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WHO INFORMATION SERIES ON SCHOOL HEALTH

DOCUMENT THREE

Violence
Prevention:

An Important
Element of a
Health-
Promoting
School



World Health Organization
Geneva, 1998

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Geneva, 1998

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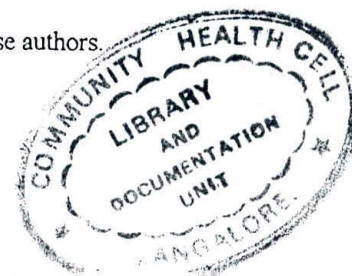
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FOREWORD

Investments in schools are intended to yield benefits to communities, nations and individuals. Such benefits include improved social and economic development, increased productivity, and enhanced quality of life. In many parts of the world, such investments are not achieving their full potential, despite increased enrolments and hard work by committed teachers and administrators. This document describes how educational investments can be enhanced, by increasing the capacity of schools to promote health *as they do learning*.

The "rising waves" of conflict and violence described in this document take a tremendous toll on the health, and subsequently the learning potential, of people everywhere. Young people are often exposed to violence, as witnesses, victims and perpetrators, in all settings of their everyday life. Because children need to be healthy to take advantage of every opportunity to learn, reducing and preventing violence is necessary to help schools achieve their full potential. Schools must be places where children feel and are safe if they are to successfully increase the health and learning potential of its students, staff and community members.

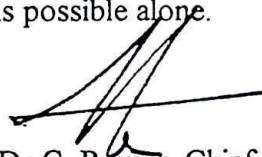
This document is part of a technical series on school health promotion prepared for WHO's Global School Health Initiative. WHO's Global School Health Initiative is a concerted effort by international organizations to help schools improve the health of students, staff, parents, and community members. Education and health agencies are encouraged to use this document to strengthen violence prevention interventions as part of the Global School Health Initiative's goal: to help all schools become Health-Promoting Schools.

Although definitions will vary, depending on need and circumstance, a Health-Promoting School can be characterized as *a school constantly strengthening its capacity as a healthy setting for living, learning, and working* (see box on following page).

The extent to which each nation's schools become Health-Promoting Schools will play a significant role in determining whether the next generation is educated and healthy. Education and health support and enhance each other. Neither is possible alone.



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HEALTH-PROMOTING SCHOOL

A Health-Promoting School:

- fosters health and learning with all the measures at its disposal.
- engages health and education officials, teachers, students, parents, health providers, and community leaders in efforts to promote health.
- strives to provide a healthy environment, school health education, and school health services along with school/community projects and outreach, health promotion programmes for staff, nutrition and food safety programmes, opportunities for physical education and recreation, and programmes for counselling, social support, and mental health promotion.
- implements policies, practices, and other measures that respect an individual's well-being and dignity, provide multiple opportunities for success, and advance good efforts and intentions as well as personal achievements.
- strives to improve the health of school personnel, families and community members as well as students, and works with community leaders to help them facilitate community contributions to health and education.

WHO INFORMATION SERIES ON SCHOOL HEALTH

VIOLENCE PREVENTION: AN IMPORTANT ELEMENT OF A HEALTH-PROMOTING SCHOOL

1. INTRODUCTION

This document introduces health promotion strategies through a Health-Promoting School to improve the health, education, and development of children, families, and community members. It is based on the recommendations of the Ottawa Charter for Health Promotion¹ (see Annex 1) and will help people to apply a new approach to public health, one that creates on-going conditions conducive to health, as well as reductions in prevailing health concerns.

The concepts and strategies introduced in this document apply to all countries; however, some of the examples provided may be more relevant to some countries than to others.

Why did WHO prepare this document?

“Together, we must build and develop for the future a culture of peace based on non-violence, dialogue, and mutual respect, and social justice. This is neither easy nor a quick task. Nevertheless, it is possible and at a time of rising waves of new forms of conflict and violence, it is absolutely necessary.”

—The Dalai Lama, January 1995

Violence affects everyone. It undermines the health, learning potential, and economic well-being of people everywhere. As Carlyle Guerra de Macedo, Director of the Pan American Health Organization, notes, “Terrorism, genocide, political assassination, bloody crimes, abuse, assault, torture, harassment, and other modes of force, in violation of the most basic human rights, have become part of our daily existence.”²

It is time for us to go beyond treating and trying to manage the health consequences of violence; we must *prevent* it. It is time to change the social, behavioural, and environmental factors that lead to violence. The World Health Organization (WHO) has prepared this document to help people understand the nature of a Health-Promoting School and how efforts to promote health and prevent violence might be planned, implemented, and evaluated as part of the development of a Health-Promoting School. It will focus on simple, concrete steps that schools can take without major investments of resources. It is designed as a “starting point,” to be modified and enriched as more knowledge and experience is gained in the prevention of violence through schools.

Who should read this document?

This document can be used by:

- a) Members of the school community, including teachers and their representative organizations, students, staff, volunteers, parent groups, coaches, and school-based health workers.

- b) Officials and members of institutions responsible for planning and implementing the interventions described in this document, especially those from the ministries of health and education.
- c) Community leaders, local residents, health care providers, and members of organised groups (e.g. community groups interested in improving health, education, and well-being in the school and community).
- d) Policy- and decision-makers, programme planners and coordinators at local, district (provincial), and national levels.
- e) Programme staff and consultants of international health, education, and development programmes who are interested in working with schools to promote health.

What is meant by "violence"?

Violence takes many forms and is understood differently in different countries and among different cultures. While there is no universally accepted definition of violence, the following is a *working definition* of violence that encompasses the broad range of understanding:

"Violence is the intentional use of physical force 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, maldevelopment, or deprivation."³

Three main categories of violence can be identified.⁴

Self-inflicted violence refers to intentional and harmful behaviours directed at oneself, for which suicide represents the fatal outcome. Other types include attempts to commit suicide and behaviours where the intent is self destructive, but not lethal (e.g. self mutilation).

Interpersonal violence is violent behaviour between individuals and can best be classified by the victim-offender relationship. Examples include domestic violence (in the nuclear or extended family, where women and children are the main victims), violence among acquaintances, and violence among persons who are not acquainted. Interpersonal violence may also be specified according to the age or sex of the victim (e.g., child abuse or rape). Types of interpersonal violence include bullying, harassment, and criminally-linked violence including assault and homicide.

Organised violence is violent behaviour of social or political groups motivated by specific political, economic, or social objectives. Armed conflict and war may be considered the most highly organised types of violence. Other examples include racial or religious conflicts occurring among groups and gang or mob violence.

What are the causes of violence?

The causes of violence are complicated and varied.⁵ Factors that are thought to contribute to the development of violent behaviour include individual characteristics such as:

- knowledge, attitudes, thoughts about violence, and skill deficits, such as poorly developed communication skills
- drug and alcohol use
- having witnessed or been victimised by interpersonal violence
- access to firearms and other weapons

There are also many contributing forces at the family level, including:

- lack of parental affection and support
- exposure to violence in the home
- physical punitiveness and child abuse
- having parents or siblings involved in criminal behaviour

In addition, environmental factors such as the following can contribute to violence:⁶

- socio-economic inequality, urbanization, and overcrowding
- rapid economic development with high levels of unemployment among young people
- media influences
- social norms supporting violent behaviour
- availability of weapons

Why focus efforts through schools?

Violence prevention efforts that address factors at all levels will be the most successful. Schools certainly cannot control many factors that contribute to violence — defense budgets, military spending, arms sales, unemployment, corrupt members of governments and police forces. However, they *can* address a broad range of behaviours, skills, communication patterns, and attitudes that support and perpetuate violence. They can also prevent violence from occurring within their walls or on school grounds, thus providing a safe place in which students and staff can work and learn. This document suggests ways that schools can:

- Create public policy that promotes health:** This document provides information and “arguments” that can be used to persuade others of the importance of violence prevention and to advocate for increased local, district, and national support for violence prevention and health promotion through schools.
- Develop skills:** This document identifies the skills that young people need to learn and practise in order to resolve conflict through peaceful, nonviolent, and socially constructive means, preferably before they face high-risk situations and before many drop out of school. It also identifies ways others can create school conditions conducive to violence prevention and health.
- Reorient health services:** This document describes how schools can enhance access to screening, diagnostic, treatment, and counselling services either within the school or through

referrals to community services for those suffering physical or psychological trauma from violence.

- d) **Develop supportive environments:** This document describes simple, low-cost changes that schools can make to improve their physical and psychosocial environments and create an atmosphere that supports violence prevention.
- e) **Mobilise community action:** This document identifies ways the school can interact with community members, parents, and local services to reinforce violence prevention initiatives, and to support and guide young people in all realms of their lives.

In implementing these suggestions, schools can take an essential step toward becoming a Health-Promoting School.

How should this document be used?

The arguments in Section 2 can be used to advocate for violence prevention interventions in schools. Section 3 helps create a strong basis for local action and for planning interventions that are relevant to the needs and circumstances of the school and community. Section 4 details how to integrate violence prevention efforts into various components of a Health-Promoting School. Section 5 assists in evaluating efforts to make violence prevention an essential part of a Health-Promoting School. Section 6 provides recommendations for ensuring continuity and sustainability in the school and community.

2. CONVINCING OTHERS THAT VIOLENCE PREVENTION THROUGH SCHOOLS IS IMPORTANT

This section provides information that can be used to convince others of the importance of reducing and preventing violence through schools. It presents reasons why communities and schools both need and will benefit from violence prevention and health promotion.

Rationale: Violence affects the well-being and learning potential of millions of children around the world.

“You know, there are no children here. They’ve seen too much to be children.”

—LaJoe, United States⁷

Children and adolescents are becoming as likely as adults to suffer rape, torture, and brutal death in armed conflicts, as displaced persons and/or refugees and as soldiers. Even where armed conflict is not present, young people are exposed to violence on the streets, in their home, on television and in movies. In addition, children all over the world experience violence at school, through corporal punishment, fights, bullying, or harassment from teachers and other students.

For every assault, there is a victim and countless witnesses who may experience physical injury, psychological effects, and social-emotional and behavioural problems. Consequences are serious, especially among children growing up in chronically violent homes or neighbourhoods. While many

children show a high level of resilience to such trauma, others will suffer serious and lasting effects including post-traumatic stress disorder (PTSD), distress, and impairment of attachment, making it difficult for them to form strong relationships. Their self-esteem may suffer and they may fail to acquire competence in peer relations. Children exposed to violence may also adopt highly sexualized or highly aggressive behaviour, use psychoactive substances, incur dissociation, intentionally injure themselves, or show other dysfunctional ways of dealing with anxiety at higher rates.⁸ Victims of intimate partner violence and rape have been found to be at risk for depression, thoughts of suicide, and suicide attempts.⁹

The Trauma of War

Almost one out of every four children in Sarajevo was wounded in the conflict. In a survey of 1,505 Sarajevo children conducted by UNICEF in the summer of 1993, it was found that 97 percent had experienced shelling nearby, 29 percent felt 'unbearable sorrow', and 20 percent had terrifying dreams. Following interviews with children, the UN Commission on Human Rights' Special Rapporteur on former Yugoslavia reported: "Memories of the event remain with them, causing...daily intrusive flashbacks of the traumatic events, fear, insecurity, and bitterness." Adolescents are also particularly vulnerable to the effects of war. Aid workers in Bosnia and Herzegovina have been encountering adolescents who have 'weeping crises', who attempt suicide, who are in a state of depression and who have increased levels of aggression and delinquency.

From "Children in War," in *The State of the World's Children*, 1996, UNICEF.

Children need to be healthy to take full advantage of every opportunity to learn. The effects of violence — physical injury, psychological effects, and behavioural problems — reduce attendance at school, impair concentration, and detrimentally affect cognitive development. In addition, fear of violence or abuse at school or en route to school, or displacement that results from violence and war, can all prevent or reduce attendance and diminish children's ability to learn.

Rationale: Violence is a social and economic problem for all nations.

"The old law of an eye for an eye leaves everybody blind... Violence is immoral because it thrives on hatred rather than love. It destroys community and makes brotherhood impossible."

—Martin Luther King, Jr.

Violence undermines the social and economic conditions of communities and nations. It endangers healthy and sustainable development by causing community decay, destabilizing national labour and industry, discouraging investment and tourism, threatening the quality of life, and contributing to the emigration of skilled citizens.¹⁰ Governments spend a significant proportion of public funds responding to violence, often at the expense of other services, including criminal justice, police, education, and health services. Violence also disrupts the provision of basic social services and the delivery of curative and preventative health care.¹⁰ Finally, as an expression of power, violence increases gender and social inequity. Preventing youth violence is not only a sound investment for

the future of individuals, but also a prerequisite for the development and maintenance of a healthy societal development.¹¹

Rationale: Violence is learned and therefore capable of being unlearned.

Violence is a behaviour learned at an early age.^{12, 13} Often through early experiences with family members, schools, media, peers, and communities, children learn that violence, rather than communication or negotiation, is an appropriate way to solve interpersonal problems. Because it is learned at an early age, many researchers assert that it “may be unlearned — or conditions may be changed so that it is not learned in the first place.”¹⁴ True prevention should take place before violent behaviour becomes ingrained.

Rationale: Schools offer an efficient, practical, and timely means to prevent and reduce violence.

In all countries, the school system can be the most efficient and organised way to reach large portions of the population, including young people, school personnel, family members, and local residents. More children than ever are attending school. In just the past five years, the number of children enrolled in primary school has jumped by some 50 million; the percentage of girls enrolled rose from 39 percent in 1960 to 72 percent in 1996.^{15, 16}

In many developing countries, the school is an ideal setting for health promotion activities. In the school, much of the structure, resources, and staff that can contribute to violence prevention efforts are already in place. Health services of some form or another are provided for students in almost every country and many countries have some elements of a school health programme that could become the starting point for a more integrated approach that includes violence prevention.¹⁷ Schools also have the benefit of a staff equipped with tools of teaching and learning. Furthermore, among most students and communities, teachers and school staff are highly regarded, positive role models. The almost 43 million teachers at the primary and secondary school levels around the world can have a significant impact on the healthy behaviour of adolescents.¹⁸

Another advantage of school-based interventions is that they can reach children when they are young, in their early stages of developing attitudes, values, and communication patterns, and before many drop out. When we reach children at this early point, it is possible to encourage the formation of healthy attitudes and practises instead of changing well-established unhealthy habits. Developmental research has shown that early aggression “will commonly escalate into later violence and broaden into other antisocial behaviour.”¹⁹ Early intervention can thus be less expensive and more effective than trying to change established patterns of violence among older children.

Rationale: Evaluations of school-based violence prevention efforts show promising results.

Though relatively few school-based violence prevention efforts have been evaluated, the results of published studies are encouraging.

- In a report of 12 case studies describing promising violence-prevention programmes across the United States, Education Development Center, Inc. (EDC) found positive effects (as indicated by preliminary programme evaluations) on student knowledge, attitudes and behaviour; teacher

attitudes and competence in violence-prevention skills; school climate; school statistics in violence/behaviour; programme implementation; and general response to/support of programmes.²⁰

- To assess the Norwegian Ministry of Education's national programme to reduce bullying in elementary schools, Olweus²¹ followed four cohorts of 600-700 pupils each and found that frequency of bullying decreased by 50 percent or more during the two years following the campaign. The project also reduced rates in antisocial behaviour such as theft, vandalism, and truancy. Findings were consistent among boys and girls and across all grades. The effects of the intervention were more significant after two years than after one year.²²
- In a recent evaluation of *Second Step: A Violence Prevention Curriculum*, which is used in over 10,000 elementary schools in the United States and Canada,²³ observations of 588 students in the classroom and playground/cafeteria settings indicated that the curriculum led to a moderate decrease in physically aggressive behaviour and an increase in pro-social behaviour in school.
- In a review of programmes designed to reduce adolescent violence, Tolan and Guerra (1994)²⁴ found that there is support for programmes that combine generic problem-solving skills with other specific cognitive skills and programmes that are based on real-life skills and situations. They also found clear evidence that family-targeted interventions focusing on improving parent behaviour, management skills, promoting emotional cohesion within the family, and assisting family problem solving are effective in reducing adolescent violence. Regarding school-based interventions, the authors noted that parental access to teachers, parental support for school efforts, and more opportunities for parents to have valued roles in schools seem beneficial. Also effective was to motivate high-risk youth to attend and perform in school and engage in pro-social community activities, and to provide youth with opportunities to have more pro-social roles in schools and communities.

3. PLANNING THE INTERVENTIONS

Violence prevention can be an entry point for increasing a school's capacity to plan and implement health promotion strategies and interventions that will respond to needs and contribute to both health and education. Once the importance and feasibility of providing violence prevention interventions through schools become understood by citizens, school officials, and policy- and decision-makers, the next step is to plan the interventions. This can be done by determining which strategies will have the most significant influence on health, education, and development and how such interventions can be integrated with other health promotion efforts. Interventions should enable students, parents, teachers, and community members to make healthy decisions, practise healthy behaviours, and create conditions conducive to health.

This section describes the steps to consider in planning violence prevention as an essential element of a Health-Promoting School.

Who is going to make this happen?

Health-Promoting Schools involve members of the school and community in planning interventions that respond to their needs and that can be maintained with available resources and commitments.

An important group that should be involved in the process of planning health interventions is a School Health Team that includes community advisors.

The School Health Team

A Health-Promoting School should have a designated team to coordinate and monitor health promotion policies and activities. If your school is a Health-Promoting School and a School Health Team already exists, violence prevention can be one of the health areas to address. You might consider establishing a Violence Prevention Task Force to focus on integrating violence prevention efforts into the overall health programme.

If your school does not have a team, committee, or group organised to address health promotion, the violence prevention effort could provide the opportunity to form one. A School Health Team can lead and oversee health promotion efforts in the school, including violence prevention. A Violence Prevention Task Force within that group can be responsible for designing, planning, and evaluating violence prevention interventions; clearly defining roles and responsibilities; and facilitating communication about plans, progress, and problems. Aim to find a balance of both men and women/boys and girls who are committed to the idea of nonviolence, believe that violence prevention can work, can work well in a team, and, ideally, can make a commitment over several years.

Potential members of the School Health Team:

- Administrators
- Teachers
- Students
- School security
- Support staff
- School-based health service providers
- Coaches
- School volunteers
- Representatives of the local teacher/school employee union

Community Advisors

It is important to include the participation of groups and individuals outside of the school who have an impact on students' knowledge, attitudes, and skills related to violence. Some Health-Promoting Schools are closely linked with community advisors for this purpose. Through representation on the School Health Team, community representatives can help to determine local needs and resources, disseminate information about the violence prevention efforts, build support across the community, encourage community involvement, help to obtain resources and funding for the programme, and reinforce messages and skills built in school. Look for men and women who are influential, interested in violence prevention, able to mobilize support, can contribute a diversity of skills and connections (e.g., writing, interviewing, organising groups, speaking in public), and represent the community's geographic areas, and economic, social, ethnic and religious makeup. In some settings, it

may be useful to collaborate with an existing community group, e.g. councils, youth groups, women's groups.

Potential partners from outside the school include:

- Community residents
- Parents/Caregivers
- Law enforcement and criminal justice officials
- Local government officials
- Religious leaders
- Businesses
- Vendors
- Media representatives
- Community youth agencies
- Representatives of non-governmental organisations
- Social services providers
- Health service providers
- Mental health service providers
- Sports figures and other celebrities

Where should we start?

Once a School Health Team is established, its members can start the planning process by conducting a situation analysis.

Situation Analysis

Conducting a "situation analysis" will help individuals to better understand the school community's strengths, problems, perceptions, and needs that are relevant to planning violence prevention interventions.

The necessity for an adequate situation analysis on the national, district, and/or local level(s) is justified by several reasons:²⁵

1. Policy- and decision-makers will need a strong basis for their support, especially when their policies and decisions involve the allocation of resources.
2. Accurate and up-to-date information provide a basis for discussion, for justification, for setting priorities for action, and for identifying groups in special need of interventions.
3. Data obtained through the situation analysis are essential for planning and evaluating interventions. Data can help ensure that efforts focus on the actual health needs, experience, motivation, and strengths of the target population so that interventions increase physical, social, and mental well-being of students, staff, families, and community members.

This analysis consists of three steps: needs and resource assessments and data collection.

Needs assessment. This step will assist you in gaining an understanding of the nature of violence and its causes in your community. Start by using the definition and types of violence described in the introduction as a guide. Engage members of the School Health Team and Violence Prevention Task Force in discussions and activities that help identify the different types of violence that occur within your school and surrounding community. By participating in brainstorming and word-association exercises, people will be able to identify behaviours that are harmful to individual or groups of children, including many that may be regarded as socially acceptable (e.g., corporal punishment by teachers and principals, verbal abuse, gender discrimination).

Resource assessment. Another key step is to assess the school and community's capacity to provide violence prevention services. Determine what the school is currently doing that is conducive to violence prevention. Also determine which specific resources and services are available, either through the school or community, that will help as you implement violence prevention interventions. Knowing this will allow you to draw on available personnel and financial resources. The amount of resources will affect the scope and amount of services provided, the availability of trained staff, and the capacity to plan and evaluate efforts.

Data collection. In this step, information about the extent of local violence and its consequences is gathered. Accurate and up-to-date data and information can help ensure that efforts focus on the real health needs, experience, motivation, and strengths of the target population, rather than problems that are perceived by others.²⁶ Policy- and decision-makers will be more likely to support activities that are based on documented problems (especially when they are being asked to allot or reallocate funds). Information gained through the needs assessment can also serve as a useful baseline to which changes can be compared later.

Exploring the local situation*

Answering questions such as these can help you determine local needs and strengths:

- *How safe is the school?*

How prevalent is violence among students? What types of violence occur in the school? Where and at what time of day does it typically happen? Are weapons involved? If so, what kind? Who is involved in violent events? What seems to put some students at risk for engaging in violence? What seems to protect other students from engaging in violence? Do students feel safe at school? What is the school currently doing to reduce violence? What more can be done? How is violence affecting students' well-being and learning potential? Can outside individuals easily enter the school and threaten staff and students?

- *What perceptions of school safety are held by the teachers, administrators, and students?*

- *What is the nature of the school environment?*

Are children treated with respect and dignity? Is there respect and understanding for different cultures and religions represented in the school? Is there equal respect for boys and girls? What are some common positive, pro-social behaviours seen at school that can be enhanced and rewarded? Are firm, fair, and consistently applied conduct standards enforced? Does the school have a protocol for dealing with traumatic events or emergencies? Are faculty, school staff, and parents treated with respect?

- *How safe are students when they are not at school?*

What types of violence occur to students outside of school (i.e., in the home or the community)? Where else are students witnessing or engaging in violence? Who is involved in it? What do parents seem to be doing to reduce, prevent, or perpetuate violence? What is being done in the community to reduce or prevent violence?

- *How safe is the route to school?*

Do students and staff feel safe coming to and from school? Are parents or other caring adults visible along the major routes between homes and school?

* Adapted from *Peacing it Together: A Violence Prevention Resource for Illinois Schools*. Illinois Council for the Prevention of Violence, 1996.

- *What resources are available to provide violence prevention interventions in your school?*

What resources exist to foster healthy youth development and resiliency (human and material resources, curricula, training, health services, and connections with community members and agencies)? Has any money been allocated to provide teacher training in violence prevention? Are teachers required to study health topics in order to obtain or maintain their certification? Have any universities or teacher training colleges developed courses in violence prevention? What already exists in the school that addresses violence prevention and life skills development? Can parents potentially volunteer to help violence prevention and safety efforts? What resources exist at schools or centres for younger children before they enter your school?

- *Are there any current health promotion efforts in your school that can be the foundation for new efforts? For example, what efforts are helping students and staff:*

- Care for themselves and others?
- Make decisions and have control over their lives?
- Foster societal conditions that allow the attainment of health by all?
- Improve students' understanding of health concepts and how to apply them?²⁷

- *Examples of indicators that can help describe a local situation:*

- Number of fights occurring during a typical month
- The nature, time, and place of conflict/fights
- Descriptions of the assailant and victim
- The number and types of weapons confiscated
- Arrests
- Absences/truancy rate
- Alcohol, tobacco and other drug use among students
- Student perceptions of alcohol, tobacco and other drugs and weapon availability
- Supervision of students during free time at school
- Existence of school-wide policies and procedures for handling violence and conflict
- Consistent enforcement of disciplinary methods
- Use of nonviolent and effective ways of disciplining and educating students, e.g., school policy on paddling/corporal punishment
- Provision of violence prevention skills education in the school curriculum
- Provision of life skills education in the curriculum
- Availability of counselling services and mental health promotion
- Availability of health services
- The level of parental and community involvement in school activities

Sources of the previous information include:

- School records documenting student achievement, dropouts, absenteeism, discipline problems, and suspensions and expulsions, especially those related to fights
- School-based records from school clinics, nurse's office, or existing school health services regarding injuries, etc.
- Surveys or interviews assessing knowledge, attitudes, and practises of the students
- Assessment of teacher, student, and staff attitudes and skills regarding violence
- Surveys or interviews assessing perceptions of concerns and problems as well as possible solutions
- Group activities where students list the types of violence in their school and the frequency of the violence (daily, weekly, once or twice a month, every few months, once or twice a year)
- Group activities in which students and staff place pins on a map to mark the location of assaults and bullying incidents at school or en route to school
- Group discussions or activities in which students and school staff discuss the types of violence prevention efforts taking place in the school and outside the school
- Classroom observation
- Interviews with community leaders, youth, parents, youth counsellors, community health doctors, religious leaders, and parent/teacher association representatives
- Careful observations of the surrounding neighbourhood and community
- Crime reports from the police, juvenile, or criminal justice system
- Local clinic or hospital records

Commitment Needed

The success of efforts to create a Health-Promoting School relies also on the extent to which people in the community are aware and willing to support health promotion efforts. Efforts to prevent violence are most successful when a core group of people support and become involved in their development and implementation. It is important in the early stages to garner the acceptance and support of politicians, educators, parents, community leaders, the community in general, public health professionals, religious groups, business leaders, and students.

Political acceptability

National policies, guidelines, and support from ministries of education and health can be of immense help to local schools. The will, commitment, attention, support, and action of these authorities can help acquire time, money, and public support. Collaborative relationships with other sectors, such as ministries of justice (for legal commitment/measures to combat conditions favouring violence), social welfare, transportation, trade and development, as well as local government and community-based organisations, will also prove very valuable.

Political commitment is evidenced in many ways:

- Favourable policies
- Designation of someone with responsibility and authority
- Provision of financial support
- Provision of technical equipment, services, and materials
- Public acknowledgment by ministries of the importance of the problem and efforts to reduce violence

Community and family commitment

The success of efforts to create a Health-Promoting School relies also on the extent to which people in the community are aware and willing to support health promotion efforts. Schools need to receive input from families and community members regarding the design, delivery, and assessment of the interventions, so as to respond to their concerns and gain their commitment.²⁸ They should play an integral part in discussions and sensitization about these topics. Parent-teacher associations, adult-education activities, formal presentations, open-houses, civic clubs, religious centres and community-group meetings are appropriate forums for the School Health Team and community advisors to communicate with families and community members.²⁹

Not everyone will immediately understand or support violence prevention efforts. WHO/UNESCO (1992)³⁰ suggest the following strategies for embracing differences and improving acceptance:

- Identifying and addressing the concerns of people or groups that may have difficulty in accepting the interventions
- Creating opportunities for extensive communication about violence and its consequences
- Creating a process for welcoming feedback

Teachers and school staff

Teachers and school staff play a key role in carrying out violence prevention efforts. To respect what they know and what they can do, it is important to involve them early in the planning stages. A staff meeting is one useful forum for developing teachers' interest. Important ideas to discuss include:

- How violence prevention programmes can help teachers achieve teaching/learning objectives
- Information and data that support the need for violence prevention
- The roles teachers play (whether or not they are trained in violence prevention) as role models, facilitators, and partners of parents
- How the involvement of staff and administrators is crucial for success
- Plans for teacher training
- How teachers and staff members will be affected by violence prevention efforts

Teacher interest and participation can be stimulated and attendance may be facilitated by paying for release time, conducting a needs assessment to determine teachers' concerns and needs, offering continuing education units or recertification credit, or offering incentives such as free materials, free manuals, or reimbursement.³¹

Youth involvement

It is also important to engage the energy and creativity of young people in the planning and design stages. When young people are involved from the very beginning of a new idea, they can help develop and plan interventions that respond to their specific needs and concerns, in a culturally appropriate manner. Their participation can also build their sense of ownership, which will enhance sustainability. Numerous ways in which young people can be involved in the implementation of violence prevention activities are discussed later in this report.

What should we do?

Use the information regarding the nature and extent of local problems and strengths that you have gathered in the situation analysis to develop a vision for change and an action plan. Tool 1 can help you decide what your goals are and what strategies you will use to reach your goals.

Goals

The goals should describe in broad terms what you hope to achieve with violence prevention efforts. Organise brainstorming activities for the School Health Team to decide on overall goals for your violence prevention efforts. To help form your goals, try first to envision your school and community as violence-free.³² Examples of overall goals may be:

- To provide a safe learning environment for students and a safe workplace for staff
- To minimize violence and bullying within the school
- To build violence prevention skills for the future
- To involve and empower youth to become leaders in violence prevention

Objectives

Objectives are the necessary steps for reaching the overall goals. Break the goals down into specific short-term and long-term objectives or steps so that everyone understands clearly what needs to be done and when. Describe outcomes that will help you determine how successfully you are reaching your goal. Those responsible for designing policies and programmes, instructional activities, services, changes in the school environment, and evaluation should be able to refer to the objectives for clear guidance. The clearer and more specific the objectives, the easier it will be to select appropriate activities to achieve them.

List objectives you plan to accomplish within specific timeframes. They should be specific, measurable, and achievable. They should tell what measurable change is expected, who is going to do what, when, where, and how it will be measured. They follow from statements such as "To increase," "To decrease," "To reduce," "To change," etc.

Activities

Develop a strategy or, preferably, a combination of strategies that is most feasible for your school to begin. All activities and curriculum content that are part of this strategy should reflect the objectives. Actions that will be taken follow from statements such as “To provide,” “To establish,” “To create,” etc. Sample actions that could be taken include:

- To provide a violence prevention curriculum to students in grades 4-6
- To invite police officers, former victims, or former perpetrators of violence to speak to students about safety, crime, negative consequences of violence, and preventive measures
- To establish disciplinary procedures for violence on school grounds

The next section describes numerous actions that schools can take to prevent violence. Many schools do not have the resources to initiate a large, comprehensive investment in violence prevention. However, this need not discourage any school from addressing the issue; even small steps can make a difference. You may need to choose one or two activities that are the most important and most feasible for your school, such as a staff training, introducing peer mediation, or offering parent education. Try not to be discouraged if your efforts do not immediately reduce the level of violence in your school or community. Remember that violence is pervasive and cannot be changed easily or quickly.

How will we know how well we are doing?

Evaluation design and monitoring

Evaluation — a review of what you have been doing and how well it has worked — is important for many reasons and should be considered from the outset. An evaluation plan and mechanisms for monitoring should be established at the start, so you can track your school’s progress in accomplishing your goals and objectives. The groundwork for evaluation is laid at the very beginning of the implementation process when needs are assessed, objectives set, and activities planned.³³ Specific recommendations for process and outcome evaluation are discussed below.

4. INTEGRATING VIOLENCE PREVENTION INTO A HEALTH-PROMOTING SCHOOL

A Health-Promoting School strives not only to improve health education, but also to improve health services, make changes in the school environment and school policies and practises, and mobilize community action — all to create a culture of peace.

The effectiveness of these efforts will depend on the extent to which the interventions are supported by the policies of the school and the training and capacity of the teachers and staff.

School health education

“To educate the child of today is to prevent the criminal or the violent abuser of tomorrow.”
—Carlyle Guerra de Macedo³⁴

This section describes ways in which students can receive accurate information about violence and its consequences, explore their own values and attitudes, and acquire personal skills needed to avoid conflict through peaceful and nonviolent ways. It is usually not enough to deal with violence as a single, isolated subject. Violence prevention education should be integrated into other core areas of the school's curriculum, such as social studies, language arts, history, or science. Messages about violence prevention become stronger when they are repeated in a variety of contexts.

Children and adolescents need access to accurate information in order to make informed choices. For this, students need to understand violence and its serious consequences. Teachers can help children recognise the following:

- Different types of violence (e.g., self-inflicted, domestic/intrafamilial violence, sexual assault and abuse, neglect, gang violence, organised and/or political violence, or hate crimes against people of a particular ethnicity, religion, sexual orientation, mental or physical ability)
- The different contexts in which violence takes place (e.g., the home, the school, the immediate community, between friends)
- The consequences of violence
- That violence is preventable
- What puts some young people at risk for violent behaviour (e.g., the role of alcohol and other psychoactive substances, exposure to violence, access to weapons, social class, ethnicity, sexism)
- The role of media messages and societal norms in promoting violence (e.g., sex role socialization and violence portrayed through television, movies, music, comic books, and video games)
- What protects some young people from violence (e.g., the ability to use alternative solutions to problems, the ability to predict consequences of various approaches to problems, the ability to practice life skills and negotiation skills, exposure to nonviolent adult role models)

Learning cognitive skills can help to prevent violence. While studying language, social studies, math and science, children develop cognitive skills that help them reason their way through stressful and dangerous situations.³⁵ For example, those with superior language skills and analytic abilities are less likely to use force to persuade and more likely to use creative and intellectual exercises to imagine and respect different points of view. They are also able to more clearly envision the consequences of certain actions and possess a greater repertoire of alternatives to violent behaviours.³⁶

One way to reduce violence is to alter the patterns of thought that support an individual's involvement with violence, whether in the role of the aggressor, victim, or bystander. There are “habits of thought” that cause some children to act aggressively, cause others to put themselves at risk for involvement with violence, or cause others still to support violence through passive acceptance, instigation or active encouragement.³⁷

It is not enough, however, for students to be aware of violence and its consequences and to adopt healthy attitudes and “habits of thought.” They also need opportunities to acquire and practise a

wide range of life skills. Although not developed specifically as an approach to violence prevention, life skills training can be an important part of successful conflict resolution.³⁸ Life skills education can help students acquire practical skills to prevent violence, such as peacefully resolving conflict, evading dangerous situations, relieving stress, dealing with death, reducing prejudice, critically evaluating violence depicted in the media, and resisting pressure from peers and adults.³⁹ Annex 2 provides descriptions of some specific curricula designed to promote skills to prevent violence.

Which curricula you should use depends on local concerns and specific objectives agreed upon in the planning stage. It is possible to select from existing curricula and make adaptations with caution to meet local needs. The description of Sri Lanka's "Education for Conflict Resolution" programme below provides a good example of this.

Educating for Peace in Sri Lanka

The effects of 11 years of civil war have permeated all aspects of life in Sri Lanka, including the education system: most schools are now segregated along language lines. The Government, with assistance from UNICEF, launched a school-based programme called "Education for Conflict Resolution" (ECR) to help children learn non-violent ways of resolving disputes. A core group of resource persons, initially trained at the National Institute of Education in different forms of conflict resolution, soon adapted these and developed their own methods appropriate to Sri Lanka. They produced 10 different training manuals aimed at principals, teacher trainers, teachers, and pupils.

The ideas of conflict resolution were consistent with many aspects of Sri Lankan culture. For example, just as conflict resolution promotes assertiveness over aggression and passivity, Buddhism, one of the major religions in Sri Lanka, emphasises the importance of taking the middle path. Just as conflict resolution is based on cooperative behaviour, Sri Lankan village life has traditionally operated on cooperative principles. In addition, Buddhism and Hinduism emphasise harmony with the natural environment and make extensive use of meditation. ECR incorporates meditation to calm and concentrate the mind to create a sense of inner peace. A typical ECR lesson for primary schoolchildren starts with meditation, and then covers issues such as decision-making and conflict resolution. Role-playing is an important part of the approach and children are encouraged to express emotions through stories, songs, and poetry.

ECR is not limited to particular lessons on 'conflict resolution'; rather, it is integrated into the entire curriculum. At the Nilwala College of Education, student teachers learn to integrate ideas and methods of conflict resolution into all subjects areas. For example, a social studies lesson might focus on how different groups need to work together for a community to function. Within that lesson, students would be encouraged to act out a traditional story with a theme of peace and cooperation. Teachers learn to discuss the messages of stories with their students and help them to draw parallels between them and their own lives.

Between 1992 and 1994, ECR trained 3,500 principals, 400 master teachers, 3,000 teachers, and 7,500 student leaders, who, as of 1996, had reached approximately 420,000 of Sri Lanka's 4.5 million schoolchildren. ECR has also begun a media campaign to extend these ideas to parents and to the community as a whole.

Adapted from "How Sri Lanka educates children for peace," in *The State of the World's Children*, 1996, UNICEF.

Timing

To be most effective, principles of violence prevention should be taught to students before they are likely to encounter violent situations, not after. Also, violence prevention should be taught to each student in a series of developmentally appropriate building blocks of specific skills and knowledge integrated in curricula from pre-school through the final year of secondary education. Annex 3 provides examples of grade-specific objectives for skills of

violence prevention as developed by the West Virginia Department of Education Office of Healthy Schools in the United States.

Though it may not be possible to create an educational series for each grade-level, a module taught in one year is unlikely to be enough to provide long-term change in youth attitudes and behaviour. Even in your first efforts, try to include a sequential plan that will expose students to violence prevention education more than once in their school careers. Also, try to choose teaching methods that are developmentally appropriate for your students. For example, debates, discussions, and peer mediation may be too complex for younger students, but essential for older ones.

Teaching methods

A lecture can be an effective way to increase students' knowledge, but there are other methods that are more effective in influencing beliefs and building skills. Active, informal, personalized and participatory learning methods that are culturally appropriate are the most effective in changing health-related behaviour. Try to use teaching methods that are activities-based and encourage students to participate more actively. Methods which actively engage students in their own learning are more likely to change what they know and what they do.

Examples include:

- Role-plays and rehearsal of life skills including refusal skills, negotiation, and conflict resolution
- Interviewing
- Small and large group discussions about violence in the school or community, what causes it and what could prevent it
- Discussions based on "cases" or stories with a problem of violence that encourage students to find a solution
- Journals/story writing
- Activities oriented by peer leaders or community speakers
- Interactive radio
- Community involvement activities
- Analysis of broadcast and print media to identify positive and negative messages about violence, conflict resolution, and gender roles
- Suggestion boxes to collect questions and opinions of adolescents
- Radio programmes with brief, upbeat messages on prevention
- Word murals, posters, flyers, bulletin boards and pamphlets to share your work
- Games
- Brainstorming

Visual and performing art projects can also instill principles of nonviolence. Artistic activities that allow students to explore alternatives to violence and spread messages of peace include: music and songs emphasising tolerance of differences; and drawing, painting, collages, puppetry, and theatre that explore violence-related issues.

Emphasise collaboration — encourage students to achieve academic success by working together in teams and being accountable to one another. For example, assign teams of students to study, work on projects, and learn together. Students in some cultures will be accustomed to cooperating in most aspects of life. For other students, however, competition may be more the norm than cooperation. Collaborative learning will help such students experience the benefits of cooperation in their lives. Collaboration and team projects can also be good methods to use when training teachers and staff, and adults and community members outside of the school.

Finally, it is important to utilise teaching methods and curricula that are culturally sensitive and free from gender bias. Specifically, be sensitive to gender and cultural differences in your examples and assumptions. Ask: can students from different cultural and ethnic backgrounds learn from the curriculum? Similarly, can both boys and girls learn from it? Do materials and lessons avoid the use or promotion of gender-based stereotypes and biased language?

Youth involvement

Students themselves can be major actors in school-based efforts to prevent violence. For example, they can act as peer educators and peer counsellors. They can act as agents of change in their families and communities if your school focuses on youth empowerment, youth leadership, and peer mediation. In some places, student health educators have conducted special school programmes, such as peace days and violence-prevention weeks and months during which they have written and produced plays and videos with violence-prevention themes.

It is important to value the contribution of peer educators. Some schools have done this through public recognition, a certificate and by providing incentives such as programme T-shirts, food and money stipends or scholarships.

Parent education

Parents and other caregivers play an important role in violence prevention, including roles as nurturer, teacher, disciplinarian, role model, and supervisor. Far too often, however, parents and other caregivers do not have the resources, skills, or community support to carry out these roles as effectively as possible.⁴⁰ As a result, the messages students receive in the classroom may be irrelevant once they go home.

A Health-Promoting School can provide caregivers with information, resources, and skills to enhance and extend efforts to the students' own homes. Parent education or training can inform caregivers of some important ways to prevent violence among their own children and other children in the community:⁴¹

- Setting firm, consistent limits on aggressive and coercive behaviour
- Teaching young children healthy, non-violent patterns of behaviour
- Learning and applying effective, nonviolent means of disciplining and consistently correcting children when they misbehave (using physical discipline teaches children that aggression can be an acceptable form of control)
- Presenting themselves and others as effective role models for resolving conflict nonviolently
- Improving communication with their child (e.g., being available to listen)
- Supervising children's involvement with media, schools, peer groups, and community organisations
- Establishing appropriate expectations for their children
- Encouraging and praising children for helping others and solving problems nonviolently
- Identifying alcohol/psychoactive substance problems in themselves or their children
- Coping with crises
- Gaining help from professionals
- Teaching their children assertiveness
- Leading community efforts to develop, coordinate, and effectively implement community-based support services
- Providing opportunities for children to practise life skills

If possible, offer parent education courses at the primary/elementary school level, and provide transportation and child care to allow more parents to attend. During the sessions, encourage parents to become more involved in Health-Promoting School activities. Allow parents an opportunity to meet and talk with other parents who may share their particular concerns. These meetings offer a good opportunity to encourage parent communication.

Building the capacity of administrators, teachers, and other school staff

Pre-service training. A valuable means of preparing teachers for violence prevention education is through programmes in teacher education/training institutes and universities. This way, teachers can receive time-intensive and specialised training in violence prevention methods. Some efforts are being made in developing countries to provide academic courses or programmes in schools of higher education.

In-service training. In order to learn about, teach, support, and reinforce violence prevention methods, the School Health Team and teachers need to receive training.⁴² Team training helps to ensure consistent application of violence prevention efforts in different classrooms and throughout the school. Many teachers have a limited background in teaching not only facts about violence, but also skills to help students reduce risks. In addition,

teachers need to examine their own attitudes about customs and practises which prevent or encourage violence. School staff need to model the skills of peaceful coexistence in the classroom and in the community.

Staff training/development should:

- Instill an understanding of the nature and type of local violence
- Develop staff skills in conflict resolution, intergroup relations skills, and classroom management
- Demonstrate the teaching methods to be learned and provide a chance to practise these methods and receive feedback/coaching
- Provide the knowledge and skills to respond to student disclosure of all types of violence, whether as victims, offenders, or bystanders of violence
- Encourage and empower teachers to shape the instructional processes within their own schools and classrooms, and provide adequate opportunities for teachers to share in decision-making
- Demonstrate strategies for integrating these concepts and skills into social studies, language arts, and other core academic subjects
- Train teachers how to recognise symptoms associated with abuse and trauma (e.g., symptoms of post-traumatic stress disorder)
- Link school teachers and staff to external resources that can assist children who have been victims of violence, have witnessed violence, or who are behaving violently

To be effective, in-service training should be of sufficient duration, periodically reinforced, and should provide time for coaching and sharing of strategies. It should also consider the support that teachers need as they begin using a new curriculum. A staff developer can provide demonstration lessons, help the teacher prepare, observe classes, give feedback, and sustain the teacher's motivation. Follow-up training sessions should allow teachers to share their experiences, discuss concerns, and plan school-wide events.

Where can you look for good training? Training and learning materials may be available through government and non-governmental agencies, international organisations, universities, or teachers' unions in your country. Annex 4 lists WHO Regional Offices that you can contact for help and information. Education Development Center, Inc., and the U.S. Centres for Disease Control and Prevention are WHO Collaborating Centres and serve as sources of technical assistance and information. Supplemental training materials can also be generated by teachers and students themselves—a strategy which has proven successful in some countries.

School health services

Children who have been victims of violence or who are showing aggressive or disruptive behaviour at school have a particular need for support and intervention. It is important to identify these children in order to provide them with services, evaluate their progress, and conduct follow-up. Schools have a role to play in this process, even where resources are scarce. In a Health-Promoting School, health services work in partnership with and are provided for students, school personnel,

families, and community members.⁴³ They should be coordinated with other services and activities at school and in the community to utilise the potential of specialist resources to provide advice and support for health promotion and violence prevention.⁴⁴ Schools and communities need to consider what preventive and treatment services are best provided at school sites and avoid duplicating services available in the community that would easily be accessible for students and school personnel.

Screening/Diagnosis/Treatment

Children who show behavioural and learning problems, or who you believe are at high risk for involvement in violence, should be screened for victimisation and exposure to violence. Where children have been caught in war or other strife and hardship, it is recommended that school health providers routinely take the family's history of violence when providing medical services to children.

“Creating a safe environment for children to express themselves with a trusted adult is the most important intervention to alleviate the long-term psychosocial effects of war-related violence on children.”

—Dr. Leila Gupta, Afghanistan⁴⁵

In some communities, children identified with needs related to exposure to violence can be referred to specialists for treatment. In most communities, however, specialists are scarce. In such cases, school staff can be trained by health professionals to recognise physical and emotional symptoms of trauma and to deal with child trauma victims, at least in a preliminary way.⁴⁶ With the support and guidance of an empathetic and informed adult, a child, or groups of children, can be helped to express suffering and to confront bad memories. Talking or writing about, or even acting out, traumatic events is a way for a child to begin healing. Children who have witnessed, perpetrated, or been victimised by violence or neglect can benefit from art and re-enactment “play” therapy. Art and expressive therapies can elucidate the child's problems and help the caregiver and child start to explore new, healthier symbols of expression which can replace previously conditioned responses and beliefs.

Counselling may provide children and adolescents with their first opportunity to discuss the violence in their lives as well as ways to prevent, stop, or avoid it.⁴⁷ Through individual and group counselling or peer support groups, children can talk about life, death, grief, safety, their fears, and feelings in a supportive environment. In addition, volunteer “special friends” can act as companions and confidants to troubled children.

All schools should have a plan for dealing with emergencies and crises. Do not wait for a major emergency or act of violence to occur. Try to designate a crisis coordinator and ensure that at least some staff members are certified in First Aid and Cardio-Pulmonary Resuscitation. Regularly rehearse the plan so that if there is an emergency, your school can respond rapidly.

Reintegrating traumatized children to their schools after a violent event can be coordinated between mental health professionals, parents, and the school. Mental health professionals

can assess when a child is ready to go back to school and advise teachers and parents on how to monitor the child's progress.

Training for health service providers

The Health-Promoting School does not exist in a vacuum. To be most effective, it must collaborate with formal and informal, public and private individuals, organisations, and disciplines. In the area of violence, health service providers play an especially important role. Professional training and continuing education for health professionals should include a focus on how to address different kinds of violence affecting children and adolescents. Health care professionals need skills in the diagnosis and management of child and adolescent behaviour disorders. They need to know how to recognise symptoms associated with abuse and trauma.

Rather than only learning to treat the consequences of violence, however, health professionals need to know how to prevent or at least reduce its frequency and severity. They can benefit from training in many of the violence prevention skills. They should also be trained to work in partnership with teachers, communities, parents, young people, and volunteers. For example, health care professionals can provide prevention education to students and counselling to those who have witnessed or are victims of violence. They can also help inform parents by advising them about appropriate disciplining, effective parent-child communication, dangers, availability and safe storage of firearms, and role modelling of appropriate behaviour. These lessons can be built into children's early and on-going routine visits.

Institutes of higher education that train professionals and paraprofessionals in public health, nursing, medicine, social work, and education may provide training on violence prevention and interventions. In war-torn countries, mental health workers from non-governmental organisations, mental health institutes, and the ministry of public health may be trained in ways to help children deal with their trauma and grief. Continuing education should be offered to practising professionals so that practitioners can acquire the skills they need to intervene early.

Referral

Many schools around the world have very few, if any, resources for directly providing treatment services. It is necessary for these schools to explore ways to establish or strengthen linkages with sources of health services in the community. An array of services may be available to students through formal referral systems for diagnostic and treatment services. These may include community health clinics, private doctors, professional counsellors, social workers, and mental health, social service, and legal service providers in the community. Schools should also follow-up on all referrals made to ensure that students and families are connecting and benefiting from health services. This is also a way for the school to support the efforts of outside providers.

Your initial assessment of school resources, which included a simple summary of existing programmes and services, provides information that can be used to formulate ideas for possible linkages with existing community agencies.

A healthy school environment

One of the ten recommendations of WHO's Expert Committee on Comprehensive School Health Education and Promotion (September 1995) is that "Every school must provide a safe learning environment for students and a safe workplace for staff." Too often the school environment itself can threaten physical and emotional health. The school environment must protect from discrimination, harassment, abuse, and violence. In a Health-Promoting School, both the physical and psychosocial environment should be consistent with and reinforce other health promotion efforts.⁴⁸

Overall school climate

Students' quality of education is affected by the psychosocial environment of the school and the surrounding community. Discrimination, harassment, double standards, or violence and abuse between students and between staff and students are barriers to school participation, even to school attendance. One reason some parents refuse to send their daughters to school is their concern about the risks their daughters will face at school; girls are sexually harassed, sometimes raped, by their fellow students, their teachers and sometimes by strangers as they walk to school.⁴⁹ Surveys of high school students in the United States also reveal high numbers of boys who report sexual harassment or abuse by other boys. The following section outlines policies and practises that can be implemented to create a caring school community that is characterized by cooperation, effective communication, appreciation of differences, and shared decision-making.⁵⁰

Supportive school policies and practises

School policies and practises should promote a clear set of school norms regarding violence, beginning with mutual respect between administrators and teachers and among teachers. A Health-Promoting School can create student and staff conduct and discipline codes regarding violence and aggression. Teachers, for example, should know how to respond effectively when facing routine incidents of conflict and aggression, as well as with those children who show repeated and severe problems with aggressive behaviour. School policies and practises should advance relations between students that are respectful, nondiscriminatory, and nonabusive. They should also enhance teacher-student respect and communication. Instances of discrimination or abuse between students, between staff, and between staff and students should be condemned openly to promote appropriate social norms.⁵¹

Discipline does not only derive from rules, punishment, and external control. It is also learned from reinforcement, and by consequences which are fair, firm and clearly communicated. Disciplinary measures, such as suspending or expelling students, do not provide students with the opportunity to improve their behaviour. These strategies have not been shown to prevent violent or disruptive behaviour in school. In-school or after-school suspensions, on the other hand, allow schools to remove disruptive students from the

classroom and provide them with counselling and individual or small-group academic tutoring.⁵²

In general, try not to view discipline in terms of punishment, but rather as a means of upholding expectations for a code of decent conduct. Provide recognition, rewards and reinforcement for newly learned skills and behaviour.⁵³ Hold appropriate expectations for all students, beginning in early childhood, and help provide students with the opportunity, support, and encouragement to meet those expectations.

School Policies and Practises Promote Peace in New South Wales, Australia

The state education system in New South Wales, consisting of about 750,000 students and 60,000 employees in 2,200 schools, has mandated that all government schools have a policy to handle critical incidents (natural disasters, traumatic incidents, and deaths/injuries to students or staff); that teachers must report instances of suspected child abuse; and that schools develop student welfare policies, programmes, and structures. The New South Wales Department of School Education employs psychologists who are based in secondary or primary schools. Pastoral care is also provided through peer support programmes.

In the Kair High School in Sydney, relationships among students, between teachers and students, among teachers, and between teachers and parents have been enhanced through the school's "critical incident management plan." Teachers act as advocates for students, spending time with students, sharing information and personal experiences, and intervening early through perceptive problem solving.⁵⁴

Adapted from WHO, *The Status of School Health*. Geneva, 1996.

Physical environment

The school's physical environment plays a crucial role in either facilitating or discouraging violence. Some strategies to ensure that the school's appearance, layout, and facilities are working to discourage rather than increase violence include the following:

- School clean-ups and "painting parties"
- Lighting policies to reduce crime (i.e., total darkness discouraging youth from congregating in the area or increased lighting to discourage violent activity from happening in a highly visible area)
- Making emergency exits visible
- Murals and posters with nonviolent messages
- Public announcements supporting nonviolence

Safety and security

Some measures that schools have taken to provide a climate of safety among students and staff include:

- School safety plans, with parent and community input
- Providing safe passages for students on their way to and from school
- Providing student identification cards to restrict outsiders from entering school grounds
- Structuring lunch and recess time with group activities supervised by adults
- Classroom telephones
- Weapon detection systems

Youth development activities

To avoid involvement in violence, students need more opportunities for healthy, productive activities and less opportunities for engaging in negative behaviour. Some examples are:

• Mentors/Role-models

Positive adults acting as teachers, role models, and mentors can instill in students a higher value on staying in school and avoiding violence. Mentors and role models can be local business owners, community residents, university students, senior citizens, secondary school students, student athletes, and teachers.⁵⁵ Mentoring interventions include activities such as tutoring, counselling, cultural enrichment, social skills development, life experience sharing, summer jobs, and sporting events.

• Service learning

Service learning, or using service to the community as a "hands-on" approach to learning, can be linked to anti-violence courses to promote youth leadership, help young people care for others, and to heighten awareness of how poverty, substance abuse, and other social ills cause violence. Students can do anything, such as cleaning up neighbourhood streets, building a playground, tutoring young and old members of the community, assisting sick, elderly or handicapped community members with housecleaning and chores, providing childcare, or volunteering their time and talents, such as singing or dancing in hospital settings.

Service learning projects can also aim to counter violence more directly. For example, the principal of an elementary school located in a high-crime area of the United States instituted the "Peaceful Playground" project to reduce violence. As "playground monitors," students selected and trained in peer mediation and conflict resolution became well-versed in "Rules of Peace," and not only stopped physical altercations, but instituted ground rules for peaceful conversation as well. In serving their school as role models and problem-solvers, the students became increasingly more aware of alternatives to the violence around them.⁵⁶

• Art programmes

Art programmes can nurture resiliency and social skills and provide a safe place where young people can practise respect for differences, listening skills, and cooperative learning.⁵⁷ They can also provide youth with excitement, challenge, and relief from boredom, as well as the opportunity to develop characteristics, like discipline and creative problem-solving, that help to prevent violence.

Art programmes can also create positive changes in the environment, helping to revitalize communities that have been affected by crime and poverty. Examples of art activities include drama, dance, painting, photography, music, sculpture, film, video, computer graphics, puppetry, writing, oral history, storytelling, architecture, design, and toymaking. The larger community's cultural resources can be used: museums, theatres, music groups, singing groups, local artists and performers, and dance and literary organisations.

- **After-school activities**

Try to organise recreational, physical, and sports activities for students after school. One example is to form clubs that meet the interests of students. As a means of counteracting student involvement in gang violence, one school in New York City formed over 50 clubs, including Yoga, Floral Design, Sports, International Pen Pal, Ceramics, Science, Movies, Drama, Reading, Math Counts, We Make a Difference (visiting senior citizens homes), Singing, Poetry and Walking.⁵⁸

- **Career exploration**

Counselling in career opportunities, training in job skills, and work experience placements/apprenticeships can provide students with technical, entrepreneurial, and vocational skills and help improve the economic futures of young people, combat poverty and joblessness, and contribute to violence prevention efforts.⁵⁹

Buddies Try to Counter Violence in South Africa

The urban environment of South Africa, like other urban areas around the world, is often marked by large scale violence that has been called a "low-intensity war." The "Psycho-Social Enrichment of Children" project is run by the University of Witwatersrand's Department of Psychology to foster the development of both young primary school children and of unemployed youths in Eldorado Park, near Johannesburg. The project helps youths become positive role models for younger children. As 'Big Buddies', male and female adolescents who have up to now failed to find a role in their communities become dependable and supportive friends and role models for groups of young children. As a result, the project gives the Big Buddies the opportunity to become a respected community resource; this increases their sense of their own worth while also teaching them parenting skills which will assist them in their roles in later life. Big Buddies are also able to channel their energies into positive activities for and with young children. They are trained in problem solving, leadership skills, managing anger and frustration, and mediation skills, and are encouraged to use games, drama, and creative toys to work with themes that boost the confidence and self-esteem of the children.

At the same time, the project provides the 'Little Buddies' with a safe development environment in which they have many opportunities for growth. Parents have reported happier children who enjoy better relationships with others, have a growing ability to share and a diminishing need to fight, who show increased self-confidence and self-awareness, and have developed an enhanced ability to discern between right and wrong.

Adapted from *South Africa: Countering violence through psycho-social enrichment*. In Bernard van Leer Foundation Newsletter, 84, October 1996.

School/community projects and outreach

Schools cannot take on the problems of violence alone. Violence prevention activities should be a responsibility of the whole community. Key community leaders and groups need to be included in violence prevention training so that the messages young people receive regarding violence prevention are consistent, whether they hear the messages from teachers, peers, parents, or community members. Involving the community can also help to affect those young people who have dropped out, are chronically truant, and who are at high risk for becoming perpetrators or victims of violence. Schools around the world have found creative ways to include the wider community, as described in Youth Development Activities above. Peer education projects can be organised where trained students act as peer leaders in church or other community organisations. Word and picture murals, posters, flyers, bulletin boards, and pamphlets can also be used to create awareness within the community. These efforts can be coordinated by the School Health Team with help from the community advisors.

Schools can benefit greatly from partnerships with local business and representatives from agencies and organisations, such as health departments, juvenile courts, probation departments, youth-serving agencies, and parks and recreation. Together, partners can discuss common problems, develop joint interventions, and integrate services. Specific opportunities for collaboration include the following:

- Family and other community members can serve as volunteers to help ensure peace both in school and during after-school activities. They can provide additional security in school and around school grounds.
- Volunteers can tutor students, act as mentors, or simply share their time.
- Caregivers can transport or accompany students to school to ensure safety and improve attendance.
- Through donations, businesses can provide the funding for teacher training, sponsor events, contribute funds for increased street and schoolground lights and pay for school uniforms.
- Local businesses can collaborate with schools in the following ways:
 - Help ensure safe passage to school. For example, in a large urban area in the United States, businesses posted identification stickers on their windows indicating to students that they are free to enter the business any time if they feel they are in danger.
 - Provide work experience to students, particularly during summer and/or school break periods.

Police in New Zealand Play an Important Role in Violence Prevention

The Youth Education Service (YES) of the New Zealand Police works successfully with young people, teachers, and school communities to promote individual safety and safer communities. One hundred and thirty Police Education Officers of YES have been selected and trained to help deliver health curricula to students in primary and secondary schools through social studies or health curricula. In addition to curricula focusing on drug abuse resistance, road safety, and social responsibility development, YES promotes nonviolence through age-appropriate resources and the following violence prevention interventions: Keeping Ourselves Safe — a series of units for the primary, intermediate, and secondary schools teaching skills to take responsibility for keeping oneself and others safe in a range of situations appropriate to the age of the student — and Kia Kaha, social skills development for bullies and victims of bullies.

The Police Education Officers come from a range of backgrounds and represent all types of policing duties. Though YES forms a relatively small section within the police, it delivers the major component of community contact and liaison through its relationship with school communities. Police Education Officers have become valuable resources for teachers, sometimes assisting teachers in the planning, preparation, delivery, and evaluation of the educational programmes. A growing body of research and overwhelming demand from schools and teachers for YES programmes are indicative of their positive impact on the behaviour of children and the safety of schools.

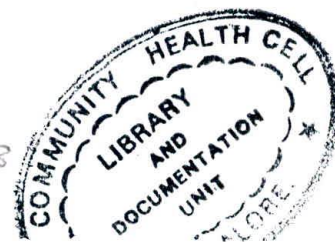
Coordinating mutually reinforcing components

In a Health-Promoting School, the School Health Team will want to find ways to coordinate all these different education, health services, environmental, and community components, so that all aspects work together to promote health and prevent violence. Success is most likely to occur when schools deliver education and services in an environment where there is respect, tolerance, and gender equity, and where social norms favour nonviolence. Educational approaches to violence prevention need to be complemented by policy and consistent enforcement of rules. Personnel providing education, health services, or counselling related to violence need to collaborate and increasingly work toward integrated activity. In addition, health promotion efforts are strengthened when schools forge trusting and ongoing relationships with parents and community organisations.⁶⁰ Messages to young people need to be consistent, reinforced, and acceptable within the community and family cultures.

Coordination will require commitment of the School Health Team to coordinate a multidimensional effort. Leaders will need to identify points of intersection among the components that are related to violence prevention. One suggestion is for the leadership team to identify key people involved in promoting violence prevention through different aspects of the school.

5. EVALUATION

Evaluation is a powerful tool that can be used to inform and strengthen Health-Promoting School activities at both local and global levels. Data collected through carefully designed evaluations



provide essential information to national, state, and local programmes as they set goals and objectives for current and future efforts. Unfortunately, the vast majority of violence prevention interventions have not been evaluated. Strengthening evaluation efforts has the potential to provide solid evidence of effectiveness and inform individual programmes and planners with information on which interventions work best, which do not, and how to advance efforts in the future.

Evaluation is necessary to answer such questions as:

- Are our interventions reaching the right individuals at the right time in their lives- children and adolescents, their parents, teachers, counsellors, community members, etc.?
- Are classroom materials, media presentations, parent outreach, community meetings, and other activities being implemented the way we had intended?
- Are they accomplishing what we expected?
- Which specific interventions or components of our efforts work best? With whom? Under what circumstances?
- What components did not work? What went wrong?
- Where should we place more of our efforts in the future?⁶¹
- What can be improved?

Types of evaluation

Formative evaluation

Formative evaluation has the primary purpose of helping to design and modify a new programme. It refers to the process of gathering information to advise the planning and design stages and decisions about implementation.⁶² Formative evaluation relies extensively on qualitative methods such as observation, individual and group interviews, and focus groups, to gather feedback from students, teachers, or professionals that can improve the violence prevention interventions during planning and initial implementation.

Process evaluation

Process evaluation documents what has been done and with whom. There should be ongoing process evaluation activities so that you will know what services have actually been delivered, to whom, and when. This will help assess progress toward meeting violence prevention goals and objectives and making mid-course corrections. Documentation of the planning, development, and implementation stages can also help others who want to replicate your successes and avoid any problems you may have faced. Documentation of services and activities can be provided through written teacher or student diaries, school records, and interviews with teachers, school administrators, parents, or community leaders about how the interventions are being implemented.

Outcome evaluation

Outcome evaluation documents whether what has been done has made a difference. It is conducted to determine any changes that have occurred over the time period from before an intervention is implemented (data collected during the needs assessment) to after

implementation and to demonstrate that the changes identified are the result of the intervention itself, not some other factors. Such evaluation allows you to showcase your efforts and bring positive attention to your community. It is also a good way to convince others to get involved.

Measure outcomes that are directly tied to your objectives. You may want to concentrate on outcomes for which records already exist. Data items that have already been collected in the needs assessment should be relatively easy to collect again.

Sample outcomes to measure

Education interventions:

- change in attitudes, knowledge, and behaviours of administrators, teachers, and parents
- success in increasing student knowledge of concepts related to the curriculum provided
- changes in student attitudes about the use of violence and personal approaches to conflict
- adoption of nonviolent methods of resolving conflict
- time spent on classroom discipline

School-wide changes:

- daily attendance
- dropout statistics
- rates of violent injury, youth suicide, and suicide attempts
- misconduct and suspension rates

School safety:

- arrests for crime on school grounds
- fighting
- number of students carrying a weapon to school
- changes in perceptions of school safety

Community involvement:

- number and type of people involved in community violence prevention activities

Because resources for evaluation, including time, personnel, and budget, might be scarce, it may be sufficient and more feasible to conduct a process rather than an outcome evaluation. Too often, programmes rush to study their impact on youth without fully understanding whether or how well implementation of the interventions occurred.

Although you do not need to be a trained researcher or social scientist to conduct an evaluation of your efforts, it is necessary to have a good understanding of your interventions, including your goals and objectives; a commitment to learning more about the strengths and weaknesses of your efforts and to improving their delivery; and at least one person who is willing to be responsible for the evaluation.⁶³ It is also a good idea to consult someone from the health department or a local college or university who has experience in programme evaluation.

6. ENSURING CONTINUITY IN THE SCHOOL & COMMUNITY

Some recommendations for making school policies and structures sustainable:

- Collaborate with national, regional, and international agencies.
- Improve the flow of information to reach the persons who can and need to use it. Encourage and facilitate the use of new information technologies to increase channels for disseminating information (e.g., through the local, provincial, national, or regional network for the development of Health-Promoting Schools).⁶⁴
- Groom future leaders in violence prevention.
- Increase coverage of human resources training.
- Develop supportive school policies and practises related to violence prevention interventions.
- Infuse violence prevention principles into core subjects.
- Share positive outcomes with other schools so that they can start similar violence prevention efforts and collaborate with your school.
- Communicate to community and nongovernmental organisations, district-level government, ministries of health and education, local and mass media what you have done and still need to do via written reports, meetings and discussions.

Tool 1
VIOLENCE PREVENTION ACTION PLAN

I. Goal Statement

Five Year Goal

Ask yourself: What are we trying to accomplish with violence prevention interventions?"

Example: To minimize violence and bullying within the school.

What would you like to accomplish during the next year to meet this goal?

Year One Goals

II. Measurable Objectives

Specific objectives describe outcomes that will help you determine whether you are reaching your goal. List in the space provided four objectives you plan to accomplish in the coming year. State your objectives in specific, measurable terms.

Examples: To increase the use of nonviolent methods for resolving conflict among students and teachers by (date).

To reduce the amount of harassment, abuse and violent behaviour on school grounds by (x percent) by (date).

To reduce the amount of school absenteeism due to fear of going to and from school by (x percent) by (date).

To change school policies and procedures to ensure nonviolent forms of discipline by (date).

Year One Objectives

1. _____

2. _____

3. _____

4. _____

III. Helping and Hindering Forces

Identify below the forces that will help or hinder the achievement of your goals and objectives. Helping forces are anything that will assist in the completion of your goal: people, funding, community support, political climate. Hindering forces are whatever makes reaching your goal difficult: people, funding, lack of community support. Be creative in thinking about what is already happening and what may benefit your efforts. Be specific about what you think may interfere with progress.

| Helping Forces | Hindering Forces |
|----------------|------------------|
| | |

IV. Work Plan

On the form below, list an objective. Make a separate page for each objective. Identify the strategies/activities needed to achieve each objective, who will take responsibility for the completion of the strategy/activity, when the strategy/activity will be completed, what resources will be required, and how effectiveness will be measured.

OBJECTIVE #

| ACTIVITY/ STRATEGY | PERSON(S) RESPONSIBLE | BY WHEN COMPLETED | RESOURCES REQUIRED | EVALUATION PLAN |
|-----------------------|--------------------------|----------------------|-----------------------|--------------------|
| | | | | |

ANNEX 1

OTTAWA CHARTER FOR HEALTH PROMOTION

Co-sponsored by the Canadian Public Health Association,
Health and Welfare Canada, and
the World Health Organization

This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's Targets for Health for All document, and the recent debate at the World Health Assembly on intersectoral action for health.

HEALTH PROMOTION

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

PREREQUISITES FOR HEALTH

The fundamental conditions and resources for health are:

- peace,
- shelter,
- education,
- food,
- income,
- a stable eco-system,
- sustainable resources,
- social justice, and
- equity.

Improvement in health requires a secure foundation in these basic prerequisites.

ADVOCATE

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through **advocacy** for health.

ENABLE

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

MEDIATE

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organization, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

HEALTH PROMOTION ACTION MEANS:

BUILD HEALTHY PUBLIC POLICY

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

CREATE SUPPORTIVE ENVIRONMENTS

Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socio-ecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment - particularly in areas of technology, work, energy production and urbanization - is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

STRENGTHEN COMMUNITY ACTION

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation in and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

DEVELOP PERSONAL SKILLS

Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

REORIENT HEALTH SERVICES

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services which refocuses on the total needs of the individual as a whole person.

MOVING INTO THE FUTURE

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

COMMITMENT TO HEALTH PROMOTION

The participants in this Conference pledge:

- to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors;
- to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;
- to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies;
- to acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;
- to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and, most importantly, with people themselves;
- to recognize health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.

The Conference urges all concerned to join them in their commitment to a strong public health alliance.

CALL FOR INTERNATIONAL ACTION

The Conference calls on the World Health Organization and other international organizations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.

The Conference is firmly convinced that if people in all walks of life, nongovernmental and voluntary organizations, governments, the World Health Organization and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this CHARTER, Health For All by the year 2000 will become a reality.

ANNEX 2

Examples of violence prevention curricula

Life Skills Education seeks to teach a range of social competencies that adolescents need to successfully accomplish many of the developmental challenges they may face. These skills include: communication skills; decision-making; problem solving; critical thinking; assertiveness; pressure resistance; self-assessment; coping with emotions; stress management; social adjustment; and self-awareness. Key components of Life Skills Education include:⁶⁵

1. Facilitating the learning of life skills for psychosocial competence
2. Practising life skills in relation to everyday life and the key prevention issues to which they are relevant
3. Facilitating the acquisition of skills using interactive, student-centred methods, such as role play and guided practise
4. Encouraging parental involvement and reinforcement of the skills learned
5. Offering opportunities for application of life skills in community projects.

Conflict Resolution seeks to help young people understand conflict and develop a range of skills including critical thinking, communication, empathy, anger management, problem solving, impulse control, and withstanding peer pressure. Role playing of conflict situations and analysis of responses to conflict are usually components. Conflict resolution curricula help students to define problems and generate solutions, anticipate consequences of behaviour choices, learn self-control, and form and retain friendships. They are most often taught in social studies and health, usually through one teaching unit that lasts two to four weeks.

Mediation Interventions involve the participation of a third party (a trained student or teacher) who assists the people in the disagreement to resolve their conflicts. In addition to many of the areas of training in conflict resolution, mediators are taught to be good listeners and skilled in calming the disputants and assisting them in reaching win-win solutions. Mediators can empower students to help one another resolve their conflicts without adult involvement, and provide student mediators with the skills to resolve their own conflicts more effectively.⁶⁶ Generally, student mediators work in pairs to mediate conflicts after completing a 15-20 hour training that includes both students and teacher-advisors. The conflicts they mediate involve such issues as bullying and fighting. Student mediators are sometimes selected by the students; in other cases, they volunteer or are chosen by the school staff. Peer mediation can be used in conjunction with conflict resolution programmes.

Crime Prevention and Law-Related Education offers students ways to reduce their chances of becoming victims of crime by increasing their knowledge of the types of crime committed in the school and community and developing appropriate safety measures. It encourages them to take action to prevent crime in general in their community and also increases their awareness of the legal system—the justice system and the juvenile justice system in particular.

Communication Skill Education teaches students to express thoughts and feelings in clear, acceptable, non-threatening, and creative ways. It includes basic communication skills (i.e., speaking clearly, active listening, responding when spoken to, expressing feelings through “I

messages”), anger management skills, conflict management and resolution skills, inclusion skills, and empathy for others.

Decision-making Skills help students to cope with challenges such as dealing with peer pressure, refusal skills, problem-solving skills, critical thinking, making friends, healing after loss or rejection, crisis/stress management, handling emotions, rejecting stereotypes, developing positive attitudes, setting and achieving goals.

Aggression Reduction/Anger Management Education conveys the message that anger is a normal human emotion. It explores healthy and unhealthy ways to express anger and may focus on violence as a consequence. Skills that teach ways that anger can be channelled appropriately and violence avoided can also be included in these curricula.

Peace Education takes a very broad approach, looking at violence prevention not only in an interpersonal context but at many different levels, from the individual to social groups, and within and among societies as a whole. They may be explicitly pacifist in approach and explore issues of fundamental justice in many different settings. In the context of peace education, skills are taught that are similar to those taught in Life Skills Education; including assertiveness, communication skills, critical thinking, and problem solving. A list of peace education programmes can be obtained from the WHO, Division of Mental Health.

Prejudice Reduction/Cultural Awareness curricula attempt to overcome the stereotypes and prejudices that can foster violence. They use a variety of approaches from exploring historical events to looking at the strengths and contributions of different ethnic and social groups.

Adapted from EDC (1995) *Taking Action to Prevent Adolescent Violence: Educational Resources for Schools and Community Organizations* (an annotated bibliography of over 90 curricula and descriptions of over 200 videos).⁶⁷

ANNEX 3

Examples of Grade-Specific Objectives for Violence Prevention Skills

- Kindergarten**
- Discuss how to say no to situations threatening one's health or well-being (e.g., "no to breaking family or school rules", and "no to strangers").
 - Discuss the importance of resolving conflict with peers in a positive manner.
- Grade 1**
- Identify situations where refusal skills are necessary (e.g., say no to suggestion of stealing).
 - Identify how positive behaviour can resolve conflict and where/when to go for help when a conflict arises.
- Grade 2**
- Recall situations where refusal skills are important and practise using them.
 - Recognise conflict as a normal part of interpersonal relationships; recognise the importance of good communication and fact-finding; and recognise compromise as a way to negotiate a conflict.
- Grade 3**
- Demonstrate attentive listening skills and effective interpersonal communication skills which show care, consideration and respect.
 - Discuss and practise the steps of the peer mediation process (e.g., ground rules, brainstorming).
- Grade 4**
- Assess personal use of positive communication skills.
 - Discuss and practise the peer mediation process.
 - Analyse the consequences of violent versus nonviolent means to resolve conflict (e.g., reputation/labelling; isolation; physical injury; self-confidence; attention).
- Grade 5**
- Propose guidelines for healthy communication (e.g., respect, listening); role-play healthy communication and refusal skills.
 - Use the peer mediation process to resolve conflict.
 - Identify skills and responsibilities that support healthy family relationships; practise communication skills which promote good family relationships.
- Grade 6**
- Identify important decisions made during adolescence; analyse the cause and effect relationship between decision-making and long- and short-term consequences (e.g., injury).
 - Describe the benefits of team decision-making; identify strategies to become a good team member; practise team decision-making.
- Grade 7**
- Demonstrate strategies to manage conflict and stressful situations.
 - Describe causes of conflict among youth in schools and communities.
 - Analyse environmental factors contributing to violence; discuss barriers to violence prevention.
 - Identify community resources and services for violence prevention.

Grade 8

- Demonstrate the ability to communicate ideas and work together to achieve a common goal (e.g., cooperative learning group).
- Identify reasons individuals become depressed and/or consider suicide; describe the referral procedures for these health issues.
- Identify factors in the home, school, and community that decrease violence; identify the behavioural characteristics of perpetrators and victims of violence.
- Examine ways conflicts can be resolved; identify barriers to communication and potential triggers for violent behaviour.

Secondary

- Demonstrate the ability to work cooperatively and resolve conflict peacefully.
- Differentiate between emergency situations that are life-threatening and those that are not and list action steps for each situation; demonstrate first aid skills and simulate responses to emergencies.
- Evaluate violent situations and determine how best to avoid and/or resolve these situations.

Adapted from *Instructional Goals and Objectives for Health Education*. (1997). West Virginia Department of Education Office of Healthy Schools. (Draft)

ANNEX 4

Resources to help you in your health promotion and violence prevention efforts

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