acts of violence from occurring)
  - Demonstrate a quantifiable impact on violence
    - Studies which focus solely on screening tools and knowledge change related to violence are therefore currently excluded. Studies which look at violence risk factors are included, so long as addressing violence prevention is one of the study's main objectives
  - Be published in peer reviewed journals, from 1997 onwards
    - NB. Some studies published prior to 1997 have been included in the evidence base if they are related methodologically to other (more recent) included studies
- 653 studies currently (19 from Africa)
- What works (and does not!)

## Some caveats....

- Programmatic vs structural/policy
  - Individual behavioural interventions are easier to evaluate
  - Societal and structural interventions offer largest gains
- Too much choice



### Evidence Base

This tool provides access to abstracts from published studies that have measured the effectiveness of interventions to prevent violence. To be included in the database, studies must have measured the impact of interventions directly on violence. Studies have been selected through a systematic review of published academic literature and the full inclusion criteria. The abstracts can be searched by violence type, keywords and geographical area of implementation. To read more about the evidence base and inclusion requirements here.

**Violence Type:**
 Child Abuse
  Elder Abuse
  Intimate Partner Violence
  Recommended
 
  
 Self Harm/Suicide
  Sexual Violence
  Youth Violence
   
 Other or N/A

**WHO Region:** 
**Year Published:** 
**Keywords:**

Returned 653 of 653 results.

Title	Authors	Year Published	Region	Country	Violence Types
The impact of an alcohol harm reduction intervention on interpersonal violence and engagement in sex work among female sex workers in Mombasa, Kenya: Results from a randomized controlled trial	Parosepe AM, L'Engle KL, Martin SL et al	2016	AFR	Kenya	Intimate Partner Violence
Effects of PREPARE, a multi-component, school-based HIV and intimate partner violence (IPV) prevention programme on adolescent sexual risk behaviour and IPV: Cluster Randomised Controlled Trial	Mathews C, Eggers SM, Townsend L et al	2016	AFR	South Africa	Intimate Partner Violence, Youth Violence
The impact of SASA, a community mobilisation intervention, on women's experiences of intimate partner violence: secondary findings from a cluster randomised trial in Kampala, Uganda	Abramsky T, Devries KM, Michau L et al	2016	AFR	Uganda	Intimate Partner Violence
Ecological pathways to prevention: How does the SASA! community mobilisation model work to prevent physical intimate partner violence against women?	Abramsky T, Devries KM, Michau L et al	2016	AFR	Uganda	Intimate Partner Violence
Evaluation of a Brazilian school violence prevention program (Violência Nota Zero)	Stelko-Pereira AC & Cavalcanti de Albuquerque Williams L	2016	AMR	Brazil	Youth Violence
Effects of the cyberbullying prevention program media heroes (Medienhelden) on traditional bullying	Chaux E, Velasquez AM, Schultze-Krumholz A, et al.	2016	AMR	Germany	Youth Violence, Other or N/A
Medication-assisted treatment and violent outcomes in community-based offenders with alcohol and drug use problems	Desmarais SL, Gray JS, Rade CB et al.	2016	AMR	USA	Other or N/A
The effects of the family bereavement program to reduce suicide ideation and/or attempts of parentally bereaved children six and fifteen years later	Sandler I, Tein JY, Wolchik S et al	2016	AMR	USA	Self Harm/Suicide
Familias Unidas' crossover effects on suicidal behaviors among Hispanic adolescents: Results from an effectiveness trial	Vidot DC, Huang S, Poma S et al	2016	AMR	USA	Self Harm/Suicide
Couple-focused prevention at the transition to parenthood, a randomized Trial: Effects on coparenting, parenting, family violence, and parent and child adjustment	Feinberg ME, Damon EJ, Hostetler ML et al	2016	AMR	USA	Intimate Partner Violence

### Latest Items

- [Preventing Violence, Promoting Peace A Policy Toolkit for Preventing Interpersonal, Collective and Extremist Violence](#)  
 QNews/Resource Item  
 HANNAH GREY 06/06/2017
- [Examining the effectiveness of a culturally adapted social-emotional intervention for African American males in an urban setting](#)  
 Evidence Base Article  
 HANNAH GREY 07/09/2016
- [Comparing an emotion and a behavior focused parenting program a part of a multisystemic intervention for child conduct problems](#)  
 Evidence Base Article  
 HANNAH GREY 07/09/2016

### Tweets by @WHOViolenceNews

WHO violence news Retweeted  
 Etienne Krug @etiennekrug  
 Happening now: Minister of Health Thailand and Head of WHO Country office are opening the 5th Global Meeting of Ministry of Health Focal Persons for Violence and Injury Prevention. Discussions will focus on implementing #GPW13 #roadstolife #violence

Nov 3, 2016

WHO violence news @WHOViolenceNews  
 Participants from 21 East Asian and Pacific countries convened today in Phnom Penh, Cambodia for a UNICEF-WHO conference on implementing the INSPIRE technical package for ending violence against children.

Embed View on Twitter



# 6 key intervention themes (WHO)

1. Investing in early interventions \*
2. Increasing positive adult involvement \*
3. Strengthening communities
4. Changing cultural norms \*
5. Reducing income inequality \*
6. Improve **criminal justice**, social welfare

\* Nearly all of these strategies require a long term approach well beyond the typical 5–year political cycle

## ***... or get a tough-talking police minister ?***

....law to be changed to allow police to "shoot to kill" criminals without worrying about "what happens after that".

“.... police to crush the balls of criminals and make them drink their urine”

“I know about human rights, but for me, that’s where I draw the line. You now become an animal and we need to treat you like an animal”



# ***Policy Framework balancing act....***

*“... [an] approach to violence prevention that balances short-term interventions (focusing on reduction of access to alcohol and firearms, for example) with longer-term interventions to address the complex antecedents of violence more holistically.”*

- Policy Framework, p22

1. Sustainable long term strategies to change societal risks
  - ECD, youth development, socio-cultural norms, etc
  
2. “Quick wins”
  - e.g. firearms and alcohol

# Firearms

- FH and NFH trends are unrelated
- FH trends shaped by known changes in firearm availability
- ↓ 1. FCA from 2000
- ↓ 2. FCA implementation from 2003
- ↑ 3. “Prinsloo guns” from 2007
- ↑ 4. National backlog cleared from 2010
- Local police efforts undermined by national incompetence ?

## A retrospective time trend study of firearm and non-firearm homicide in Cape Town from 1994 to 2013

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A Rowhani-Rahbar,<sup>3,6</sup> MD, PhD; J E Myers,<sup>7</sup> PhD; M L Thompson,<sup>7</sup> PhD

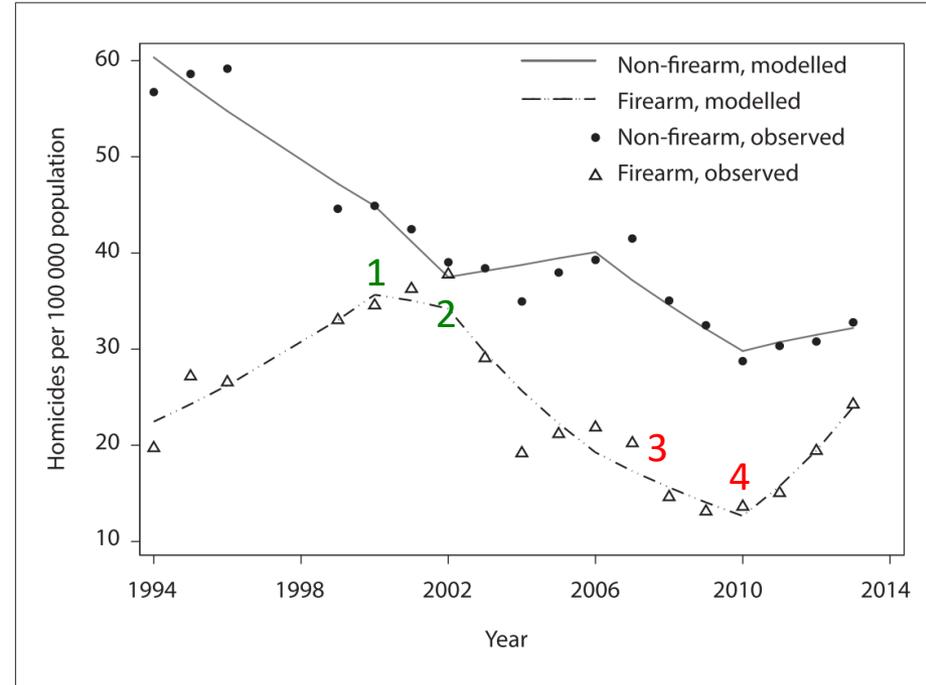
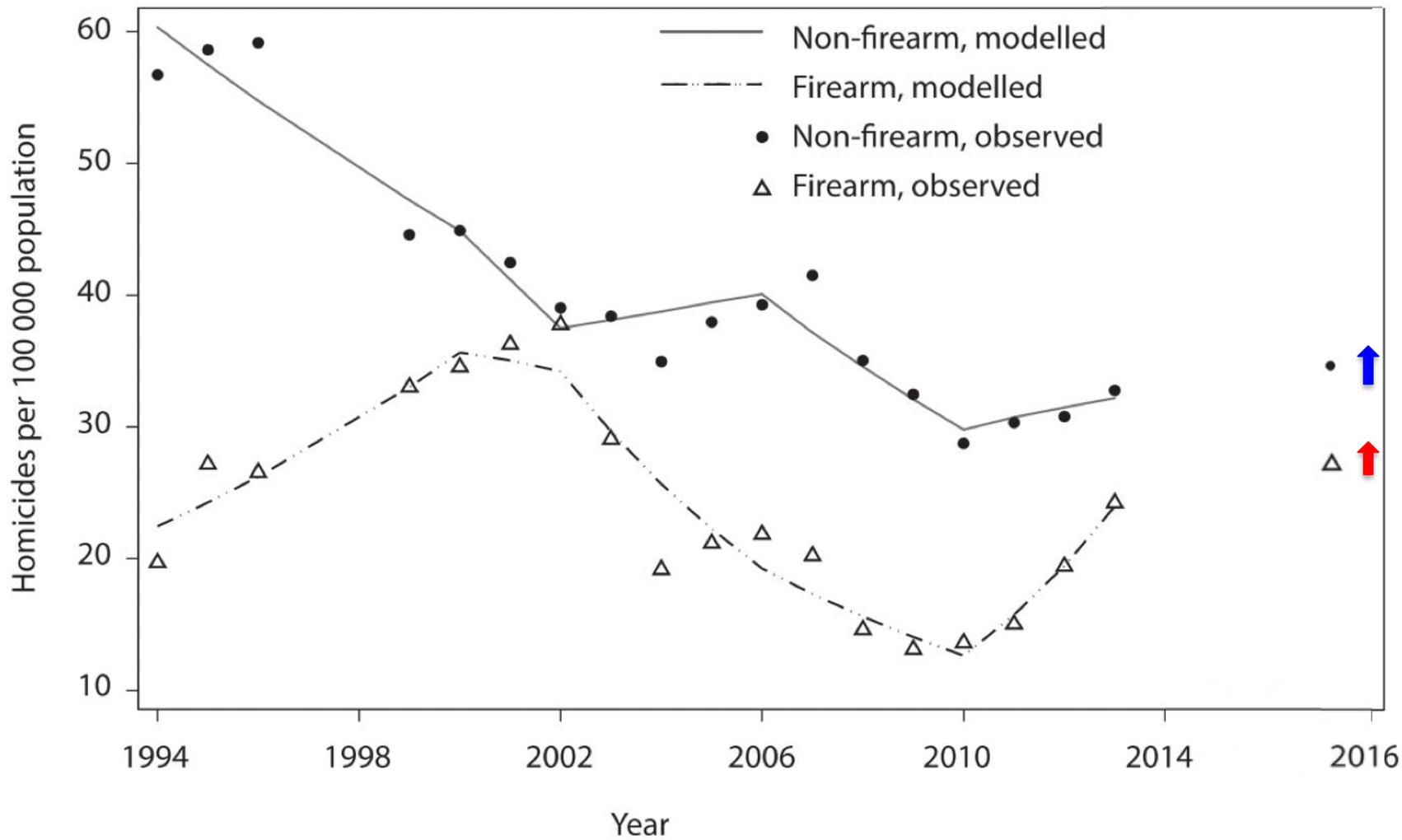


Fig. 1. Fitted and observed annual firearm and non-firearm homicide rates for Cape Town, 1994 - 2014.



# Alcohol

## CoCT Liquor Trading Days and Hours By-law – July 2010

- Trading day ends at 6pm
- Consumption limit 2am
- No Sunday trade

## Amendment after industry intervention - July 2012

- Sunday champagne breakfasts for hospitality
- Binging after 2am for some clubs

## New by-law after industry intervention - Jan 2014

- Sunday trade and routine late night trading approved

# Conclusion

Beware of ignoring the evidence

- beware especially of ignoring the evidence on “quick wins”
- poorly implemented “quick wins” become “quick losses”
- this can compromise other evidence-based interventions

# Recommendations

The *Policy Framework* needs teeth

- research to evaluate current interventions in terms of their adherence to evidence
- research to understand how decision makers’ understand “evidence” and “evidence-based”
- *Policy Framework* needs to be **POLICY**

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