School-Based Violence Prevention Programmes: A Literature Review

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2007
Our thanks go to the members of the reference group (see Appendix I). Any deficit in information is the responsibility of the authors and not the reference group.
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EXECUTIVE SUMMARY

Aim, scope and New Zealand context of report

The brief for this project was to establish best practice criteria with which to evaluate school-based violence prevention programmes. In preparing this report we have searched the world literature for programmes that:

- model and teach healthy relationships within the classroom and playground,
- focus on the school culture as a whole and aim to make it peaceful,
- lead or contribute to community-wide programmes aimed at reducing violence,
- identify and help to change students with antisocial behaviour,
- prevent children from inflicting or suffering, in the present, these specific forms of violence: bullying, dating violence, family maltreatment, child sexual abuse and sexual violation/rape.
- equip students to avoid inflicting or suffering intimate partner violence and inflicting child maltreatment in the future as adults

and excluded programmes that:

- ameliorate determinants of violence such as inequality, poverty, drug and alcohol misuse, access to weapons and risk taking behaviour
- deal specifically with guns and other items irrelevant to NZ schools

We have considered programmes for early childhood facilities and primary, intermediate and secondary schools and have focused on primary prevention. We have recognised that prevention programmes for various forms of violence have features in common. We have relied on credible evidence for effectiveness in selecting best practice criteria and blueprint programmes. We have also borne in mind the following national standards in New Zealand that underpin the development of violence prevention programmes in schools:

- Te Rito, the national strategy for family violence prevention
- Agenda for Children, the national strategy for children
- The School Curriculum
- The National Administration Guidelines for School Boards of Trustees

Method

A reference group was established and a literature search was conducted using primary key words for syntheses of information. Further systematic searches were made in a range of databases and websites and additional material was obtained from the bibliographies of primary sources.

To organise the plethora of material we consulted a prepared matrix that lists over 300 programmes that have been reviewed in at least one of 12 digests compiled by US-based agencies and researchers.

We excluded those digests which did not include criteria for selecting or ranking programmes or whose criteria for including programmes did not match our own. We then identified programmes that consistently had the highest ranking and further selected those whose criteria most closely matched our own. This process yielded 14 blueprint programmes. Of these, four met the most stringent criteria for inclusion.

We found that there was a measure of agreement among programmes on best practice criteria but attempts to amalgamate them lost important detail, led to broad statements of the obvious
and were misleading because of the particular provisions that had been made in programmes for the diverse contexts in which they were established.

We therefore adopted a three part strategy in providing a guide to best practice:

- Discussions from authoritative sources of the key features of best practice (page 41)
- A discussion of best practice criteria with examples from the blueprint programmes (page 51)
- A description of each of the 14 effective programmes identified according to the above process (see Appendix IV).

In addition we have discussed best practice under the headings of four common programme types; anti-bullying, safe dating, child sexual abuse/ personal safety and (briefly) parenting programmes (Appendix III).

We have discussed our approach to assessing reliability of evidence (pp.17-20), the role of risk and protective factors in understanding and assessing programmes (pp. 21-31), the nature and design of prevention strategies and programmes (pp. 32-34) and a brief survey of New Zealand information and programmes (pp. 35-41).

**Evidence**

The process of gaining evidence for the effectiveness of school-based prevention programmes is in a state of development worldwide. Violence prevention strategies that form part of ordinary school practice are not as likely to be well evaluated as introduced programmes.

We have relied on a statistically significant effect of intervention as a measure of programme effectiveness but effect size and value are also clearly important in deciding what is best practice. Research design, sufficient programme detail, durability of effect, effectiveness in different locations and valued outcomes are also important.

**Risk and protective factors**

An understanding of the factors which increase and decrease the risk of violence is fundamental to the development of preventive programmes. It is necessary to an understanding of the process through which violence arises and therefore how that process can be changed. It is also necessary to use intermediate factors in the path away from violence as measures of success when direct measures are unavailable, particularly when the ultimate aim of reduced violence lies far in the future. These intermediate factors are clearly not as reliable measures as reduction in actual violence.

An understanding of the nature of violent behaviour can be enhanced by use of an ecological model which incorporates immediate and more remote influences into a whole pattern both in cross-section in the present and over time.

There has been interest recently in the paths taken by children identified as having conduct problems. Addressing these problems may be a key to limiting their evolution into bullying behaviour, dating violence, intimate partner violence, criminal behaviour, parenting difficulties and other aspects of an antisocial life.

**Prevention**

A prevention strategy and the design of programmes to realise it should be based on both the need and the opportunities in the school community in which it is to operate. Careful planning will take into account:

- the theoretical models to be used
- provision of compatible evidence-based teaching strategies
- choice of targeted or universal strategy
• whether to be delivered by specialists or teaching staff
• what resources of funding, personnel and training can be used
• acceptability to/ commitment of all those involved
• integration into school curriculum
• timing and duration
• barriers of indifference, hostility and lack of understanding to be overcome

In summary, prevention programmes need to first identify which risk and protective factors are the best candidates for change, then identify which strategies are most effective in modifying them. The complex, dynamic nature of risk/protective factors and the heterogeneity of targeted populations make designing and implementing effective interventions a considerable challenge.

The New Zealand context

The problem of interpersonal violence in New Zealand and proposals to deal with it have been extensively documented in recent years and there is a rich diversity of strategies and formal programmes in operation in New Zealand early childhood centres and schools. In 2007 the Education Review Office reviewed anti-bullying programmes in 315 schools and recommended that schools:

• evaluate and report on the impact of their strategies
• monitor incidence, conduct surveys
• update and review policies and procedures
• have text-bullying policies
• provide staff with professional development
• implement or extend school-wide and targeted programmes
• offer workshops & support for parents.

They proposed that good practice to prevent bullying in schools includes:

• acknowledging that bullying behaviour is a risk to be managed;
• documenting policies and procedures outlining their approaches to preventing bullying and managing bullying behaviour
• carrying out anonymous student surveys about student safety at school
• providing training for staff in recognising and responding to bullying
• providing appropriate guidance and counselling for students
• implementing strategies/programmes/interventions to prevent/manage bullying
• ascertaining the success of these strategies/programmes/interventions.

Key features of effective programmes

A consistent message throughout the prevention science literature sourced is that, although evaluations are showing us that certain programmes have been successful in reducing violence or its precursors, we have not yet reached the point of being able to produce blueprints for success. However the literature has begun to identify a number of broad-level ingredients and approaches that are common to successful interventions.

In relation to early childhood and primary school aged children, Shonkoff and Phillips (Shonkoff & Phillips, 2000), for example proposed as principles attention to:

• Individualisation of service delivery
• Quality of programme implementation
• Timing, intensity and duration of intervention
• Provider knowledge, skills, and relationship with the family
• Family-centred, community-based, coordinated orientation

Webster-Stratton & Taylor (Carolyn Webster-Stratton & Taylor, 2001) concluded that programmes for children at-risk of (or already exhibiting) conduct problems have the following features:
They involve various domains of risk factors, including a parent component.

They ensure that “intervention staff [are] trained in empirically validated interventions ... and consider strategies to effectively integrate these into a school-wide plan” (p.188)

They involve a parent-teacher-school-counsellor partnership model.

To achieve this, the authors suggest that schools can:

- Screen for children who might benefit from additional support.
- “… provide parenting programs by training school counsellors, psychologists, nurses, or teachers so that they are confident in offering group-based parent programs” (p. 188)
- Provide resources for parents on parenting, social skills and teaching problem-solving skills to children (e.g., videos, books and the like).

While parent training is not typically or necessarily seen as part of a school’s service brief, Webster-Stratton & Taylor point out several advantages to offering this as part of a school-based preventive model:

1. To be successful, interventions must target multiple risk factors in multiple settings as well as attending to the links between them.
2. Such programmes are likely to be more accessible and less stigmatising than services provided in mental health settings.
3. Attending to these problems while children are in preschool or primary school reduces the risk that conduct problems will become severe.
4. Such collaborations offer the promise of community strengthening: “when intervention is offered in natural communities, these communities become strengthened as a source of support for parents and teachers” (p. 184)
5. Large numbers of families can be reached at relatively low cost.

In relation to secondary school aged children Wolfe, Jaffe & Crooks, (Wolfe, Jaffe, & Crooks, 2006)for example, identified six key elements of successful programmes focusing on violence prevention. Programmes should:

- Be comprehensive
- Focus on skills
- Pick appropriate targets for change
- Use peers
- Include parents
- Attempt to change the larger environment

Gottfredson (Gottfredson, 1998)reviewed school-based programmes across all ages that are designed to prevent crime, delinquency and substance abuse (or their precursors) and concluded in relation to prevention of crime and delinquency:

“What works

- “Programs aimed at building school capacity to initiate and sustain innovation.
- Programs aimed at clarifying and communicating norms about behaviors -- by establishing school rules, improving the consistency of their enforcement (particularly when they emphasize positive reinforcement of appropriate behavior), or communicating norms through school-wide campaigns (e.g., anti-bullying campaigns) or ceremonies; and
- Comprehensive instructional programs that focus on a range of social competency skills (e.g., developing self-control, stress-management, responsible decision-making, social problem-solving, and communication skills) and that are delivered over a long period of time to continually reinforce skills.”
What does not work

- "Counselling students, particularly in a peer-group context, does not reduce delinquency or substance use.
- Offering youths alternative activities such as recreation and community service activities in the absence of more potent prevention programming does not reduce substance use. This conclusion is based on reviews of broadly-defined alternative activities in school- and community settings. Effects of these programs on other forms of delinquency are not known.
- Instructional programs focusing on information dissemination, fear arousal, moral appeal, and affective education are ineffective for reducing substance use."

What is promising

- "Programs that group youths into smaller "schools-within-schools" to create smaller units, more supportive interactions, or greater flexibility in instruction; and
- Behavior modification programs and programs that teach "thinking skills" to high-risk youths."

Best practice criteria

The key programme features identified in the best practice reviews in the previous section fall into five main categories. These are (1) quality of programme and implementation; (2) appropriateness; (3) targeting risk and protective factors within multiple domains; (4) increasing collaboration between multiple domains; and (5) focus on skills building. These categories are further described with a view to informing the process of selecting a programme for implementation in a school.

Examples from effective programmes

Ways in which each of the blueprint effective programmes have operationalised these features are described in relation to: targeting risk and protective factors within multiple domains; increasing connections between domains; and focus on skills building. It must be stressed that the programmes were evaluated as a whole, hence no conclusions can be drawn about the relative importance or effectiveness of the individual components/strategies described.

Conclusions

School-based programmes must take into account what is expected of schools in New Zealand and a reorientation of their role may contribute to greater effectiveness of violence prevention.

Behaviour change brought about within the school tends to be confined to the school. Where significant change has been demonstrated through programmes limited to the school, they have been relatively small in scale and have affected the least serious problem behaviour.

Anti-violence programmes in schools have succeeded to the degree that they have involved parents and students beyond the school and out of school time and, in addition to that, to the degree that they have been part of an inspired and committed community-wide programme.

Although the effectiveness of programmes may be attributed in the scientific literature to programme details, a wider reading of the history of their implementation suggests that the political economy of the society in which they operate may contribute at least as much to their chances of success.

The influences on a child for and against violence operate in every sphere of his or her life and accordingly there are opportunities in each of those spheres to reinforce pro-social or anti-social behaviour. Similarly, the influences for and against violence operate at every stage of life and there are opportunities at each of these stages to intervene.
It would be preferable to conceive reduction of the tendency to violence as a life course strategy and beyond that, a life cycle strategy. The earlier the intervention, the greater the chance of success in changing a behavioural pathway.

Best practice criteria should include:

- an understanding of the political economy of the nation and community and of where commitment, inspiration and leadership for change toward less violence are to be found
- plans for wider community involvement that will reach all sectors of the community including families at the margins of community influence
- plans that will bring about willing engagement of students’ families
- a commitment to a life course strategy
AIM, SCOPE & NEW ZEALAND CONTEXT OF REPORT

He oranga ngakau. He pikinga waiora
A sound heart. A lifted spirit.

Aim

This report has been prepared by the Institute of Public Policy for the Accident Compensation Corporation. Its purpose is to set out best practice criteria with which to evaluate school-based programmes for the prevention of interpersonal violence.

Scope

Schools can make a contribution to the prevention of interpersonal violence in many ways. The following is a classification of school-based violence prevention programmes based on their purpose. Through these programmes schools can aim to:

- model and teach healthy relationships within the classroom and playground,
- focus on the school culture as a whole and aim to make it peaceful,
- lead or contribute to community-wide programmes aimed at reducing violence,
- identify and help to change students with antisocial behaviour,
- prevent children from inflicting or suffering, in the present, these specific forms of violence: bullying, dating violence, family maltreatment, child sexual abuse and sexual violation/rape.
- equip students to avoid inflicting or suffering intimate partner violence and inflicting child maltreatment in the future as adults,
- ameliorate determinants of violence such as inequality, poverty, drug and alcohol misuse, access to weapons and risk taking behaviour.

Each of these activities is carried out in programmes worldwide and these have been considered in this report with the exception of the last, which were specifically excluded in the project brief. Programmes aimed at ameliorating determinants of violence have been excluded except when they have had violence prevention as a prominent measured outcome. Programmes that focus on forms of violence exotic to New Zealand, such as the use of hand guns, have been excluded.

The opportunity to intervene to prevent interpersonal violence exists at every stage of the life cycle. This report considers activities that have been undertaken in early childhood, primary, intermediate and secondary school settings. The report’s main focus is on primary prevention, that is, prevention programmes aimed at whole classroom or school populations rather than at individuals or groups who have been identified as at risk or who are already behaving violently.

There is inevitably an overlap between primary and secondary prevention. Secondary prevention deals with at-risk populations and is an important part of some of the programmes that have been considered, for example, those that identify and deal with students who are at risk for violent behaviour because of conduct problems, or those that work with children from impoverished backgrounds.

1 To be clear, the aim of the report is to provide criteria with which to judge the merit of programme proposals, not the means of evaluating their effectiveness in operation.
Tertiary prevention, that is prevention of reoffending by students who have already committed violent acts, is not specifically dealt with in this report although some of the programmes considered include these students and may be of benefit to them.

In recent years it has been recognised that factors that place people at risk from perpetrating or suffering one form of violence also place them at risk from other forms (Daro, 2004). It is to be expected that some interventions to prevent one form of violence will have an impact on others.

In this review we have sought reliable evidence for the effectiveness of programmes and their components based on scientifically valid evaluations that have included appropriate methodology and appropriate outcome measures.

In summary we have set out to derive best practice criteria from a wide range of primary and secondary prevention programmes run in early childhood, primary and secondary school settings and credibly evaluated using appropriate outcome measures.

**New Zealand context (national standards)**

This report is based on an examination of the world literature but in deriving best practice criteria it has kept in view the New Zealand setting in which these criteria must be applied.

There are many school-based programmes in New Zealand aimed at preventing violence. They operate in a context of national and local aspirations, strategies and plans and within established standards.

1. New Zealand has a **national strategy for family violence prevention** which includes:
   
   ‘Area of Action 18: Expand and improve home, community, pre-school and school-based services and programmes’ (Family Violence Focus Group, 2002).

2. New Zealand also has a **national strategy for children** which includes:

   ‘Action Area 4: Addressing violence in children’s lives with a particular focus on reducing bullying’ (Ministry of Social Development, 2002)

   A consultation with New Zealand children during the development of this strategy found bullying to be a prominent concern (p 35).

3. New Zealand’s **school curriculum** covers all levels from junior primary to senior secondary. It is compulsory to year 10 and is the basis for planning for the remaining three senior secondary years. It includes among its achievement objectives in its ‘Strand C: Relationships with other people’:

   1. relationships, identity,
   2. sensitivity and respect
   3. interpersonal skills

   In the detail are concerns for various aspects of violence including bullying, and management of anger. (Ministry of Education, 1999) (Ministry of Education, 2006).

4. Schools also have **National Administration Guidelines**. Guideline (NAG) 5 requires each School Board of Trustees to:

   (i) provide a safe physical and emotional environment for students;
   (iv) comply in full with any legislation currently in force or that may be developed to ensure the safety of students and employees (Ministry of Education, 2007)
METHOD

Reference group

A reference group of key informants was established (see Appendix I). A questionnaire was circulated and a meeting held. The purpose was to gain information on New Zealand-based programmes and sources of further information and to orientate the authors of the report in relation to the New Zealand environment.

Programme search

A literature search was conducted to identify peer-reviewed articles and grey literature relevant to school-based programmes for the prevention of family and sexual violence.

1. An initial search was conducted on Academic Search Premier for syntheses of information on the primary prevention of domestic violence using the following terms:
   - Meta OR systematic OR critical + primary prevention + domestic violence
   - Meta OR systematic OR critical + primary prevention + violence
   - Meta OR systematic OR critical + prevention + violence

2. A further search was conducted on the ERIC (OVID) and PSYCHInfo databases using the search terms specified in Appendix II.

3. An in-depth search on bullying was conducted on the following databases: Cochrane, ResearchSpace (University of Auckland), Grey Literature Collection (New York Academy of Medicine), Academic Search Premier, VioLit and VioPro (Centre for the Study and Prevention of Violence), PSYCHInfo, Medline, CSA Conference Papers Index, Index NZ, Australia/NZ Reference Centre, APAFT, Safe Full Text and in the journals, Aggression and Violent Behavior and Applied and Preventive Psychology. The search terms used included: bull*, school based, violence, prevention, evaluation, cyber*, txt* and text*.


5. We then sourced further relevant material by checking the bibliographies of the documents identified through the search strategy outlined above.

Identifying effective programmes

Part of the project brief was to identify and review school-based programmes which had been shown to be effective in either reducing family and intimate partner violence or reducing risk...
factors and enhancing protective factors which in turn had been shown to be associated with violence.

In identifying such programmes, we first consulted an existing matrix of evidence-based programmes compiled by S F Mihalic and others at the Center for the Study and Prevention of Violence (S. Milhalic, Fagan, Irwin, Ballard, & Elliott, 2004). This matrix lists over 300 programmes that have been reviewed in at least one of 12 digests compiled by US-based agencies and researchers. Each digest ranks the programmes according to their own set of criteria, such as the quality of the evaluation design, evidence of effectiveness, and potential for replication.

We excluded from the reckoning those digests which provided no information on the criteria used for selecting or ranking programmes, those whose primary focus was on substance abuse or family functioning, and those that were compiled more than 10 years ago. The remaining digests were: Blueprints for Violence Prevention (Center for the Study and Prevention of Violence, 2007); A Guide to Effective School-Based Prevention Programs: Individually Focused Programs. (S. Milhalic, Aultman-Bettridge, T., 2004); Youth Violence: A Report of the Surgeon General (U.S. Department of Health and Human Services, 2001b); Model Programs Guide (Office of Juvenile Justice and Delinquency Prevention, 2007) (“OJJDP”: Exemplary & Promising Safe, Disciplined, and Drug-Free Schools Programs. (U.S. Department of Education, 2001).

We then identified the programmes receiving the highest ranking in at least one of the five remaining digests. These were then hand-searched to select those fitting the criteria for the present study, namely, (a) the intervention is primarily school-led (with or without involvement from other agencies such as community-based organisations) rather than primarily led by an external agency with a school component; and (b) violence prevention and/or reduction is expressly stated as one of the programme’s main aims or a measured outcome.

This strategy yielded the following programmes, which are described in detail in Appendix III:

<table>
<thead>
<tr>
<th>Name</th>
<th>Country of origin</th>
<th>School level</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAST Track</td>
<td>USA</td>
<td>Primary, Intermediate, Secondary</td>
</tr>
<tr>
<td>Good Behavior Game</td>
<td>USA</td>
<td>Primary</td>
</tr>
<tr>
<td>Linking the Interests of Families and Teachers (LIFT)</td>
<td>USA</td>
<td>Primary</td>
</tr>
<tr>
<td>Olweus Bullying Prevention Program**</td>
<td>Norway</td>
<td>Primary, Intermediate, Secondary</td>
</tr>
<tr>
<td>PeaceBuilders</td>
<td>USA</td>
<td>Primary</td>
</tr>
<tr>
<td>Perry Preschool Project</td>
<td>USA</td>
<td>Preschool</td>
</tr>
<tr>
<td>Preventive Treatment Program</td>
<td>Canada</td>
<td>Primary</td>
</tr>
<tr>
<td>Promoting Alternative Thinking Strategies (PATHS)**</td>
<td>USA</td>
<td>Primary</td>
</tr>
<tr>
<td>Responding in Positive Ways</td>
<td>USA</td>
<td>Intermediate, Secondary</td>
</tr>
<tr>
<td>Safe Dates</td>
<td>USA</td>
<td>Secondary</td>
</tr>
<tr>
<td>Seattle Social Development Project**</td>
<td>USA</td>
<td>Primary, Intermediate</td>
</tr>
<tr>
<td>Second Step®</td>
<td>USA</td>
<td>Primary, Secondary</td>
</tr>
<tr>
<td>The Incredible Years**</td>
<td>USA</td>
<td>Primary</td>
</tr>
<tr>
<td>Too Good for Violence</td>
<td>USA</td>
<td>Primary, Intermediate, Secondary</td>
</tr>
</tbody>
</table>

Of the five digests searched, those requiring the highest level of evidence were (a) Blueprints for Violence Prevention (2007); (b) Mihalic & Aultman-Bettridge; and (c) the Surgeon General’s Report (2001). To qualify for the highest ranking in these two digests, programmes had to show evidence of significant programme effects, a rigorous experimental design, sustained effects (to at least one year after treatment), and multiple site replication. Only four programmes met the criteria for this ranking; they are marked in Table 1 with asterisks.

Promising programmes in these digest require a lower burden of proof. Blueprint and Mihalic & Aultman-Bettridge promising programmes must show robust experimental design and significant deterrent effects but not necessarily sustained effect or replication. Promising
programmes in the Surgeon General’s report must show robust experimental design, significant deterrent effects and either replication or sustained effects (see Appendix II for a full description of the rating criteria used by each digest).

**Formulating best practice recommendations**

In the report we have avoided any pretence that there is strict agreement among well-qualified researchers and practitioners as to best practice in preventing violence through school-based programmes. Rather than attempt a misleading amalgamation of recommended programme principles and practical components, we have provided a description of the effective programmes identified (see Appendix IV); a description of best practice derived from authoritative authors who have recorded their considered views in reviews and meta-analyses (see *Key Features of Effective Programmes* and *Best Practice Criteria*) and a summary of some of the ways in which the effective programmes identified incorporate these criteria (see *Examples from Effective Programmes*).

Some best practices are held in common by a number of programmes and others are peculiar to a particular programme. We have therefore provided a discussion of best practice in relation to violence-prevention programmes targeting bullying, safe dating, child sexual abuse/personal safety and parenting programmes (see Appendix III), being types of violence of particular concern in the New Zealand context and of particular relevance to the prevention of family and sexual violence.

In addition, throughout the report where appropriate we include in shaded boxes illustrative views from various experts.
Availability of evidence

The process of gaining evidence for the effectiveness of school-based prevention programmes is in a state of development worldwide. Research on – and evaluation of – initiatives to prevent sexual abuse and domestic violence is in its infancy (Wolfe & Jaffe, 2003).

"Unfortunately, research regarding the efficacy of preventive interventions has lagged far behind the practice of providing these interventions. Although more and more schools are providing interventions to their students addressing child sexual abuse, bullying, dating violence, and sexual assault, questions regarding the effectiveness of these interventions have only recently begun to be addressed. One dilemma facing researchers is the lack of adequate measures for evaluating the effects of a preventive intervention. Documenting the successful prevention of violence is a much more difficult task than documenting the existence of violence.” (Schewe, 2002)

Introduced programmes with well-defined protocols are more readily and more often evaluated than anti-violence practices that are an integral part of the school curriculum. This does not necessarily mean they are more effective. Furthermore, the effectiveness of a programme or its component parts may not survive transfer to routine use in the classroom.

“ ... many of the programs with evaluations reported are demonstration programs that are set up by researchers and conducted largely for research purposes (i.e. to determine program efficacy under controlled conditions). More rare in the evaluation literature have been programs implemented on a routine, ongoing basis in schools.” (Wilson, Lipsey, & Derzon, 2003)

Quality of evidence

In the first place evidence rests on the demonstration of a significant positive effect. The word ‘significant’ has two meanings, both of which are important in this review. In a narrow statistical sense, a significant effect is one which is greater than would be expected by chance, i.e. the effect can be reasonably attributed to the intervention. In referring to measures such as ‘p’ values this is the meaning attached to the word, ‘significant’.

The more general meaning when referring to something as significant is that it has importance. An effect may be statistically significant but insignificant in terms of its importance or value. In examining the quality of evidence for a significant effect of intervention we are using the statistical meaning of significant. In considering best practice reference to both meanings of the word is desirable, i.e. not only to assess the statistical quality of the evidence but to consider whether or not an effect is large enough or of sufficient quality to be significant in the more general sense.

Significance is not the sole test of acceptability of evidence. Acceptability also rests on:

- an adequate description of the programme
- a research design that provides valid evidence
- durability of effect
- appropriate choice of outcome measures.
Research design

Studies across the range of possible research designs provide evidence with varying degrees of reliability. There is an accepted hierarchy of reliability of evidence (see Davies, 2003). Randomised controlled interventions, which have the highest reliability, have rarely been carried out. We have drawn from the few such studies that have been published but also from non-randomised controlled studies, which are at the next level of reliability. Ideally we would have considered evidence for effectiveness only from programmes which included a control group but this would have limited our inquiry too severely. We have accepted evidence also from well-constructed prospective studies using pre- post- intervention comparisons and comparisons with assumed norms.

“Setting such stringent scientific standards [e.g. RCT, etc] automatically limits the number and types of programs that will be identified as effective in this report. The specific programs that can meet these standards will be determined in part by the nature of the program - the design must lend itself to scientific evaluation - and in part by whether funding has been made available for program evaluation. For instance, early childhood individual change programs are overrepresented in the list of effective programs. This fact is probably a result of the relatively large amount of funding allocated to the study of these programs and the relative ease with which experimental evaluations can be carried out. On the other hand, programs promoting change in the social structure, community-level programs, and programs that focus on environmental change more generally (in schools, neighborhoods, peer groups, and so on) are probably underrepresented in this report. Evaluation of such programs and strategies is more difficult and costly; therefore, fewer rigorous evaluations of these programs have been done.” (U.S. Department of Health and Human Services, 2001a).

Transferability of programmes

Ideally a criterion for inclusion of studies in this review would have been successful application of the programme at more than one site but this would have excluded too many otherwise worthwhile programmes. Some of our exemplary programmes have been successfully replicated or applied simultaneously in multiple sites. The distinction between single site and multiple sites is not absolute. There is a continuum between multiple classrooms, multiple schools, multiple districts, multiple distant applications within a country and multiple applications internationally.

The design of preventive programmes is best based on what has been shown to work. Because no programme is exactly replicable in another setting we are looking ideally for programmes that have been shown to work at multiple sites and under varied conditions. It is an advantage too if we understand why a programme works, i.e. which strategies and/or programme components are associated with success and how they have interacted with local conditions.

Since it is unlikely that there is one programme that will succeed in all circumstances we should know either empirically which programmes, components and strategies work in which settings or what adaptations are known to be required to make them work in these settings.

Successful transfer of interventions of proven effectiveness aimed at changing attitudes and behaviour probably relies on both faithful replication of certain technical practice items and on a more conceptual approach which enables the spirit of the intervention to be re-established in the new setting. Factors such as motivation, understanding, child-orientation and outcome focus which are not readily quantifiable are likely to be crucial and dependent upon the personalities involved and the reasons they are setting up the programme. The historical and cultural milieu to which the programme is being transferred will demand adaptations but these should not stray from the concept of the original intervention.

The bench-marking and monitoring methods of organisational science that are used in the assessment of transferability of public policy may be useful in the transfer of violence prevention programmes (Hemerijck, 2002).
Durability, delay and washout of effect

In determining programme effectiveness, we want to know that a preventive effect lasts and what factors enhance or diminish its durability. We want to know too that an early effect doesn’t wash out in time. In addition, some effects are detectable only after a delay which may be of many years’ duration. Some programmes, such as the High/Scope Perry Preschool Project (see page 72) and the Elmira Prenatal/Early Infancy Nurse Home Visitation trial (see below), showed their most dramatic effects decades after the intervention:

“One especially exciting example of the potential contribution that extending follow-up periods in intervention trials can make comes from ongoing work reported from the Prenatal/Early Infancy Nurse Home Visitation trial conducted in Elmira, New York, reported by David Olds and colleagues (D. Olds, Henderson, C., Cole, R., Eckenrode, J., Kitzman, H., Luckey, D., Pettitt, L., Sidor a, K., Morris, P., Powers, J., 1998) (D. Olds, Henderson, C., Kitzman, H., Eckenrode, J., Cole, R., Tatelbaum, R., 1999). This set of findings, reported through 15 years of follow-up, has not only shown the efficacy of an early home visitation program on child abuse and neglect prevention through the span of childhood, it has also shown that unmarried low socioeconomic status mothers receiving the intervention reported lessened criminal involvement and problems with substance or alcohol abuse at a 15-year follow-up. Furthermore, at this followup, the children of mothers receiving the intervention showed a host of significant reductions in behavior problems linked with early childhood abuse and neglect and later youth violence perpetration, including fewer arrests, fewer criminal convictions, fewer incidents of running away, and lessened drug involvement (D. Olds, Henderson, C., Cole, R., Eckenrode, J., Kitzman, H., Luckey, D., Pettitt, L., Sidora, K., Morris, P., Powers, J., 1998). Although this study did not originally target these youth-violence-related outcomes later in life, the findings from this study underscores the interconnectedness of early violence exposure and later violent behavior and, perhaps more important, offers empirical evidence pointing out the exciting possibility that very early intervention can significantly alter long-term developmental trajectories away.” (Guterman, 2004, pp. 313-314)

This example underscores the need for long-term follow-up of intervention programmes.

Table 2 : Timeframes for primary prevention

*Interventions targeting different developmental stages and ecological levels will vary in the length of time between implementation and subsequent changes in the rates of violence. Primary prevention programmes must therefore be conceptualized, designed and implemented based on a realistic time frame that takes into account policy, financial, technical and other resources that will need to be sustained for the duration of the programme through to impact. The classification of the effects of primary prevention strategies into rapid, moderate- and long-delay can be helpful in determining the likely time lag between implementation and impact:

**Rapid prevention effects** occur either concurrently or within a three-month period following intervention initiation. Rapid effects have been demonstrated for interventions that use closed-circuit television to monitor public spaces for violence; for infrastructure interventions that address factors such as street lighting, visibility and defensible space; and for weapons-oriented interventions (such as reducing weapon-carrying in public). Some primary prevention programmes, such as the DESEPAZ initiative in Colombia ... have simultaneously addressed the combination of firearm-carrying and alcohol sales and consumption to produce rapid and statistically significant homicide-rate reductions. These and other interventions with potentially rapid effects are vital in delivering early prevention successes that can be used to provide political and civil-society stakeholders with proof that violence can be prevented, and to advocate for increased and sustained prevention investments. Drawbacks of most interventions showing rapid effects are that they address only the more visible forms of violence, and that the prevention gains tend to be short-lived and fall off once the intervention is withdrawn.

**Moderate-delay prevention effects** take effect between 4–36 months following implementation. In contrast to the body of knowledge on interventions associated with rapid and long-delay prevention effects, little is known about interventions that fall into this category. However, the limited available literature and theoretical considerations suggest that moderate-delay prevention effects could be expected to result from youth-oriented interventions that provide mentoring and promote parental involvement; from economic interventions that rapidly reduce economic inequalities, and from interventions that strengthen the efficiency and improve the fairness of the criminal justice system. Early interventions to prevent child abuse and neglect by parents and caregivers have been shown to produce prevention effects as early as 24 months after programme commencement.

**Long-delay prevention effects** are defined as occurring three or more years postintervention, although evaluation studies suggest that a time frame of 15–20 years might be more realistic. Early interventions involving home visitation and parent training, social-development training, and pre-school enrichment programmes delivered between 0 and 5 years of age have all been associated with significant reductions in the perpetration of violence among adolescents and young adults 10–15 years after exposure to the interventions. Interventions addressing social norms, economic inequalities, the social environment, and the criminal justice system can also be expected to have long-delay prevention effects. In a political and economic climate that favours “quick fixes”, time lags of more than one or two years between implementing interventions and their prevention benefits constitute a serious conceptual barrier to the adoption of such prevention strategies. Politicians and economic planners working with sparse financial resources and a strong pressure to satisfy the electorate are likely to argue that long-delay prevention strategies can only be
contemplated at the cost of cutting back on programmes with a promise of rapid prevention effects – an opportunity cost that few would accept. It is therefore vital to highlight that while such interventions do indeed have a long delay between delivery and effect, they are also the most effective and cost-effective violence prevention measures identified to date, resulting in savings that exceed their costs by many orders of magnitude.” (World Health Organization, 2004, pp. 39-40)

Appropriateness of outcome measures

School-based prevention programmes may address one or more of the following manifestations of interpersonal violence:

- conflict, aggression, violence in all its forms
- bullying, including indirect bullying (also known as ‘relational aggression’)
- dating violence
- intimate partner violence
- sexual harassment, violence
- child abuse
- child sexual abuse

Our interest is in programmes which reduce any or all of these outcomes.

The best measures of programme effectiveness are significant and sustained reductions in the frequency and severity of actual instances of violence. In the case of bullying and dating violence this kind of measure is commonly used. It is based on self, teacher or parent or researcher reports of episodes of violence.

In addition, intermediate or proxy measures such as changes in attitude and other risk factors are used. When the programme aim is to reduce violence in the more distant future (such as a reduced risk of intimate partner violence when the child becomes an adult), the focus is on risk factors as measures of effectiveness. Although associations have been established between ultimate violent behaviour and behaviours, attitudes and circumstances that are plausible as risk factors, evidence for a causal association can be weak.

Table 3: A note of caution in accepting proxy outcome measures

"Most programs have used proxy measures, such as changes in attitudes and knowledge, to conclude that risk has been decreased. Behavioral indices, although more valid, are plagued by ethical, practical and even definitional concerns. ... Unfortunately, there are often few reasonable alternatives for obtaining information about private relationships other than self-report, which usually involves some estimation of victimization and perpetration.” (Wolfe & Jaffe, 2003, p. 5).

"Researchers urge caution, therefore, on overextending these results subject to further evaluation. Sexual assault prevention programs (for example) have shown mostly short-term reductions in rape-supportive attitudes, with insufficient evidence to conclude that such programs are effective in reducing the incidence of sexual assault ... Furthermore, most of the impact (especially in brief, knowledge-based programs) disappears or diminishes over time.” (Wolfe & Jaffe, 2003, p. 4)
Application to prevention

An understanding of the factors which increase and decrease the risk of violence is fundamental to the development of preventive programmes. These factors of attitude, behaviour and circumstance are the intermediate or proxy targets and measures used in the assessment of many preventive programmes. Some risk factors such as gender are inaccessible to change. Others, such as measurable features of treatable mental illness, can be changed and are suitable as intermediate measures. While theory has generated possible risk factors and research has empirically identified factors associated with violence, research has not clarified how these factors act dynamically to intensify or abate the risk and in most cases how and whether changes in them reduce violence.

Risk and protective factors

In the context of intimate partner violence, the aim of primary prevention is to intervene before such violence occurs and in a way that reduces the likelihood of that violence occurring in future. Preventive efforts therefore need to first identify those factors which increase the likelihood of violence occurring (i.e. risk factors) as well as those factors which decrease the likelihood of it occurring (i.e. protective factors). The next step is to identify how best to modify those factors. Prevention science therefore seeks to understand and inform both issues: the risk/protective factors for violence and how programmes can effectively modify those risk/protective factors to prevent violence from occurring.

Prevention science has identified a wide range of risk factors for intimate partner violence. Many of these risk factors are common to other types of violence, such as child abuse and youth violence, as well as other antisocial behaviours such as substance abuse and delinquency (Carolyn Webster-Stratton & Taylor, 2001). While researchers point to some risk factors being stronger predictors of later violence than others (see Stith, Smith, Penn, Ward, & Tritt, 2004), it is the accumulation of these factors that places individuals at greatest risk.

Table 4: Relative strengths of risk factors for intimate partner physical violence

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Relative Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional abuse</td>
<td>Large</td>
</tr>
<tr>
<td>Forced sex</td>
<td>Large</td>
</tr>
<tr>
<td>Illicit drug use</td>
<td>Large</td>
</tr>
<tr>
<td>Attitudes condoning marital violence and marital satisfaction</td>
<td>Large</td>
</tr>
<tr>
<td>Emotional abuse, forced sex, illicit drug use, attitudes condoning marital violence, and marital satisfaction</td>
<td>Moderate</td>
</tr>
<tr>
<td>Physical abuse and five risk factors (traditional sex-role ideology, anger/hostility, history of partner abuse, alcohol use, depression, and career/life stress)</td>
<td>Moderate</td>
</tr>
<tr>
<td>Physical violence victimization and the victim using violence toward her partner</td>
<td>Moderate</td>
</tr>
<tr>
<td>Female physical violence victimization and depression and fear of future abuse</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

Although lists of risk and protective factors have their uses, some caution needs to be exercised as the contextual information often needed to interpret findings is inevitably glossed over.

In the absence of an empirical association between an intervention and reduced violence, an effective prevention strategy takes into account:

- The strength of the association between the risk factor and the outcome.
- How subject to modification it is.
- Over what span of the trajectory towards violence it is most effectively applied.
- Interactions between risk and protective factors that may reduce or enhance the effect of the intervention.
There still remain uncertainties about the ways in which risk factors interact together to influence outcomes, including the causal pathways by which risk and protective factors lead (or do not lead) to violence. Yet understanding the interactions and causal pathways is vital if prevention efforts are to be properly targeted and result in reduced violence, as the following example illustrates:

"To illustrate by example, although parental social isolation has been consistently identified in retrospective cross-sectional studies as a risk factor in physical child abuse (cf. Thompson, 1995), such studies lack the capacity to tease apart the causal pathways that might link social isolation and child abuse. Numerous pathways are plausible from such correlational findings, for example: (a) Increased parental social isolation may precede and directly cause heightened physical child abuse risk; (b) increased parental social isolation may precede and cause changes in some unspecified mediating factor (i.e., parental stress) that itself directly causes physical child abuse; (c) physical child abuse may precede and cause increased parental social isolation; (d) some unspecified factors may heighten both parental social isolation and physical child abuse risk simultaneously; (e) some unspecified factors (i.e., parental social skills) may interact with social isolation, and this interaction may serve to heighten physical child abuse risk; or (f) some combination of the above may explain the observed correlation between social isolation and heightened child abuse risk. In all but the first of these scenarios, preventively intervening to reduce social isolation will remain either mistargeted or imprecisely targeted, leading to unclear or ineffective outcomes in relation to child abuse risk reduction." (Guterman, 2004, p. 307)

The risk and protective factors for intimate partner violence exist at all stages of the lifespan, from infancy through to adulthood. Some factors appear to exert an influence at all stages while others are specific to particular developmental stages. Some risk factors may appear earlier for some populations, while others may appear later.

The implications for prevention are clear: interventions need to be appropriately (developmentally) timed to take into account the age(s) at which a targeted factor operates and the age at which it is most susceptible to change. For example, interventions targeting aggressive and defiant behaviour are more effective (and less costly) when directed at younger children than adults:

"We know the earliest possible intervention works best and costs the least. Working with a five-year-old to change aggressive and defiant behaviour is estimated to cost $5,000 and has a success rate of 70 percent; the same behaviour at age 20 costs $20,000 and has a success rate of only 20 percent." (Department of Corrections, 2001a)

By contrast, programmes focusing on preventing violence in dating relationships, for example, may be ineffective if they are timed too early, before dating becomes an issue for the majority of young people:

"If the behaviors you are discussing are not even on your audience’s social radar, they will be unable to meaningfully engage with the process." (Wolfe et al., 2006, p. 170)

The picture is further complicated by the fact that risk factors may have differential impacts on different populations. For example, Moffitt & Caspi (1999) argue that harsh discipline at home is a risk factor for subsequent intimate partner violence perpetration and victimisation for girls at the ages of 7-9, but not for boys of the same age; conduct problems at ages 7-9 are a risk factor for violence perpetration by boys, but not for girls.

Not only do risk and protective factors span the whole life-course, they also exist within all settings in children’s and young people’s lives: the home, the class, the school, peers, community, media, the wider social and economic environments. They also exist within the individual (for example, exhibiting conduct disorders (Moffitt & Caspi, 1999)). The relative influence of risk factors in the various settings may change throughout the life-course, as suggested below in relation to antisocial behaviours:

"...the relative importance of environmental risk factors, compared with individual risk factors, may vary with age and context. Young children may be particularly sensitive to contextual influences because it is less likely that they have developed stable internalized standards for behavior." (Tolan, Guerra, & Kendall, 1995, p. 582)
Each of these settings influences a child’s development and has the potential to work in concert with – or against – prevention efforts. The most promising approaches therefore involve multiple settings in a coordinated approach:

“Multiple-setting programs are needed for a number of reasons. First, socially determined behaviors, including aggression and violence, are shaped through interactions in many settings. Second, intervening in only one setting may not be sufficient to have a positive impact. Third, interventions across settings permit programming in one setting to compensate for less effective programming in another setting. Fourth, children learn best when environments are more congruent with respect to message and expectations.” (Prinz, 1999, p. 28)

Webster-Stratton & Taylor’s model of the individual, family and environmental risk factors for early onset conduct problems in young children demonstrates the ways in which multiple risk factors across multiple settings can influence the trajectory towards (or away from) conduct problems, which is itself a risk factor for subsequent substance abuse, delinquency and violence in adolescence (D. Fergusson, Horwood, J., Ridder, E., 2005; Carolyn Webster-Stratton & Taylor, 2001). This model is described in Table 5 below and provides an example of the theory underlying a successful intervention, *The Incredible Years* (see page 78).

**Table 5 : Webster-Stratton’s Model of Conduct Problems**

“Our model ... begins in the toddler period. Children whose temperament is more impulsive, hyperactive, quick to anger often overwhelm parents. Many parents inadvertently respond to these children with harsh and punitive discipline, whereas others respond by frequently giving in to the child’s demands in hopes of appeasing the situation. Yet both harsh and inconsistent discipline actually increases the likelihood of further conduct problems. Harsh parenting provides a negative model of behavior, fails to promote prosocial child behavior, and impedes development of adaptive social cognitive skills. Inconsistent parenting, or failure to set limits, results in early conduct problems becoming more stable habits or patterns of behavior. High levels of family stress exacerbate disrupted and ineffective parenting and may contribute to low cognitive stimulation and poor support for the child’s academic and social development (Webster-Stratton, 1990d). The cycle begins to unfold with ineffective parenting resulting in children developing increased behavior problems and cognitive deficits who, in turn, are increasingly difficult to parent.

When children with these family and child risk factors enter school, the developmental model becomes more complex. Teachers can inadvertently get into a pattern where they are more critical of, and provide less teaching and support to, these children with challenging behaviors, further compounding the problem. This is especially true if they do not have good classroom management skills. Additionally, unless they are highly skilled, they may fail to intervene adequately when problems arise with peers, contributing to the child becoming rejected, further reducing social learning opportunities. Low parental involvement in education can compound the child’s academic problems at school. Moreover, teachers may misunderstand the reasons for lack of parental involvement and respond more critically to the parent, further eroding the bonds between the home and school. Over time, rejected children find friends in other rejected children and form deviant peer groups that reinforce antisocial behaviors. Thus, these early problems may result in a synergistic cycle of cumulative events that increasingly compromise children’s functioning over time. Indeed, research indicates that the greater the number of risk factors for children, the greater the likelihood of a negative behavioural outcome later in life ...

It seems likely that if these early parent and child risk factors are not addressed and early onset conduct problems are not prevented or treated, aggressive children will go on to develop the secondary school and peer risk factors outlined in Fig. 1 and accelerate the risk for substance abuse and delinquency. As can be seen in Figs. 1 and 2, cascading domains of risk factors make it imperative to start prevention programs as early as possible in order to “nip problems in the bud” before they create secondary school and peer risk factors and in order to provide adequate fertilization for building the protective factors that guard against substance abuse and violent behavior.” (Carolyn Webster-Stratton & Taylor, 2001, pp. 165-167)
Table 6: Risk and protective factors

Extensive research in recent decades has sought to identify various personal characteristics and environmental conditions that either place children and adolescents at risk of violent behavior or that seem to protect them from the effects of risk. Risk and protective factors can be found in every area of life. Exerting different effects at different stages of development, they tend to appear in clusters, and they appear to gain strength in numbers. These risk probabilities apply to groups, not to individuals. Although risk factors are not necessarily causes, a central aim of the public health approach to youth violence is to identify these predictors and to determine when in the life course they typically come into play. Armed with such information, researchers are better equipped to design well-timed, effective preventive programs. Identifying and understanding how protective factors operate is potentially as important to preventing and stopping violence as identifying and understanding risk factors. Several protective factors have been proposed, but to date only two have been found to buffer the effects of exposure to specific risks for violence: an intolerant attitude toward deviance, including violence, and commitment to school. Protective factors warrant, and are beginning to receive, more research attention.

Major Findings and Conclusions
1. Risk and protective factors exist in every area of life—individual, family, school, peer group, and community. Individual characteristics interact in complex ways with people and conditions in the environment to produce violent behavior.

2. Risk and protective factors vary in predictive power depending on when in the course of development they occur. As children move from infancy to early adulthood, some risk factors will become more important and others less important. Substance use, for example, is a much stronger risk factor at age 9 than it is at age 14.

3. The strongest risk factors during childhood are involvement in serious but not necessarily violent criminal behavior, substance use, being male, physical aggression, low family socioeconomic status or poverty and antisocial parents—all individual or family attributes or conditions.

4. During adolescence, the influence of family is largely supplanted by peer influences. The strongest risk factors are
weak ties to conventional peers, ties to antisocial or delinquent peers, belonging to a gang, and involvement in other criminal acts.

5. Risk factors do not operate in isolation—the more risk factors a child or young person is exposed to, the greater the likelihood that he or she will become violent. Risk factors can be buffered by protective factors, however. An adolescent with an intolerant attitude toward deviance, for example, is unlikely to seek or be sought out by delinquent peers, a strong risk factor for violence at that age.

6. Given the strong evidence that risk factors predict the likelihood of future violence, they are useful for identifying vulnerable populations that may benefit from intervention efforts. Risk markers such as race or ethnicity are frequently confused with risk factors; risk markers have no causal relation to violence.

7. No single risk factor or combination of factors can predict violence with unerring accuracy. Most young people exposed to a single risk factor will not become involved in violent behavior; similarly, many young people exposed to multiple risks will not become violent. By the same token, protective factors cannot guarantee that a child exposed to risk will not become violent.” (U.S. Department of Health and Human Services, 2001a)

An ecological model of risk factors for intimate partner violence

Stith, Smith, Penn and others (2004) used an ecological model adapted from Bronfenbrenner (Bronfenbrenner, 1979) to represent the relationships among risk factors and risk factor effect sizes for both perpetrators and victims of intimate partner violence. They derived their data from a meta-analysis based on evidence from 85 reported studies.

In the case of offenders they found, within the wider environment (exosystem) that they were able to compute effect sizes for the risk factors; employment, education, career/life stress, income and age. Within the immediate environment (microsystem) they were able to compute effect sizes for the risk factors; forced sex, marital satisfaction, jealousy, emotional/verbal abuse and history of partner abuse. Personal (ontogenetic) risk factors for which they could compute effect sizes were; illicit drug use, alcohol use, depression, traditional sex-role ideology, anger/hostility and attitudes condoning violence.

In the case of victims they found exosystem risk factors they were able to compute for were: employment, education, income and age. Microsystem risk factors were; violence to partner and number/presence of children. Ontogenetic risk factors were fear, depression and alcohol use.

Table 7: Risk factors in childhood/adolescence for subsequent intimate partner violence

Moffitt & Caspi (2005) found an association between certain characteristics in children and adolescents and later intimate partner violence. Key findings include:

- “Risk factors in childhood and adolescence for male perpetrators included poverty and low academic achievement. Female perpetrators showed risk factors of harsh family discipline and parental strife. Both male and female perpetrators also had histories of aggressive behavior.
- The strongest risk factor for both male and female perpetrators and victims was a record of physically aggressive delinquent offending before age 15. More than half the males convicted of a violent crime also physically abused their partners.
- About 27 percent of women and 34 percent of men among the Dunedin study members reported they had been physically abused by their partner. About 37 percent of women and 22 percent of men said they had perpetrated the violence.
- Domestic violence is most prevalent among cohabiting couples.
- Sixty-five percent of females who suffered serious physical abuse and 88 percent of male perpetrators had one or more mental disorders (…)
- Women who had children by age 21 were twice as likely to be victims of domestic violence as women who were not mothers. Men who had fathered children by age 21 were more than three times as likely to be perpetrators of abuse as men who were not fathers.” (Moffitt & Caspi, 1999, pp. 1-2)

“The pattern of results shows that male perpetrators’ backgrounds include primarily poverty and poor school achievement. In contrast, female perpetrators’ backgrounds include primarily disturbed family relationships, especially weak attachment, harsh discipline, and conflict between parents. Poverty and school failure were less important. Perpetrators of both sexes have a long history of aggressive behavior problems. For male and female perpetrators, the strongest risk factor is a record of physically aggressive delinquent offending before age 15. However, physically aggressive delinquent offending before age 15 is also the most significant risk factor for victims.” (Moffitt & Caspi, 1999, p. 8)

According to the authors, the implications for prevention are that efforts need to begin early and to involve different domains:
"In terms of prevention policy, the finding that partner abuse in adulthood is predictable from certain characteristics during—and even before—adolescence suggests that primary prevention of partner violence should begin as early as youngsters develop an interest in the opposite sex. One clear implication is that children in secondary school (ages 12 to 17) are not too young to learn healthier ways to handle conflicts with partners. Violence education may become as important as sex education for developing healthy relationships. In addition, experiences in different settings (e.g., at home and at school) and in different behavioral domains (e.g., academic achievement and behavior problems) were found to pose risks for partner abuse. This underscores the importance of prevention programs that involve both parents and schools.” (Moffitt & Caspi, 1999, p. 8)

Table 8: Middle-school aggression and subsequent physical violence against partners
As part of a longitudinal study involving nearly 1000 children (Reach for Health study) in schools located in economically disadvantaged areas, the authors found that aggression in middle school was a significant risk factor for subsequent intimate partner abuse perpetration and victimisation. They conclude that these results underscore the need for early interventions that teach adolescents health relationship skills:

"As part of the Reach for Health longitudinal study, surveys were conducted with 977 8th graders who were [then] resurveyed as young adults, when lifetime partner violence was assessed. In this economically disadvantaged sample, the prevalence of middle-school aggression and subsequent partner violence are high among both males and females. In middle school, 32% of girls and 42% of boys reported being in a recent fight and 12% of girls and 17% of boys had threatened another with a weapon. By the time they were 19–20 years old, about 35% of females and males reported being the victims of one or more forms of partner violence; 35% of females and 22% of males reported one or more forms of perpetration. Controlling for socio-demographic characteristics, middle-school aggression is a significant risk factor for partner victimization and perpetration. Early aggression remains an independent predictor of partner violence perpetration and victimization for males and perpetration for females when other middle-school risk behaviors and exposures to physical aggression in the childhood home are taken into account. To reduce partner violence through young adulthood, findings suggest the importance of early interventions that help adolescents learn non-violent strategies for resolving conflicts in cross-gender relationships.” (From abstract: O’Donnell et al., 2006, p. 693)

Table 9: Classroom climate and aggression
"Prior research suggests that exposure to elementary classrooms characterized by high levels of student aggression may contribute to the development of child aggressive behavior problems. To explore this process in more detail, this study followed a longitudinal sample of 4,907 children and examined demographic factors associated with exposure to high-aggression classrooms, including school context factors (school size, student poverty levels, and rural vs. urban location) and child ethnicity (African American, European American). The developmental impact of different temporal patterns of exposure (e.g., primacy, recency, chronicity) to high-aggression classrooms was evaluated on child aggression. Analyses revealed that African American children attending large, urban schools that served socioeconomically disadvantaged students were more likely than other students to be exposed to high-aggressive classroom contexts. Hierarchical regressions demonstrated cumulative effects for temporal exposure, whereby children with multiple years of exposure showed higher levels of aggressive behavior after 3 years than children with primacy, less recent, and less chronic exposure, controlling for initial levels of aggression. Implications are discussed for developmental research and preventive interventions.” (Thomas, 2006, p. 471)

Table 10: Edleson (2000), risk and protective factors
In a paper presented at a meeting of the Collaborative Violence Prevention Initiative (San Francisco, 2000), Edleson lists risk and protective factors for adult domestic violence within five domains: the individual, near environments, interactions within near environments, larger systems and social attitudes and beliefs:

Individual level
- Age: "...younger men are significantly more likely to abuse their partners than are older ones".
- Gender: "...men [are] more often the perpetrators of violence and intimate homicide"
- Income: "...adult domestic violence is more frequent and severe among lower socioeconomic groups. When controlling for socioeconomic differences, race and ethnicity appear to be less important predictors of violence."
- Personality: "Apparently, ’most abusers in treatment programs show clinical elevations on at least some subscales’ of standardized mental health tests ... These problems include clinically elevated levels of distrust, isolation, insecurity, and alienation” however he also notes that “[a study] found, however, that current typologies [of men who batter] were not able to predict men’s progress in treatment.”
- Family of origin: "One of the most consistent and significant risk factors found for both perpetrators of adult domestic violence as well as victims is witnessing domestic violence as a child (Hotaling & Sugarman, 1986). This is especially true for men who severely abuse their wives but has not held true for victims of severe violence (Hotaling & Sugarman, 1990). Men who were sexually abused as children are also more likely to severely abuse their adult partners (see Heise, 1998; Saunders, 1995). ... in at least one study of 2,245 children and teenagers (Song, Singer & Anglin, 1998), recent exposure to violence in the home was a significant factor in predicting a child’s violent behaviour in the community. In addition, having an absent and rejecting father showed some strength as an individual risk factor among perpetrators for adult domestic violence.”
- **Courtship violence**: "Prior courtship violence and co-occurring substance abuse also appear to be associated with an increased risk for adult domestic violence."

- **Substance abuse**: "...while substance abuse does not consistently co-occur with violent events, perpetrators of adult domestic violence are also frequently found to be substance abusers."

### Near environments

- **Within intimate relationships:**
  
  *New relationships*: "the newer the relationship the more likely it is to contain violence" -- this perhaps relates to the age factor mentioned above: "There is evidence that violent behaviour decreases or desists as perpetrators age."
  
  *Male dominance in relationships*: Frequently cited as a risk factor, but the evidence for the importance of this factor is mixed.
  
  *Women’s status in the family*: Some researchers have found elevated risks when women’s status is higher than men’s "and thus inconsistent with some social norms." Other researchers found that this is not a risk factor for victimisation among women.
  
  *Women’s economic dependence*: "...marital rape victims were more likely to be economically dependent on their partners’ income than were other women."
  
  *Marital conflict and severe verbal conflict*: These attributes are often cited as risk factors; the assumption is that severe verbal abuse "precedes and sets the stage for physical violence."

- **Outside of intimate relationships:**
  
  *Generalised use of violence*: Some studies have shown that some male perpetrators restrict themselves to violent acts towards family members while others "are more generally violent. Saunders (1995) [review of the literature] found that generalised use of violence is a risk factor for more severe domestic assaults."
  
  *Women’s isolation from family and other systems*: Isolation puts women at risk for adult domestic violence.
  
  *Perpetrator’s social connectedness*: "...men who were less connected to the larger society were more likely to increase their violence when criminal justice intervention occurred. Social isolation or disconnection from social institutions appears to be a consistent risk factor for both perpetrators and victims."
  
  *Peer associations*: "...peer behaviours and attitudes encourage boys’ and men’s use of violence. This may be especially true for those who have witnessed adult domestic violence. For instance, Spaccarelli, Coatsworth and Bowden (1995) found that adolescent boys who had been exposed to family violence and incarcerated for violent crimes believed more than others that ‘acting aggressively enhances one’s reputation or self-image’."  

### Interactions within the near environment (mesosystem)

"...there is virtually no research on risk or protective factors for adult domestic violence at this level of the social ecology. Yet this is the domain in which many current interventions aimed at curbing perpetrator violence and supporting victims is based. Near environment interactions may include other family members’ direct interactions with friends, extended family, church groups, police, school and medical personnel, battered women’s advocates, lawyers, and others. These interactions between other individuals and systems in the near environment are then seen to influence the behaviour and thought of the individual. Edleson and Tolman (1992) suggest that this domain may be one of the most fruitful for lessening family isolation, providing consistent sanctions to perpetrators and support to victims, and changing social messages about attitudes and values that individuals and families receive. This would also seem to be an important location for protective factors, such as social networks and formal systems close to the family. This is an area where cross-training and cross-communication between systems may change so as to deliver consistent messages to the individual and family."

### Larger systems and system factors

- Lower education
- Lower-status occupations
- Partial employment or unemployment
- Lower income: "Heise (1998) presents data from around the world indicating that as a family’s economic situation deteriorates violence against women increases. The co-occurrence of poverty, its attendant factors, and domestic assaults is an important larger system issue that must be addressed."

### Social attitudes and beliefs

- Masculinity and dominance
- Rigid gender roles
- Entitlement and ownership of women
- Social approval of physically chastising women
- Social support for the use of violence to settle differences
- "Heise’s (1998) review of international studies strongly suggests that all of these factors lay an important macrosystem framework upon which violent behaviour may be predicated. The difficult aspect of claiming these as risk factors is that so many individuals are exposed to the same systems of belief and attitude but not all become perpetrators. They also are often not strong statistical predictors of assaultive behaviour (see Dutton, 1994). These more "distal" risk factors are more likely to be part of a multivariate explanation of why some individuals use violence and not others. They are unlikely to be sole or even the strongest explanatory factors."
Common risk and protective factors for different forms of violence

To shed more light on the operation of risk and protective factors Finkelhor (2007) has examined victimisation and revictimisation between one year and the next in a representative sample of American children aged 2-17. Victimisation included experience of conventional crime (assault, theft, burglary etc), child maltreatment, peer/sibling victimization (bullying, dating violence, etc), sexual victimization and witnessing and indirect victimization (witness to domestic violence or other crime). A number of factors from a 51 item list covering child-related personal, social and structural variables at home, school and elsewhere were found on multivariate analysis to be significant predictors of victimisation/revictimisation.

Factors associated with initial experience of multiple forms of victimization (poly-victimization)

- Living in a dangerous family (family violence of various types)
- Single parent/step-parent family
- Number of family problems: homelessness, unemployment, imprisonment, drug/alcohol problems, parents yelling/arguing/fighting (problem type count)
- Having more older siblings (Note opposite effect to re-victimization below)

Factors associated with increased risk of re poly-victimization included:

- Previous victimization of any kind. The greater the frequency and severity of victimization, the greater the risk. A cluster (10% of a representative population sample of American children aged 2-17) of highly vulnerable children subject to multiple kinds of victimization of greater severity can be identified (Holt, 2007)
- Moving to a worse neighbourhood
- Experiencing a conventional crime
- Witnessing non-family violence
- Anger/aggression as measured by the Trauma Symptoms Checklist for Children (Briere, 1996) or Trauma Symptom Checklist for Young Children (Briere et al, 2001)

Factors associated with decreased risk of re poly-victimization included:

- Having more older siblings and having more good friends
- Having less family adversity: homelessness, unemployment, imprisonment, drug/alcohol problems, parents yelling/arguing/fighting (Problem event count)

Table 11: Common factors predictive of greater or lesser risk of violence

The March 2004 edition of the Journal of Interpersonal Violence (Vol 19(3)) contains a series of articles which attempt to identify how to "bridge the thinking among policy makers, practitioners, and researchers on how to study the co-occurrence of child maltreatment, youth violence, and adult domestic violence" (Edleson, Daro, & Pinderhughes, 2004, p. 279). The article by Daro, Edleson & Pinderhughes points out risk and protective factors common across all three types of violence:

Risk factors

"[The] This ecological or integrated framework suggests that individuals who commit or who are victims of violence face a number of common personal, socioeconomic, and environmental challenges. Common risk markers found among perpetrators of child maltreatment and adult domestic violence include poor impulse control and a lack of empathy for others, often stemming from their own early exposure to violence or victimization as a child (National Research Council, 1993). Living in poverty and resource-poor communities as well as associating with peers who support the use of violence are also common risk markers in studies of all three types of violence (Giovannoni & Billingsley, 1970; Hotaling & Sugarman, 1990; Pelton, 1989). Such environments can create a state of stress and uncertainty that encompasses all aspects of daily living, making it difficult to approach child rearing or relationship building in a measured and nonviolent manner. Although far from universal, those engaged in violent behaviors often present a history of poor performance in other domains such as school, social relationships, and the workplace, failures that further isolate them from formal and informal systems that might modify their behaviors (Thompson, 1995)". (Daro, 2004, p. 284)

2 People who have suffered one form of victimisation are at risk from other forms (Finkelhor, 2007). This may be because there are common risk factors or victimisation itself increases vulnerability. Putting them together gives a more accurate picture of overall risk and is a more practical measure of effectiveness of prevention.
Protective factors

“In addition to sharing common risk factors, it is equally true that a variety of personal, familial, and cultural conditions serve to minimize levels of violence. Adults who have a strong sense of self and feel rewarded in their personal and work relationships are better able to manage the inevitable setbacks and disappointments in life without resorting to violent coping strategies (Kempe, 1997). Strong family and friendship ties that reinforce respect for the opinions and needs of others also reduce the likelihood for violence (Melton & Berry, 1994). Communities with strong educational systems, employment opportunities, and a range of recreational and supportive services provide families and individuals ready access to the types of assistance that can bolster an individual’s resistance toward violence (Kaufman & Wischmann, 1999).” (Daro, 2004, pp. 284-285)

Guterman’s article from the same edition similarly points out risk factors common across all three types of violence, while noting the limitations of traditional approaches to identifying these factors:

“The growing body of descriptive research has also begun to identify selected shared risk and protective factors that cut across child abuse, youth violence, and domestic violence, for example, in the presence of drug and/or alcohol use, employment and educational status, and prior history with violence. Although specific examinations of risk factors and causal processes shared across child abuse, youth violence, and domestic violence are as yet relatively rare, to the extent that such overlapping pathways become identifiable, prevention efforts may begin to consider more broadband and integrative strategies for preventive intervention.”

“At present, the descriptive findings on violence risk and protective factors have been predominantly derived from retrospective cross-sectional (“one shot”) research designs employing samples of individuals already identified as violence involved (sometimes compared with case controls not involved in violence). Such study designs have provided us with an invaluable window through which we can begin to understand those who perpetrate violence, opening opportunities to seek to identify causes of violence, studying the problem from a particular perspective—namely, after violence has already occurred. This traditional approach to identifying risk and protective factors, although useful, nonetheless holds particularly consequential limitations for efforts to translate findings into preventive strategies and practices. Cross-sectional research designs collecting data at a single point after violence has already occurred can help in identifying correlational associations between violence and risk factors but have been severely hampered in identifying a temporal sequence of events that precede and lead to subsequent violent behaviors. Temporal understandings of how violent behavior unfolds remain critical to enable the designing and testing of intervention strategies that seek to interrupt the causal chain of events that precede and lead to violence.” (Guterman, 2004, pp. 306-307)

Conduct Problems

Introduction

The history of school-based prevention programmes has been one of attempting to deal with a succession of problems. Among the earliest were programmes aimed at preventing attacks by sexual predators, initially taking the ‘stranger danger’ approach and then ‘good touch, bad touch’ in recognition of the prevalence of sexual abuse by people known to the child. At about the same time from a rather different imperative anti-bullying measures were being introduced and evaluated.

Following this phase came an interest in the problem of aggression as such and of social competence and inadequacy in forming and maintaining relationships. Part of the concern was that the continuation into adolescence and adulthood of this difficulty with relationships was associated with crime, educational and occupational failure, mental ill-health and family violence. Programmes of teaching interpersonal skills, mediation and peace were part of this phase.

More recently there has been an interest in the role of more closely defined conduct problems, beginning with oppositional behaviour in early childhood and going on to the spectrum of consequences of inept, aggressive attitudes and behaviour in adolescence and adulthood. Programmes aimed at modifying the evolution of these attitudes and behaviour are being devised for strategic points through the life course. One aspect of the new knowledge that informs these programmes is an understanding of the way in which experience in the first three years of life can enhance or inhibit the development of compassion and co-operation and the crucial significance of attachment.
This present understanding of the importance of conduct problems and knowledge of their lifetime trajectories has informed the development of programmes that:

- help parents-to-be to relate successfully to infants (e.g. Roots of Empathy (K. A. Schonert-Reichl, Smith, V. & Zaidman-Zait, A., Hertzman, C., n.d.)),
- screen and assist new parents and their infants for relationship difficulties (e.g. Early Start (D. Fergusson, Horwood, J., Ridder, E., Grant, H., 2005))
- screen and assist children for conduct problems from early childhood onward
- focus on conduct problems as the major target for modification and measure of effectiveness in violence prevention programmes
- aim to reduce dating violence.

**Trajectories for childhood conduct problems and later violence**

Conduct problems in childhood and youth are not only of concern in their own right through their association with bullying and other forms of violence but are a significant risk factor for involvement in domestic violence in adulthood (Fergusson, Horwood & Ridder, 2005; Moffit & Caspi, 1999; Church, 2003; Kazdin, 1995).

"As adults, antisocial individuals frequently demonstrate poor occupational adjustment, low educational attainment, marital disruption, poor physical health, increased risk of psychiatric impairment (McMahon & Wells, 1989), and elevated rates of violence against their romantic partners, themselves, and their associates (e.g., Fagot, Loeber, & Reid, 1988; Puig-Antich, 1982)." (Taylor, Eddy, & Biglan, 1999, p. 169)

Longitudinal studies of birth cohorts have identified different patterns of antisocial behaviour over the life course. They show a marked gender difference. Fergusson and Horwood (2002) identified five groups:

1. A low risk group in which there was little antisocial behaviour at 8-10 years of age and low rates of offending in youth and young adulthood. 41% of males and 71% of females belonged to this group.
2. An early onset, adolescent limited group in which low rates of antisocial behaviour in childhood were followed by offending in adolescence but at a relatively low rate, peaking at 13 years and declining from about age 17. 15% of males and 21% of females came into this category.
3. An intermediate onset, adolescent limited group in which low rates of antisocial behaviour in childhood were followed by relatively higher rates of offending in later adolescence with a peak at around 17 years of age and a decline thereafter. 10% of boys and 4% of girls belonged to this group.
4. A late onset group in which low rates of conduct problems in childhood were followed by a rapid rise in the rate of offending at around 17 years which began to decline at around 20 years. 25% of males and 2% of females belonged to this group.
5. A chronic offender group in which high rates of antisocial behaviour in childhood was followed by generally high rates of offending from around 11 years with some decline at around 21 years of age. 9% of males and 2% of females belonged to this group.

Similar results were obtained by Moffit (1993) who described three patterns: a non-anti-social, non offending group; a low antisocial, adolescent limited group; and a life course persistent group which included 7% of the boys in the cohort. A cross-national study using data from six longitudinal research programmes found a consistent pattern of chronic physical aggression in early childhood associated in boys but not girls with increased risk of continued physical violence and of non-violent forms of delinquency in adolescence (Broidy, Nagin & Tremblay, 2003).

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These are rigorously-established associations but, as Rutter (2003) has warned, their application through policy and practice to effective prevention has yet to be proven.

Table 12: Pathways to violence

"Viewed from a developmental perspective, violence stems from a complex interaction of individuals with their environment at particular times in their lives. Longitudinal research has enabled investigators to describe the emergence of violence in terms of two (and possibly more) life-course trajectories. In the early-onset trajectory, violence begins before puberty, whereas in the late-onset trajectory it begins after puberty, at about age 13. These two trajectories offer insights into the likely course, severity, and duration of violence over the life span and have practical implications for the timing of intervention programs and strategies. Some research has examined the co-occurrence of serious violence and other problems, including drug use and mental disorders, and some has looked at factors associated with the cessation of youth violence or its continuation into adulthood. Both of these areas need--and warrant--more study.

Major Findings and Conclusions
1. There are two general onset trajectories for youth violence—an early one, in which violence begins before puberty, and a late one, in which violence begins in adolescence. Youths who become violent before about age 13 generally commit more crimes, and more serious crimes, for a longer time. These young people exhibit a pattern of escalating violence through childhood, and they sometimes continue their violence into adulthood.
2. Most youth violence begins in adolescence and ends with the transition into adulthood.
3. Most highly aggressive children or children with behavioral disorders do not become serious violent offenders.
4. Surveys consistently find that about 30 to 40 percent of male youths and 15 to 30 percent of female youths report having committed a serious violent offense by age 17.
5. Serious violence is part of a lifestyle that includes drugs, guns, precocious sex, and other risky behaviors. Youths involved in serious violence often commit many other types of crimes and exhibit other problem behaviors, presenting a serious challenge to intervention efforts. Successful interventions must confront not only the violent behavior of these young people, but also their lifestyles, which are teeming with risk.
6. The differences in patterns of serious violence by age of onset and the relatively constant rates of individual offending have important implications for prevention and intervention programs. Early childhood programs that target at-risk children and families are critical for preventing the onset of a chronic violent career, but programs must also be developed to combat late-onset violence.
7. The importance of late-onset violence prevention is not widely recognized or well understood. Substantial numbers of serious violent offenders emerge in adolescence without warning signs in childhood. A comprehensive community prevention strategy must address both onset patterns and ferret out their causes and risk factors.” (U.S. Department of Health and Human Services, 2001a)
Prevention strategies

Having identified which risk/protective factors to target, programme developers are faced with the task of designing a programme that, on the basis of the evidence at hand, will be effective in modifying those factors. It is to theories of change and controlled evaluation studies that developers must turn in order to identify which intervention strategies are successful in altering the prevalence or course of problem behaviours (Davies, 2003; Tolan et al., 1995). Well-designed evaluations can help to clarify what works, for whom and when.

The issues to be addressed in regard to programme design include:

- Should the programme be universal or targeted?
- What teaching strategies should be used (e.g. lectures, interactive exercises, multimedia presentations) and what is the evidence for their effectiveness?
- If the programme is curriculum based, how many sessions are needed and how often?
- Who should deliver the programme (i.e. teaching staff or other specialists)?
- What training is needed for those implementing the programme?
- Will the programme be acceptable to those involved?

Clearly, the answers to these questions depend on a host of factors. For example, skills-based programmes (i.e. those modelling and teaching life skills) will require more time than a programme which informs participants in a lecture-style delivery. The strategies to be adopted may depend on the risk/protective factors being targeted, the age group involved, the gender of the participants, and the knowledge base of the implementers.

As noted earlier, programmes need to be appropriately timed, taking into account child development, and teaching strategies used to modify risk/protective factors must also be developmentally appropriate. For example, the methods adopted to modify a given behavioural risk factor when a child is 5 will clearly differ from those that should be used with a 15-year-old. While this may be stating the obvious, it nonetheless can be the difference between success and otherwise; for example, the literature on bullying suggests that some approaches are more effective with younger children than with older pupils.

Furthermore, males and females may have different responses to the same approach. For example, Wolfe & Jaffe (2003) note the potential for backlash by males when adolescent dating violence is discussed in a way that appears to be an “attack on men,” while they may also be less willing to participate in some interactive teaching strategies, such as role-play:

"Programs on dating violence, for example, may create backlash among boys if they identify the program as an attack on males in general (e.g., Hilton, Harris, Rice, Krans, & Lavigne, 1998), and unique strategies may be needed for different ages and different sexes. In our experience, girls are often more interested in discussing these sensitive issues and willing to role-play social situations relevant to prevention of [domestic violence] and [sexual assault], whereas boys are more resistant and reluctant to do so. Unique strategies for male participation may include involvement of popular male peer and teacher role models, and more graduated approaches to introducing the underlying social issues and factors contributing to [domestic violence] and [sexual assault]." (Wolfe & Jaffe, 2003, p. 2)

The acceptability of an intervention to individuals within the various settings – particularly children, parents, peers and teachers – will greatly affect its effectiveness. Programme content and materials need to be developmentally and socio-culturally relevant to the target populations. This also means that a programme that works well in with one population may not

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be successful with another. For example, while the Safe Dates programme has been shown to be effective in a predominantly white, rural population, it is not yet clear whether it will be successful in a different context, say with a predominantly black, urban population.

The timing and nature of the programme delivery must also take into account the barriers to participation in programmes faced by different groups. For example, in a programme that involves a parent-training component, potential barriers to participation by low socio-economic families may include the availability of affordable transport and child-care; families from some cultural backgrounds may be uncomfortable “intruding” in school business.

Programmes also need to be relevant to those implementing them, such as teachers and other school personnel. Buy-in by those responsible for implementing a programme is critical to ensuring the programme is properly delivered, which is, in turn, critical to a programme’s success. For example, in an overview of the Olweus programme, Limber (2006) identifies a number of bridges and barriers to successful implementation of which school personnel attitudes to and perceptions of bullying figure prominently. Among her findings, Limber reported that:

- The strongest predictor of programme implementation for teachers was “perceived staff importance”, that is, “Those teachers who viewed themselves, their colleagues, and their schools as important agents for change in addressing bullying among students were more likely to actively implement classroom interventions” (Limber, 2006, p. 300).
- The next strongest predictor was “read program information”, that is, teachers who read the programme materials were more likely to fully implement the classroom components of the programme; notably, this material included “research-based knowledge about bullying problems and provided specific strategies to address this problem” (Limber, 2006, p. 300).
- The third predictor was “perceived level of bullying”, followed by “self as a victimised child” and “affective involvement” – that is, teachers who had been bullied as children and found bullying among their own pupils upsetting were more likely to implement more of the programme components.
- “Perceived staff importance” and “perceived level of bullying” were also predictors of the likelihood that staff would intervene with children who bullied, children who were bullied, and their families.

In summary, prevention programmes need to first identify which risk and protective factors are the best candidates for change, then identify which strategies are most effective in modifying them. The complex, dynamic nature of risk/protective factors and the heterogeneity of targeted populations make designing and implementing effective interventions a considerable challenge.

**Reach of programmes**

School programmes may be confined to a part of the school, involve only the school or be part of a wider programme involving other parts of the community.

**Programme mode/ theoretical base**

Understanding the theoretical base on which a programme operates is important to developing and reviewing it (Davies, 2003; Prinz, 2000). Programmes may draw from one or more theoretical models including the following:

- Social competence
- Cognitive behavioural
- Behavioural and classroom management
- Therapy and counselling
- Conflict resolution
- Peer mediation
- Separate schooling
Most programmes are multimodal.

**Programme strategies**

There are multiple strategies within programmes for ensuring that the attitude and behaviour change being sought is appropriately framed, reaches the appropriate audience and is translated into action in the appropriate contexts. Key researchers and thinkers have listed certain favoured strategies and the ideas behind them.

**Table 13: Perspectives on prevention**

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"In general, prevention programs are intended to clarify inappropriate attitudes and behaviours and offer positive alternatives." (Wolfe & Jaffe, 2003:2)

"Most prevention efforts focus on those individuals believed to present an elevated risk to commit or experience acts of violence. Although it has long been understood among prevention advocates that individuals face different levels of risk, matching an individual’s level of risk with the appropriate dose of prevention has been a significant challenge in all three areas of violence. In truth, individual demographic or behavioral indicators used to highlight various groups at risk for violence have proven to be poor predictors of an individual’s course of action (Browne, Hanks, Stratton, & Hamilton, 2002; Cicchinelli, 1995; McDonald & Marks, 1991; Murphy-Berman, 1994)." (Daro, 2004, p. 289)
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Introduction

Prevention of violence in its various forms is an established interest of New Zealand schools and early childhood facilities (see page 12) and there is a rich diversity of strategies and formal programmes for its implementation (Education Review Office, 2007). New Zealand examples do not appear among our model programmes, because we were unable to find published evaluations that met our inclusion criteria (see page 13) but reference to some New Zealand programmes is included in discussion elsewhere.

In this section we refer to information on the nature and extent of violence among children and young people in New Zealand, summarise reviews of programmes and strategies and provide brief descriptions of a selection of programmes to illustrate the range and types of violence prevention activity in schools and early childhood facilities.

Statistical and other information on violence

The problem of interpersonal violence in New Zealand and proposals to deal with it have been extensively documented in recent years. (Connolly, 2006; Family Violence Focus Group, 2002; J. Fanslow, Robinson, E., 2004; Hassall, 2006; Koziol-McLain, 2004; Miller, 2005; Ministry of Health, 2002; Taskforce for action on violence within families, 2006; Unicef, 2003). A set of national indicators published annually includes intentional injury child mortality, criminal victimisation and perceptions of safety (Ministry of Social Development, 2006). A clearinghouse provides a register of research and practice material (New Zealand Family Violence Clearinghouse, 2007). The following are illustrative examples of New Zealand research.

Incidence of school family and community violence

1. See (Curtis, Ronan, Heiblum, Reid, & Harris, 2002) for incidence of youth antisocial behaviour.

Incidence of dating violence

1. A study was conducted in Auckland with 200 female and 173 male high school students aged 16 to 20 (mean age 16.7). (S. Jackson, Cram, F., Seymour, F., 2000)
2. 84.5% of the females & 78% of the males had been in a dating relationship.
3. Results
   a. Emotional violence (e.g. monopolisation, degradation, isolation).
      81.5% of females & 76.3% of males reported at least one such insult in a dating relationship.
   b. Sexual coercion (e.g. unwanted kissing, hugging, French kissing, genital contact – i.e. touching up – and sex).
      77% of females and 67.4% of males reported they had experienced one or more incidents of unwanted sexual activity.
   c. Physical violence
      i) Physically aggressive acts directed at them in a serious way:
         (a) 17.5% of girls and 13.3% of boys reported at least one experience of physical violence in a dating relationship.
         (b) 21% of the girls reported having been physically hurt of whom around half described the injury as transitory (i.e didn’t last) but 40% indicated more lasting effects such as bruising.
         (c) 19% of males reported having been physically hurt by a female partner and the majority of them (71%) indicated the hurt was transitory.
   d. Summary:
“Finally, the prevalence of abuse reported by students in this study underscores the need for intervention and prevention programs in their schools. The findings suggest that such students will be unlikely to seek help directly from school counselors or skilled workers in the community. They do talk to their friends.”

<table>
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<tr>
<th>Table 14: Competent children, competent learners project</th>
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<td>From the ‘Competent children, competent learners’ project: (Wylie, 2007)</td>
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We found that (at 16 years of age) young people who had attended an ECE service which had high ratings for the quality of teacher-child interaction, and those whose ECE service had moderate or high ratings for providing lots of printed material to use or display on the walls of the centre had higher scores on average for literacy, numeracy, logical problem-solving, and their social skills.

We found that good quality ECE can provide some protection against getting into trouble at age 16, by reducing the likelihood of mixing with peers who get into trouble, of being influenced by peer pressure to do things out of character, and to stay away from bullying, or being bullied.

Reviews and descriptions of New Zealand programmes


A report based on recent regular ERO reviews of 219 primary, 18 intermediate and 78 secondary schools found that most schools: acknowledged that bullying required management; said their school was safe; had behaviour and/or anti-bullying policies; and offered anti-bullying programmes (Education Review Office, 2007). While most schools believed their strategies were reducing or eliminating bullying, there was a lack of systematic evidence for either reduced bullying or a link between specific strategies and outcomes.

The ERO recommended that, in relation to bullying, schools

- evaluate and report on the impact of their strategies
- monitor incidence, conduct surveys
- update and review policies and procedures
- have text-bullying policies
- provide staff with professional development
- implement or extend school-wide and targeted programmes
- offer workshops & support for parents.

Good practice to prevent bullying in schools includes:

- acknowledging that bullying behaviour is a risk to be managed;
- documenting policies and procedures outlining their approaches to preventing bullying and managing bullying behaviour
- carrying out anonymous student surveys about student safety at school
- providing training for staff in recognising and responding to bullying
- providing appropriate guidance and counselling for students
- implementing strategies/ programmes/ interventions to prevent/ manage bullying
- ascertaining the success of these strategies/ programmes/ interventions.

“The implementation of policies, procedures, plans and programmes was most effective when expectations and processes were shared with the wider school community through newsletters and information evenings as well as through informal contact. The value of everyone knowing the expectations, rules and processes to be followed was highlighted in many of the reports. Students reported that teacher consistency in implementing policies and procedures was important in creating a positive learning environment.” (p4)

The Ministry of Education, Ministry of health and New Zealand Police provide funding and/or resources for anti-bullying programmes.
Table 15: Programmes, strategies and resources

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<th>Named programmes in primary schools:</th>
<th>School strategies</th>
<th>Classroom strategies</th>
<th>Other strategies</th>
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<td>• Codes of conduct/ treaties</td>
<td>• Provision of lunchtime activities</td>
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<td>• Cool Schools</td>
<td>• Mentoring</td>
<td>• Tuakana/ teina relationships</td>
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<td>• Conflict resolution</td>
<td>• Rewards systems</td>
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<tr>
<td>• Eliminating Violence</td>
<td>• Conflict resolution</td>
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<td>• Reflective journals for students</td>
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<td>provision of complaints procedure, raising</td>
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<td>• Skills for Adolescence</td>
<td>• Individual behaviour contracts</td>
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<td>• Virtues Programme</td>
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<td>community-school seminars and parent surveys</td>
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<td>• Health Promoting Schools</td>
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<td>• Building a Positive Classroom</td>
<td>• Reinforcing key messages at assemblies</td>
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<td>• Young Leaders</td>
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<td>• Big Brother Programme</td>
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<td>• Rangatahi</td>
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<td>• Tall Poppies</td>
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<td>• Kid power</td>
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<td><strong>Named programmes in secondary schools:</strong></td>
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<td>Victory Over Violence</td>
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**Types of programmes**

- Anger management courses
- Assertiveness training
- Anti-bullying workshops
- Self-defence courses
- Induction programmes
- Health programmes
- Leadership programmes
- Mentoring programmes
- Buddy support programmes
- Peer mediation
- Social skills teaching

Many linked to the health and physical education curriculum, "Health and Physical Education in the New Zealand Curriculum"

**Resources**

- Resource Teacher: Learning & Behaviour (RTLB)
- Resource Teacher Literacy
- Social Worker in Schools
- Group Special Education
- Youth Education Services (YES) NZ Police
- Netsafe
- Guidance counsellors
- Deans
- Youth ministers
- Mental Health Services
- School Chaplain
- Public Health Services

**Evaluation of impact of programmes and strategies**

Some schools used indicators such as numbers or rates of incident reports, detentions, stand-downs, suspensions and exclusions. A few schools, in particular large secondary schools, tracked patterns and trends in student behaviour and bullying incidents. Student and parent surveys were used for evaluation.

**Conclusion**

"Strategies and programmes to prevent bullying are most effective when implemented within school cultures that emphasise student safety and well-being. ERO’s findings highlight the need for schools to acknowledge bullying behaviour as a risk to be managed. ERO findings also emphasise the responsibility that schools have to provide both targeted and school-wide strategies and programmes that equip staff and students to manage their relationships with others in a way that supports learning.”
Current Ministry of Education initiatives

Whole school approach toolkit
Behaviour screening tool
Severe behaviour emergency funding
Anti-bullying programmes such as Kia Kaha (Police)
Social Workers in Schools (CYFS)
Healthy schools incl Health Promoting Schools (MoH)
Parent information programmes: SKIP (MSD) & Team-Up (MinEdu)
Safety in Our Schools: An Action Kit for Aotearoa New Zealand Schools. (Queer Youth, PPTA, NZ Assn for Adolescent Health & Devpmt)
Netsafe


This stocktake of violence prevention programmes in New Zealand included programmes within the educational sector (J. Fanslow, McGregor, Coggan, Bennett, & McKenzie, 2000). The authors concluded:

Consideration should be given to funding programmes (e.g. Cool Schools, Kia Kaha, Eliminating Violence, Keeping Ourselves Safe) to extend their coverage in the following ways:

- To support the further development and implementation of the above programmes in all primary and intermediate schools
- To involve family/whanau and the wider community
- To ensure that culturally appropriate materials and strategies are further developed and followed
- To fund programmes specifically designed for pre-school children, e.g. the We Can Keep Safe programme

3. The Church Report: The Definition, Diagnosis and Treatment of Children and Youth with Severe Behaviour Difficulties, 2007

This report to the Ministry of Education includes discussion of conduct problems and reviews of interventions for children of early childhood and school age who have antisocial behaviour. (C. Church, 2003).

4. The Early Social Learning Project

A demonstration project (Ewing, 1999) designed to meet the educational needs of antisocial children in pre-school centres in Christchurch. Children were admitted to the programme if they:

- were 3-6 years old
- had a history of behaviour problems
- engaged in antisocial behaviour both at home and at pre-school
- had a Canterbury Social Development Scale score of <140.

Staff worked in both home and pre-school where possible. All interventions were individualised and open ended and lasted on average 13-14 weeks. Pre-post-test comparison only. Not controlled.

5. Project Early

Similar programme to the Early Social Learning Project, applied to 5-7 year old antisocial children in seven low decile primary schools (R. Church, 1999) (Department of Corrections,
Extended with government funding to a cluster of Auckland primary schools and early childhood centres in 2003. (Goff, 2003)

6. Children’s Issues Centre, 2004

Information was collected about three schools which had taken steps to develop a more positive culture and to reduce bullying. Each of the schools had used a variety of methods including the Ministry of Education's ‘Eliminating violence’ programme. School personnel and students believed violence had been reduced as a result of the actions taken. Certain principles were held to have contributed as follows (Children's Issues Centre, 2004)

- 'leadership is critical to initiating the process but staff support, followed by student support, is needed to achieve school-wide development
- the development of a more positive school culture requires people to look at the relationships that make up the school
- the programmes implemented, and it is unlikely to be just one, need to focus on supporting the wellbeing of students and their families and whanau
- the change process requires lots of time and energy and is not self-sustaining’

7. Cool Schools Peer Mediation

This is a national programme that has been established in primary and secondary schools in New Zealand for 12 years (Murrow, 2004). Initial setting up, including training, is carried out by the Peace Foundation.

Schools are able to apply for funding for the programme from the Ministry of Education’s Innovations Funding Pool. This was set up in 1998 to make funding available for alternative education programmes focused on supporting students at risk of poor educational outcomes. A criterion for funding approval is that the school has a high proportion of at-risk students.

An evaluation of Cool Schools programmes found that schools were positive about it. Of 17 schools who were currently operating the programme under the Innovations Funding Pool scheme (Murrow, 2004), 12 said that their expectations had been met either to a large extent or a very large extent. Reports were positive from those schools that systematically monitored attitude and behaviour changes such as specific incidents of violence (fighting, bullying) and antisocial activity.

The most commonly mentioned change was a reduction in the number of incidents in the playground, the number of detentions or fighting notices, the number of mediations conducted, and the incidence of bullying.

8. Whakatokia Te Rongomau Kohanga Reo

This is a Group Special Education peaceful parenting programme for kohanga reo whanau and teachers. (Hodgson, 2007) It has 8 modules and identifies the beliefs and behaviours we have around violence, non-violence, parenting and children’s development. The programme can be taught in Maori or English.

9. BodySafe

This programme is provided by Rape Prevention Education (Rape Crisis) and gives information on sexual violation and self protection to secondary school students. It aims to enable young people to take greater responsibility for their own safety and well-being both in personal relationships and situations with strangers.

It addresses childhood sexual abuse, as well as sexual coercion within dating relationships, and other high-risk situations. The focus is on the prevention of sexual violation.

The programme consists of three workshops
10. Keeping Ourselves Safe

This is a personal safety/child abuse prevention programme for school children. It is part of the Youth Education Service of the New Zealand Police. Police Education Officers work with teachers to prepare and teach the programme. There are modules for primary and secondary schools and an early childhood module is under development. The effect on children has been extensively researched (see p 75-76).

11. Kia Kaha

This is an anti-bullying programme of the New Zealand Police for primary, intermediate and junior secondary school children. It has not had a formal evaluation but has been the subject of at least one thesis. (Bell, 1997)

12. Roots of Empathy

Roots of Empathy is a Canadian classroom programme that has shown an effect in early research in reducing levels of aggression and violence among school children, while raising social/emotional competence and increasing empathy. It is based on enabling children from early childhood through primary school to experience and observe the relationship between a parent and infant. The Peace Foundation is introducing the programme into schools with a three year trial, commencing in Auckland in 2007. (K. A. Schonert-Reichl, Smith, V. & Zaidman-Zait, A., n.d.) (K. A. Schonert-Reichl, Smith, V. & Zaidman-Zait, A., Hertzman, C., n.d.)

13. Netsafe/Hector’s World

Netsafe (www.netsafe.org.nz) is an internet safety network which provides information to schools through its website and directly on request. Through schools it provides parent evenings on internet safety.

Hector’s World™(www.hectorsworld.com) is affiliated to Netsafe and offers an engaging group of animated characters, with whom children 3-10 years old can form strong emotional bonds and use as positive role models. The adventures of these characters can be the ‘building blocks’ of cybersafety knowledge and online citizenship, especially when viewed and discussed with the guidance of a teacher, parent or youth group leader. A special feature is a ‘safety button’ which a child can press when something worrying appears on the screen. The worrying item is obscured while the child asks a parent or teacher what next to do.

14. Violence Free Wairarapa

In an evaluation of this regional whole-community long-term campaign, the reviewers said:

"From the evidence obtained it is clear that the campaign has made a positive difference to this community. There has been an obvious change in attitude of the key organisations, particularly in the ways that they work together. It is also clear however, that there remain big challenges ahead before the general public will experience a comprehensive change in their lives."

(Knight, 2004)

Recommendations related to the school-based component of the intervention included:

"Addressing adolescent violence and attitudes to alcohol.
“Given that young people are gathered in schools, some programmes should be mandatory, not at the discretion of the principal. Developing acceptable programmes for the next generation of mothers and fathers is a challenge."
“Need to start in schools”
"Urge all schools to offer programmes for children to recognise and report unacceptable behaviour at school and home. Education before they become parents should be mandatory”

The final recommendations include:

"Bring education groups into the heart of the campaign more. This is critical in getting to not only the young people, but to many parents. As this is a long term campaign, there is a need to find mechanisms that educate our future. “Engage the schools and challenge the behaviour and language of adolescents.”

14. AimHi

This is a programme to raise achievement of Maori and Pacific Island students in low decile secondary schools (Hill, 2000). While violence prevention is not a stated aim there is a section in an evaluation report on behaviour management. It serves to illustrate the convergence of teaching objectives and violence prevention through provision of a platform of orderliness from which both can be achieved.
A consistent message throughout the prevention science literature sourced is that, although evaluations are showing us that certain programmes have been successful in reducing violence or its precursors, we have not yet reached the point of being able to produce blueprints for success. However the literature has begun to identify a number of broad-level ingredients and approaches that are common to successful interventions.

In this section, we review best-practice criteria identified by (or cited by) prominent researchers in the prevention field. In the first section, we examine criteria for programmes aimed at the earlier years (preschool and primary); we then summarise a best practice review focusing on adolescence; finally, we summarise best practice reviews that relate to interventions spanning the kindergarten to secondary years or for which no age group was specified.

**Early years: preschool and primary school**

**Best practice reviews**

In their review of early childhood interventions, *Shonkoff & Phillips (2000)* identified the following as essential features of effective interventions. While these points relate to early childhood programmes that are not necessarily school-based interventions, it will be seen that these same principles appear in best-practice discussions in relation to interventions across the whole age group, from early years through to adolescence.

1. Individualisation of service delivery
   a. This entails matching well-defined programme goals to the particular needs, aspirations and resources of participants (e.g. children and their families) and appreciating the diversity of the cultural contexts in which children are raised.
   b. For example, with children from poor, disorganised or abusive environments, tailored interventions have been more successful in achieving good outcomes than services providing generic advice or support; similarly programmes that concentrate on parenting behaviours have shown better results than generic parent education.
   c. Programmes which focus directly on the lived experiences of children’s everyday life are more successful in enhancing children's skills than those that attempt to achieve this through "enhancing the general quality of the caregiving environment" (*Shonkoff & Phillips, 2000, p. 361*).

2. Quality of programme implementation
   a. The quality of the programme delivered is critical to success: “The extent to which model demonstration programs are endowed with abundant resources and highly trained staff, evaluated successfully, and subsequently replicated with inadequate budgets and less skilled personnel is a highly problematic burden for the early intervention field” (*Shonkoff & Phillips, 2000, p. 362*).

3. Timing, intensity, and duration of intervention
   a. These issues are among the most complex and inconclusive in relation to early childhood interventions, although some programmes have measured the effect of intensity on outcomes and found that more intensive services produce better results and others have found longer duration also associated with better outcomes.
   b. Earlier intervention is more important for some conditions than for others.

4. Provider knowledge, skills, and relationship with the family
   a. Having well-trained, qualified teachers and staff has been linked to better outcomes, especially for children from poor households at risk for developmental problems and educational underachievement: “In [the context of home-visitor programmes], the ultimate impact of any intervention is dependent on both staff
expertise and the quality and continuity of the personal relationship established between the service provider and the family that is being served” (Shonkoff & Phillips, 2000, p. 365).

5. **Family-centred, community-based, coordinated orientation**
   a. Although empirical support for these concepts is “thin”, Shonkoff & Phillips maintain that “the theoretical and experiential support is strong” (Shonkoff & Phillips, 2000, p. 366):
   i) “Family-centred” is premised on the idea of family empowerment: “empowering parents as true experts with respect to their own child’s and family’s needs and the goal of building a strong, mutually respectful, working partnership in which parents and professionals relate comfortably in a collaborative effort to achieve family-driven objectives” (Shonkoff & Phillips, 2000, p. 366). The key features of this approach include:
      (a) “treating families with dignity and respect, particularly with respect to their cultural and socioeconomic characteristics;
      (b) Providing choices that address family priorities and concerns;
      (c) Fully disclosing information so that families can make informed decisions; and
      (d) Providing support in a manner that is empowering and that enhances parental competence.” (Shonkoff & Phillips, 2000, p. 366)
   ii) “Community-based” revolves around the notion of “services ... delivered in a nonstigmatizing, normative environment that has both physical and psychological proximity to where young children and their families live” (Shonkoff & Phillips, 2000, p. 366).
   iii) “Coordinated orientation” entails “synergistic organization of a variety of programmatic resources in a rational, efficient, and cost-effective manner that minimizes bureaucratic complexity and avoids unnecessary burdens on families” (Shonkoff & Phillips, 2000, p. 366)

In summary, Shonkoff & Phillips assert that effective programmes for enhancing optimal child development in the early childhood years are characterised by individualised, high-quality delivery that is appropriately timed and of appropriate intensity and duration, delivered by well-trained personnel. They are family-centred and community-based in orientation and part of a coordinated approach to individual families.

The characteristics identified by Shonkoff & Phillips (2000) are echoed Webster-Stratton & Taylor’s summary of the features of effective programmes. This review is based on an examination of successful universal, selected and indicated prevention programmes for adolescent substance abuse, violence or delinquency effected through interventions targeting 0-8 year olds. The review included examination of parent-focused, child-focused, classroom-focused, combined parent- and classroom-focused interventions along with those that included a focus on teacher training. It is also premised on the notion that early prevention is best and that the transition from home to school is a strategic time to intervene. The authors concluded that programmes for children at-risk of (or already exhibiting) conduct problems have the following features:

- They involve various domains of risk factors, including a parent component.
- They ensure that “intervention staff are trained in empirically validated interventions ... and consider strategies to effectively integrate these into a school-wide plan” (Carolyn Webster-Stratton & Taylor, 2001, p. 188).
- They involve a parent-teacher-school-counsellor partnership model:

  “There is a great need for schools to find the resources for such programs and to define their role as partners with parents in efforts to reduce conduct problems, promote social competence, and ultimately prevent later development of violence, substance abuse, and school drop out.” (Carolyn Webster-Stratton & Taylor, 2001, p. 188)

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6 Including the High/Scope Perry Programme (see page 72), Good Behavior Game (see page 116), PATHS (see page 81) and Second Step (see page 119).
7 Including Prevention Treatment Programme (see 93), Fast Track (see page 112), and LIFT (see page 85).
8 Including the Seattle Social Development Project (see page 97) and the Incredible Years parents and teachers series.
As for how this might be achieved, the authors suggest that schools can:

- Screen for children who might benefit from additional support.
- "... provide parenting programs by training school counsellors, psychologists, nurses, or teachers so that they are confident in offering group-based parent programs" (Carolyn Webster-Stratton & Taylor, 2001, p. 188)
- Provide resources for parents on parenting, social skills and teaching problem-solving skills to children (e.g., videos, books and the like).

While parent training is not typically or necessarily seen as part of a school’s service brief, Webster-Stratton & Taylor point out several advantages to offering this as part of a school-based preventive model:

1. To be successful, interventions must target multiple risk factors in multiple settings as well as attending to the links between them.
2. Such programmes are likely to be more accessible and less stigmatising than services provided in mental health settings.
3. Attending to these problems while children are in preschool or primary school reduces the risk that conduct problems will become severe.
4. Such collaborations offer the promise of community strengthening: “when intervention is offered in natural communities, these communities become strengthened as a source of support for parents and teachers” (Carolyn Webster-Stratton & Taylor, 2001, p. 184).
5. Large numbers of families can be reached at relatively low cost.

Finally, the authors provide a summary of the conclusions reached in other reviews of interventions focusing on the treatment and prevention of conduct problems:

"Based on the [reviews], schools are advised to use the following guidelines to select an effective parent/teacher/child intervention:

- Programs take a skills enhancing perspective.
- Program content is broad-based. Program content includes cognitive, behavioral, and affective components.
- Program length is typically greater than 20 hr for children and families at elevated risk of developing problems.
- Programs intervene as early as the risk factors can be clearly identified.
- Programs are developmentally focused. (i.e., targeted at specific ages).
- Programs use a collaborative process with parents, teachers, and children.
- Programs focus on parents’ and teachers’ strengths (not deficits).
- Programs utilize performance training methods. For example, programs that utilize videotape methods, live modeling, role-play or practice exercises, and weekly home practice activities are more effective than programs relying on didactic presentations.
- Programs educate participants not only in strategies, but also in the developmental and behavioral principles behind them.
- Programs promote partnerships between parents and teachers.
- Programs emphasize the clinical skills of the intervention staff.
- Programs are sensitive to barriers for low socioeconomic families and are culturally sensitive.
- Programs have been empirically validated in control and comparison group studies using multiple methods and provide follow-up data.” (Carolyn Webster-Stratton & Taylor, 2001, p. 188)

Many of the points raised by Shonkoff & Phillips (2000) and Webster-Stratton & Taylor (2001) are reinforced by Terzian & Fraser’s 2004 review of universal, family-oriented, primary school-based programmes for reducing problem behaviours. The review identified six such programmes which had shown positive effects in well designed evaluations, including LIFT (see page 85), Fast Track (see page 112) and the Seattle Social Development Project (see page 97). The authors note several limitations in relation to assessing these programmes, nonetheless they conclude that the programmes they identified share the following characteristics:

1. Skills-based
   a. They use manualised curriculum that focus on social and academic skills for children and family management skills for parents.
2. Increased involvement
a. They provide opportunities for high-risk children to increase involvement with more prosocial peers.
b. They also provide opportunities for parents to strengthen their ties with teachers and other parents in the community.

3. Teacher training
   a. Most trained school personnel in problem solving; effective communication with families; classroom behaviour management; curriculum implementation, including supervision, coaching and practice observation; strategies to support “positive classroom behaviour and a caring learning environment” (Terzian & Fraser, 2005, p. 430).

4. Cultural sensitivity in engaging families
   a. In engaging parents, programmes paid attention to enabling parental involvement (e.g. adapting written material to the language and culture of families; timetabling sessions at convenient times; providing transport and child care where needed; providing “practitioners who matched the ethnic and racial background of participants and who had experience working with families” (Terzian & Fraser, 2005).

Adolescence: secondary school

Best practice reviews

Based on reviews of the Surgeon General’s report and the Blueprints Violence Prevention Initiative, Wolfe, Jaffe & Crooks (2006) identified six key elements of successful programmes focusing on violence prevention. While not necessarily based solely on school-based programmes, the elements are clearly relevant to such an initiative.

1. Comprehensive
   a. Successful programmes are comprehensive, targeting multiple domains within the environment.
   b. They also may be comprehensive in terms of targeting behaviours that tend to co-occur, such as substance abuse and violence.

2. Focus on skills
   a. Effective programmes commonly involve social skills training, such as conflict management, problem-solving skills, communication, assertiveness training, social perspective taking, frustration tolerance and anger management.
   b. These skills are often taught using, amongst other things, role-play to give students the opportunity to practise them.
   c. Skills training is most effective in combination with the provision of accurate information about risks and consequences and when it is action oriented (e.g. “not merely a passive discussion of behavioral options” (Wolfe et al., 2006, p. 131).
   d. Some effective programmes include information and training on help-seeking, such as “learning about and visiting with social service agencies in the community” (Wolfe et al., 2006, p. 131).

3. Pick appropriate targets for change
   a. Effective programmes target attitudes, specifically antisocial attitudes and beliefs surrounding aggression and violence.

4. Use peers
   a. In recognition of the influence of peers during the adolescent years, successful programmes address this important sphere of influence, for example, by addressing bystander apathy.

5. Include parents
   a. A number of successful programmes include strategies to increase communication between school and caregivers or to involve parents in designing and implementing programmes as a means to increase investment in – and hence the effectiveness of – the program.

6. Attempt to change the larger environment
a. Effective programmes aim to change those aspects of the school climate that support violence:

“There is increasing recognition that school-based violence prevention is not about finding the “bad kids” but rather changing the whole culture in which children learn. Effective programs specifically target aspects of school climate that are conducive to violence.” (Wolfe et al., 2006, p. 132)

While these principles relate to violence prevention, the authors note the overlap between these principles and those relating to interventions targeting substance abuse and high-risk sexual behaviours. The authors combined these behaviour-specific principles together to inform an integrated framework incorporating a “comprehensive, skills-based, relationship-focused, health-promoting and harm-reducing approach for engaging youth in harm reduction” (Wolfe et al., 2006, p. 152), based on the following programming principles:

- “They are comprehensive, both with respect to targeting a range of behaviors and also in terms of recognizing the multiple contexts within which adolescents live
- They are well timed: Information and skills are provided during midadolescence when youth are experiencing changes in social, cognitive, and physical domains and are interested in learning more about relationships, willing to try out new identities, able to approach these issues with increasing cognitive sophistication, and beginning to engage in dating and risk behaviors in large numbers
- They involve parents, teachers, and schools in age-appropriate ways and increase the connection between youth and these other groups
- They focus on skills, particularly social competence
- They specifically address communication and social competence in different areas
- They focus on the importance of relationships to underscore both the comprehensive part of the integrated model and the type of skills that should be promoted
- They provide youth with opportunities to develop assets and function as valuable resources, rather than being approached as a problem
- They increase youth connection to schools, which serves as a broadband protective factor for a range of potentially health-damaging behaviors
- They emphasize risk and harm reduction by recognizing that youths may find themselves in difficult situations and may choose to engage in high-risk behaviors
- They recognise the benefits of delay as an important component but also equip youth with the knowledge and skills to successfully negotiate situations if they decide to engage in sexual activity or substance use
- They recognize the gendered nature of adolescents’ world and realities, and match programming accordingly.” (Wolfe et al., 2006, pp. 172-173)

**Early years through to adolescence**

**Best practice reviews**

**Gottfredson (1998)** reviewed school-based programmes across all ages that are designed to prevent crime, delinquency and substance abuse (or their precursors). The review excludes school-based programmes targeting family conditions or practices. She summarised her findings in terms of what works (“strategies for which at least two different studies have found positive effects on measures of problem behavior and for which the preponderance of evidence is positive”); what does not work (“strategies for which at least two different studies have found no positive effects on measures of problem behavior and for which the preponderance of evidence is not positive”); and what is promising (“strategies [that] have been shown in only one rigorous study to reduce delinquency or substance use”):

What works
Crime and delinquency:
1. “Programs aimed at building school capacity to initiate and sustain innovation.”
2. Programs aimed at clarifying and communicating norms about behaviors -- by establishing school rules, improving the consistency of their enforcement (particularly when they emphasize positive reinforcement of appropriate behavior), or communicating norms through school-wide campaigns (e.g., anti-bullying campaigns) or ceremonies; and
3. Comprehensive instructional programs that focus on a range of social competency skills (e.g., developing self-control, stress-management, responsible decision-making, social problem-solving, and communication skills) and that are delivered over a long period of time to continually reinforce skills.

Substance use:
1. Programs aimed at clarifying and communicating norms about behaviors;
2. Comprehensive instructional programs that focus on a range of social competency skills (e.g., developing self-control, stress-management, responsible decision-making, social problem-solving, and communication skills) and that are delivered over a long period of time to continually reinforce skills; and
3. Behavior modification programs and programs that teach "thinking skills" to high-risk youths.” (Gottfredson, 1998)

What does not work
1. “Counseling students, particularly in a peer-group context, does not reduce delinquency or substance use.
2. Offering youths alternative activities such as recreation and community service activities in the absence of more potent prevention programming does not reduce substance use. This conclusion is based on reviews of broadly-defined alternative activities in school- and community settings. Effects of these programs on other forms of delinquency are not known.
3. Instructional programs focusing on information dissemination, fear arousal, moral appeal, and affective education are ineffective for reducing substance use.” (Gottfredson, 1998)

What is promising
Crime and delinquency
1. “Programs that group youths into smaller "schools-within-schools" to create smaller units, more supportive interactions, or greater flexibility in instruction; and
2. Behavior modification programs and programs that teach "thinking skills" to high-risk youths.

Substance use
1. Programs aimed at building school capacity to initiate and sustain innovation;
2. Programs that group youths into smaller "schools-within-schools" to create smaller units, more supportive interactions, or greater flexibility in instruction; and
3. Programs that improve classroom management and that use effective instructional techniques.” (Gottfredson, 1998)

9 By this is meant “Interventions to change the decision-making processes or authority structures to enhance the general capacity of the school. These interventions often involve teams of staff and (sometimes) parents, students, and community members engaged in planning and carrying out activities to improve the school. They often diagnose school problems, formulate school goals and objectives, design potential solutions, monitor progress, and evaluate the efforts. Activities aimed at enhancing the administrative capability of the school by increasing communication and cooperation among members of the school community are also included.” (Gottfredson, 1998)

10 That is, “Efforts to teach students ‘thinking skills’ (known in the scientific literature as cognitive-behavioral strategies) involve modeling or demonstrating behaviors and providing rehearsal and coaching in the display of new skills. Students are taught, for example, to recognize the physiological cues experienced in risky situations. They rehearse this skill and practice stopping rather than acting impulsively in such situations. Students are taught and rehearsed in such skills as suggesting alternative activities when friends propose engaging in a risky activity. And they are taught to use prompts or cues to remember to engage in behavior.” (Gottfredson, 1998).
A more recent review-of-reviews sought to identify best practice criteria for universal and selected programmes focusing on reducing substance abuse, risky behaviour, school failure and juvenile delinquency and violence (Nation et al., 2003). This review identified nine principles of effective programmes as follows:

1. "Comprehensive: Multicomponent interventions that address critical domains (e.g., family, peers, community) that influence the development and perpetuation of the behaviors to be prevented.
2. Varied teaching methods: Programs involve diverse teaching methods that focus on increasing awareness and understanding of the problem behaviors and on acquiring or enhancing skills.
3. Sufficient dosage: Programs provide enough intervention to produce the desired effects and provide follow-up as necessary to maintain effects.
4. Theory driven: Programs have a theoretical justification, are based on accurate information, and are supported by empirical research.
5. Positive relationships: Programs provide exposure to adults and peers in a way that promotes strong relationships and supports positive outcomes.
6. Appropriately timed: Programs are initiated early enough to have an impact on the development of the problem behavior and are sensitive to the developmental needs of the participants.
7. Socioculturally relevant: Programs are tailored to the community and cultural norms of the participants and make efforts to include the target group in program planning and implementation.
8. Outcome evaluation: Programs have clear goals and objectives and make an effort to systematically document their results relative to the goals.
9. Well-trained staff: Program staff support the program and are provided with training regarding the implementation of the intervention" (Nation et al., 2003, p. 452)

In a similar exercise, which involved a literature review of school-based violence prevention programmes and telephone interviews with 15 prominent researchers in the field, (Dusenbury, Falco, Lake, Brannigan, & Bosworth, 1997) identified a partly overlapping set of nine critical elements of promising interventions for the prevention of violence:

1. "A comprehensive, multifaceted approach that includes family, peer, media, and community components.
2. Programmes should begin in the primary grades and be reinforced across grade levels.
3. Developmentally tailored interventions are important.
4. Programme content should promote personal and social competencies.
5. Interactive techniques such as group work, cooperative learning, discussions, and role plays or behavioural rehearsal facilitate the development of personal and social skills.
6. Ethnic identity/culturally sensitive material should be matched with the characteristics of the target population.
7. Staff development/teacher training ensures that a programme will be implemented as intended by the programme developers.
8. Activities designed to promote a positive school climate or culture should be elements of effective classroom management strategies promoting good discipline, because positive control in the classroom is essential to effective implementation of violence prevention programmes.
9. Activities should be designed to foster norms against violence, aggression, and bullying." (Dusenbury, Falco, Lake, Brannigan, & Bosworth, 1999)

Additionally, the authors identified a number of approaches that, according to the interviewees, show little promise:

1. "Using scare tactics that show pictures or videos of violent scenes.
2. Adding a violence prevention programme to a school system that is already overwhelmed.
3. Segregating aggressive or anti-social students into a separate group for any purposes.

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11 Including Denise Gottfredson, Larry Cohen, Nancy Guerra, Patrick Tolan and Delbert Elliott.
4. Using instructional programmes that are too brief and not supported by a positive school climate.
5. Using programmes that focus exclusively on self-esteem enhancement.
6. Using programmes that only provide information.” (Dusenbury et al., 1999)

**Prinz (2000)** summarises approaches to prevent school violence and youth antisocial behaviour from within a developmental and educational perspective, listing eight practices which are shown to be beneficial:

1. Intervene early
2. Intervene in multiple settings
3. Move beyond the individual child, taking into account larger contexts (that is, “...youth violence and conduct problems are socially embedded phenomena ... At a minimum, family, classroom, and peer contexts are integrally related to child functioning and should be considered in designing a comprehensive prevention plan” (Prinz, 2000, p. 29)
4. Motivate children, teachers, and parents
5. Set and enforce appropriate limits
6. Use modelling as a powerful influence
7. Involve the community
8. Provide adequate alternatives (that is, “there is no such thing as the absence of human behavior ... Effective programming is about building positive alternatives to aggression and violence either to prevent or supplant such behavior” (Prinz, 2000, p. 31))

*Programme effectiveness depends as much on the quality of implementation as on the type of intervention. Many programs are ineffective not because their strategy is misguided, but because the quality of implementation is poor.* (U.S. Department of Health and Human Services, 2001b)
“Most highly effective programs combine components that address both individual risks and environmental conditions, particularly building individual skills and competencies, parent effectiveness training, improving the social climate of the school, and changes in type and level of involvement in peer groups.” (U.S. Surgeon General, 2001)

The key programme features identified in the best practice reviews in the previous section fall into five main categories. These are (1) quality of programme and implementation; (2) appropriateness; (3) targeting risk and protective factors within multiple domains; (4) increasing collaboration between multiple domains; and (5) focus on skills building. These categories are described here with a view to informing the process of selecting a programme for implementation in a school.

**Quality of programme and implementation**

- Programmes are theory-driven and empirically validated:
  - Focus on known risk and protective factors (e.g., attitudes and beliefs about violence and aggression or conduct problems in young children; including combinations of risk factors where theory supports this approach)
  - Strategies used are empirically supported
  - Programme has been proven effective in rigorous evaluation studies
- Programmes can be – and are – implemented with fidelity
  - Provision of training (and/or explanatory manuals) to those implementing the programme to ensure implementation fidelity
  - The skills level required by the programme matches the skills level of those implementing it
- Programmes include an evaluation component
  - “…have clear goals and objectives and make an effort to systematically document their results relative to the goals” (Nation et al., 2003, p. 452)

**Appropriateness**

- Programme is of sufficient duration and intensity to achieve goals (e.g., a programme involving skills-building needs more sessions than a programme relying on lecture-style delivery)
- Programme timing is developmentally appropriate (e.g., programmes focusing on dating violence coincide with that point in their development when adolescents are interested in dating)
- Programme is appropriate and acceptable to those involved:
  - Socio-culturally (e.g., the programme is (or can be) tailored to the community and cultural norms of participants; recognises barriers to participation by subgroups; treats participants with dignity and respect)
  - Strengths-based (e.g., programme takes a strengths-based approach to families and individuals)

**Targeting risk and protective factors within multiple domains**

- Programme targets risk and protective factors within critical domains in a child’s life, including:
  - Individual (e.g., through teaching interpersonal and thinking skills)
Peers (e.g., through providing opportunities for high-risk children to increase their involvement with more positive peers (Terzian & Fraser, 2005) and fostering norms that do not support violence)

Family (e.g., through providing – or facilitating access to – parenting training and enhancing family management skills)

Classroom and school (e.g., improving those aspects of school climate that are conducive to violence, for example, by clarifying, communicating and enforcing school-wide behavioural norms; “increasing school capacity to initiate and sustain innovation” (Gottfredson, 1998))

**Increasing collaboration between domains**

- Programme increases communication and collaboration *between* domains:
  - School and children/youth (e.g., increasing student bonding to school)
  - School and family (e.g., promoting partnership between teachers/school and families, for example, through active parental involvement in programme implementation or through newsletters about programme activities; enhancing student bonding to family)
  - School and community (e.g. establishing links with community services; implementing programmes as part of community-wide efforts to reduce violence)\(^\text{12}\)

**Focus on skills building**

- Programmes increase and enhance the skills of individuals within multiple domains:
  - Children and youth (e.g., building age-appropriate social skills training, such as conflict management, problem-solving, communication, social perspective taking, as well as help-seeking)
  - Family (e.g., improving family functioning and parenting skills; providing information on child and youth development for parents)
  - Teachers (e.g., improving classroom behaviour management and instructional techniques, including strategies for supporting positive behaviour and learning; increasing awareness of principles of child and youth development underlying programme strategies and goals)

- Programmes use appropriate strategies for teaching skills:
  - Action-oriented teaching strategies (e.g., role-play, behavioural rehearsal, modelling rather than relying solely on lecture-style instruction)
  - Opportunities for children and youth to practise and develop skills, and generalise to other domains (e.g., by informing parents about the skills learned in class and providing strategies for parents to reinforce those skills in the home)

- Programmes sustain and reinforce skills in time (throughout the school years) and space (within and across domains) (e.g. take a life-course approach along with a multiple-domain approach).

\(^\text{12}\) A summary of best practice for programmes aimed at the prevention of mental disorders in school-age children underscores this point: "In order to link to other community care systems and create sustainability for prevention, prevention programs will need to be integrated with systems of treatment. In this way, communities can develop common conceptual models, common language, and procedures that maximize the effectiveness of programs at each level of need. Schools, in coordination with community providers, are a potential setting for the creation of such fully-integrated models. It is surprising that few comprehensive interventions have been developed and evaluated that combine school-wide primary prevention together with secondary prevention and treatment." (M T Greenberg, Domitrovich, & Bumbarger, 2000, p. 38)
Examples from Effective Programmes

In the previous section, we outlined broad-based features of effective programmes. In this section, we identify some of the ways in which effective programmes (i.e. those in Appendix IV) have operationalised features relating to the last three categories: targeting risk and protective factors within multiple domains; increasing connections between domains; and focus on skills building. It must be stressed that the programmes were evaluated as a whole, hence no conclusions can be drawn about the relative importance or effectiveness of the individual components/strategies described below.

Targeting risk and protective factors within multiple domains

Individual

All programmes listed in Appendix III included a focus on children and youth’s life skills. See programme descriptions for details.

*After studying the development of aggression for 30 years, Eron (1990) concluded that without intervention aggressive tendencies crystallized around 8 years of age. There is some evidence to suggest that if children with aggressive behaviour problems are not treated by age 8, their learning and behavioral problems become less responsive to intervention and are more likely to become a chronic disorder … These data and those of other researchers showing the origins of conduct disorders in early childhood (Moffitt, 1993) suggest the wisdom of starting prevention programs as early as possible in order to prevent this crystallization.* (Carolyn Webster-Stratton & Taylor, 2001, p. 168)

Peers

Linking the Interests of Families and Teachers

The child training component of LIFT was designed to improve peer interactions in school to reduce the risk of children being rejected by the normative peer group; this in turn was hypothesised to decrease the likelihood that at-risk children would have greater contact with deviant peers and subsequent deteriorations in behaviour.

Preventive Treatment Program

This programme sought to enhance the opportunities for disruptive children to gain access to the more prosocial peer group through a group-training format. The groups included a ratio of roughly one disruptive boy to three prosocial peers.

Safe Dates

Central to the aims of this programme is changing peer norms surrounding partner violence and decreasing gender stereotyping.

*Many of the contributing risk factors for sexual and physical assault have been identified in childhood and adolescence, and these need to be incorporated into prevention goals. For example, peer attitudes, past experiences of child maltreatment, and substance abuse in adolescence have all been linked to greater risk of dating violence, domestic violence and sexual assault. Changing the norms and climate about relationships is the only viable way to shift from a crisis orientation to one of prevention in response to these related forms of violence.* (Wolfe & Jaffe, 2003, p. 1)

Family

See Focus on Skills Building section below.
Classroom and school

Olweus Bullying Prevention Program

The programme focuses on reducing bullying and victimisation by restructuring the social environment of the school; five principles underlie the approach:

1. Creating a school environment characterised by “warmth, positive interest, and involvement from adults” (Olweus, 2000, p. 115)
2. Setting firm limits on unacceptable behaviour.
3. The consistent use of non-hostile, non-physical sanctions when rules are broken.
4. A degree of monitoring and surveillance of pupils at school and beyond.
5. Adults acting authoritatively in at least some respects. (Olweus, 2000)

See also the teacher training components under Focus on Skills Building below.

“In schools, interventions that target change in the social context appear to be more effective [at preventing youth violence], on average, than those that attempt to change individual attitudes, skills, and risk behaviors.” (U.S. Department of Health and Human Services, 2001b)

Increasing collaboration between domains

School and children/youth

Seattle Social Development Project

This programme is guided by the Social Development Model which theorises that social bonds inhibit delinquency; the programme therefore aims to increase family and school social bonds as a protective measure against antisocial behaviour in children:

“It is hypothesized that the behavior of the individual will be prosocial or antisocial depending on the predominant behaviors, norms, and values held by those individuals of institutions to which/whom the individual is bonded. Important socializing units to which children bond are the family, school, peers, and the community. School bonding plays a central role as one of the important prosocial socialization domains that can inhibit antisocial behavior and promote positive development in childhood and adolescence” (Catalano, Haggerty, Oesterle, Fleming, & Hawkins, 2004, p. 252).

The developers hypothesised that social bonding in the school domain was more likely to develop when three conditions were present:

“...when students have opportunities for active involvement in the classroom, when classroom experiences lead to the development of skills for successful participation in subsequent classroom activities, and when the classroom environment provides consistent reinforcement for productive involvement in the class...” (Hawkins, Doueck, & Lishner, 1988, p. 35)

School and family

The Incredible Years

This programme used the following methods to increase communication and connection between parents and the programme:

- Newsletters to inform parents about curriculum activities
- Phone calls to parents to report on their children’s successes
- Parent/child homework exercises
- Updates during parent meetings at school about the curriculum activities
• Opportunities for parents to assist in the classroom during small-group activity times

**Promoting Alternative Thinking Strategies (PATHS)**

PATHS used the following methods to increase communication and connection between parents and the programme:

• Newsletters to inform parents of programme activities
• Home activity assignments to be undertaken by parents and children together

**Linking the Interests of Families and Teachers**

LIFT used the following methods to increase communication and connection between parents and the programme:

• A telephone was installed in each classroom ("LIFT telephone"). Teachers recorded a message on the answering machine each day about class activities, special events, homework activities and the like; parents could then call to hear the teacher’s message and/or leave a message for the teacher.
• Weekly newsletters informed parents of the programme activities for the week and suggested home activities to complement the class ones.

**Olweus Bullying Prevention Programme**

This programme used the following methods to increase communication and connection between parents and the programme:

• Parents were involved in the coordinating committee responsible for implementing the programme in schools.
• Parents’ cooperation and involvement was also secured through parent-teacher meetings to discuss the nature of the problem and the programme.
• Discussions were held both with children involved in bullying and their parents

**Safe Dates**

Materials were developed for parents whose adolescent children were in abusive relationships and made available at the local domestic violence agency involved in the programme.

**Too Good for Violence**

Parental engagement in their children’s learning is facilitated by the use of *Home Workouts: Information and Exercises for Parents and Kids* handouts which provide information on (amongst other things) parenting and violence prevention, provide parent-child exercises, reinforce skills taught in the classroom component and provide opportunities for parents to engage with school.

“Central to any of these programs’ success is the parent-teacher-school-counselor partnership model, a supportive network, that leads to parents and teachers feeling more supported in their efforts and results in more success than those that target either teachers or parents or children alone.” (Carolyn Webster-Stratton & Taylor, 2001, p. 188).

“...a major weakness in current efforts to prevent violence involves the period after an intervention ends (Elliot, personal communication, 1997), when students leave the controlled situation of an instructional program or a positive school environment and return to environments where reinforcers and incentives to avoid conflict and violence are not present. The key to success is identifying strategies and programs that can be sustained and generalized across settings. Schools cannot do it alone: partnerships among school, community, and family are necessary to launch successful violence prevention campaigns.” (Dusenbury et al., 1999, p. 414)
School and community

Some programmes included mechanisms for involving communities or community-based agencies:

**Safe Dates**

The Safe Dates programme aims to promote primary prevention through school activities, such as addressing norms around dating relationships, and secondary prevention through school and community activities. Central to this was an emphasis on promoting help-seeking behaviours (V A Foshee et al., 1996). The programme therefore included awareness-raising about community support as well as training for community providers to increase their skills in responding to adolescents:

- Service providers were given training that involved “interactive exercises on the cognitive factors influencing help-giving” (V A Foshee et al., 1996, p. 42).
- Programme participants were informed about a domestic-violence and rape crisis line operating in the area through a theatre production, the curriculum and through a poster contest (see page 106).
- Crisis-line personnel were given training on responding to adolescents seeking help.
- Weekly support groups, staffed by the local domestic violence and sexual assault agency, were offered to adolescent victims.

**Olweus Bullying Prevention Programme**

This programme recommends the establishment of a coordinating committee to oversee the implementation of the programme within the school, which might include students, teachers, parents, and also community representatives.

The programme also recommends the development of a school-wide policy on bullying, based on consultation with relevant groups; this could provide an opportunity for community involvement by extending the consultation exercise to relevant individuals and organisations beyond the immediate school.

### Australian (Queensland) implementation of PeaceBuilders

In 1997, the PeaceBuilders programme was implemented in a school in a small community characterised by low income, high crime and high drug use. Although the programme was not formally evaluated, there are indications that parents, pupils and teachers perceive improvements in the school atmosphere. There have been reductions in pupils’ disruptive behaviours, a dramatic decrease in police call-outs to the school, and no teachers requested transfers in the two years following implementation. There also appear to have been improvements in community involvement in the school, with increased “positive contacts” between police and the school and increased parental involvement in school events. To this end, the school has been active in informing external agencies about the PeaceBuilders programme, such as the local police and Juvenile Aid Bureau (Christie, Petrie, & Christie, 1999).

### Focus on skills building

**Enhancing skills of individuals within multiple domains**

**Children and youth**

All of the programmes listed in Appendix IV included skills training for children (see individual programme descriptions for details).

Taylor et al. (1999) recommend an approach in which interpersonal skills training is part of a comprehensive package of services aimed at conduct disorders. Such a package would include behavioural parent training, which has “more evidence supporting its effectiveness at reducing aggression and conduct problems than any other intervention” (Taylor et al., 1999, p. 177), classroom-based interventions such as the Good Behavior...
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Game (see page 116), and interventions specifically for chronically delinquent and aggressive adolescents. In such a system of care, interpersonal skills training would be acting in support of the other components, rather than as the central element around which others are organised.

Family

Several of the programmes included a component that focused on increasing and enhancing parental skills:

**High/Scope Perry Preschool Project**

- The parent skills component was delivered via weekly home visits by the programme teachers and monthly group meetings.
- The training included increasing parents’ understanding of child development, supporting their children’s intellectual, social and physical development, and reinforcing classroom learning.

**Linking the Interests of Families and Teachers**

Parents were invited to six group meetings facilitated by project staff; these followed a regular format: (a) reviewing home practice of the previous week; (b) lecture, discussion and role-plays; (c) presentation of the home practice exercise for the following week.

The content of the parent meetings was specifically linked to that being covered by the children in class and included training in child discipline and family management:

- Discipline: “disengagement, paying attention sooner than later, appearing calm, using small positive and negative consequences” (Eddy, Reid, & Fetrow, 2000, p. 176)
- Family management skills: “listening and tracking; making effective requests; controlling negative emotions; giving encouragement; defining cooperation; making behavior-change contracts; giving consequences: time out, work chores, privilege removal; networking with teachers and parents; problem solving: definition, brainstorming, evaluating and trying solutions” (Eddy et al., 2000, p. 176)

**Preventive Treatment Program**

Trained professionals delivered home-based training to parents, supplemented by written materials. The sessions covered:

- Monitoring children’s behaviour
- How to give positive reinforcement for prosocial behaviour
- The use of non-abusive punishment
- How to manage family crises
- How to generalise the new skills

**Seattle Social Development Project**

Parents were offered training at different points throughout the programme:

- Seven-session programme for parents of first and second grade children (6-7 years) focused on child behaviour management skills:
  - “Observe and pinpoint desirable and undesirable child behaviors
  - Teach expectations for behaviors
  - Provide consistent positive reinforcement for desired behavior
  - Provide consistent and moderate consequences for undesired behaviors” (Hawkins, Guo, Hill, Battin-Pearson, & Abbott, 2001, p. 227)
- Four-session programme for parents whose children were at the end of second and third grades focusing on strengthening parents’ skills in supporting their children’s learning.
  - “Initiate conversation with teachers about children’s learning
  - Help children develop reading and math skills
  - Create a home environment supporting of learning” (Hawkins et al., 2001, p. 227)

- Five-session programme for the parents of fifth and sixth graders (10-11 years) focusing on reducing children’s risk of drug use and increasing family bonding into the teenage years
  - “Establish a family policy on drug use
  - Practise refusal skills with children
  - Use self-control skills to reduce family conflict
  - Create new opportunities in the family for children to contribute and learn” (Hawkins et al., 2001, p. 227)

**Fast Track**

This programme included a standardised child and parent training component for high-risk children which included weekly “enrichment group sessions” and home visiting. The parent groups included developing skills in:

- Creating positive family-school relationships and helping children adjust to school
- Parental self-control
- Realistic and developmentally appropriate expectations of children’s behaviour
- Improving parent-child interactions and decreasing children’s disruptive behaviour

Parents were then given the opportunity to practise these skills in half-hour, parent-child activity-based sessions in addition to home visits to help parents generalise skills learned in the enrichment group sessions in other settings; the aim of these activities were to empower parents and increase self-efficacy (Conduct Problems Prevention Research Group, 1999a)

**Second Step**

This programme included parent training to introduce them to the programme and to help them foster child development and use skills learned during the intervention.

**Teachers**

**The Incredible Years**

The programme as described on page 78 included teacher training in classroom management strategies that reinforce children’s social skills, emotional regulation and anger management.

**Seattle Social Development Project**

The programme included a comprehensive teaching training component focusing on three strategies: proactive classroom management, interactive teaching and cooperative learning. These were hypothesised to affect children’s social development through increasing opportunities for and recognition of classroom involvement and through teaching skills for school success.

- “Proactive classroom management
  - Establish consistent classroom expectations and routines at the beginning of the year
  - Give clear, explicit instructions for behavior
- Recognize and reward desirable student behavior and efforts to comply
- Use methods that keep minor classroom disruptions from interrupting instruction

Interactive teaching
- Assess and activate foundation knowledge before teaching
- Teach to explicit learning objectives
- Model skills to be learned
- Frequently monitor student comprehension as material is presented
- Re-teach material when necessary

Cooperative learning
- Involve small teams of students of different ability levels and backgrounds as learning partners
- Provide recognition to teams for academic improvement of individual members over past performance” (Hawkins et al., 2001, p. 227)

Using appropriate strategies for teaching skills

Most of the programmes used action-oriented strategies to teach skills, such as role-play, behavioural repetition and rehearsal, modelling, positive reinforcement, group work, group discussion, story writing and analysis of scenarios. The Safe Dates programme also used a theatre production and poster competition to reinforce programme messages: the posters were displayed in classrooms and students judged the top three, thereby exposing students further to the messages.

Opportunities to practise and generalise skills to other domains, such as the home, were also incorporated into several of the programmes as well as mechanisms for reinforcing skills across domains:

The Incredible Years

The child training sessions included small-group activities to practise skills through, for example, art projects, writing activities, reading activities and cooperative play.

Promoting Alternative Thinking Strategies

In the preschool child training component, new ideas and materials were introduced during lessons which were then practised over the following days using extension activities such as team games, art, music, and story time. Parents were kept informed of programme activities and provided with activity assignments to further practise skills.

Linking the Interests of Families and Teachers

The classroom child training component comprised one-hour sessions during which skills were practised and reviewed; the content of the parent sessions was linked to that

*Integrated school-wide approaches that provide consistent classroom discipline plans and individualized behavior plans for children with conduct problems can be highly effective (Cotton & Wikelund, 1990; Gottfredson et al., 1993; Knoff&Batsche, 1995). Specific teacher behaviors associated with improved classroom behavior include high levels of praise and social reinforcement (Walker et al., 1995); the use of proactive strategies such as preparation for transitions and clear, predictable classroom rules (Hawkins et al., 1991); the effective use of short, clear commands, warnings, reminders, and distractions (Abramowitz et al., 1988; Acker & O'Leary, 1987); the use of tangible reinforcement systems for appropriate social behavior (Piffner et al., 1985); team-based rewards (Kellam et al., 1998); mild but consistent response costs (Time Out or loss of privileges) for aggressive or disruptive behavior (Piffner & O'Leary, 1987); and direct instruction in appropriate social and classroom behavior (Walker et al., 1994), and problem-solving skills (Shure, 1994).

Programs that train teachers in classroom management strategies have consistently demonstrated short-term improvements in disruptive and aggressive behavior in the classroom for approximately 78% of disruptive students (Stage & Quiroz, 1997). … Two large scale prevention projects, the Seattle Social Development Project (Hawkins et al., 1999) and the Child Development Project (Battistich et al., 1991) emphasized training teachers in classroom management as a universal prevention effort.” (Carolyn Webster-Stratton & Taylor, 2001, p. 186)
covered in the classroom. In addition, information about classroom activities was provided on the classroom LIFT telephone.

**PeaceBuilders**

The PeaceBuilders principles (praise people; avoid put-downs; seek wise people as advisers and friends; notice and correct hurts you cause; right wrongs) are taught through (amongst other things) daily rituals, prompts to 'transfer' the principles across people, behaviours and time; and adults’ modelling of the principles.

**Preventive Treatment Program**

Encouragement was given for children to practise their new skills beyond the class; teachers and parents were informed via newsletter of the skills the children had been learning and were invited to “solicit and praise each child for using these new skills as often as possible” (Vitaro & Tremblay, 1994, p. 464).

**Fast Track**

The programme included both a universal, classroom-based component and a separate intervention for high-risk children and their families. The rational for providing both universal and targeted components was to ensure that skills learned by the high-risk children could be generalised both in the home and in the wider school environment:

“...it is unlikely that the effects of the selective interventions with the children and families will generalize to the school and classroom setting without providing support for these new skills in the school ... By providing similar skills, cues, and a common language in both the selective and universal interventions, teachers and other school staff are able to promote the generalization of skills to the classroom” (Conduct Problems Prevention Research Group, 1999b, pp. 648-649)

"A Framework for Prevention Strategies

Three questions are crucial when thinking about the kinds of services that can help people meet developmental needs, and they should be posed for each developmental stage:

- Do individuals have the required **skills** to meet developmental needs and perform socially appropriate developmental tasks?
- Do social contexts and systems afford the **opportunity** for doing so?
- Are interactions within contexts sufficiently **sanctioned** (positively and/or negatively) to promote healthy development?“ (Williams, Guerra, & Elliott, 1997, p. 37)
CONCLUSIONS

What school-based programmes can and cannot accomplish

The school (and early childhood centre) is an institution that, to an outsider, lends itself to the introduction of programmes of change. The children are captive and they are in the charge of professional people capable of managing such programmes. In addition there is a long-standing tradition of human societies seeking redemption through reliance on children’s supposed malleability to provide the foundation for any number of ideologies. It is tempting to think that desirable change can be brought about simply by the introduction of well-founded programmes into the nation’s schools.

There are several fatal flaws in this argument. Firstly, it is well-established that behaviour change brought about within the school tends to be confined to the school or at least to term-time and does not influence behaviour at home and in the wider world (von Hippel, 2007). Where significant change has been demonstrated through programmes limited to the school, they have been relatively small in scale and have affected the least serious problem behaviour.

Broadly speaking anti-violence programmes in schools have succeeded in the first place to the degree that they have involved parents and students beyond the school and out of school time and, in addition to that, to the degree that they have been part of an inspired and committed community-wide programme.

Secondly, the brief upon which schools have evolved and the mandate from their communities is as institutions of learning. This is not to say that they are unaware of the duty of care they have toward their students or that they do not teach and model values, attitudes and behaviour. Nevertheless, they are resourced to teach and that is their orientation. An alternative mandate, orientation and provision of resources perhaps in the direction of pedagogy as it is understood in some countries, may be required to bring about desired changes toward a reduction in violence. (Moss, 2002)

Finally, although the effectiveness of programmes may be attributed in the scientific literature to programme details, a wider reading of the history of their implementation suggests that the political economy of the society in which they operate may contribute at least as much to their chances of success.

In the case of the programmes in Norwegian schools introduced by Olweus and others, a tradition of communal interventions for the public good, an historic movement toward a more co-operative, less aggressive society, a wave of concern about bullying in schools and perhaps the standing and commitment of Professor Olweus himself may have been important success factors.

The famously successful High/Scope Perry programme was initiated in a predominantly black population at the time of a renaissance of black aspirations; it was implemented with the strong support of the school’s black principal, who was “active in school reform” and had already opened the school up for community activities (L J Schweinhart et al., 2005). In this case, the improved performance by child participants may have been influenced by a nation-and community-wide process.

The influences on a child for and against violence operate in every sphere of his or her life and accordingly there are opportunities in each of those spheres to reinforce pro-social or anti-social behaviour. Similarly, the influences for and against violence operate at every stage of life and there are opportunities at each of these stages to intervene. The very word, ‘intervention’ suggests a time-limited interruption. It would be preferable to conceive reduction...
of the tendency to violence as a life course strategy and beyond that, a life cycle strategy, given that today’s children are tomorrow’s parents. The part played by schools, to be most effective, must operate throughout all the years in which children are in school and be planned so that it engages with children in a way that is appropriate to their stage in life and in accordance with our knowledge of the evolution of violent behaviour. One aspect of this stages approach is the understanding that the earlier the intervention the greater the chance of success in changing a behavioural pathway.

The conclusion to be drawn from the foregoing is that the criteria for likely success in the implementation of anti-violence programmes in schools must include factors that look beyond the schools. Best practice criteria should include:

- an understanding of the political economy of the nation and community and of where commitment, inspiration and leadership for change toward less violence are to be found
- plans for wider community involvement that will reach all sectors of the community including families at the margins of community influence
- plans that will bring about willing engagement of students’ families
- a commitment to a life course strategy
APPENDIX I

Reference group

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Liz Butterfield, Managing Director, Hector’s World Ltd
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Hanne Jepsen, Family Safety Team, Preventing Violence in the Home
Kathy Kerr, Child Advocate, Preventing Violence in the Home
Kim McGregor, Rape Prevention Education
APPENDIX II

Search terms used in literature search

**ERIC (OVID)**
School + program* + evaluat* + prevent* +
violen*
abus*
bully*
aggress*
health*
dating
self-esteem
safety*
reslienc*
peac*
strengths-based*
polic*

**PSYCHInfo**
Meta OR systematic OR critical OR synthesis
+ school +
Violen*
Abus* + prevent*
Aggress* + prevent*
Health* + prevent*
Dating + prevent*
Self-esteem + prevent*
Safety + prevent*
Reslienc* + prevent*
Peac* + prevent*

Meta OR systematic OR critical OR synthesis
+ school +
Violen*
abu*
bull*
aggress*
health*
Dating
self-esteem*
Safety
reslienc* + violen*
peac* + violen*
strengths-based*
polic*

Criteria for programme ranking by Blueprints, Dept. of Education, Mihalic & Aultman-Bettridge, Surgeon General and OJJDP.

<table>
<thead>
<tr>
<th>Table 16 : Criteria for programme ranking</th>
<th>Exemplary</th>
<th>Promising</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blueprints</strong></td>
<td>Evidence of deterrent effect with a strong research design (experimental design or those using comparison groups with statistical controls), sustained effect, and multiple site replication. Also consider whether mediating factors analyzed and if cost effective.</td>
<td>Evidence of deterrent effect with a strong research design BUT not proven sustained effect OR multiple site replication.</td>
</tr>
<tr>
<td><strong>Dept. of Education</strong></td>
<td>Rigorously field-tested and have solid evidence of effectiveness. Use of control group with large difference in results between groups. Rated 0-3 on each of seven criteria in four areas: evidence of efficacy, quality of program, educational significance, and usefulness to others.</td>
<td>Well-designed programs not yet thoroughly tested. May have been evaluated but with weak design. May have only been developed, implemented/evaluated in one site. Rated on same criteria as exemplary.</td>
</tr>
<tr>
<td><strong>Mihalic-Aultman-Bettridge</strong></td>
<td>As per Blueprints.</td>
<td>As per Blueprints.</td>
</tr>
<tr>
<td><strong>Surgeon General</strong></td>
<td>• Rigorous experimental design (experimental or quasi-)</td>
<td>• Rigorous experimental design (experimental or quasi-experimental)</td>
</tr>
</tbody>
</table>
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Significant deterrent effects on:
- Violence or serious delinquency (Level 1)
- Any risk factor for violence with a large effect (.30 or greater) (Level 2)
- Replication with demonstrated effects
- Sustainability of effects

Significant deterrent effects on:
- Violence or serious delinquency (Level 1)
- Any risk factor for violence with an effect size of .10 or greater (Level 2)
- Either replication or sustainability of effects

OJJDP Ratings are based on four dimensions of effectiveness:
- the conceptual framework of the program
- the program fidelity
- the evaluation design
- the empirical evidence demonstrating the prevention or reduction of problem behavior; the reduction of risk factors related to problem behavior; or the enhancement of protective factors related to problem behavior

Exemplary:
In general, when implemented with a high degree of fidelity these programs demonstrate robust empirical findings using a reputable conceptual framework and an evaluation design of the highest quality (experimental).

Effective:
In general, when implemented with sufficient fidelity these programs demonstrate adequate empirical findings using a sound conceptual framework and an evaluation design of the high quality (quasi-experimental).
Bullying programmes

Perhaps the best-known anti-bullying intervention is the Olweus Bullying Prevention Program ("OBPP") which was implemented in Norwegian schools in the 1980s. This programme achieved reductions in bullying and victimisation of 50% or more.

Several large-scale programmes modelled on (or influenced by) the OBPP have since been implemented around the world, including in the UK, Canada, Australia, Finland, Spain and the US. However none has achieved reductions in bullying and victimisation to match the Bergen study. Some, such as the Seattle middle school programme (Bauer, Lozano, & Rivara, 2007), showed no overall effect at all.13

Best practice

In the literature on bullying prevention, much attention is given to “the whole-school approach”. This approach recognises bullying as a group process, involving not only perpetrators and victims, but also other children and adults in the immediate environment and beyond:

“The whole-school interventions address bullying as a systemic problem meriting a systemic solution. They seek to alter the school’s entire environment and to involve individuals, peer groups, classrooms, teachers, and administration. The success of the whole-school interventions suggests that bullying does, indeed, spring from factors external to individual children’s psychosocial problems, including a complex process of social interactions.” (Vreeman & Carroll, 2007, p. 86)

According to Smith et al. (2004), two core features are common to whole-school interventions:

- Efforts to ensure that all members of a school community (pupils, staff and parents) are aware of the nature of bullying and how they should respond to it. Hence they require adherence to a consistent policy which promotes an anti-bullying environment and specifies non-physical responses to it, communicated to all members of the school community.
- Provision of “individualised interventions” for bullies and their victims.

While some studies have suggested that the whole-school approach is more effective than those focusing only on improving social and behavioural skills or those only involving classroom curricula (Vreeman & Carroll, 2007), whole-school interventions have had mixed success in reducing bullying and victimisation (Ken Rigby, 2002; J. D. Smith, Schneider, Smith, & Ananiadou, 2004). Researchers have noted the relative absence of carefully designed and rigorously evaluated programmes which limits the opportunities for comparison between programmes to determine (a) what works, for whom and when; and (b) which components are critical to success. Furthermore, programmes with similar approaches and similar components have been found to yield very different results (J. D. Smith et al., 2004). At this stage in the genesis of bullying prevention research, it is difficult to identify which those elements of a whole-school intervention which are critical to its success (Ken Rigby, 2002; J. D. Smith et al., 2004).

However, two reviews by authoritative researchers in the field made the following generalisations:

13 It did, however, show some “mixed positive effects varying by gender, ethnicity/race, and grade” (Bauer et al., 2007). A substantial reduction in victimisation was found only for white students, which may point to a relationship between racism and bullying.
Age

- Of the programmes reviewed, only those aimed at younger pupils (aged 7 – 14) produced positive results (J. D. Smith et al., 2004).
- Rigby (2002) also found that programmes aimed at preschool and primary school students are more likely to succeed than those aimed at older students.

Implementation

- Although most programmes reviewed produced small to negative effects, those which included mechanisms for monitoring implementation fidelity were more often successful than those which did not (J. D. Smith et al., 2004).
- The degree of commitment on the part of teachers and community involvement in its implementation are important success factors (Ken Rigby, 2002)

The contention that programmes aimed at younger children are more successful is supported by research on the stabilising of bully/victim roles: few pupils enter into stable victim roles before ages 8 to 9 years (P. K. Smith, Ananiadou, & Cowie, 2003), hence programmes should begin before this age “to prevent vulnerable children from being systematically targeted and stereotyped into a stable victim role from which it may be difficult to escape” (P. K. Smith et al., 2003, p. 597). Furthermore, younger children might be more amenable to teacher authority and activities/policies aimed at changing bullying behaviour. Girls, in particular, may be responsive to these interventions.

Despite the uncertainties, some researchers have attempted to identify core elements of bullying prevention programmes. For example, following the first large-scale implementation and evaluation of the Olweus programme in the US, a number of modifications were made to adapt the programme to the American environment: (a) the establishment of schoolwide rules against bullying; (b) intensive training for staff and bullying committee members by certified trainers along with ongoing consultation; (c) adaptation and augmentation of the original programme materials; and (d) the involvement of community members in the activities to prevent bullying (Limber, 2006). The key elements of the U.S. version of the Olweus programme are summarised as follows:

Table 17: Overview of key elements of the Olweus Bullying Prevention Program, as Implemented in American Schools

<table>
<thead>
<tr>
<th>“Schoolwide elements”</th>
<th>Administering of anonymous bully-victim questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Form coordinating group</td>
</tr>
<tr>
<td></td>
<td>Train all staff</td>
</tr>
<tr>
<td></td>
<td>Introduce the program to staff and students through a school assembly or other events</td>
</tr>
<tr>
<td></td>
<td>Increase adult supervision</td>
</tr>
<tr>
<td></td>
<td>Develop schoolwide rules about bullying</td>
</tr>
<tr>
<td></td>
<td>Develop appropriate positive and negative consequences for students’ behavior</td>
</tr>
<tr>
<td></td>
<td>Hold staff discussion groups on bullying</td>
</tr>
<tr>
<td></td>
<td>Engage parents in bullying prevention efforts</td>
</tr>
<tr>
<td>Classroom elements</td>
<td>Hold classroom meetings with students</td>
</tr>
<tr>
<td></td>
<td>Hold classroom-level meetings with parents (where possible)</td>
</tr>
<tr>
<td>Individual interventions</td>
<td>Meet individually with students who are bullied</td>
</tr>
<tr>
<td></td>
<td>Meet individually with students who bully</td>
</tr>
<tr>
<td></td>
<td>Meet with parents of affected students</td>
</tr>
<tr>
<td>Community involvement</td>
<td>Engage community members in efforts to support the school’s program</td>
</tr>
<tr>
<td></td>
<td>Help to encourage bullying prevention activities in after-school and community settings.</td>
</tr>
</tbody>
</table>

(Limber, 2006, p. 297)

A recent study by Rigby (2006) concludes, as per his conclusions in 2002, that the research has not yet provided a “blueprint for success” (K Rigby, 2006, p. 335), but that there is nonetheless some theoretical and empirical support for the following:

Table 18: Reducing bullying in schools: implications for practice

1. “Seek to understand the nature, prevalence, and effects of bullying among students in one’s school, drawing on survey data.
2. Share the findings with members of the school community in order to raise awareness of the bullying and its effects on children, thereby motivating authorities to address the problem.
3. Develop an anti-bullying policy, well supported by the entire school community. This should include guidelines to help the school to identify, prevent, and deal with bullying incidents.
4. Work with children in classes to develop an understanding of bullying and its effects, and help children to acquire attitudes, values, and skills that will enable them to protect themselves against being bullied, get help (if needed), and assist others who need their help.

5. Devise and utilize methods of dealing with cases of bullying that are (a) appropriate, given the severity of the offense and the age of the child; (b) well-supported by the school community; and (c) likely to lead to the underlying conflict between children being resolved.” (K Rigby, 2006, p. 335)

Another 2006 review of bullying prevention programmes suggests that the following are the core ingredients of effective interventions:

Table 19: Characteristics of Effective Bullying Prevention Programs

<table>
<thead>
<tr>
<th>Program themes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Socioecological perspective&quot;</td>
<td>Integrate the fullest possible diversity of people and groups into community planning and implementation efforts</td>
</tr>
<tr>
<td>Reducing isolation of people and ideas</td>
<td>Reduce physical isolation opportunities and increase social, information, emotional, and ideological inclusion.</td>
</tr>
<tr>
<td>Empathetic involvement</td>
<td>Create and maintain connections between people on the emotional level in addition to knowledge/information level.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sequential program stages</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial awareness building</td>
<td>Create both knowledge and emotional awareness that promotes understanding, a desire to help, and a press for timely action.</td>
</tr>
<tr>
<td>Policy development</td>
<td>Create agreed upon values, related rules of behavior, supportive activities, and enforcement procedures involving the fullest possible diversity of school/community participants.</td>
</tr>
<tr>
<td>Skill development</td>
<td>Teach a wide variety of social skills that encourage abusers, victims, and bystanders alike to assertively implement social/behavioral values and policies.</td>
</tr>
<tr>
<td>Continuing involvement</td>
<td>Provide regular time for discussions on the school’s evolving climate, positive changes, problems, necessary actions, and how to use previously learned skills.</td>
</tr>
<tr>
<td>Assessment and adjustment</td>
<td>Evaluate progress, identify changing needs, and direct adjustment of efforts.” (Hazler &amp; Carney, 2006, p. 287)</td>
</tr>
</tbody>
</table>

The authors make the point, however, that it is the quality of implementation and its place within wider community values that makes the difference:

"No matter the source or quality of a program, eventual successes are dependent upon the extent and quality of local implementation in their unique socioecological environment ... How effectively a program and the community’s uniqueness can be combined will make the critical difference.” (Hazler & Carney, 2006, p. 288)

The generalisation of skills and values from the relatively structured environment of a classroom to other environments (say, sports or non-school environments) is one of the major challenges of school-based prevention programmes. The chances of success are perhaps enhanced if the programme values are clearly articulated and aligned with values promoted within the wider community.

This emphasis on the wider environment in which bullying occurs is echoed by Smith et al. (2003) who point out that any school-based programmes can only ever achieve partial success without attention to the broader issues affecting children and families:

"Neglect of wider issues - deprivation in sections of society; positive presentations of violence in the mass media; and opportunities and reinforcement for violence, often in venues outside school - means that we cannot expect substantial positive outcomes to school-based initiatives, especially in the inner-city areas where social deprivation is most obvious and deeply embedded. [While this may not apply to the less extreme social inequality in other parts of the world] school-based anti-bullying interventions ... will have limited impact while we neglect such factors as the quality of parenting, parent training, and support for parents; the socioeconomic conditions of families and the opportunity benefits for crime and antisocial behaviour; the ways in which abuses of power are presented, and at times shown positively, in the mass media; and the ways in which abuses of behaviour are tolerated and rewarded in the wider society” (P. K. Smith et al., 2003, pp. 597-598)
Dating violence programmes

Although relationship violence frequently begins during teenage years (Nurse, Habibula, & Sethi, 2007), research into the prevalence and nature of adolescent dating violence has only emerged in the last few decades. Nonetheless, there is evidence not only that dating violence is particularly prevalent among teenagers and young adults, but also that “less severe violence among adolescents and young adults can lead to more severe violence later in marital relationships” (Whitaker et al., 2006, p. 152). With dating violence estimated to emerge in mid-adolescence (13-15 years) (Wolfe, Wegerle, Scott, Straatman, & Grasley, 2004), this is an important stage in the life cycle for intervention:

“Early and mid-adolescence offer a unique window of opportunity for prevention efforts to make teens more aware of how violence in relationships can occur and to teach healthy ways of forming intimate relationships. In fact, college students are seen as so high-risk for partner violence and sexual assault that some researchers argue institutions should provide universal programs to address the magnitude of these issues (Koss & Harvey, 1991).” (Wolfe & Jaffe, 2003, p. 3)

While these interventions are a promising approach to the prevention of adult domestic violence, relatively few have been rigorously evaluated. The programme search detailed earlier (see page 13) identified only one dating violence prevention programme that met the criteria for inclusion: Safe Dates. A 2006 review of such programmes identified only 11 which had been rigorously evaluated, of which 10 were school-based. Of these 10, only Safe Dates reported on improvements in both attitudes and behaviours (Whitaker et al., 2006).

Best practice

“Prevention I think is gonna come from, like, this talking about it and I think we all agree that a guy who's gonna beat up a girl is a total dork and, I mean, if there was someone here that didn't think that then, you know, we might be able to change his view.” 16-year-old male focus group participant (New Zealand) (S. Jackson, 1998, p. 31)

In their review of school-based programmes targeting the prevention of dating violence, Avery-Leaf & Cascardi (2002) offer several recommendations for selecting programmes, while noting that research into dating violence and its prevention is still in its infancy:

- Target the whole population
  - This ensures a wide catchment, including students who have never engaged in/experienced dating violence as well as high-risk students who might otherwise be unlikely or unwilling to seek assistance. A universal approach also avoids issues of stigma.
  - Safe dating could be incorporated into existing courses (such as health) or included in orientation for new students.

- Train existing personnel to administer the program
  - Although there are benefits to having specialists deliver safe dating programmes (e.g., knowledge of topic, ability to deal with disclosures, knowledge of services), having school-based personnel deliver the programme provides more opportunities for reinforcing programme messages over time and modelling effective prosocial skills (such as communication).

- Maintain a gender-neutral focus, especially in mixed-gender classrooms
  - Research indicates that both male and female adolescents engage in dating violence; in other words, dating violence may be less gendered than adult intimate partner violence (see Table 20 for a brief discussion of this contested topic). According to programme evaluations Avery-Leaf and Cascardi consulted, those investigating programmes using a feminist model of male perpetrators and female victims “failed to demonstrate change in high school students’ attitudes

14 A systematic review of the effectiveness of dating violence programmes is currently under way by researchers for the Cochrane Database of Systematic Reviews (see protocol description in Nurse et al., 2007).
toward the use of violence or showed a backlash effect (increased acceptance of violence) for some of the male students...” (Avery-Leaf & Cascardi, 2002, p. 96). The authors recommend adopting a gender neutral focus; teachers might also deliver the programme initially to same-sex groups before using mixed-sex groups.

- Begin skills training early
  - Programmes should be group-based and include a skills building component, focusing on skills such as communication, conflict resolution and anger management.
  - These should be introduced early so that there is time given to practising them over the course of the programme.

- Target attitude change
  - Attitude change “has proved to be a consistently successful programme objective” (Avery-Leaf & Cascardi, 2002, p. 100) and relatively easy to achieve in a group setting.

  “One of the most consistent and strongest factors associated with inflicting violence against a dating partner is the belief that it is acceptable to use violence ... males who initiated violence against their partner were more likely to expect positive consequences whereas non-violent males were more likely to expect violence to dissolve the relationship (Riggs & Caulfield, 1997).”

- Provide booster sessions after program is completed
  - Booster sessions have the potential to sustain positive effects beyond the immediately post-intervention period.

- Include peer counselling
  - Research shows that teenagers tend to disclose to friends more often than professionals, hence a programme should include a peer counselling component (Avery-Leaf & Cascardi, 2002; O'Keefe, 2005).

In addition to this list of best practice criteria, the authors make recommendations as to the type of violence that should be focused on in these programmes. Firstly, there is the question of whether a programme should include first- or third-person testimony from adult domestic violence survivors. The authors’ experience suggests that the focus should rather be on adolescent violence:

“...studies across various topic areas (e.g., dental hygiene, drunk driving, cigarette smoking) have consistently demonstrated that scare tactics (i.e., showing gruesome pictures of car accidents to prevent drunk driving) simply do not work. In our experience, interventions are most effective when students perceive that the message is directly relevant to some aspect of their own experience.” (Avery-Leaf & Cascardi, 2002, p. 97)

In keeping with the theme of relevance to adolescents’ own experiences, the authors also suggest that a focus on the most serious forms of aggression may not be appropriate. For example, verbal aggression is a strong predictor of later aggression and is also more prevalent. Hence a programme focusing on more normative forms of aggression (such as verbal aggression) may have more relevance for more students and gain their buy-in; these less severe forms of violence may also be more susceptible to change.

“...stressing some of the more extreme aggressive behaviors calls for an emphasis on safety and may generate intense emotional reactions from those who are involved in violent situations. Alternatively, a focus on more normative levels of conflict allows for the teaching and practicing of communication skills as well as anger management strategies. These latter approaches are more universally applicable to students and may be more appropriate lessons for the general classroom.” (Avery-Leaf & Cascardi, 2002, p. 97)

In another review, O'Keefe (2005) examines risk factors for adolescent dating violence, and concludes that several of these factors would be appropriate (and malleable) targets for dating violence prevention programmes. These include:

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16 But see page 106 for a discussion of the Safe Dates booster which was found to have a negative effect.
1. Altering norms and attitudes that support dating violence; this is also important given that “having friends in violent dating relationships is predictive of one’s own involvement” (O’Keefe, 2005, p. 6)

2. Increasing awareness of “different forms of relationship violence, early warning signs, understanding the dynamics of intimidation, power, and control that underlie relationship violence…” (O’Keefe, 2005, p. 6).

3. Teaching healthy relationship skills such as communication and conflict resolution.

4. Taking into account co-occurring risk factors, such as drugs and alcohol.

5. Taking into account the “possible spillover effects of community violence on intimate partner violence in adolescent dating relationships” (O’Keefe, 2005, p. 6)

Some of the points raised by Avery-Leaf & Cascardi (2002) and O’Keefe (2005) are supported by research looking at dating violence in New Zealand. For example, in relation to help-seeking behaviours, a study of New Zealand teenagers also found that, when disclosures were made, most students showed a preference for disclosing emotional abuse and sexual coercion to friends rather than family or counsellors. The study also highlights the low rates of disclosure of sexual coercion and physical abuse among these students (S. Jackson, 2002), and the importance of trust, confidentiality and “knowing someone” (as opposed to talking to a stranger) in disclosure or help-seeking behaviour.

In focus group discussions held with 101 New Zealand high-school students, the students suggested that dating violence education/prevention programmes include “communication, relationships skills, problem-solving skills, and the abolition of single-sex schools (the boys’ group from a single-sex school)” (S. Jackson, 2002, p. 84) and should include interactive activities such as drama productions and group discussions:

“Amongst the ideas suggested were drama productions (acting out situations such as dealing with an abusive relationship), group discussions about relationship issues (like the focus groups), and guest speakers (provided they were the kind of people the students could relate to). The need for the opportunity to talk in smaller groups, rather than whole class sessions, rated mention in most of the [focus] groups.” (S. Jackson, 2002, p. 84)

The students were very clear in the focus groups about the need for small-group discussion around these issues:

“Above all, the strongest message for those committed to engaging in prevention work is that any education programme needs to happen in small discussion groups to ensure that all students have the opportunity to participate.” (S. Jackson, 2002, p. 85)

Table 20: Male vs Female Adolescent Dating Violence

Studies indicate that violence between adolescent dating partners is more prevalent than among adult partners (Nurse et al., 2007). Some studies have also reported that female adolescents are equally or even more violent towards their partners than male adolescents:

“Adolescent girls, for example, perpetrate abuse at levels comparable with boys during this period ..., although possibly for different reasons and with less severe consequences to their male partners ... In a sample of over 2,000 high school students, Cascardi et al. (1999) found that whereas victimization rates were similar (30.4% and 29.3% for boys and girls, respectively), girls reported even higher rates of perpetration of dating violence at this age (22.5% vs. 37.8% for boys and girls, respectively).” (Wolfe et al., 2004, p. 408)

This is perhaps one of the most controversial issues in the teenage dating aggression literature and there are several explanations for these findings, including the possibility that being a victim increases the likelihood of perpetrating violence (and being a perpetrator increases the likelihood of becoming a victim), that social sanctions against male-on-female violence inhibit young men from disclosing such events, and the like. Lack of attention to the contexts in which adolescent violence occurs is likely to result in a misleading picture, as is a focus purely on numbers of perpetrators or acts:

“If incidence is the focus of the research without analysis of frequency, severity, threat, or injury, the amount of dating violence boys and girls inflict and receive appears to be fairly equal. When severity, threat, and injury are taken into account, females are more likely to be the victims of severe forms of physical and sexual violence...” (Fineran & Bolen, 2006, p. 1174)

17 This relationship between victimisation and perpetration was reported in research looking at sexual harassment among high school students in New England (see Fineran & Bolen, 2006)
This issue is unlikely to be resolved until we gain a more sophisticated understanding of the risk factors, causes and dynamics of adolescent dating violence (V A Foshee, Bauman, Linder, Rice, & Wilcher, 2007).

**Child Sexual Abuse/ Personal Safety**

Personal safety programmes aimed at preventing sexual abuse of children by adults have been widely taught in schools and early childhood centres since the 1980s.

The anticipated effect of child sexual abuse preventive programmes such as Keeping Ourselves Safe is so long term and the experience it hopes to prevent is so infrequent that scientifically valid measures of their effectiveness has proven difficult. Proxy outcomes such as knowledge of what to do to avoid sexual abuse are not necessarily indicative of behaviour in real-life situations.

Researchers have approached this difficulty in a number of ways. Outcome measures that have been used include:

- Self-reported appropriate responses to actual abuse or threat of abuse (Finkelhor & Dziuba-Leatherman, 1995)
- Recalled reduced incidence of actual abuse (Gibson & Leitenberg, 2000)
- Reduced population prevalence of child sexual abuse. (Jones, 2001) (Dunne, 2003)

None of these measures provides scientifically sound evidence for effectiveness of the programmes but taken together the research supports continuation of the programmes as they evolved in the eighties and nineties.

The research that guided the early development of child sexual abuse prevention programmes measured as outcomes children’s information recall, their prediction of how they would act in unsafe and abusive situations and their actual behaviour in simulated situations. The core of the standard programme became the development in the child of the ability to:

- avoid unsafe situations,
- distinguish between ‘good’ and ‘bad’ secrets and ‘good’ and ‘bad’ touching,
- tell a trusted adult when something bad had occurred
- resist accepting blame for ‘bad’ adult actions.

Certain best practice principles evolved. For example, Briggs & Hawkins, (F. Briggs, Hawkins, R., 1997) suggest:

> “...young children make better progress in the acquisition of personal safety knowledge when:
- the programme is adopted by the whole school and has a place in the timetable
- there is a strong network of support for the teachers using the programme
- teachers use prescribed materials which are designed with children’s developmental levels in mind
- parent participation is built into the programme and parents reinforce the concepts at home
- teachers use the programme conscientiously and enthusiastically, modeling safety concepts and incorporating them in their teaching strategies across the curriculum
- programmes use children’s own language and reflect their thinking
- there is a continuity of teaching and scope for reinforcement of concepts
programme designers acknowledge children’s difficulties in grasping complex concepts and therefore use concrete examples
- the content includes references to the more common sexual misbehaviours experienced by children
- curriculum designers acknowledge children’s sexuality.

A recent Cochrane review (Zwi, 2007) concluded that the 15 studies that met the criteria for inclusion ‘reported significant improvements in knowledge measures and protective behaviours’. However, the authors went on to say, ‘Further investigation of the best forms of presentation and optimal age of programme delivery is required’.

**Preparation for parenthood**

There has long been a certain interest in providing courses in schools to prepare children for their future role as parents. One aspect of this is violence prevention. A seriously disturbed relationship between infant and mother and other intimate caregivers can contribute to later violent behaviour. (Perry, 2002) The questions, then, are, ‘How do children learn to be good parents?’ and ‘How can schools contribute?’

Good parenthood is based on the qualities of love, compassion, sensitivity, selflessness and so on upon which other good intimate relationships are based. It is also based on modelling which enables the role of parent to be assimilated into the behavioural repertoire over time. Certain programmes incorporate as goals these two aspects of learning parenthood. One such programme, Roots of Empathy, has been subject to evaluation which has shown some improvement in children’s social and emotional competence and reduction in aggression. (K. A. Schonert-Reichl, Smith, V. & Zaidman-Zalt, A., Hertzman, C., n.d.)

Programmes described elsewhere in this report which aim to reduce aggressive behaviour and improve the capacity to form loving, constructive relationships can be expected to contribute ultimately to reduced risk of parenthood harmful to the next generation. In addition, the specific apprenticeship aspects of preparation for parenthood may well have a contribution to make. There are nevertheless theoretical risks such as in objectification of infants.
Effective programmes

Preschool

High/Scope Perry Preschool Project

<table>
<thead>
<tr>
<th>Age group</th>
<th>Preschool (3 – 4 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal/selected/indicated</td>
<td>Universal</td>
</tr>
<tr>
<td>Population characteristics</td>
<td>Low socioeconomic status, African-American</td>
</tr>
<tr>
<td>Duration ≥ 1 year</td>
<td>Yes</td>
</tr>
<tr>
<td>Lead implementer</td>
<td>Teachers</td>
</tr>
</tbody>
</table>

Focus:
- Life skills development: Yes
- School / class environment: Yes
- Family strengthening: Yes
- Family engagement: Yes

Research design: Randomised controlled trial
Effects measured at ≥ 1 year: Yes
Evaluated replication: Yes
Rating: Exemplary (OJJDP)
Promising (Blueprints, Mihalic, Surgeon General)

Description

The High/Scope Perry Preschool programme was implemented between 1962 and 1965 in Ypsilanti, Michigan, by David Weikart, then Director of Special Education Services for the area. At the time, primary schools in the region were racially segregated (mainly due to housing segregation) and the only African-American primary teachers were to be found in the Perry Elementary School or in special education. The Perry Elementary School was chosen as the site for the programme because of the active support of the principal, Eugene Beatty, an African-American educator and reformer, and because it serviced a predominantly poor, African American population (L J Schweinhart et al., 2005). The families whose children participated were “considerably worse off in most ways than the U.S. population at the time and slightly worse off in most ways than the African American population at the time” (L J Schweinhart et al., 2005).

The programme curriculum is based in the developmental theories of Piaget:

“...it emphasizes the idea that children are intentional learners, who learn best from activities that they themselves plan, carry out, and review afterwards. Adults introduce new ideas to children through adult-initiated small- and large-group activities. Adults observe, support, and extend the children's play as appropriate. Adults arrange interest areas in the learning environment; maintain a daily routine that permits children to plan, carry out, and review their own activities; and join in children's activities, asking appropriate questions that extend their plans and help them think about their activities. They add complex language to the discussion to expand the child’s vocabulary. Using key experiences derived from child development theory as a framework, adults encourage children to make choices, solve problems, and engage in activities that contribute to their intellectual, social, and physical development.” (L J Schweinhart et al., 2005) [original emphasis]
Components

Child training

The intervention children attended the High/Scope Perry Preschool for 2½ hours per morning, five days a week, for two years. There were four teaching positions in the study and the ratio of teachers to students ranged from 1:5 to 1:6.25.

The programme curriculum, which was based on the notion that “both teachers and children should have a major role in defining and initiating children’s learning activities” (L J Schweinhart et al., 2005), was developed between teachers and researchers over the course of the study. This was formulated into a “coherent, explicit mode of early childhood education” during the fifth year of the study.

Rather than leading children through a prescriptive sequence of lessons, teachers “listen closely to children’s plans and then actively work with them to extend their activities to challenging levels as appropriate” (L J Schweinhart et al., 2005). The classes were organised according to a regular, predictable daily routine, including a “plan-do-review” routine during which children state what they want to do and reflect on experiences. The programme uses “key experiences” to plan children’s progress and “support and extend the child’s self-designed activities to include developmentally appropriate experiences”:

"The central tenet of the approach is that children learn best through active experiences and following their own interests, rather than through direct teaching. As children make choices and play in an environment arranged around specific interest areas they become ‘naturally’ engaged in what the curriculum developers call ‘key experiences’.” (Stephen, 2006, p. 10)

The programme identified 10 categories of key experiences, which are universally central to children’s development:

<table>
<thead>
<tr>
<th>Table 21: Key experiences18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creative Representation</td>
</tr>
<tr>
<td>• Recognizing objects by sight, sound, touch, taste, and smell</td>
</tr>
<tr>
<td>• Imitating actions and sounds</td>
</tr>
<tr>
<td>• Relating models, pictures, and photographs to real places and things</td>
</tr>
<tr>
<td>• Pretending and role playing</td>
</tr>
<tr>
<td>• Making models out of clay, blocks, and other materials</td>
</tr>
<tr>
<td>• Drawing and painting</td>
</tr>
<tr>
<td>Language and literacy</td>
</tr>
<tr>
<td>• Talking with others about personally meaningful experiences</td>
</tr>
<tr>
<td>• Describing objects, events, and relations</td>
</tr>
<tr>
<td>• Having fun with language, listening to stories and poems, making up stories and rhymes</td>
</tr>
<tr>
<td>• Writing in various ways: drawing, scribbling, letterlike forms, invented spelling, conventional forms</td>
</tr>
<tr>
<td>• Reading in various ways: reading storybooks, signs, and symbols; one’s own writing</td>
</tr>
<tr>
<td>• Dictating stories</td>
</tr>
<tr>
<td>Initiative and social relations</td>
</tr>
<tr>
<td>• Making and expressing choices, plans, and decisions</td>
</tr>
<tr>
<td>• Solving problems encountered in play</td>
</tr>
<tr>
<td>• Taking care of one’s own needs</td>
</tr>
<tr>
<td>• Expressing feelings in words</td>
</tr>
<tr>
<td>• Participating in group routines</td>
</tr>
<tr>
<td>• Being sensitive to the feelings, interests, and needs of others</td>
</tr>
<tr>
<td>• Building relationships with children and adults</td>
</tr>
<tr>
<td>• Creating and experiencing collaborative play</td>
</tr>
<tr>
<td>• Dealing with social conflict</td>
</tr>
<tr>
<td>Movement</td>
</tr>
<tr>
<td>• Moving in nonlocomotor ways (anchored movement: bending, twisting, rocking, swinging one's arms)</td>
</tr>
<tr>
<td>• Moving in locomotor ways (nonanchored movement: running, jumping, hopping, skipping, marching, climbing)</td>
</tr>
<tr>
<td>• Moving with objects</td>
</tr>
<tr>
<td>• Expressing creativity in movement</td>
</tr>
<tr>
<td>• Describing movement</td>
</tr>
<tr>
<td>• Acting upon movement directions</td>
</tr>
<tr>
<td>• Feeling and expressing steady beat</td>
</tr>
<tr>
<td>• Moving in sequences to a common beat</td>
</tr>
<tr>
<td>Classification</td>
</tr>
<tr>
<td>• Exploring and describing similarities, differences, and the attributes of things</td>
</tr>
<tr>
<td>• Distinguishing and describing shapes</td>
</tr>
<tr>
<td>• Sorting and matching</td>
</tr>
<tr>
<td>• Using and describing something in several ways</td>
</tr>
</tbody>
</table>

18 These categories are taken from a recent version of the original Perry Preschool programme. However “key experiences” were also a core element of the programme from its inception (L J Schweinhart et al., 2005).
Parent training

The four programme teachers worked with 20-25 children and their families each year. In addition to the children's attendance at the preschool, teachers made 1½-hour long home visits each week. The training included increasing understanding of child development and reinforcing classroom learning:

"Teachers visited parents at least once a week for approximately an hour and a half. The visits involved the child and the parents in discussion and modeling of the child's activities in the classroom. Monthly group meetings helped parents to understand their children's development and abilities. The focus was on helping parents to provide the necessary supports for their child to develop intellectually, socially and physically." (American Youth Policy Forum, n.d.)

Evaluation

Design

One hundred and twenty-eight African-American children were chosen to participate in the study. They were selected on the basis of low socio-economic status and low IQ with no evidence of organic handicap. Of the original group, 123 eventually completed the two-year programme (L J Schweinhart et al., 2005). Fifty-eight children were randomly assigned to the intervention group and 65 acted as matched controls.

The children enrolled in the programme in successive waves from 1962 to 1965. Except for the first wave of 28 children, who enrolled when they were 4 years old, the children enrolled when they were 3 and remained in the programme for two years (L J Schweinhart et al., 2005). Data on the children was collected every year between the ages of 3 and 11, then at ages 14, 15, 19, 27 and 40 (L J Schweinhart et al., 2005).

Outcomes

Evaluations of the participant outcomes reveal significant programme effects in relation to a wide range of measures of social responsibility, educational achievement and socioeconomic success. For example, at age 19, intervention participants were half as likely as controls to...
have been in a fight or caused an injury requiring hospitalisation (Promising Practices Network, 2002). At age 27, the following were among the significant differences between intervention and control groups:

**Table 22: Significant effects at age 27**

<table>
<thead>
<tr>
<th></th>
<th>Intervention</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crime</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrested ≥ 5 times</td>
<td>7%</td>
<td>35%</td>
</tr>
<tr>
<td>Arrested for drug-related offences</td>
<td>7%</td>
<td>25%</td>
</tr>
<tr>
<td>Economic status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earning ≥ $2000 per month</td>
<td>29%</td>
<td>7%</td>
</tr>
<tr>
<td>Home ownership</td>
<td>36%</td>
<td>13%</td>
</tr>
<tr>
<td>Ownership of second car</td>
<td>30%</td>
<td>13%</td>
</tr>
<tr>
<td>Received welfare assistance / social services</td>
<td>59%</td>
<td>80%</td>
</tr>
<tr>
<td>Educational outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation / General Education Development certification</td>
<td>71%</td>
<td>54%</td>
</tr>
<tr>
<td>Relationship status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married (women)</td>
<td>40%</td>
<td>8%</td>
</tr>
<tr>
<td>Single parent (women)</td>
<td>57%</td>
<td>83%</td>
</tr>
</tbody>
</table>

(Data from Lawrence J. Schweinhart, 2002)

At age 40, significant effects in favour of the intervention group were found in relation to (amongst other things):

- Employment status
- Median annual earnings
- Home ownership
- Lifetime arrests
- Arrests for:
  - violent crimes (including assault and battery: 19% of intervention group vs. 37% of controls)
  - property crimes
  - drug-related crimes (Lawrence J. Schweinhart, n.d.)

**Additional information**

**Training**

The teachers in the study were qualified in early childhood, primary and special education of which the early education training was most relevant (Lawrence J. Schweinhart, n.d.).

**Costs**

The cost per child for attending the programme was the equivalent of US$7,000 (in 2003 dollars) all inclusive. As noted earlier, the teacher:student ratio was between 1:5 and 1:6.25. Subsequent research has shown that a ratio of 1:10 does not affect programme effectiveness. If this ratio had been used, the programme costs would have been US$4,138 per child (in 2003 dollars) (L J Schweinhart et al., 2005).

The economic returns on the programme were estimated at $16.14 per dollar invested (in constant 2000 dollars). This amounts a return (per participant) of $244,8121 on an investment of $15,166. The returns per child to society were $195,621 and the returns to the individual participants $49,190. The societal return was broken down as follows:

- 88% from reduced crime
- 4% from savings in education
- 7% from increased tax-take due to higher earnings
- 1% from welfare savings (Lawrence J. Schweinhart, n.d.)
Replicability

Although this programme was implemented in as a high-quality experiment which would be impossible to faithfully replicate, lead researchers have suggested that a “reasonably similar programme” would be:

“...a preschool education program run by teachers with bachelor’s degrees and certificate in education, each serving up to 8 children living in low-income families. The program runs 2 school years for children who are 3 and 4 years of age with daily classes of 2 ½ hours or more, uses the High/Scope model or a similar participatory education approach, and has teachers visiting families at least every two weeks or scheduling regular parent events.” (Lawrence J. Schweinhart, n.d.)

Postscript

Immediately following the end of the High/Scope Perry Preschool programme described above, a further study was initiated to examine whether different preschool curricula had different long-term effects. A summary of the study results is given in Table 23 below.

Table 23: The High/Scope Preschool Curriculum Comparison Study

"The High/Scope Preschool Curriculum Comparison study (Schweinhart & Weikart, 1997a, 1997b), which immediately followed the High/Scope Perry Preschool study, suggests that the curriculum had a lot to do with the findings. The comparison study found that young people born in poverty experienced fewer emotional problems and felony arrests if they attended a preschool program that used the High/Scope model or a traditional Nursery School model rather than a Direct Instruction model.

Since 1967, the study has followed the lives of 68 young people born in poverty who were randomly assigned at ages 3 and 4 to one of three groups, each experiencing a different curriculum model:

- In the Direct Instruction model, teachers followed a script to directly teach children academic skills, rewarding them for correct answers to the teacher’s questions.
- In the High/Scope model, teachers set up the classroom and the daily routine so children could plan, do, and review their own activities and engage in active learning key experiences in child development individually, in small groups, and in whole-class groups.
- In the traditional Nursery School model, teachers responded to children’s self-initiated play in a loosely structured, socially supportive setting.

Program staff implemented the curriculum models independently and to high standards, in 2½-hour classes held 5 days a week, and conducted 1½-hour home visits every 2 weeks, when children were 3 and 4 years old. Except for the curriculum model, all aspects of the programs were nearly identical. The findings presented here are corrected for differences in the gender makeup of the groups.

By age 23, the High/Scope and Nursery School groups had 10 significant advantages over the Direct Instruction group, and the High/Scope and Nursery School groups did not differ significantly from each other on any outcome variable (Schweinhart & Weikart, 1997b). The High/Scope and Nursery School groups both had two significant advantages over the Direct Instruction group at age 23:

- Only 6% of either group needed treatment for emotional impairment or disturbance during their schooling, as compared to 47% of the Direct Instruction group.
- More of the High/Scope group (43%) and the Nursery School group (44%) had done volunteer work, as compared to only 11% of the Direct Instruction group.

The High/Scope group had six additional significant advantages over the Direct Instruction group:

- Only 10% had ever been arrested for a felony, as compared to 39% of the Direct Instruction group.
- None of the High/Scope group had ever been arrested for a property crime, as compared to 38% of the Direct Instruction group.
- At age 15, 23% of the High/Scope group reported that they had engaged in 10 or more acts of misconduct, as compared to 56% of the Direct Instruction group.
- Fewer of the High/Scope group (36%) said that various kinds of people gave them a hard time, as compared to 69% of the Direct Instruction group.
- With regard to marriage, 31% of the High/Scope group had married and were living with their spouses, as compared to none of the Direct Instruction group.
- Of the High/Scope group, 70% planned to graduate from college, as compared to 36% of the Direct Instruction group.

The Nursery School group had two additional significant advantages over the Direct Instruction group:

- Only 9% of the Nursery School group had been arrested for a felony at ages 22–23, as compared to 34% of the Direct Instruction group.
- None of the Nursery School group had ever been suspended from work, as compared to 27% of the Direct
Instruction group.

Through age 10, the main finding of the Preschool Curriculum Comparison study was that the overall average IQ of the three groups rose 27 points—from a borderline impairment level of 78 to a normal level of 105 after 1 year of their preschool program—and subsequently settled in at an average of 95, still at the normal level. The only curriculum group difference through age 10 was measured as the preschool programs ended: the average IQ of the Direct Instruction group was significantly higher than the average IQ of the Nursery School group (103 vs. 93). Throughout their school years, curriculum groups did not differ significantly in school achievement, nor did their high school graduation rates differ significantly. The conclusion at that time was that well-implemented preschool curriculum models, regardless of their theoretical orientation, had similar effects on children’s intellectual and academic performance. However, time has proved otherwise. Tightly scripted teacher-directed instruction, touted by some as the surest path to school readiness, seems to purchase a temporary improvement in academic performance at the cost of a missed opportunity for long-term improvement in social behavior.” (Lawrence J. Schweinhart, n.d.)
**The Incredible Years**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Preschool, primary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal/selected/indicated</td>
<td>Universal</td>
</tr>
<tr>
<td>Population characteristics</td>
<td>Low income, multiethnic</td>
</tr>
<tr>
<td>Duration ≥ 1 year</td>
<td>No</td>
</tr>
<tr>
<td>Lead implementer</td>
<td>Teacher &amp; specialist</td>
</tr>
<tr>
<td>Focus:</td>
<td></td>
</tr>
<tr>
<td>Life skills development</td>
<td>Yes</td>
</tr>
<tr>
<td>School / class environment</td>
<td>Yes</td>
</tr>
<tr>
<td>Family strengthening</td>
<td>No</td>
</tr>
<tr>
<td>Family engagement</td>
<td>Yes</td>
</tr>
<tr>
<td>Research design</td>
<td>Randomised controlled trial</td>
</tr>
<tr>
<td>Effects measured at ≥ 1 year</td>
<td>No</td>
</tr>
<tr>
<td>Evaluated replication</td>
<td>[unclear]</td>
</tr>
<tr>
<td>Rating</td>
<td>Exemplary/Model (Blueprints, Mihalic, OJJDP) Promising (Surgeon General)</td>
</tr>
</tbody>
</table>

**Description**

The Incredible Years curriculum is designed for preschool and primary school aged children (4-to 8-year-olds) and aims to promote emotional and social competence and to prevent, reduce and treat behavioural and emotional problems, including aggression. The programme comprises three elements: teacher training, parent training and child training.

While the ratings indicated above relate to various of the components, the discussion here is on the school version of the child training curriculum ("Incredible Years Dina Dinosaur’s Social Skills and Problem-Solving Classroom-Based Curriculum"), recently evaluated by the programme developers (see C Webster-Stratton, Reid, & Stoolmiller, 2007). The original child training unit was developed as an intervention for children with oppositional defiant disorder or early-onset conduct problems (C Webster-Stratton et al., 2007); the version discussed here was developed for use in early childhood and primary school settings.

**Components**

**Child training**

The classroom version of the Dina Dinosaur Social Skills and Problem Solving Curriculum is designed to improve children’s social and emotional competencies (social and problem solving, emotional regulation and school readiness) (C Webster-Stratton et al., 2007). It consists of 30 lessons per year, divided into units:

1. Learning school rules
2. How to be successful at school
3. Emotional literacy
4. Empathy and perspective taking
5. Interpersonal problem solving
6. Anger management
7. Friendship and communication skills (C Webster-Stratton et al., 2007)

The 35-40 minute lessons were given at least twice a week, with half of the time spent in large group work and the other half in small groups practising the skills covered (e.g. through art projects, writing activities, reading activities, cooperative play). For this evaluation study, the
lessons were co-delivered by a research therapist and teacher; teachers were encouraged to incorporate the skills covered during the lessons into other areas of the school curriculum.

**Teacher training**

Prior to delivering the curriculum, teachers were offered four days’ training in the curriculum as well as in classroom management strategies that reinforce children’s social skills, emotional regulation and anger management. The programme materials included manuals with detailed lesson plans, videotapes and descriptions of small-group activities (C Webster-Stratton & Reid, 2002).

**Parent engagement**

Family engagement was effected in a number of ways:

- Dinosaur newsletters to inform parents about curriculum activities
- Phone calls to parents to report on their children’s successes
- Parent/child homework activities
- Updates during parent meetings at school about the curriculum activities
- Opportunities for parents to assist in the classroom during small-group activity times
- Parental input into individual behaviour plans developed for their children (C Webster-Stratton & Reid, 2002).

**Evaluation**

**Design**

The programme was implemented in schools servicing low-income, multi-ethnic populations in Seattle, USA. Matched pairs of Head Start and primary schools were randomly assigned to either an intervention or control condition. All Head Start, kindergarten and grade 1 children in the intervention schools received the Dinosaur School programme. All those in the control condition used their normal curriculum. 153 teachers and 1768 students took part in the study.

Baseline measurements were taken in autumn and the programme delivered from November to April. The final measurements were taken at the end of the school year. Programme effects were assessed via independent classroom observation of child and teacher behaviour; child problem-solving tests; teacher-parent questionnaires focusing on, among other things, parental involvement; and parent and teacher measures of satisfaction with the programme. Intervention fidelity was also measured.

**Outcomes**

The programme had significant positive effects in relation to:

- Teaching style
  - “less harsh, less critical, and more consistent, warm and nurturing than teachers in the control classrooms” (C Webster-Stratton et al., 2007, p. 27).
- Children’s behaviour:
  - School readiness
  - Cooperation
  - Concentration
  - Emotional regulation
  - Social skills
  - Negative and aggressive behaviour
  - Engagement in off-task behaviour
- Classroom atmosphere
In relation to the children’s behaviour, the programme appeared to be most beneficial to those children most at risk:

"The intervention had a large impact on students from classrooms with average levels of social health and a very, very large impact on students from classrooms with very high levels of poor social health.”
(C Webster-Stratton et al., 2007, p. 28)

Parents reported high satisfaction with the curriculum, teachers reported high satisfaction with the training and teachers also reported “feeling more bonded with the parents of children in their classes, with the strongest effects occurring with teachers who reported initial low bonding with parents” (C Webster-Stratton et al., 2007, p. 29).
Preschool to Primary

Promoting Alternative Thinking Strategies (PATHS)

<table>
<thead>
<tr>
<th>Age group</th>
<th>Preschool, primary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal/selected/indicated</td>
<td>Universal</td>
</tr>
<tr>
<td>Population characteristics</td>
<td>Not stated\textsuperscript{19}</td>
</tr>
<tr>
<td>Duration (\geq 1\text{ year} )</td>
<td>Yes</td>
</tr>
<tr>
<td>Lead implementer</td>
<td>Teachers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Focus:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life skills development</td>
</tr>
<tr>
<td>School / class environment</td>
</tr>
<tr>
<td>Family strengthening</td>
</tr>
<tr>
<td>Family engagement</td>
</tr>
<tr>
<td>Research design</td>
</tr>
<tr>
<td>Effects measured at (\geq 1\text{ year} )</td>
</tr>
<tr>
<td>Evaluated replication</td>
</tr>
<tr>
<td>Rating</td>
</tr>
</tbody>
</table>

Description

PATHS is a multi-year, universal programme which aims to prevent or reduce aggression and behaviour problems, and to increase emotional and social competencies (emotional literacy, positive peer relations, and problem solving). The curriculum is designed to be taught by regular classroom teachers at preschool and primary levels, with initial support from programme trainers. PATHS includes activities and strategies to help students generalise skills both in and outside the classroom, including the provision of material for parents.

The intervention is influenced by five theoretical models: the ABCD (Affective-Behavioral-Cognitive-Dynamic) Model, Eco-Behavioral Systems Model, Neurobiology and Brain Structuralisation/Organisation, Psychodynamic Education and by psychological issues relating to emotional awareness:

"The PATHS prevention model contains a number of basic principles that are drawn from the five theories [above]. Firstly, to affect significant changes in children's social and emotional competence, it is necessary to take a holistic approach that includes a focus on affect, behaviour, and cognitions. Second, the school environment is a fundamental ecology and one that can be a central locus of change. Third, children's ability to understand and discuss emotions is related to their ability to inhibit behaviour by utilizing verbal self-control. Fourth, the internalization of prosocial values, impulse control, affect regulation, and motivation promotes autonomy and decreases the need for external supervision. Fifth, children's ability to understand their own and others' emotions is a central component of effective problem solving and social interactions. Finally, developmental models indicate that it is important to build protective factors (e.g., promote reflective thinking, problem solving, and the ability to accurately anticipate and evaluate situations) that reduce maladjustment. These skills, in turn, increase children's access to positive social interactions and provide opportunities for a greater variety of learning experiences. As such, these skills should also contribute to the amelioration of significant underachievement and promote skills that are beneficial to the prevention of other types of future problem behaviors during adolescence (e.g., aggression, substance abuse, and dangerous risk-taking) that contribute to violence and other antisocial consequences." (M T Greenberg & Kusché, 2006, p. 403)

\textsuperscript{19} Although the evaluations discussed in this section do not specify socioeconomic profiles, the programme has apparently been used successfully with a number of different populations: "We have also found beneficial results with a wide diversity of ethnic, cultural, socio-economic, and family backgrounds" (Kam, Greenberg, & Kusché, 2004).
Components

Child training (primary school)

The primary school PATHS curriculum consists of 101 lessons (plus 30 supplementary ones) which focus on five domains: self-control, emotional understanding, positive self-esteem, relationships, and interpersonal problem solving skills. PATHS sessions are ideally given three or more times a week; each of the prepared lessons can be taught over one or more sessions as appropriate. The lessons are divided into three main units:

Table 24 : PATHS primary curriculum

<table>
<thead>
<tr>
<th>Readiness and self-control unit (12 lessons)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental objectives:</td>
</tr>
<tr>
<td>- Establish and reinforce basic classroom rules</td>
</tr>
<tr>
<td>- Improve attention skills</td>
</tr>
<tr>
<td>- Introduce and practice role-playing skills</td>
</tr>
<tr>
<td>- Establish a paradigm for enhancing self-esteem</td>
</tr>
<tr>
<td>- Introduce basic vocabulary necessary for logical reasoning</td>
</tr>
<tr>
<td>- Teach children to attend to simple emotional cues</td>
</tr>
<tr>
<td>- Establish a system (the Turtle Technique) for increasing self-control and decreasing impulsive behaviors</td>
</tr>
<tr>
<td>- Introduce children to the idea of thinking about and discussing their own feels</td>
</tr>
<tr>
<td>- Informally introduce the concept of identifying problem situations</td>
</tr>
</tbody>
</table>

Feelings and relationships unit (56 lessons on emotional and interpersonal understanding)

| Developmental objectives:                   |
| - Establish and reinforce basic classroom rules |
| - Improve self-esteem                       |
| - Teach children about relationships         |
| - Increase self-control and encourage reflective thinking |
| - Help children understand the differences between feelings and behaviors |
| - Help children identify, understand, and discuss the variety of feelings people experience in their daily lives |
| - Increase children’s use of vocabulary of emotions and emotional states (i.e., increase the use of verbal mediation associated with feeling states) |
| - Increase children’s ability to recognize and interpret similarities and differences between feelings, reactions, and points of view of self and others |
| - Increase students’ recognition and understanding of how one’s feelings and behaviors can affect others |

Interpersonal cognitive problem-solving unit (33 lessons covering 11 steps for problem-solving)

| Developmental objectives:                   |
| - The Problem-Solving Unit provides formally sequenced instruction and practice in the steps of social problem solving. Building on earlier PATHS lessons, the lessons in this unit are designed to: |
| - Increase students’ knowledge of and skill in using an eleven-step model of social problem solving |
| - Increase students’ ability to apply social problem-solving skills to prevent and/or resolve problems and conflicts in social interactions |

Lessons covering positive self-concept and improving communications and relations with peers are dispersed throughout the three main units.

Child training (preschool)

The 30-lesson preschool curriculum is based on the primary version, but has been adapted for that age group. It covers themes such as “complimenting, sharing, basic and advanced feelings, a self-control strategy called the “Turtle Technique”, … manners, and problem-solving. The materials used in the programme include puppets, pictures, photographs and Feeling Faces. The lessons, which are delivered by teaching staff, involve the introduction of...
new ideas and materials which are then practised over the following days using extension activities (such as team games, art, music, story time and so on).

**Parent engagement**

To increase parental involvement and generalisation of skills learned in class, parents are kept informed via letter about programme activities; in addition, the programme includes home activity assignments which are to be undertaken by children and caregivers.

**Evaluation**

**Design (primary level)**

Three randomised controlled trials of the primary level PATHS programme have been conducted. The first involved 59 deaf children (Mark T. Greenberg & Kusché, 1998); the second study involved 126 children in special education classes (Kam et al., 2004); and the third involved 200 first-grade students in regular classes. Each study involved one-year and two-year follow-up assessments.

**Outcomes (primary level)**

The results of the controlled trials are summarised as follows:

"*In all three* clinical trials, teachers reported significant improvements in their students with regard to the following domains:

- Emotional understanding
- Self-control
- Ability to tolerate frustration
- Use of effective conflict-resolution strategies

Similarly, *in all three groups* of children, the use of the PATHS Curriculum significantly increased children’s ability to:

- Recognize and understand emotions
- Understand social problems
- Develop effective alternative solutions to problems
- Decrease the percentage of aggressive/violent solutions

Cognitive testing indicated that PATHS led to improvements in the following skills:

- Ability to plan ahead to solve complex tasks with normal and special needs children (not tested in the Deaf/Hearing-Impaired group)
- Cognitive flexibility and lower levels of impulsivity
- Improved reading achievement for young deaf children."

"Teachers (in regular and special needs classes) reported the following reductions in emotional and behavioral difficulties *at one-year post intervention*:

- Decreased internalizing symptoms (sadness, anxiety, withdrawal)
- Decreased externalizing symptoms (aggression, disruptive behavior)

Students (in regular and special needs classes) reported the following reductions in emotional and behavioral difficulties *at one-year post intervention*:

- Decreased symptoms of sadness and depression
- Decreased report of conduct problems." (Kusché, 2002)

**Design and outcomes (preschool)**

The preschool PATHS curriculum has been evaluated in a randomised controlled trial involving 20 Head Start classes in urban and rural Pennsylvania (n=248). Results have only been sourced which report on the post-test assessments (i.e. at the end of the first year of implementation). However these were overall positive:
PATHS children were more socially skilled than control children according to teacher and parent reports.

PATHS children exhibited significantly improved emotional understanding.

PATHS children were less likely than controls to misidentify facial expressions as anger.\textsuperscript{23}

Programme effects were not mediated by characteristics of the child, suggesting that the curriculum is effective for both girls and boys, and for children exhibiting different levels of risk. (M T Greenberg & Kusché, 2006)

\textbf{Additional information}

\textbf{Training and costs}

The programme developers recommend that teachers and principals attend a two-day workshop on the PATHS programme, in addition to ongoing meetings between teachers and curriculum (i.e. programme) consultants and direct observation to ensure optimal programme implementation. As teachers become more experienced, they can take over the role of supporting new teachers.

Over three years, programme costs would be approximately $15 per student per year if no additional staff are employed to support or administer the programme. This includes the cost of curriculum materials.

The programme website claims to have experience in shipping the programme to other countries, including New Zealand.\textsuperscript{24}

\textsuperscript{23} The significance of this is that "anger bias" (that is, incorrectly identifying facial expressions as expressions of anger) is linked to behaviour problems (M T Greenberg & Kusché, 2006).

### Description

LIFT is a school-based, 10-week intervention designed to address behaviours which are risk factors for subsequent adolescent delinquency, viz, “child oppositional, defiant, and socially inept behaviour and parent discipline and monitoring” (Eddy et al., 2000, p. 165). It posits that defiant and oppositional behaviour can begin a spiral of circumstances which can lead to poor outcomes in adolescence. For example, when an environment (such as the school or home) frequently, although inadvertently, rewards defiant and oppositional behaviour, the chances are that a child will continue to exhibit that behaviour. Children displaying these behaviours are frequently disliked and rejected by peers and adults, resulting in both less contact with them and less reinforcement of good behaviours. In the absence of adult engagement, the likelihood increases that the child will seek engagement with other similarly rejected – and deviant – peers. Bearing in mind the association between childhood antisocial behaviour and subsequent adolescent violence, this pattern increases the chances of rejected children will be involved in violence in later years. The intervention aims to intervene early to interrupt this behavioural chain of circumstances.

### Components

**Child training (classroom)**

This component was designed to improve peer interactions in school to reduce the risk of rejection by the normative peer group; this in turn was hypothesised to decrease the likelihood that at-risk children would have greater contact with deviant peers and subsequent deteriorations in behaviour (Reid, Eddy, Fetrow, & Stoolmiller, 1999, p. 492).

**Classroom sessions:** The classroom curriculum comprised 20 x one-hour sessions delivered over 10 weeks by LIFT instructors with assistance from the regular classroom teacher. The sessions were divided into four parts:

1. "Brief lecture and role play on a specific set of social and problem-solving skills,
2. Structured small- and large-group skills practice,
3. Unstructured free play on the playground,
4. Skills review and presentation of daily rewards” (Eddy et al., 2000, p. 167)

Curriculum content: The skills covered in these sessions were similar for the 1st graders and 5th graders, however the content was adjusted so as to be age-appropriate. The skills covered were:

1. “Relationship fundamentals:
   a. Listening
   b. Identifying feelings
   c. Responding appropriately to others
   d. Dealing with anger
   e. Asking appropriate questions
   f. Understanding and following rules
   g. Giving and receiving compliments
   h. Being flexible

2. Peer group skills
   a. Joining a group
   b. Cooperating within groups
   c. Problem solving: Definition, brainstorming, evaluating, and trying solutions
   d. Including new people in a group
   e. Responding to closed groups” (Eddy et al., 2000, p176)

Fifth graders also received coaching in academic skills to prepare them for entering middle school.

Child training (playground)

The playground component consisted of an adaptation of the Good Behavior Game (see page 116). The game was played during the free play portion of the classroom sessions. Within each classroom, the children were divided into teams which undertook various activities together for the duration of the programme. Rewards were awarded to the teams for their members’ positive problem-solving and prosocial behaviours, as well as for refraining from negative behaviour, while on the playground.

Parent training

The parent training component comprised six group meetings held over six weeks and facilitated by LIFT parent instructors. This component was delivered contemporaneously with the child training. The parent sessions followed a regular format:

- “A review of the results of the home practice from the previous week;
- Lecture, discussion, and role plays;
- Presentation of the home practice activities for the following week and attendance drawing.” (Eddy et al., 2000, p. 168)

The skills covered in the parent sessions were linked to the topics covered in the classroom component, although modified depending on the age of the parents’ children (that is, modified according to the “challenges faced by parents with youth in the respective age groups” (Eddy et al., 2000, p. 168). The topics covered were:

- “Discipline fundamentals:
  o Disengagement
  o Paying attention sooner rather than later
  o Appearing calm
  o Using small positive and negative consequences

- Family management skills
  o Listening and tracking
  o Making effective requests
Controlling negative emotions
- Giving encouragement
- Defining cooperation
- Making behaviour-change contracts
- Giving consequences: Time out, work chores, privilege removal
- Networking with teachers and parents
- Problem Solving: Definition, brainstorming, evaluating, and trying solutions” (Eddy et al., 2000, p. 176)

Parent engagement

To increase family-school interactions, the programme included a number of ways of increasing two-way communication between parents and teachers, namely, a telephone answering service and newsletters:

“To increase parental involvement in the experiences of their child at school, a phone and answering machine (i.e., the “LIFT Line”) were installed in each participating classroom and weekly newsletters were sent home about school LIFT activities. On the answering machines, teachers were asked to leave a brief daily message about class activities, special events, and homework assignments. Parents could call at any time to hear the message or to leave a message for the teacher. Teachers could respond to these messages as appropriate; if they chose to return a call, they could respond from the convenience of their own classroom. In the weekly newsletters, parents received a short description of the LIFT activities for that week as well as one or two suggestions for home activities that complimented [sic] those activities.” (Reid et al., 1999, p. 494)

The LIFT line was used by at least 78% of the families; on average, the families rang the line 11 times (M T Greenberg et al., 2000).

Evaluation

Design

The evaluation is based on a randomised controlled trial which followed more than 600 young people and their families in Eugene-Springfield, Oregon. Twelve schools in neighbourhoods characterised by high levels of juvenile delinquency were randomly chosen to implement the LIFT programme. All first- or sixth-grade classes in the intervention school implemented the programme (Reid et al., 1999, p. 497). Baseline assessments were carried out during the autumn of the school year; the intervention was completed during the winter quarter and post-test assessment undertaken in the following spring. A follow-up assessment was conducted three years later. At both the immediate and long-term assessments, LIFT students showed decreases in behaviours associated with subsequent adolescent delinquency.

Outcomes (immediate)

Assessment of the immediate impact of the programme showed significant changes in both children’s and parents’ behaviour in favour of the intervention groups. Specifically, there were significant improvements in:

- Children’s physical aggression towards other school children
- Parental aversive behaviour during problem-solving situations
- Teacher reports of children’s positive behaviour towards peers

The effects on first-grade children’s aggressive behaviour were greatest for those children whose pre-intervention scores were highest (although the same did not hold for fifth-graders). Similarly, mothers who exhibited higher levels of aversive behaviours before the intervention showed the greatest reductions at post-test.
Outcomes (long-term)

At the three-year follow-up, students who had participated in the LIFT programme during first grade were significantly less likely to exhibit an increase in the severity of “inattentive, impulsive, and hyperactive behaviours” than control children. The effect size in this regard was very high (1.5) (Eddy et al., 2000, p. 172).

Similarly, at the three-year follow-up, students who had participated in the LIFT programme during fifth grade were significantly delayed during middle school years (roughly 11-13 years) associating with “peers with various behaviour problems and time to first police arrest [and] exhibition of problem behaviors that often accompany deviant peer association, such as patterned alcohol use and marijuana use” (Eddy et al., 2000, p. 171). These results translate to the following effects: compared to the intervention students, control students were:

- 2.2 times more likely to affiliate with misbehaving peers than LIFT students
- 1.8 times more likely to be involved in patterned alcohol than LIFT students
- 1.5 times more likely to have used marijuana than LIFT students
- 2.4 times more likely to have been arrested during middle school than LIFT students

(Eddy et al., 2000, p. 172)

These effects held regardless of the level of behaviour problems prior to the intervention. That is, even students who exhibited extremely antisocial behaviours prior to the intervention appeared to have benefited from it (Eddy et al., 2000, p. 171).

Additional information

Delivery

The LIFT classroom component is delivered by LIFT instructors with assistance from the regular classroom teacher. However, the researchers note that the classroom curriculum can also be delivered by regular teachers, counsellors, psychologists, trained laypersons, etc (Eddy et al., 2000).

The parent component of the original evaluation of LIFT was delivered by centre staff, however:

“To better represent those who would likely deliver such a program in the field, we deliberately employed instructional staff with a wide range of experiences and training. Our intervention team included experienced parent trainers without a college degree, recent doctoral-level clinical psychology graduates, and experienced psychologists. The curriculum was designed to accommodate such varying levels of clinical expertise.” (Eddy et al., 2000, p. 168)

In other words, although there is a clinical aspect, this could in theory be led by a school, using existing counselling staff or, for example, a community-based family therapist.
PeaceBuilders

<table>
<thead>
<tr>
<th>Age group</th>
<th>Primary (5 – 10 years old)</th>
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</thead>
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<td>Universal/selected/indicated</td>
<td>Universal</td>
</tr>
<tr>
<td>Population characteristics</td>
<td>Lower socioeconomic status; mainly ethnic minorities</td>
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<tr>
<td>Duration ≥ 1 year</td>
<td>Yes</td>
</tr>
<tr>
<td>Lead implementer</td>
<td>Teacher</td>
</tr>
</tbody>
</table>

**Focus:**
- Life skills development: Yes
- School / class environment: Yes
- Family strengthening: Unclear
- Family engagement: Yes [but details unclear]

**Research design:** Quasi-experimental

**Effects measured at ≥ 1 year:** Yes

**Evaluated replication**:
- [unclear]

**Rating**:
- Exemplary (OJJDP)
- Favourable (Mihalic)

**Description**

PeaceBuilders® is a universal, school-based violence prevention strategy designed to encourage prosocial behaviour by both children and adults. Specifically, it “rewards prosocial behaviours and provides strategies to avoid the differential or accidental reinforcements of negative behaviours and conflict that sometimes happens with conflict mediation programs…” (Flannery et al., 2003, p. 294). The programme therefore focuses both on reducing aggression and increasing social skills and competencies.

Rather than consisting of a curriculum *per se*, the PeaceBuilders® programme comprises activities that can be incorporated into everyday interactions and existing curricula. It is described as a “‘way of life’, not just a time- or subject-limited curriculum” (Embry, Flannery, Vazsonyi, Powell, & Atha, 1996, p. 92) and is maintained across all grades within a primary school.

**Components**

PeaceBuilders® promotes a set of principles for children to learn and for adults to model at home, school and in public:

1. Praise people
2. Avoid put-downs
3. Seek wise people as advisers and friends
4. Notice and correct hurts you cause
5. Right wrongs

Children are helped to learn these principles by:

1. “Daily rituals related to [PeaceBuilder®’s] language and principles that are meant to foster a sense of belonging;
2. Cues and symbols that can be applied to diverse community settings;
3. Specific prompts to ‘transfer’ across people, behaviors, and time;
4. New materials or strategies introduced for times and circumstances when positive behavior might otherwise decay” (Flannery et al., 2003, p. 294)
The programme uses a set of behavioural techniques to change the school climate:

1. “Common language for ‘community norms’;
2. Story and live models for positive behaviour;
3. Environmental cues to signal desired behaviour
4. Role plays to increase range of responses
5. Rehearsals of positive solutions after negative events (‘new way replays’) and response cost as ‘punishment’ for negative behaviour;
6. Group and individual rewards to strengthen positive behaviour;
7. Threat reduction to reduce reactivity;
8. Self- and peer-monitoring for positive behaviour;
9. Generalization promotion to increase maintenance of changes across time, places, and people.” (Embry et al., 1996, p. 92)

The following are examples of the incorporation of PeaceBuilders® principles in everyday actions for teachers and pupils:

“Teachers coach PeaceBuilding in many ways throughout the day, such as by greeting a child by a cue to think about how he or she is going to be a PeaceBuilder that day. Intermediate teachers might include a PeaceBuilders theme in daily oral language sessions written on the board. During story time, teachers ask children to comment on how the characters in the story modelled PeaceBuilding. All teachers might adopt the auditory and visual cues to signal quiet time. Every teacher in the school might send home praise notes about children’s PeaceBuilding that day.

Students use PeaceBuilder language and principles daily, writing greetings in chalk on the sidewalk or reciting the PeaceBuilders Pledge at the start of the day. Later, students may join in a “PeaceCircle” in which they compliment one another for acts of helpfulness, friendship, and accomplishment. During recess, children can take turns being PeaceCoaches who praise and coach other children for sharing, good sportsmanship, or inviting others to play. During lunch, students who behaved inappropriately might write PeaceTreaties (mediation essays) at the Peace or Practice Table. … Some at-risk intermediate children read to their younger PeacePals the latest full-page comic strip on PeaceBuilders from the local kids newspaper published once a month across the city…” (Embry et al., 1996, p. 92)

Parent engagement

The programme includes a parent education component:

“parent education through solution-focused tools such as recipes for reducing TV watching, sibling fighting, and angry outbursts, and strategies to increase homework completion” (Embry et al., 1996, p. 92))

The literature describing the programme evaluation below does not specify how (and how many) parents were in fact involved. However the programme aims to improve everyday interactions in the home as well as the school by involving parents in PeaceBuilders processes and activities:

“Parents and family members might learn about PeaceBuilding from students who make a PeaceBuilders Praise Board for home and teach the adults at home how to use PeaceCards, the Peace-Circle, and Praise Notes. Parents may use the “fight-free coupons” from the PeaceBuilders story/workbook to control television viewing and sibling fighting. Parents are prompted to praise or reward their children who receive a PeaceBuilders home note. Parents might attend a family fun night where children perform on using PeaceBuilders at home.” (Embry et al., 1996, p. 92)

Evaluation

Design

Eight matched schools were randomly assigned to either immediate implementation (PeaceBuilders® Immediate, "PBI") or delayed implementation (PeaceBuilders© Delayed, "PBD"). Randomisation was done at the school level to ensure that all students and staff participated (Flannery et al., 2003, p. 295). Baseline measures were taken in the autumn term.
of 1994 and the programme implemented in PBI schools soon after. The PBD schools implemented the programme a year later in autumn 1995. Hence the programme ran for two academic years in PBI schools and one academic year for PBD ones. The trial involved over 2,000 children.

Measurements (teacher reports and children’s self-reports) were taken at the following points:

<table>
<thead>
<tr>
<th>Time 1 : Autumn 95</th>
<th>Time 2 : Spring 95</th>
<th>Time 3 : Autumn 95</th>
<th>Time 4 : Spring 96</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBI Baseline - <em>implementation begins soon afterwards</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PBD Baseline</td>
<td></td>
<td><em>Implementation begins soon afterwards</em></td>
<td></td>
</tr>
</tbody>
</table>

**Outcomes**

According to teacher ratings, PBI children in the lowest grades (kindergarten through to grade 2) exhibited significantly higher social competence than their PBD counterparts at Time 2, Time 3 and Time 4. However, differences between PBI and PBD children in aggression were insignificant.

Teacher ratings of children in grades 3-5 showed that PBI students exhibited significantly higher social competence than their PBD counterparts at Time 3 and Time 4; PBI children also displayed significantly lower rates of aggression than PBD students in all post-baseline measurements.

Differential effects were found in relation to both social competence and aggression scores. The children who were rated as the least pro-social at the pre-test (baseline) improved the most after the first year of the intervention. The treatment effect was moderate for these children (.27-.78) while the effect sizes for children closer to the mean were more modest.

Similarly, in relation to aggression, the greatest treatment effects for students in grades 3-5 were for those who rated higher for aggression at the outset (i.e. at baseline pre-test) (Flannery et al., 2003, p. 304).

A further study involving the same sample confirmed that, on the basis of teacher reports of child behaviour, PeaceBuilders® has a differential impact on prosocial and aggressive behaviours, depending on the risk-level of the child:

- **High-risk children (boys and girls):**
  - Significant increases in social competence
  - Significant reductions in aggression
- **Medium-risk children (boys and girls):**
  - Significant increases in social competence
  - No significant changes in aggression.
- **Low-risk children (boys and girls):**
  - Significant *increases* in aggression for low-risk girls and boys (although levels were still well below those exhibited by medium- and high-risk children)
  - No significant changes in social competence (Vazsonyi, Belliston, & Flannery, 2004).

**Additional information**

**Training**

Programme training comprises six parts:

1. Pre-intervention orientation for all staff
2. Training workshop (3-4 hours) on the PeaceBuilders model
3. Site coaching (2 hours per site, per week for the first 2-3 months of implementation)
4. Study sessions (30-60 minutes long) to deal with specific issues identified at each site
5. Periodic 2-hour forums (group sessions) to review progress and discuss successes and challenges.
6. Voluntary day-long sessions looking at applying and creating new materials and interventions.

Costs

The US Department of Education estimated programme costs as follows:

- $8 per student grades K-5
- After first year, $100 p.a. for materials
- $1,750 for 4-hour onsite training (elementary)
- $1,250 for 2-day train the trainer session (elementary)
- $3,000 for middle school programme
- $2,250 for 2-day onsite training (elementary)
- $1,250 for 2-day train the trainer session (middle school)
- Orientation for school staff (U.S. Department of Education, 2001)
Preventive Treatment Program

<table>
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<th>Age group</th>
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<td>Duration ≥ 1 year</td>
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<td>Lead implementer</td>
<td>Specialists</td>
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<tr>
<td>Focus:</td>
<td></td>
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<tr>
<td>Life skills development</td>
<td>Yes</td>
</tr>
<tr>
<td>School / class environment</td>
<td>No</td>
</tr>
<tr>
<td>Family strengthening</td>
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<tr>
<td>Research design</td>
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<td>Effects measured at ≥ 1 year</td>
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<td>Replicated</td>
<td>No²⁵</td>
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<tr>
<td>Rating</td>
<td>Exemplary (OJJDP)</td>
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<tr>
<td></td>
<td>Promising (Blueprints, Mihalic, Surgeon General)</td>
</tr>
</tbody>
</table>

Description

The Preventive Treatment Program is a two-year, multi-component intervention aimed at reducing boys’ aggression. It is based on the premise that in order to reduce disruptive behaviour in children, there must be modifications in the different environments influencing such behaviour, including parent-child interactions. Hence the focus for the intervention was on parent training and social skills training for the children.

The programme’s designers further took the view that interventions to reduce antisocial behaviours should begin before the age of eight when, it has been suggested, aggressive behaviour crystallises (Tremblay, Pagani-Kurtz, Masse, Vitaro, & Pihl, 1995).

The programme was delivered over two years (September 1985 to June 1987), beginning when the boys were 7 and ending when they were 9.²⁶ The evaluation of the intervention is nested within a larger, longitudinal study (the Montréal Longitudinal-Experimental Study) which has followed the development of 1,037 boys from 53 inner-city kindergartens servicing low socio-economic status populations.

Components

Child training

At its core, the child social skills training component sought to enhance the opportunities for disruptive children to gain access to the more prosocial peer group:

"...it was reasoned that training in social skills would change their behaviour towards peers, lead to more social acceptance, making them less inclined to turn to more antisocial activities."

The child training component was delivered by the same professionals who conducted the parent training (see below). The sessions were conducted at school in 45-minute lessons held

²⁵ (M T Greenberg et al., 2000)
²⁶ The original programme plan was to begin the intervention when the boys entered first grade (aged 6); it also included fantasy play stimulation and television education. However funding issues meant that the study did not include the latter and the treatment programme began when the boys were 7 (Tremblay, Masse, Pagani, & Vitaro, 1996).
weekly outside class time (i.e. at lunchtime or after school). A group format was used with a ratio of roughly one disruptive boy to three prosocial peers.

Social skills training was given in the first half of the first year; problem-solving and self-control skills were covered in 10 sessions held during the second year. The former included skills such as “how to invite a bystander; how to ask ‘why’; how to give a compliment; how to help” (Vitaro & Tremblay, 1994, p. 463). The problem-solving and self-control skills included, for example, discussion around stimulus situations such as how to react to teasing, how to react when angry and how to react when other children refuse to play. The children “reviewed ways to define the problem, identified the intentions of the instigator, analyzed their feelings if they were in the role of the victim, suggested different action plans to solve the problem, anticipated their consequences, selected one action plan and, finally, reinforced themselves for their cognitive work” (Vitaro & Tremblay, 1994, pp. 463-464).

The teaching strategies employed included coaching, modelling, behaviour rehearsal, and positive reinforcement. Encouragement was given for children to practise their new skills beyond the class; teachers and parents were informed via newsletter of the skills the children had been learning and were invited to “solicit and praise each child for using these new skills as often as possible” (Vitaro & Tremblay, 1994, p. 464).

**Parent training**

The parent training component of the Preventive Treatment Program was delivered by trained professionals in the family home (university-trained child-care workers, a psychologist and a social worker). Each professional worked with 12 families (but delivered the child training to the children of 12 other families; see below) (Tremblay et al., 1995). The sessions were tailored to the needs of the individual family. On average, families received 17.4 sessions; the maximum number of sessions delivered to a family was 46.

The sessions were based on the programme developed by the Oregon Social Learning Center and centred on:

- “Giving parents a reading program;
- Training parents to monitor their children’s behavior;
- Training parents to give positive reinforcement for prosocial behavior;
- Training parents to punish effectively without being abusive;
- Training parents to manage family crises;
- Helping parents to generalize what they have learned.” (Tremblay et al., 1996, p. 279)

The teaching strategies adopted included modelling, coaching, role-play and verbal reinforcement. The sessions were supplemented with written materials (Vitaro & Tremblay, 1994).

In addition to the two components described above, the professionals also contacted class teachers to discuss relevant issues from time to time.

**Evaluation**

**Design**

Teachers from 53 kindergartens in low socio-economic areas of Montréal, Canada, were asked to rate the behaviour of boys in their class on an aggressive-hyperactive scale. From this exercise, the researchers identified all the boys who scored above the 70th percentile and were hence at risk for subsequent antisocial behaviour. The boys were then randomly assigned to either a treatment, control or attention-control condition. They were subsequently enrolled in the study only if their parents were Canadian-born, spoke French as a mother tongue, had no more than 14 years’ formal schooling, and agreed to participate in the study. The final
numbers were 43 in the treatment condition, 82 in the observation group and 41 in the control group.

The boys took part in the programme for two years, between the ages of 7 and 9. The most recent data was collected when they were 15.

Outcomes

Assessment has shown the following statistically significant programme effects in favour of the intervention group:

- **At age 10 and 12:**
  - Higher quality of friends\(^{27}\)
  - Lower self-reported delinquency (Tremblay et al., 1996)

- **At age 11 and 12:**
  - Less likely to be classified as having serious difficulties
  - More likely to be rated as well adjusted\(^{28}\) or having only some difficulties (Tremblay et al., 1996)

- **From age 11 to 15:**
  - Less likely to report being a member of a gang
  - Less likely to report having been drunk in the last 12 months or taken drugs (at age 15)
  - Less likely to report having been involved in delinquency (from age 10 to 15)
  - Less likely to have friends who had been arrested (from ages 13 to 15)

While the results are encouraging, the researchers note that the effects are probably not enough to allow the boys to achieve a level of social adjustment that “will enable them to happy and productive members of the community” (Tremblay et al., 1996, p. 292). Although this is yet to be proven – and long-term follow-up will prove the case – the researchers suggest two improvements to the programme. Firstly, they recommend booster sessions to be delivered at strategic points in the life-course (e.g. when the boys enter high school) focusing on specific developmental challenges such as sex, alcohol and drugs. Secondly, they suggest that the intervention begins earlier and focus on at-risk girls as well as boys:

> “It logically follows that interventions involving at-risk young girls and their mates before, during, and after pregnancy should be the most cost-effective form of preventive intervention. Unfortunately, most preventive and corrective efforts to prevent aggressive and antisocial behavior, including the present study, have been aimed at males clearly because they are more overtly disruptive to society. A true preventive approach, based on our present knowledge of human development, should result in more attention to girls with adjustment problems. Perhaps because they are less of an open threat to society than the antisocial male, they get less attention, including services... Nevertheless, if they mate with antisocial males or do not receive adequate support, they are at high risk of becoming the parents of the next generation of antisocial boys...” (Tremblay et al., 1996, p. 293).

**Additional information**

**Training**

The professionals who delivered the parent and child training received 10 months’ training prior to implementation and received regular supervision throughout the two years of the intervention (Tremblay et al., 1996).

\(^{27}\) That is, intervention boys' friends were less disruptive than the friends of the control boys.

\(^{28}\) By “well-adjusted” is meant that the boys were in age-appropriate classes and rated below the 70th percentile on teacher and peer scales of disruptive behaviour. By age 15, however, the differences between treated and untreated boys in relation to being in an age-appropriate class were no longer statistically significant (Tremblay et al., 1996, p. 291)
Aggression and choice of friends

Table 25: Aggressive boys and choice of friends

Another paper reports on the results of a sample of aggressive boys who participated in the Preventive Treatment Program between the ages of 8 and 9. Research has shown that aggressive children tend to associate with peers exhibiting similarly aggressive behaviours, and that such a network of peers would likely "support the use of aggression and provide increased opportunities for delinquent and antisocial acts as the children grow older" (Vitaro & Tremblay, 1994, p. 458). The Preventive Treatment Program aimed to intervene in this chain by reducing children's aggression in the expectation that this would bring about changes in children's choice of friends and subsequent levels of delinquency:

"The results showing that aggressive children's choice of friends is based on behavioural similarity ... support the hypothesis that treatment aimed at reducing aggressive behaviors in children should foster selection of friends with more positive characteristics compared to children not in treatment. In turn, friendship with better adjusted peers should maintain and even increase posttreatment differences compared to children not in treatment, given that friendship tends to increase behavioural similarity..." (Vitaro & Tremblay, 1994, p. 458)

The study measured behavioural outcomes (aggression and delinquency) as well as assessing the behavioural characteristics of study participants' best friends. These were measured over three years post-treatment until the participants were 10 – 12 years old. The results are as follows:

1. **Aggression**
   
   According to self-reports of behaviours:
   - At age 10: no difference between intervention and control boys in aggression
   - At age 11: intervention boys marginally less aggressive than controls
   - At age 12: intervention boys significantly less aggressive than controls (effect size = .39)

2. **Disruptive behaviour of best friends**
   
   According to peer reports of behaviours:
   - At age 10: intervention boys' best friends perceived as less disruptive than controls' best friends but the difference was marginal.
   - At age 11: intervention boys' best friends perceived as less disruptive than controls' but the difference was not significant.
   - At age 12: intervention boys' best friends perceived as significantly less disruptive than controls' (effect size = .58) (Vitaro & Tremblay, 1994)

In other words, the intervention boys' decreased aggression occurred in parallel with their involvement with increasingly prosocial friends, although clearly a causal link cannot be claimed (Vitaro & Tremblay, 1994). Certainly intervention students reported that their parents paid closer attention to their choice of friends than control parents did.
The Seattle Social Development Project is a multi-year, universal programme which aims to increase family and school social bonds as a protective measure against antisocial behaviour. The programme was implemented in primary schools located in high-risk neighbourhoods in Seattle, Washington.

The programme is premised on research which shows that low-achieving students are at increased risk for school misbehaviour and subsequent delinquency. The programme therefore aims to improve outcomes for low achievers by focusing on teaching practices which increase opportunities for “involvement, learning and success” (Hawkins et al., 1988, p. 34).

The intervention is guided by the Social Development Model (“SDM”) which theorises that social bonds inhibit delinquency; the model incorporates elements from social control theory, social learning theory and differential association theory (Catalano et al., 2004). This model defines bonding as attachment and commitment to a socialising unit:

> “Involvement is seen as a part of a socialization process that leads to bonding, while beliefs in the social unit’s values are seen as a consequence of bonding and as a mediator of the effect of bonding on behavioural outcomes. … The [Social Development Model] hypothesizes that children must learn patterns of behavior, whether prosocial or antisocial, from their social environment. Children are socialized through four processes: 1) perceived opportunities for involvement in activities and interactions with others; 2) actual involvement; 3) skill for involvement and interaction, and 4) perceived rewards from involvement and interaction. When socializing processes are consistent, a social bond of attachment and commitment develops between the individual and the people and activities in the socializing unit. Once strongly established, the social bond inhibits behaviors inconsistent with the beliefs held and behaviors practiced by the socialization unit through establishment of an individual’s stake in conforming to its norms, values, and behaviors. It is hypothesized that the behavior of the individual will be prosocial or antisocial depending on the predominant behaviors, norms, and values held by those individuals or institutions to which/whom the individual is bonded. Important socializing units to which children bond are the family, school, peers, and community. School bonding plays a central role as one of the important prosocial socialization domains that can inhibit antisocial behavior and promote positive development in childhood and adolescence.” (Catalano et al., 2004, p. 252)

The SDM hypothesises three conditions that encourage social bonding within the school environment:

> “These conditions are the availability of opportunities for conventional involvement, the skills needed for such activities, and reinforcements for successful involvement. In the school domain, we hypothesized that a social bond of attachment to school, commitment to educational pursuits, and belief in the fairness of school rules and procedures develop when students have opportunities for active involvement in the classroom, when classroom experiences lead to the development of skills for successful
participation in subsequent classroom activities, and when the classroom environment provides consistent reinforcement for productive involvement in the classroom ... It is hypothesized that teaching practices that maximize these conditions should promote student success experiences in class, enhance social bonding to school, and, as a consequence, reduce school misbehaviour.” (Hawkins et al., 1988, p. 35)

Components

Child training

The child training component covered the following social and emotional skills:

- “Interpersonal problem solving skills
  - Communication
  - Decision making
  - Negotiation
  - Conflict resolution
- Refusal skills
  - Recognise social influences to engage in problem behaviors
  - Identify consequences of problem behaviors
  - Generate and suggest alternatives
  - Invite peer(s) to join in alternatives” (Hawkins et al., 2001, p. 227)

Teacher training

This teacher training component focused on three teaching strategies: proactive classroom management, interactive teaching and cooperative learning.

- “Proactive classroom management
  - Establish consistent classroom expectations and routines at the beginning of the year
  - Give clear, explicit instructions for behavior
  - Recognize and reward desirable student behavior and efforts to comply
  - Use methods that keep minor classroom disruptions from interrupting instruction
- Interactive teaching
  - Assess and activate foundation knowledge before teaching
  - Teach to explicit learning objectives
  - Model skills to be learned
  - Frequently monitor student comprehension as material is presented
  - Re-teach material when necessary
- Cooperative learning
  - Involve small teams of students of different ability levels and backgrounds as learning partners
  - Provide recognition to teams for academic improvement of individual members over past performance” (Hawkins et al., 2001, p. 227)

These strategies were hypothesized to affect children’s social development through increasing opportunities for and recognition of classroom involvement and through teaching skills for school success.

Parent training component

The parent-training component was offered to caregivers whose children were in the first and second grades. The seven-session curriculum focused on child behaviour management skills. At the end of the second and third grades, caregivers were also offered a four-session programme focusing on strengthening parents’ skills in supporting their children’s learning. When the participants were in the fifth and sixth grades, parents were offered a five-session
Violence Prevention Programmes: A Literature Review

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The curriculum focusing on reducing children’s risk of drug use and increasing family bonding into the teenage years.

"The program seeks to reduce drug abuse and related behavior problems by helping parents create opportunities for children to be involved in meaningful ways with their families, strengthen family bonds, set clear expectations for behavior, teach their children skills to resist peer pressure, reduce family conflict and control emotions, and practice consistent family management.” (Catalano et al., 2004, p. 255)

The material covered was as follows:

- **Behavior management skills**
  - Observe and pinpoint desirable and undesirable child behaviors
  - Teach expectations for behaviors
  - Provide consistent positive reinforcement for desired behavior
  - Provide consistent and moderate consequences for undesired behaviors

- **Academic support skills**
  - Initiate conversation with teachers about children’s learning
  - Help children develop reading and math skills
  - Create a home environment supporting of learning

- **Skills to reduce risks for drug use**
  - Establish a family policy on drug use
  - Practice refusal skills with children
  - Use self-control skills to reduce family conflict
  - Create new opportunities in the family for children to contribute and learn” (Hawkins et al., 2001, p. 227)

**Evaluation**

**Design**

This intervention has been the subject of a longitudinal quasi-experimental evaluation study following the cohorts from primary school through to age 27. Forty-four percent of the students were Caucasian, 26% African American, 22% Asian American and 5% Native American. At age 10 and 12, over 50% were from poor families (Catalano et al., 2004, p. 262).

There are four treatment and control conditions:

1. **Full intervention group**: 156 children who participated in the programme from grade 1 to grade six.
2. **Late intervention group**: 267 children who participated in the programme in grades 5 and 6 only.
3. **Parent-training-only**: 141 who received the parenting training package in grades 5 and 6.
4. **Control group**: 220 children who did not receive the intervention. (Catalano et al., 2004)

It appears that for the full intervention group, students were randomly assigned to intervention or non-intervention classes. For the later intervention group, whole schools were assigned to intervention or control status (Catalano et al., 2004, p. 226).

**Outcomes**

According to self-reports and court records, at age 21 (nine years after the intervention was completed) the full intervention group exhibited significantly better outcomes compared to the control group in relation to:
1. Positive functioning at work:
   a. Constructive engagement\(^{29}\)
   b. High school graduation
   c. \(\geq 2\) years of college
   d. Integration at school\(^{30}\)
   e. Employment status last month
   f. Time in present job in years
   g. Constructive self-efficacy\(^{31}\)

2. Emotional and mental health
   a. Emotional regulation\(^{32}\)
   b. Social phobia symptom count
   c. Suicide thoughts

3. Crime and substance use
   a. High variety of crime\(^{33}\)
   b. Sold drugs in last year
   c. Court charge in lifetime (Hawkins et al., 2005)

Data on the late intervention students showed fewer significant programme effects than for the full-intervention group, but they still reported better outcomes than the control group; in other words, there appears to be a consistent dose effect (Hawkins et al., 2005).

These results show that this early intervention had positive effects on the participants’ long-term outcomes:

"These results provide further evidence that early and sustained intervention in the elementary grades can help to put children on a more positive developmental trajectory that is maintained into early adulthood." (Hawkins et al., 2005, p. 30)

The programme effects were greatest in relation to positive functioning and mental health; positive impacts on crime and substance abuse were fewer. The developers of the programme offer two possible explanations for this. First, the programme focused on promoting school and family bonding, rather than on explicitly focusing on norms in relation to illegal behaviours. Middle school curricula focusing on these issues might have improved outcomes. However, it is also possible that substance use is relatively normative at the age of 21 and longer term effects might be found at a later age when substance use is less normative (Hawkins et al., 2005, p. 30).

An analysis of the study participants’ reported sexual behaviour, as reported at age 21, also showed significant differences between the full-intervention and control groups. Specifically:

- The full-intervention participants’ first sexual experience was significantly later than controls’ (16.3 versus 15.8 years respectively).
- The full-intervention participants reported significantly fewer lifetime sexual partners by the age of 21 than the control group.
- Significantly more of the non-partnered full-intervention participants reported condom use during last sexual intercourse than controls.
- Significantly fewer of the full-intervention female participants had conceived and given birth than the control females by age 21 (although full-intervention and control males did not differ significantly in relation to fathering a child) (Lonczak, Abbott, Hawkins, Kosterman, & Catalano, 2002).

Note that these differences held even though the programme included no sex education component.

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\(^{29}\) Average number of hours per week in school/work.

\(^{30}\) I.e., “hours spent in class, interaction with and bonding to other students, opportunities for and participation in school activities, clubs, and planning” (Hawkins, Kosterman, Catalano, Hill, & Abbott, 2005, p. 27)

\(^{31}\) Based on six items “concerning perceived opportunities for getting a good education, finding a job with a future, making a contribution on the job, and making a decent living” (Hawkins et al., 2005, p. 28)

\(^{32}\) Based on eight items measuring anger and distress.

\(^{33}\) That is, “those in the top 90\(^{th}\) percentile who reported having committed multiple different types of crime in the past year.” (Hawkins et al., 2005, p. 28)
The overall results suggest that the best outcomes are achieved when they begin at an earlier age and are sustained across the primary school years (Hawkins, Smith, Hill, Kosterman, & Catalano, 2007).

**Additional information**

**Training**

As students progressed through the grades, teachers in the relevant grade received five days’ training on the three teaching strategies promoted by the programme (i.e. proactive classroom management, interactive teaching and cooperative learning). Trained project staff observed teachers in class every three weeks to feed back on practices (Abbott et al., 1998). Although project staff are not available to assist in programme implementation elsewhere, a version of this programme has been developed by Channing Bete named SOAR.

**Costs**

A cost-benefit analysis reported in 2001 put the cost per participant at US$4,355 (in 2000 dollars). The net benefits (i.e. benefits minus costs) are estimated at between -$456 to +$14,169, the latter figure including the cost benefits of reduced crime. It appears that these estimates do not include the gains from increased high school completion and reduced teen pregnancy (reported at the follow-up when participants were 18 years old).34

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### Intermediate

**Responding in Peaceful and Positive Ways**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Middle school (≈ 11 – 14 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal/selected/indicated</td>
<td>Universal</td>
</tr>
<tr>
<td>Population characteristics</td>
<td>Various</td>
</tr>
<tr>
<td>Duration ≥ 1 year</td>
<td>Yes</td>
</tr>
<tr>
<td>Lead implementer</td>
<td>Specialist</td>
</tr>
<tr>
<td>Focus:</td>
<td></td>
</tr>
<tr>
<td>Life skills development</td>
<td>Yes</td>
</tr>
<tr>
<td>School / class environment</td>
<td>Yes</td>
</tr>
<tr>
<td>Family strengthening</td>
<td>No</td>
</tr>
<tr>
<td>Family engagement</td>
<td>No</td>
</tr>
<tr>
<td>Research design</td>
<td>Randomised controlled trial</td>
</tr>
<tr>
<td>Effects measured at ≥ 1 year</td>
<td>Yes</td>
</tr>
<tr>
<td>Evaluated replication</td>
<td>Yes</td>
</tr>
<tr>
<td>Rating</td>
<td>Exemplary (OJJDP)</td>
</tr>
<tr>
<td></td>
<td>Promising (Dept of Education)</td>
</tr>
</tbody>
</table>

### Description

The goal of RIPP is to “increase adolescents’ capacity and motivation to respond to developmental challenges in ways that facilitate social skill acquisition and acceptance of personal responsibility” (Farrell, Meyer, & White, 2001, p. 452). The programme is delivered by a specialist facilitator with tertiary qualifications in a relevant field (Farrell, Valois, Meyer, & Tidwell, 2003).

### Components

#### Child training

**Grade 6 RIPP curriculum**

The RIPP facilitator delivered the 25-lesson curriculum in 50-minute weekly lessons throughout the year and supervised the peer mediation programme. Students received instruction on how to use a social-cognitive problem-solving model and use skills to prevent violence. The programme is cumulative, with each session building on previous ones.

The programme initially focused on team building and knowledge transmission before turning attention to skills building and critical analysis. Three main strategies were used in the programme:

- “behavioural repetition and mental rehearsal of the social-cognitive problem-solving model,
- Experiential learning techniques, and
- Didactic learning modalities.” (Farrell et al., 2001, p. 453)

In addition to delivering the curriculum, the facilitator supervised a school-wide peer mediation programme which provided “real-life opportunities to apply conflict resolution and access to a trained specialist who attempts to model appropriate behaviors, create a caring community,
and support prosocial norms and expectations” (Farrell et al., 2001, p. 453). This component of the programme was available to both intervention and control students.

Grade 7 & 8 RIPP curriculum

The grade 7 curriculum consisted of 12 x 50-minute sessions focusing in particular on conflict resolution. This package emphasises four key conflict-resolution skills:

- “Respect for others (listen to what they have to say,)
- Speak clearly (How else can they understand what you mean?)
- Listen to yourself (What you want is important),
- Value the friendship (Isn’t that what life is all about?)” (Farrell, Meyer, Sullivan, & Kung, 2003, p. 103)

The programme adopted much the same strategies as the 6th-grade version, but included more experiential activities to demonstrate key concepts, such as the use of modified Aikido activities.

The focus of the grade 8 curriculum was skills for the successful transition to high school (Farrell, Valois et al., 2003). It was delivered over 12 x 50-minute weekly sessions.

Evaluation

Evaluation 1: Urban middle school evaluation (Virginia)

Design – 6th grade

The first randomised controlled trial examined the effect of the grade-6 RIPP programme at three urban middle schools in Virginia. Sixth-grade classrooms were randomly assigned to either intervention or control status within each school. This resulted in 13 intervention classrooms (305 students) and 14 controls (321 students). The sample was predominantly African American and ages ranged between 10.2 and 15.3 years (Farrell et al., 2001). Assessments were conducted at pre-test (beginning of the 1995-96 academic year), post-test (end of the 1995-96 academic year), 6 months after completion of the programme, and 12 months after programme completion. At pre-test, the researchers collected self-report data from 76% of the sample; at the 12 month follow-up, data from 57% of the sample were collected. The self-reported questionnaire asked for information about violence, drug use and knowledge of the RIPP material and problem-solving model. The researchers also gathered information from school disciplinary records.

Outcomes – 6th grade

Clear and significant differences were found in favour of the intervention group at the first post-test (i.e. immediately after the programme was completed) in disciplinary actions for violent offences, in-school suspensions, fighting-related injuries (Farrell, Meyer et al., 2003, p. 103). However these effects were not maintained at the 12 month follow-up. At this latter measurement time, programme effects were evident on knowledge of the RIPP programme (but not on attitudes or the use of non-violent strategies in hypothetical situations); however there were no overall programme effects on frequencies of violent behaviour or drug use. The study did suggest that the programme was likely of more benefit to those students who reported higher levels of violence at baseline than those who reported lower levels.

The authors note that the study design, which had control and intervention classes within the same school, may have reduced the efficacy of the programme:

“...our use of a within-school design may have reduced the potential impact of our intervention by limiting its ability to influence school norms – an important target of the intervention. This notion is...
consistent with the findings of a more recent study that used a between-school design in which RIPP was implemented on a school-wide basis in several counties in rural Florida ... Compared with students at four no-intervention comparison schools, students at four intervention schools showed significant changes in the expected direction on mediating variables...” (Farrell et al., 2001, p. 460)

**Design – 7th grade**

A second evaluation was conducted involving the same students after they had participated in the 7th-grade RIPP programme. Once again, post-test measurements were taken 6 and 12 months following programme completion.

**Outcomes – 7th grade**

Analysis at the 12-month follow-up revealed that there was a significant effect in favour of the intervention group in relation to the number of disciplinary code violations for violent offences during 8th grade. However there were no significant programme effects on self-reported physical aggression, drug use or anxiety, although intervention boys showed better attitudes towards the use of violence than their control counterparts at the 12-month follow-up. As was found in the first evaluation, those students reporting higher levels of problem behaviours (including physical aggression) showed the greatest improvements; on the other hand, students reporting lower levels of such behaviours appeared to benefit little from the intervention. However the overall results of this evaluation were disappointing.

**Evaluation 2 : Rural middle school evaluation (Florida)**

**Design**

A further evaluation of the programme looked at its effect with a middle school sample in rural Florida. This quasi-experimental study used a between-schools design, meaning that whole schools were assigned to either a treatment or control condition. Five schools were assigned to receive the programme (one of which subsequently excluded from the study) and four acted as controls. The programme was piloted in the schools before full implementation during the 1998-99 and 1999-00 school years. Assessments were undertaken at pre-test, at the end of the 6th grade, at the beginning of the 7th grade, at the end of the 7th grade (4-month follow-up) and at the beginning of the 8th grade (9-month follow-up).

Data was collected on 655 students in the intervention condition and 685 controls. The students were an ethnically diverse group: 65% Caucasian, 22% Hispanic and 11% African-American. One-third were children of migrant workers and a third came from homes in which English was not the main language. The proportion of boys and girls was roughly even.

In this study, there were two female facilitators (one African-American, one Caucasian) and two males (again, one African-American and one Caucasian). The programme developer trained the facilitators over 11 days; this included training on the intervention itself as well as “more general training focused on facilitation skills, classroom management, experiential education, and non-violence” (Farrell, Valois et al., 2003, p. 148). Facilitators received supervision and feedback throughout the programme.

**Outcomes**

Analyses at the 9-month follow-up showed significant differences in favour of the intervention group in relation to (inter alia):

- Frequency of aggressive behaviour
- Life satisfaction
- Endorsement of prosocial responses (for girls only)
- Bringing a weapon to school
- Threatening others with a weapon
Unlike the Virginia studies, differences in intervention effects on the students were not mediated by their pretest levels of aggression (Farrell, Valois et al., 2003). Again, the results were not particularly encouraging and, in the majority of cases, effect sizes were small.

The authors conclude by making the following as suggestions for improving the programme:

- **A focus on changing school norms**
  At present, the focus is on “ways a student can protect him or herself” (Farrell, Valois et al., 2003, p. 164); an improvement might be to include a focus on strategies for helping and supporting others or involving “teachers by addressing ways they can support students’ efforts to be non-violent and to improve teachers’ cognitive and behavioural skill development” (Farrell, Valois et al., 2003, p. 164).

 - **Cultural appropriateness**
   The programme might benefit from cultural and contextual guidelines on how to adapt the programme for different student populations; this might also increase the programme’s impact on school norms generally.

 - **Teacher delivery of curriculum**
   The programme was delivered by a specialist, rather than regular teachers. Having regular teachers deliver the programme might “increase teacher support and infuse the material into the school curriculum and environment” (Farrell, Valois et al., 2003, p. 164).

### Additional information

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**Training**

RIPP facilitators undertook 5 days’ training with ongoing consultation available by phone and email. Additional training in peer mediation was also provided.
### Description

Safe Dates is a programme designed to prevent and reduce the incidence of dating violence. Primary and secondary prevention of dating violence are achieved by “(1) changing norms associated with partner violence, (2) decreasing gender stereotyping, (3) improving conflict resolution skills [and by] changing beliefs about the need for help, awareness of services for victims and perpetrators of partner violence, and help-seeking behavior” (Vangie A. Foshee et al., 1998, p. 45).

### Components

#### Child training

Aimed at 13- to 14-year old male and female students, it comprises a 10-session curriculum taught by regular teachers. In addition, the students watched a theatre production performed by the school’s drama students and participated in a poster campaign. The posters were displayed in classrooms and students judged the top three, thereby exposing students further to the programme messages. The teaching strategies employed included role-play, practising communication skills, story writing, analysis of scenarios, group work, and practising helping friends in violent relationships (V A Foshee et al., 1996). The 10-session curriculum is described in Table 26.

<table>
<thead>
<tr>
<th>Day 1: Defining caring relationships</th>
<th><code>Day 2: Defining dating abuse</code></th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote students’ consideration of</td>
<td>Describe dating behaviors that can be harmful.</td>
</tr>
<tr>
<td>the qualities that are the most</td>
<td><em>Differentiate between harmful and abusive behaviors.</em></td>
</tr>
<tr>
<td>important to them in relationships</td>
<td></td>
</tr>
<tr>
<td>dating.</td>
<td></td>
</tr>
<tr>
<td>Discuss ways that people act to show</td>
<td></td>
</tr>
<tr>
<td>they care.</td>
<td></td>
</tr>
<tr>
<td>Draw out characteristics that are</td>
<td></td>
</tr>
<tr>
<td>similar in all caring relationships,</td>
<td></td>
</tr>
<tr>
<td>romantic and platonic.</td>
<td></td>
</tr>
<tr>
<td>Promote the students’ consideration</td>
<td></td>
</tr>
<tr>
<td>of how they want to be treated by</td>
<td></td>
</tr>
<tr>
<td>a dating partner and how they</td>
<td></td>
</tr>
<tr>
<td>want to treat a dating partner.</td>
<td></td>
</tr>
<tr>
<td>Emphasize that students have a</td>
<td></td>
</tr>
<tr>
<td>choice in how they are treated in</td>
<td></td>
</tr>
<tr>
<td>a dating relationship and how</td>
<td></td>
</tr>
<tr>
<td>they treat their girlfriends and</td>
<td></td>
</tr>
<tr>
<td>boyfriends.</td>
<td></td>
</tr>
</tbody>
</table>

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**Table 26: Safe Dates Curriculum**

<table>
<thead>
<tr>
<th>Focus:</th>
<th>School / class environment</th>
<th>Family strengthening</th>
<th>Family engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life skills development</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Effects measured at ≥ 1 year</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Evaluated replication</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rating</td>
<td>Exemplary (OJJDP)</td>
<td>Favourable (Blueprints, Mihalic)</td>
<td></td>
</tr>
</tbody>
</table>
Differentiate and define physically and emotionally abusive behaviors.
Discuss facts about dating abuse

Day 3: Why do people abuse?
Discuss reasons why people abuse.
Discuss the roles of manipulation, power, and control in dating abuse.
Challenge the attribution that violence from jealousy indicates love.
Demonstrate that a person's feelings, actions, and thinking can be a target for abusive control.
Foster an awareness of consequences of both physical and emotional abuse.
Outline warning signs for abuse.

Day 4: How to help friends
Demonstrate the reasons that people do not or cannot "just leave" an abusive relationship.
Discuss different methods of giving help to friends who are in abusive relationships.
Discuss community resources.
Encourage people who are victims of abuse and perpetrators of abuse to seek help.

Day 5: Helping friends
Discuss the red flags for being a perpetrator and a victim of dating abuse.
Have students practice talking to a friend who is violent toward his/her dating partner.
Have students practice talking to a friend who is being abused by her/his dating partner.
Equip students with the skills to confront dating abuse with their peers.

Day 6: Images of relationships
Increase awareness that our images of dating relationships influence how we treat, and are treated by, our dating partners.
Increase students’ understanding of how their images of relationships are created.
Define gender stereotyping.
Explain how gender stereotyping can influence images and dating interactions.
Illustrate the link between gender stereotyping and dating abuse.

Day 7: Equal power through communication
Describe eight communication skills that can be helpful in resolving conflict.
Give students an opportunity to practice their communication skills.
Give students an opportunity to think about non-violent strategies to use when their girlfriend or boyfriend does not use communication skills.

Day 8: How we feel; How we deal
Discuss the importance of acknowledging feelings.
Provide the students with an extended list of words that describe feelings.
Acknowledge anger as a powerful and valid emotion.
Facilitate a discussion of hot buttons, cues to anger, and non abusive responses to anger.
Emphasize that the way one responds to anger is a choice.

Day 9: Sexual assault
Define sexual assault.
Discourage victim blaming for rape.
Promote proscribed rape norms rather than prescribed rape norms.
Illustrate verbal and nonverbal cues that indicate someone is unsure or not ready to have sex.
Promote the use of self-defense techniques in potential rape situations.
Encourage students to be clear with their partners about their sexual boundaries.
Discuss ways to reduce the risk of rape in a dating situation.

Day 10: Summary and poster contest
Obtain student feedback on the curriculum.
Describe the poster contest."

(V A Foshee et al., 1996, p. 46)

Community component

The community component comprised special services for perpetrators and victims of partner abuse (such as a crisis line, support groups and information for parents) and training for community service providers.

Evaluation

Design

In October 1994, 1,885 students in 14 rural North Carolina schools participated in a randomised controlled trial of the Safe Dates programme. The intervention students participated in the school and community component while the control group were exposed to the community component only. Students were surveyed one month after the intervention, then again at one year, two years and three years post-intervention.

Outcomes

At the three-year follow-up, compared to students who had not participated in the programme, programme students reported significantly lower rates of:
• Psychological abuse perpetration
• Moderate physical violence perpetration
• Sexual violence perpetration
• Severe physical violence perpetration (but not for students who reported engaging in high levels of this behaviour prior to the intervention)
• Moderate physical dating violence victimisation (V A Foshee et al., 2005)

The programme students also reported marginally significant lower rates of sexual victimisation ($p=0.07$) compared to the control group.

The analysis also showed significant programme effects in favour of the programme students on attitudes in relation to:

• Dating violence norms (i.e. non-acceptance of violence in dating relationships)
• Gender role norms
• Beliefs in the need for help

Changes in dating violence norms, gender-role norms and awareness of community service mediated the programme effects (V A Foshee et al., 2005, p. 255). There were no programme effects on conflict resolution skills.

**Additional information**

**Programme booster**

A programme booster was trialled which comprised an 11-page newsletter (with work sheets to reinforce programme messages) and a telephone call from a health educator. Those who received the booster reported “significantly more psychological abuse perpetration and serious physical and sexual victimization at follow-up than those exposed only to Safe Dates” (V A Foshee et al., 2004, p. 623); this only held true for students who reported having experienced those forms of violence prior to participating in the programme. The authors hypothesised that the booster may have prompted participants to leave abusive relationships, thus exposing them to the escalating violence that can occur in such situations. Hence boosters may need to be accompanied by support to help students leave abusive relationships safely and successfully. The authors conclude that the Safe Dates booster should not be used (V A Foshee et al., 2004).
Primary to Secondary

Olweus Bullying Prevention Program

<table>
<thead>
<tr>
<th>Age group</th>
<th>Primary, intermediate, secondary (10 – 15 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal/selected/indicated</td>
<td>Universal</td>
</tr>
<tr>
<td>Population characteristics</td>
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</tr>
<tr>
<td>Duration ≥ 1 year</td>
<td>Yes</td>
</tr>
<tr>
<td>Lead implementer</td>
<td>Teachers</td>
</tr>
<tr>
<td>Focus:</td>
<td></td>
</tr>
<tr>
<td>Life skills development</td>
<td>Yes</td>
</tr>
<tr>
<td>School / class environment</td>
<td>Yes</td>
</tr>
<tr>
<td>Family strengthening</td>
<td>No</td>
</tr>
<tr>
<td>Family engagement</td>
<td>Yes</td>
</tr>
<tr>
<td>Research design</td>
<td>Quasi-experimental (extended selection cohorts)</td>
</tr>
<tr>
<td>Effects measured at ≥ 1 year</td>
<td>Yes</td>
</tr>
<tr>
<td>Evaluated replication</td>
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</tr>
<tr>
<td>Rating</td>
<td>Exemplary/Model (Blueprints, Mihalic)</td>
</tr>
<tr>
<td></td>
<td>Promising/Effective (Surgeon General, OJJDP)</td>
</tr>
</tbody>
</table>

Description

The Olweus Bullying Prevention Program (“OBPP”) was implemented in Norwegian schools in the mid-1980s. The programme came about in the wake of public and media disquiet at news that three young people had committed suicide, in all likelihood in response to severe bullying.

The programme is a whole-school intervention which focuses on reducing bully/victim behaviours by restructuring the social environment at school (Limber, 2006). It is predicated on five basic principles:

1. Creating a school environment characterised by “warmth, positive interest, and involvement from adults”.
2. Setting firm limits on unacceptable behaviour.
3. The consistent use of non-hostile, non-physical sanctions when rules are broken.
4. A degree of monitoring and surveillance of pupils at school and beyond.
5. Adults acting authoritatively in at least some respects. (Olweus, 2000, p. 115)

The goals of the programme are to prevent and reduce bullying behaviours, both direct and indirect. This is achieved through mechanisms that address issues at the school-wide, classroom and individual levels, as well as mechanisms for involving parents and others from the wider school community.

Components

The programme, as implemented in Bergen in the 1980s, involved changes at three levels of the school environment: the school generally, the classroom and the individual. Additionally, it involved increasing awareness of bullying and involvement on the part of adults in addressing the problem.
School-level
• Questionnaire survey
• School conference day on bully/victim problems
• Better supervision during recess and lunch time
• More attractive school playground
• Contact telephone
• Meeting staff-parents
• Teacher groups for the development of the social milieu of the school
• Parent circles (Olweus, 2000, p. 64)

Class level
• Class rules against bullying: clarification, praise, and sanctions
• Regular class meetings
• Role playing, literature
• Cooperative learning
• Common positive class activities
• Class meeting teacher-parents/children (Olweus, 2000, p. 64)

Individual level
• Serious talks with bullies and victims
• Serious talks with parents of involved students
• Teacher and parent use of imagination
• Help from “neutral” students
• Help and support for parents (parent folder, etc.)
• Discussion groups for parents of bullies and victims
• Change of class or school” (Olweus, 2000, p. 64)

Experience and research pointed to a number of these elements as being particularly important for achieving the desired results (see Table 27). These are the components which the researchers consider should form part of any implementation of the Olweus programme, although this should not be construed as saying that non-core elements are not worth including.

Table 27: (Tentative) Core Elements of the Olweus Bullying Prevention Programme

<table>
<thead>
<tr>
<th>Level</th>
<th>Element</th>
<th>Description</th>
</tr>
</thead>
</table>
| General prerequisites  | Awareness & involvement on the part of adults | • Clear support for and endorsement of the programme from the principal (or head teacher(s)).  
• Convene a coordinating committee to oversee implementation of programme (perhaps including school health professionals and representatives of teachers, students and parents). |
| School level           | Questionnaire survey                   | • Increase awareness of bully/victim problems and involve teachers in the programme by getting children to complete the anonymous Bully/Victim Questionnaire. |
| School conference day  |                                        | • Convene a school conference day to create "some degree of collective commitment to and responsibility for the program chosen" (Olweus, 2000, p. 70) among the school community; present results of questionnaire; develop a long-term plan of action to address bullying; identify programme components to be implemented. |
| Better supervision during recess |                                        | • Ensure an appropriate level of supervision during lunch time and recess and “establish a system for exchange of information about bullying episodes” (Olweus, 2000, p. 124). |
| Meeting staff-parents  |                                        | • Convene a PTA meeting to discuss the problem and programme with parents and secure their involvement and cooperation. |
| Class level            | Class rules against bullying           | • Establish class rules against bullying. |

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Further evaluations are needed, however, to identify with certainty that these are indeed the most important elements.

Evaluation

Design

Olweus evaluated the programme in 42 schools in Bergen, Norway, measuring rates of bullying and victimisation before implementation and then 8 and 20 months afterwards. The evaluation involved 2,500 students in 112 classes, both primary and junior high. Baseline assessments took place four months prior to the intervention; post-test assessments were conducted 8 months and 20 months after the intervention was initiated.

Outcomes

The main results were as follows:

- Reductions by 50% or more in bullying and victimisation in the two years following implementation (for girls and boys, including direct and indirect bullying).
- Reductions in antisocial behaviours such as truancy, vandalism, fighting, theft, drunkenness.
- Improved school social climate (“improved order and discipline, more positive social relationships, and a more positive attitude to schoolwork and the school” (Olweus, 2000, p. 113) and increased student satisfaction with school life.

Intervention effects were stronger after two years than after one. Furthermore, contrary to fears that bullying might become displaced from within to outside the school grounds, bullying to and from school did not increase. Finally, the programme had both a (tertiary) effect on existing bully/victims, but appeared to reduce the appearance of new cases (Olweus, 2000, p. 114).

Additional information

Materials

The programme materials include teacher booklets, a parent folder, a video on bullying, and the Bully/Victim Questionnaire. The cost of implementing the programme is estimated as US$200 per school for the bully/victim questionnaire and accompanying software plus US$65 per teacher for classroom materials.

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35 “…those classes that showed larger reductions in bully/victim problems as a consequence of the intervention programme had implemented these measures to a greater extent than classes with smaller or no changes.” [i.e. class rules and class discussions]
36 Similar in content to Parts I and II of Olweus (2000).
37 This video is available in Norwegian with English subtitles from Professor D Olweus, University of Bergen, Oysteinsgate 3, N-5007 Bergen, Norway.
### Fast Track

<table>
<thead>
<tr>
<th>Age group</th>
<th>Primary, intermediate, secondary (6 – 15 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal/selected/indicated</td>
<td>Universal and selected</td>
</tr>
<tr>
<td>Population characteristics</td>
<td>High-risk neighbourhoods; ≈ 50% ethnic minorities</td>
</tr>
<tr>
<td>Duration ≥ 1 year</td>
<td>Yes</td>
</tr>
<tr>
<td>Lead implementer</td>
<td>Teachers, specialists</td>
</tr>
</tbody>
</table>

**Focus:**
- Life skills development: Yes
- School / class environment: Yes
- Family strengthening: Yes
- Family engagement: Yes

**Research design:** Randomised controlled trial

**Effects measured at ≥ 1 year:** Yes

**Evaluated replication:** Yes

**Rating:** Exemplary (OJJDP)

Promising (Blueprints, Surgeon General)

### Description

Fast Track is a multi-levelled, prevention programme which targets children at risk of conduct disorders. The intervention operates over a 10-year period, encompassing grades 1 to 10.

The programme takes an ecological/developmental perspective, which recognises the multiple influences on children’s behaviour:

> “Based upon the developmental model, one would anticipate that effective prevention programs would need to be multifaceted, addressing problems in both home and school settings, and include key socializing agents, such as parents, teachers, and peers, along with targeted high-risk children. Clearly the dysfunctional development that is associated with the early-starting pattern of conduct problems is multiply determined and is embedded in transactions among family, peer, school, and neighbourhood influences and child characteristics. Hence, preventive efforts should target both the promotion of individual competencies and the promotion of protective contextual supports.” (The Conduct Problems Prevention Research Group, 2002, p. 3)

### Components

The Fast Track programme operates on three levels: (1) a universal, classroom-based, child-training, classroom component; (2) a standardised child training intervention for children identified as being at high risk of future conduct problems (screening occurs in kindergarten); and (3) an individualised intervention for the high-risk group (The Conduct Problems Prevention Research Group, 2002, p. 4). The rationale for providing both universal and targeted components was to ensure that skills learned in the targeted component could be generalised in both the home and wider school environments:

> “...it is unlikely that effects of the selective interventions with the children and families will generalize to the school and classroom setting without providing support for these new skills in the school ... By providing similar skills, cues, and a common language in both the selective and universal interventions, teachers and other school staff are able to promote the generalization of skills to the classroom.” (The Conduct Problems Prevention Research Group, 1999b, pp. 648-649)

### Universal child training

The universal intervention comprised a classroom curriculum adapted in part from the PATHS curriculum (see page 81). The curriculum was delivered by regular classroom teachers in

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39 (M T Greenberg et al., 2000)
grades 1 to 5 (ages 6 – 10) in 20-30 minute lessons taught two or three times a week throughout the year. This curriculum focuses on:

- “Skills for emotional understanding and communication (i.e., recognizing and labelling emotions).
- Friendship skills (i.e., participation, cooperation, fair play, and negotiation).
- Self-control skills (i.e., behavioural inhibition and arousal modification).
- Social problem-solving skills (i.e., problem identification, response generation, response evaluation, and anticipatory planning)” (The Conduct Problems Prevention Research Group, 1999a, p. 635)

**Standardised, targeted child and parent training**

The standardised intervention for high-risk children involved the children themselves, their parents and teachers. This was delivered through weekly “enrichment group sessions”, home visiting, peer-pairing and additional academic tutoring.

**Enrichment group sessions:** During Grade 1, the children and parents attended weekly, 2-hour sessions at the school. These sessions were divided into four components: friendship groups, parent groups, parent-child sessions and tutoring. The first two were held at the same time, then parents and children came together for the last two:

- One-hour “friendship groups” for the children for social-skills training, led by the Educational Coordinators and co-leaders. Various activities (including role plays) were used to help children develop skills in:
  - Emotional understanding and communication
  - Friendship building
  - Self-control
  - Social problem solving

- One-hour parent groups led by Family Coordinators and co-leaders to discuss strategies for improving children’s behaviour and child-school adjustment. The curriculum used various modalities, including role-play and modelling, to develop skills in:
  - Creating positive family-school relationships and helping children adjust to school
  - Parental self-control
  - Realistic and developmentally appropriate expectations of children’s behaviour
  - Improving parent-child interactions and decreasing children’s disruptive behaviour

- Half-hour parent-child sessions during which parents and children were engaged in cooperative activities such as crafts, reading and games. In these sessions, parents were given the opportunity therefore to practise positive parenting skills, supported by programme staff.

- Half-hour reading skills tutorials with programme tutors with parents observing. (The Conduct Problems Prevention Research Group, 1999a, p. 635)

**Home visiting:** Family Coordinators visited families in their homes to assist them to generalise skills learned in the enrichment group sessions in other settings and, ultimately, to “foster parental empowerment and self-efficacy” (The Conduct Problems Prevention Research Group, 1999a, p. 635).

**Peer-pairing:** Tutors, with supervision from Educational Coordinators, conducted 30-minute peer-pairing sessions once a week. In these sessions, high-risk children were paired with a classmate “to promote the generalization of friendship skills to the school setting and to offer
high-risk children opportunities for friendship making with classroom peers” (The Conduct Problems Prevention Research Group, 1999a, p. 635).

**Academic tutoring:** The same tutors who facilitated the peer-pairing sessions also provided extra reading tuition in 30-minute sessions held twice a week during school hours.

**Individualised, targeted child and parent training**

High-risk children and their families participated in all of the standard targeted intervention elements during first grade. After first grade, the home visiting, peer-pairing and tutoring elements were tailored to suit child’s and family’s individual needs.

**Table 28 : Fast Track Intervention Components in Grades 1 Through 3**

<table>
<thead>
<tr>
<th>Component</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal component</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PATHS curriculum</td>
<td>Yearly curriculum</td>
<td>Yearly curriculum</td>
<td>Yearly curriculum</td>
</tr>
<tr>
<td>Indicated components</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child social-skills groups</td>
<td>22 sessions</td>
<td>14 sessions</td>
<td>9 sessions</td>
</tr>
<tr>
<td>Parent training groups</td>
<td>22 sessions</td>
<td>14 sessions</td>
<td>9 sessions</td>
</tr>
<tr>
<td>Parent-child sharing</td>
<td>22 sessions</td>
<td>14 sessions</td>
<td>9 sessions</td>
</tr>
<tr>
<td>Individualized components</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic tutoring</td>
<td>60 sessions</td>
<td>0 or 60 sessions</td>
<td>0 or 60 sessions</td>
</tr>
<tr>
<td>Peer-pairing</td>
<td>22 sessions</td>
<td>0 or 14 sessions</td>
<td>8, 16, or 32 visits</td>
</tr>
<tr>
<td>Home visiting</td>
<td>11 visits</td>
<td>8, 16, or 32 visits</td>
<td>8, 16, or 32 visits</td>
</tr>
</tbody>
</table>

(The Conduct Problems Prevention Research Group, 2002, p. 4)

**Evaluation**

**Design**

Schools in high-risk neighbourhoods in North Carolina, Tennessee, Washington and Pennsylvania were randomly assigned to act as either intervention or control sites. There were 7,560 children involved in the study across 198 intervention classrooms and 180 matched control classes. Across the sites, 49% of the children were ethnic minorities (mostly African American); 55% of the children were in receipt free or reduced cost lunch (a proxy for poverty). Eight hundred and ninety one of the students were identified as high-risk, being those students who scored in the top 15% in each site on a behavioural risk score (The Conduct Problems Prevention Research Group, 2004). Fifty-one percent of the at-risk group were African American, 47% European American and 2% of other ethnicity. Over half were from single-parent families and 35% were from families which were in the lowest socioeconomic class.

**Outcomes**

At the end of the first grade, evaluations showed improvements in conduct across the whole sample with “significant effects on peer ratings of aggression and hyperactive-disruptive behaviour and observer ratings of classroom atmosphere” (The Conduct Problems Prevention Research Group, 1999b, p. 648). Assessment also showed that observer ratings of classroom atmosphere were related to the quality of implementation.

For the high-risk sample:

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40 Note that elsewhere, the researchers state that the high-risk group were "the 10% of children demonstrating the greatest degree of early conduct problems" (The Conduct Problems Prevention Research Group, 1999b, p. 648) [emphasis added].
"At the end of the first grade, in comparison to the high-risk control children, high-risk intervention children displayed significantly greater improvements in behaviour (by parent and teacher report) and significantly lower rates of aggressive, oppositional behaviors at school (by teacher report) ... In addition, the intervention children showed better adaptation, with lower rates of special education service use (according to school record review), more positive peer interactions (by observer ratings), higher social preference (by sociometric nominations), and improved social-cognitive and emotion skills (assessed by child interviews). Parents were observed to interact more warmly during observed parent-child interactions in the home; they were rated by observers as using more appropriate and consistent discipline; and they had more positive involvement with the school, as reported by teachers. In addition, improvements in general classroom behaviour and classroom functioning indicated important universal preventive effects for all students ..." (The Conduct Problems Prevention Research Group, 2004, p. 651)

By the end of the third grade (e.g. three years after the programme began) the high-risk sample continued to show improved outcomes, although the effect sizes were small:

"By the end of Grade 3, intervention children were continuing to display reductions in conduct problem behaviour, as indexed by lower teacher ratings of conduct problems and lower rates of special education service use. Parent reports of children’s aggressive behaviour also decreased in comparison to the control group. In a “person-centred” analysis completed at the end of Grade 3, children were identified as “clinical cases” on the basis of self-report, parent-report and teacher-report measures of children’s psychopathology and behaviour problems. Children assigned to the Fast Track preventive intervention were significantly more likely to be “case free” than were children in the control group.” (The Conduct Problems Prevention Research Group, 2004, p. 652)

By the end of the Grades 4 and 5, assessments showed that the programme had had a “significant but modest influence” on the children’s behaviour in three domains: (1) social cognition and social competence; (2) involvement of peers in deviant behaviours; and (3) involvement in home and community problem behaviours. There was no effect on the fourth target domain, school context (problematic behavioural and academic outcomes).

In sum:

"Fast Track produced reductions of 6 to 7 percentage points in the likelihood that high-risk children would emerge as cases with problems in the domains of social competence and social cognition difficulties, peer deviance, and conduct problem behaviour in the home and community setting. When compared to the base rates of control children having problems in these domains, Fast Track produced a one fourth (home and community problems) to one third (social competence and social cognition problems; peer deviance) reduction in children’s risks for problematic outcomes at the end of elementary school” (The Conduct Problems Prevention Research Group, 2004, p. 657)

Additional information

Training and delivery

The programme was administered by Educational Coordinators. These coordinators had an education, special education or counsellor education background and were responsible for training, supporting and observing teachers and other school personnel, leading the child social-skills groups and co-leading the parent-child sessions. They were also responsible for training and supervising programme tutors.

The tutors, who received 40 hours’ training, were responsible for the tutoring and peer-pairing elements. Family Coordinators, which specialist backgrounds in social work, counselling and/or experience in providing human services for high-risk families, were responsible for the parent group and parent-child sessions, as well as the home visits. The Educational Coordinators and Family Coordinators, working in pairs, were responsible for on average 15-18 families in three groups (The Conduct Problems Prevention Research Group, 2002).

Classroom teachers attended a 2.5 day workshop prior to Fast Track implementation. During the first year of programme delivery, Education Coordinators provided teachers with weekly consultation and classroom observation to both ensure implementation quality and provide feedback and coaching.
**Good Behavior Game**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Primary, secondary</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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<td>Duration ≥ 1 year</td>
<td>Yes</td>
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<tr>
<td>Lead implementer</td>
<td>Teachers</td>
</tr>
<tr>
<td>Focus:</td>
<td></td>
</tr>
<tr>
<td>Life skills development</td>
<td>Yes</td>
</tr>
<tr>
<td>School / class environment</td>
<td>Yes</td>
</tr>
<tr>
<td>Family strengthening</td>
<td>No</td>
</tr>
<tr>
<td>Family engagement</td>
<td>No</td>
</tr>
<tr>
<td>Research design</td>
<td>Randomised controlled trial</td>
</tr>
<tr>
<td>Effects measured at ≥ 1 year</td>
<td>Yes</td>
</tr>
<tr>
<td>Evaluated replication</td>
<td>Yes</td>
</tr>
<tr>
<td>Rating</td>
<td>Exemplary (OJJDP) Promising (Blueprints, Mihalic, Surgeon General)</td>
</tr>
</tbody>
</table>

**Description**

The Good Behavior Game ("GBG") has been operating in schools since 1969. There are over 29 published evaluations of the programme in its various forms, including versions in different cultural settings (e.g., Sudan, the UK, Canada and Germany) and with a variety of pupils (including preschoolers, first through to sixth graders in US schools; emotionally disturbed 15-17 year olds; and 6-to-10 year olds with mild mental disabilities).

The game has also been successfully used as a component in a multileveled programme (Linking the Interests of Families and Teachers; see page 85) and in combination with curriculum enhancements and other behaviour management techniques (Ialongo et al., 2001).\footnote{The Distal Impact of Two First-Grade Preventive Interventions on Conduct Problems and Disorder in Early Adolescence., By: Ialongo, Nick, Poduska, Jeanne, Werthamer, Lisa, Kellam, Sheppard, Journal of Emotional & Behavioral Disorders, 10634266, Fall2001, Vol. 9, Issue 3}

The object of the GBG is to reduce disruptive, aggressive and shy behaviours through a combination of peer influence, promotion of self-interest, sanctions and reinforcement.

**Components**

The GBG is a classroom management technique for the purposes of behaviour modification, specifically targeting disruptive and aggressive behaviour and shyness. It involves determining class rules for acceptable and unacceptable behaviours then dividing the class into two or more teams. Teams are rewarded for good behaviour and incur marks for the negative behaviour of their members. The team with the least marks at the end of a defined period of time wins a reward, such as stickers, extra recess time and so on. In some cases, more than one team could win provided they kept their marks below a set level. The reward systems have been relatively varied. For example, in one study, negative marks could be cancelled out by completing work or participating actively in class (Darveaux, 1984). The game is typically introduced during a particular period (say, the reading lesson); eventually the teacher starts the game with no warning so that students are encouraged to continually monitor their behaviour.
In the version of the game described in the evaluation section below, GBG classes were divided into three teams which received points for the poor behaviour of team members, those behaviours being "verbal disruption, physical disruption, out of seat without permission, and non-compliance" (Dolan et al., 1993, p. 324). Any team could win if that team incurred no more than four points during the game period. Initially, the prizes were tangible, such as stickers and erasers; in time, teams earned activity rewards such as extra recess and other privileges. At the end of each week, the team which had won the most games received a special reward and were named Weekly Winners. Shy behaviours were targeted by giving shy children special responsibilities in relation to the Game:

"[Shy behaviours were addressed by appointing] shy children on each team to the Team Leader position or to other socially integrating roles within the team. The Team Leader was in charge of handing out prizes, putting the star on the scoreboard, and helping the teacher with activities for his or her winning team." (Dolan et al., 1993, p. 324)

The game was initially played three times a week for 10 minutes; teachers would announce when the game was to begin. Over time, the amount of time spent playing the game was increased until it was being played for up to 3 hours per week. The cut-off for winning the game, that is, four points, however, was retained throughout. In addition, as time went on, teachers initiated the game without telling the students.

**Evaluation**

Evaluative studies of the GBG have tended to report on changes in disruptive classroom behaviours such as “talking, out-of-seat, name calling, cursing, and verbal/physical aggression” (Tingstrom, Sterling-Turner, & Wilczynski, 2006, p. 238); other positive consequences have also been reported such as a 25% increase in the amount of material that could be covered in class when playing the GBG (Medland & Stachnik, 1972, cited in Embry, 2002, p. 280). Many of these studies have reported statistically significant reductions in disruptive and aggressive behaviours in the short term. For example, Medland & Stachnik’s 1972 study showed a 99% decrease in disruptive behaviours in one group and 97% in another while the GBG was being played in a 5th grade reading class. Other studies have used the Game to improve other behaviours, such as oral hygiene (Swain et al., 1982, cited in Tingstrom et al., 2006, p. 239)

Researchers at the John Hopkins School of Public Health have been following cohorts of GBG graduates since the mid-1980s as part of a long-term study. During the school year of 1985-86, 19 matched schools in Baltimore City took part in an evaluation of the GBG and Mastery Learning, an intervention designed to improve academic achievement. Schools were randomly assigned to one of three intervention conditions: GBG, Mastery Learning or external control. Within intervention schools, incoming first grade pupils were randomly assigned to classes, then those classes randomly assigned to an intervention condition. Hence some of the classes within the GBG and Mastery Learning schools did not receive the intervention ("internal controls").

The GBG sample comprised 182 first-grade students in 8 classrooms; the GBG internal control group comprised 107 students in 6 classrooms. The external control sample comprised 212 students from 12 classrooms (Dolan et al., 1993). The sample was 64% African-American, 29% White, and 7% represented other ethnicities. Baseline measures were taken in autumn 1985 and post-test measures in spring 1986. Further assessments were made up to six years after the intervention.

**Outcomes – post-test**

At post-test, teacher ratings showed that that GBG boys displayed significantly lower aggressive behaviour than external controls; compared to internal controls, however, the differences were positive but not significant. For girls, the position was reversed. GBG girls exhibited significantly lower rates of aggression than internal controls, but non-significant
reductions compared to the external controls. Peer ratings showed a significant reduction in aggression among the GBG boys compared to internal controls, but non-significant reductions compared to the external controls. Ratings of girls’ aggression did not differ between the GBG and control groups. Interestingly, the GBG had the greatest impact on those boys and girls rated as most aggressive at baseline (Dolan et al., 1993).

As for shyness, teacher ratings showed significantly lower shy behaviours between GBG children and internal controls. Compared with external controls, only girls showed significant reductions in shy behaviours. Peer ratings of shy behaviours showed no significant change (Dolan et al., 1993).

Outcomes – six-year follow-up

At the six-year follow-up (by which time the students had participated in the GBG in both first and second grade), the following outcomes were reported:

“No main effect reduction in aggression as a result of the GBG was found. For males with higher levels of aggression at first grade, however, there were increasing and significant effects of the GBG at 6th grade. Thus the effect of the GBG varied as a function of aggression severity.” (M T Greenberg et al., 2000, p. 100)

The researchers confirmed their hypotheses that high levels of aggression in a classroom increased the risk that males would exhibit high levels of aggressive behaviour in grades 1 to 6; in addition, their study showed that aggressive males were very susceptible to the influence of classroom aggression:

“first grade classroom levels of aggressive behaviour enhanced the risk of males being highly aggressive from first grade through to transition into middle school [and] first grade males who were themselves higher aggressive behaving were particularly susceptible to a higher aggressive classroom environment” (Kellam, Ling, Merisca, Brown, & Ialongo, 1998, p. 180).

Their findings were suggestive (but not conclusive) that the effect of the GBG (i.e. a reduction in aggressive behaviours among aggressive first-grade males) was effected by reducing the overall level of aggression in the classroom:

“We conclude that there is some suggestive evidence that the GBG reduced the impact of the level of classroom aggression on the risk for aggressive boys in higher aggressive classrooms, though uncertainty remains in this inference.” (Kellam et al., 1998, p. 180)

Data collected when the GBG pupils were 14 years old showed a positive intervention effect on smoking uptake among the boys.

Additional information

In the evaluation described above (Dolan et al., 1993), teachers participating in the study received 40 hours’ training prior to implementing the GBG.
Second Step

<table>
<thead>
<tr>
<th>Age group</th>
<th>Pre-school, primary, intermediate, secondary (4 – 14 years)</th>
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<tbody>
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<tr>
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<td>Duration ≥ 1 year</td>
<td>Yes</td>
</tr>
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<td>Lead implementer</td>
<td>Teacher</td>
</tr>
<tr>
<td>Focus:</td>
<td></td>
</tr>
<tr>
<td>Life skills development</td>
<td>Yes</td>
</tr>
<tr>
<td>School / class environment</td>
<td>[unclear]</td>
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<tr>
<td>Family strengthening</td>
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<td>Family engagement</td>
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<tr>
<td>Research design</td>
<td>Randomised controlled trial</td>
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<tr>
<td>Effects measured at ≥ 1 year</td>
<td>Yes</td>
</tr>
<tr>
<td>Replicated</td>
<td>Yes</td>
</tr>
<tr>
<td>Rating</td>
<td>Exemplary (Dept of Education)</td>
</tr>
<tr>
<td></td>
<td>Effective (OJJDP)</td>
</tr>
</tbody>
</table>

Description

Second Step is a multi-year, universal prevention programme which aims to increase students’ social and emotional skills, thereby reducing the risk of destructive and aggressive behaviours. The curriculum is taught by classroom teachers or other school staff (such as counsellors) who have received training on the programme.

Components

Student training

Three versions of the programme are available for the different grade levels (pre-school/kindergarten, primary school, middle/junior high school). Each curriculum contains 22-28 lessons of varying duration (20 minutes at the earlier level, 45 minutes at other levels). Each lesson revolves around a social dilemma as the basis for the teaching of key concepts and objectives.

The key social and emotional skills targeted by the curriculum are:

- Empathy
  - “Identifying feelings through facial expressions, body language, and situational cues.
  - Understanding others’ perspectives.
  - Giving emotional support to others” (Fitzgerald & van Schoiack Edstrom, 2006, p. 387)
- Problem solving
  - “Step-by-step strategy for solving social problems [including] identifying the problem and evaluating the solutions, [applied] to hypothetical situations and to examples from their own lives.” (Fitzgerald & van Schoiack Edstrom, 2006, p. 387)
- Emotional management
  - “...students learn to recognise anger cues and “triggers” and to use stress-reduction techniques (e.g. counting backward) to manage or prevent angry feelings [applied to] specific stress-inducing situations typical for students (e.g., bullying or social exclusion).” (Fitzgerald & van Schoiack Edstrom, 2006, p. 387)
Second Step uses a range of strategies “facilitate student learning, promote a supportive classroom climate, and encourage the generalization of skills” (Fitzgerald & van Schoiack Edstrom, 2006, p. 387). These strategies include (a) group discussions, (b) skills training and practice incorporating feedback, (c) modelling, (d) cueing, coaching and reinforcement, and (e) group problem solving and decision-making.

Parent training

In these sessions, parents are introduced to the Second Step skills and “learn how to foster their children’s development and use of the skills” (Fitzgerald & van Schoiack Edstrom, 2006, p. 388)

Evaluation

Design

In the most recent evaluation of Second Step, primary schools in Washington State were randomly assigned to act as control or intervention sites. 1,234 second and fourth grade students (aged 7-11 years) were originally involved in the trial; by the end of the second year of the study, 898 children remained in the study (Frey, Nolen, Van Schoiack Edstrom, & Hirschstein, 2005). The programme was taught over two years with separate evaluations after the first and second years.

Children were assessed by teacher-report (School Social Behavior Scale), self-report and blinded observation of pairs of students in two constructed situations; a prisoner’s dilemma game and a real-life negotiated sharing out of rewards.

Outcomes

Children in the intervention group had less reported aggressive behaviour and less aggression in the paired negotiation situation. There was no difference in the proportion using non-aggressive coercive negotiating strategies as opposed to co-operative negotiating strategies. Only for girls was there an increased rate in the intervention group of use of higher negotiating strategies in which the partner’s wishes were sought. There was no effect on joint co-operative choices in the prisoner’s dilemma game, although this may have been because of the artificial demand for a resolution which might not have been true of a real life playground situation.

Decreases in antisocial behaviour in the intervention group were greater among those initially rated as highly antisocial but were significant also in those rated low.

There were significant gains in social competence in the intervention group when compared with the controls. The intervention group chose more pro-social goals and the control group expected greater satisfaction from a ‘self-high’ choice of goal in the prisoner’s dilemma game.

In addition to the intervention control study, the relationship of the students’ intentions to their behaviour and the additional factor of attribution (whether you perceive others as hostile or not) was explored. “Co-operative negotiating strategies and social competence were positively related to co-operative goals; anti-social behaviour and aggressive intentions were negatively related. Attributing hostile goals to hypothetical others predicted more aggressive intentions, lower social competence and greater antisocial behaviour.”

The association of self-interested goals with antisocial behaviour is less likely when there is no attribution of hostility to others and conversely having co-operative goals may guard against hostile attribution being associated with antisocial behaviour.
Additional information

Training

Programme developers offer two types of training: (a) a 1-day teacher training session; or (b) a 3-day “train the trainer” session. The latter gives participants the skills needed to train teachers in the programme.

Programme materials include an administrator’s guide, curriculum kits (preschool to grade 5) and a guide for leading the six parent sessions.

Cost

The programme consists of commercially available curriculum materials (Committee for Children, 1997), professional staff training and staff training materials. For a school of 600 students the cost is estimated to be < $US9.00 per student with no additional costs in subsequent years.
Too Good for Violence

Too Good For Violence (“TGFV”) is a multi-year, universal programme that aims to reduce violence through targeting risk and protective factors for violence. The programme is implemented in primary schools (ages 5 – 13) and addresses:

1. “Social and emotional competency (skills).
2. Attitudes towards violence/aggression.
3. Perceived norms regarding violence/aggression.
5. Attachment to school/teacher.” (Mendez Foundation, n.d.-a)

The programme is based on Hawkins and Catalano’s Social Development Strategy and Bandura’s Social Learning Theory.

Components

Child training

The curriculum consists of seven 30 to 60-minute lessons for children in kindergarten through to grade 5 (5 – 10 years) and nine 30 to 45-minute lessons for grades 6 to 8 (11 – 13 years), with additional resources and extension activities. The programme uses a range of teaching strategies including cooperative learning activities and role-play to reinforce appropriate behaviour and generalise skills to other contexts.

Parent engagement

Parental engagement in their children’s learning is facilitated by the use of Home Workouts: Information and Exercises for Parents and Kids handouts which provide information on (amongst other things) parenting and violence prevention, provide parent-child exercises, reinforce skills taught in the classroom component and provide opportunities for parents to engage with school.43

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42 The evaluation described here used specialists to deliver the curriculum; however the programme is also delivered by teachers who have received training in the programme.
43 See http://www.mendezfoundation.org/resources/homeworkouts.htm for sample home workouts.
Teacher training

The curriculum kits include student workbooks, evaluation tools (behaviour checklists and student surveys) and tips for teaching the program, “instructions for role-playing, normative education, bullying prevention, anti-bias tips, warning signs of violence”44 and so on.

Other

The TGFV website notes that the curriculum includes advice on building community support for a coordinated violence prevention effort.45

Evaluation

Design46

Ten primary schools in Florida were randomly selected to participate in the evaluation. Five served as intervention schools and five as controls. In total, 999 third-grade students and 46 teachers were involved in the study.

The programme was delivered by trained TGFV trainers in the first quarter of the school year in 40-50 minute weekly lessons held over seven weeks. Results were based on questionnaires administered prior to the intervention, immediately after the programme had been delivered and 20 weeks after programme delivery.

Outcomes

The following statistically significant effects, based on student responses to the questionnaires, were found in favour of the intervention group:

- Higher levels of emotional competency skills
- Higher levels of social and conflict resolution skills
- Higher levels of communication skills

The following statistically significant effects were found in favour of the intervention group on the basis of teacher ratings of student behaviour:

- Higher levels of social skills
- Higher levels of prosocial behaviours

The treatment effects were not mediated by ethnicity, gender or socioeconomic status, suggesting that the programme is effective across a range of students (Mendez Foundation, n.d.-b).

44 http://www.mendezfoundation.org/educationcenter/app/index.htm
45 See http://www.mendezfoundation.org/educationcenter/app/framework.htm
46 The primary source for this information was not available; the information in this section was gleaned from secondary sources: a report from the U.S. Department of Education’s What Works Clearinghouse at http://www.whatworks.ed.gov/InterventionReportLinks.asp?id=250&tid=12 and the evaluation summary from the programme website (Mendez Foundation, n.d.-b).
USEFUL WEBSITES

About Date Rape (Australia)

A site developed by the NSW Attorney-General’s Department Crime Prevention Division to provide information and resources about date rape to girls who may have been assaulted, their friends and family.

Australian Centre for the Study of Sexual Assault (Australia)

“The Australian Centre for the Study of Sexual Assault aims to improve access to current information and resources in order to assist those committed to working against sexual assault. ACSSA will help to support and develop strategies that aim to prevent, respond to, and ultimately reduce the incidence of this crime.”


Australian Institute of Family Studies (Australia)

Includes bibliographies and lists best practice programmes in the prevention of sexual assault.

Center for Disease Control and Prevention

http://www.cdc.gov/  

Centre for the Study of Violence Prevention

http://www.colorado.edu/cspv/  
“In an effort to establish more complete and valuable information to impact violence-related policies, programs, and practices, CSPV works from a multi-disciplinary platform on the subject of violence and facilitates the building of bridges between the research community and the practitioners and policy makers. CSPV has a threefold mission. First, the Information House serves to collect research literature and resources on the causes and prevention of violence and provides direct information services to the public by offering topical searches on customized databases. Second, CSPV offers technical assistance for the evaluation and development of violence prevention programs. Third, CSPV maintains a basic research component through data analysis and other projects on the causes of violence and the effectiveness of prevention and intervention programs.”

Children’s Safety Network (USA)

http://www.childrenssafetynetwork.org/default.asp  
“CSN is a resource center for maternal and child health and injury prevention professionals in State and Territorial health departments who are committed to reducing injuries and violence among children and adolescents. CSN staff can offer expertise, resources, and contacts on any injury topic and can help you develop, implement, and evaluate injury and violence prevention activities.”

Education Counts (NZ)

http://educationcounts.edcentre.govt.nz/  

Health & Human Development Programs (USA)

http://hhd.org/researchpractice/resourcecenters.asp  
“The mission of Health and Human Development Programs (HHD) is to foster healthy lifestyles and create healthy, safe environments where people live, learn, and work. We conduct and synthesize research and guide practice toward the most effective policies and programs that promote healthy human development and reduce risk behaviors. We serve organizations in education, public health, health care, social services, mental health, and

criminal justice at the international, national, state, and local levels.”

**Hector’s World (NZ)**
http://www.hectorsworld.com
Affiliated to Netsafe. Provides for cybersafety through use of child-friendly animated figures

**Netsafe (NZ)**
http://www.netsafe.org.nz
Network that provides information on cybersafety for early childhood facilities and schools.

**New Zealand Council For Educational Research (NZ)**
http://nzcer.org.nz/NZETbasic.php
“The New Zealand Council for Educational Research is an independent, educational research organisation that provides educators, students, parents, policy makers, and the public with innovative and independent research, analysis, and advice. Established in 1934 through grants from the Carnegie Corporation, it became a statutory body in 1945 and now operates under the NZCER Act 1972 (and amendments). It is not formally attached to any government department, university, or other educational organisation.”

**New Zealand Family Violence Clearinghouse**
http://www.nzfvc.org.nz
The national centre for the collation and dissemination of family/whanau violence information promotes the accessibility of family/whanau violence research and practice material, while supporting the growth of networks within the field

**OJJDP Model Program Guide (USA)**
http://www.dsgonline.com/mpg2.5/mgp_index.htm
“The Office of Juvenile Justice and Delinquency Prevention’s Model Programs Guide (MPG) is designed to assist practitioners and communities in implementing evidence-based prevention and intervention programs that can make a difference in the lives of children and communities. The MPG database of evidence-based programs covers the entire continuum of youth services from prevention through sanctions to reentry. The MPG can be used to assist juvenile justice practitioners, administrators, and researchers to enhance accountability, ensure public safety, and reduce recidivism. The MPG is an easy-to-use tool that offers the first and only database of scientifically-proven programs across the spectrum of youth services.”

Includes a facility to search for programmes meeting specified criteria.

**Promising Practices Network on children, families and communities (USA)**
http://www.promisingpractices.net/
“The Promising Practices Network (PPN) is a group of individuals and organizations who are dedicated to providing quality evidence-based information about what works to improve the lives of children, families, and communities. This project is operated by the RAND Corporation, the nation’s original "think tank." RAND is a nonprofit research organization providing objective analysis and effective solutions that address challenges facing the public and private sectors around the world. Long recognized as one of the world’s premier research organizations, RAND produces work of enduring value—research and analysis that is prized and respected for its quality, innovation, comprehensiveness, and objectivity. The wide dissemination of its findings is an equally important part of RAND’s mission: research must be readily accessible to policymakers if it is to have impact on the public good.

RAND brings to PPN extensive experience in the child policy arena, with more than 150 researchers and consultants working in areas such as child health, juvenile justice, education, child care, labor, and demographics. RAND’s analysis has shaped public policy on a range of problems facing young people, including prenatal health, substance abuse, firearms violence, and early childhood interventions.”
SAMHSA Model Programs (USA)
http://modelprograms.samhsa.gov/
Lists model, effective and promising programs with downloadable programme descriptions.

The Incredible Years
http://www.incredibleyears.com/

Too Good for Violence (Mendez Foundation Education Center)
http://www.mendezfoundation.org/educationcenter/app/index.htm
Provides information for teachers and pupils about the Too Good for Violence programme.

UNESCO Sites:
- International Bureau of Education
  http://www.ibe.unesco.org/
  “The IBE’s main mission is to act as UNESCO’s centre specialized in contents, methods and structure of education. It builds networks to share expertise on curriculum development in all regions of the world and aims to introduce modern approaches in curriculum design and implementation, improve practical skills and promote informed dialogue at regional and international levels.”
- RelatED
  http://databases.unesco.org/IBE/RELATED/
  “This databank records good practices in learning to live together. It is primarily concerned with school-based initiatives selected from around the world.” [what counts as “good practice”?]

What Works Clearinghouse (U.S. Department of Education)
http://www.whatworks.ed.gov/
“The What Works Clearinghouse (WWC) collects, screens, and identifies studies of effectiveness of educational interventions (programs, products, practices, and policies). The WWC regularly updates the WWC Technical Standards and their application to take account of new considerations brought forth by experts and users. Such changes may result in re-appraisals of studies and/or interventions previously reviewed and rated. The current WWC Standards offer guidance for those planning or carrying out studies, not only in the design considerations but the analysis and reporting stages as well. The WWC Standards, however, may not pertain to every situation, context, or purpose of a study and will evolve.”

World Health Organization, Department of Injuries and Violence Prevention
“The World Health Organization's Department of Injuries and Violence Prevention works to prevent injuries and violence, to mitigate their consequences, and to enhance the quality of life for persons with disabilities irrespective of the causes. It does so by:
- Raising awareness about the magnitude and consequences of injuries, violence and disability,
- Analyzing and disseminating information,
- Fostering multisectoral networks and partnerships, and
- Supporting national, regional and global efforts to:
- Improve data collection
- Develop science-based approaches to injury and violence prevention, control and rehabilitation
- Disseminate proven and promising interventions
- Improve services for persons with disabilities, as well as victims and survivors of injuries and violence, and their families
- Enhance teaching and training programmes
- Create multidisciplinary policies and action plans.”


Children's Issues Centre. (2004). *Developing a more positive school culture to address bullying and improve school relationships: Case studies from two primary schools and one intermediate school*. Wellington: Ministry of Social Development.


