INSPIRE

Seven Strategies for Ending Violence Against Children

World Health Organization

CDC

End Violence Against Children
THE GLOBAL PARTNERSHIP

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

PEPFAR

Together for girls

unicef

UNODC
United Nations Office on Drugs and Crime

USAID
FROM THE AMERICAN PEOPLE

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INSPIRE

Seven Strategies for Ending Violence Against Children

Implementation and enforcement of laws

Norms and values

Safe environments

Parent and caregiver support

Income and economic strengthening

Response and support services

Education and life skills

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Acronyms

CDC: United States Centers for Disease Control and Prevention

CRC: Convention on the Rights of the Child

End Violence Against Children: The Global Partnership

PAHO: Pan American Health Organization

PEPFAR: President's Emergency Program for AIDS Relief

TfG: Together for Girls

UNICEF: United Nations Children's Fund

UNODC: United Nations Office on Drugs and Crime

USAID: United States Agency for International Development

WHO: World Health Organization

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Preface

Ending violence against children: an urgent call to action

Imagine you woke up this morning to news headlines revealing that scientists had discovered a new disease, and that up to 1 billion children worldwide were exposed to this disease every year. And that as a result – over the course of their lifetime – these children were at greater risk of mental illnesses and anxiety disorders, chronic diseases such as heart disease, diabetes and cancer, infectious diseases like HIV, and social problems such as crime and drug abuse. If we had such a disease, what would we do?

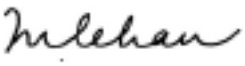
The truth is we do have such a "disease". It is violence against children. And one of the first things we would do is draw on the evidence we already have to take immediate, effective and sustainable action to prevent such violence.

Progress in understanding and preventing violence against all children from birth to 18 years is advancing rapidly. Although greater investment is needed to increase our knowledge about how best to prevent violence against children, we already have sufficient evidence to allow us to stop the violence and replace it with safe, stable and nurturing environments in which children can thrive.

This package of seven evidence-based strategies builds on growing evidence that violence against children is preventable, and on a growing public consensus that it will no longer be tolerated. The package will help unify multisectoral efforts to raise awareness that, although levels of violence vary within and between countries, no society is immune as violence against children is everywhere, and it will encourage deeper engagement to prevent it and to treat the harmful consequences when it does occur.

The package is anchored in recognition by the Convention on the Rights of the Child that all children have the right to be free from all forms of violence. It also responds to the extensive and costly impacts that violence against children has on public health and development. It is an essential tool to help achieve Sustainable Development Goal Target 16.2, which calls for ending all forms of violence against children, and it will be useful to help achieve goals 1, 3, 4, 5, 10, 11 and 16 that target poverty, health, education, gender equality, safe environments and justice.

We have an opportunity and a responsibility to prevent violence, protect children and have a positive impact on a broad range of health, social and economic challenges facing low-, middle- and high-income countries. Violence against children can be prevented if the global community acts now, acts wisely and acts together. This package presents evidence-based ways to do it.



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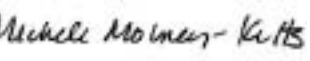

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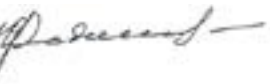

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INSPIRE
an overview

INSPIRE is an evidence-based resource for everyone committed to preventing and responding to violence against children and adolescents – from government to grassroots, and from civil society to the private sector. It represents a select group of strategies based on the best available evidence to help countries and communities intensify their focus on the prevention programmes and services with the greatest potential to reduce violence against children. The seven strategies are: Implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services; and Education and life skills. Additionally, INSPIRE includes two cross-cutting activities that together help connect and strengthen – and assess progress towards – the seven strategies.

The seven INSPIRE strategies are most effective when implemented as part of a comprehensive, multisectoral plan that harnesses their synergies, as the strategies are intended to work in combination and reinforce each other. Though stakeholders in many countries are working to eliminate violence against children, their efforts are not always well coordinated and supported, and few are undertaken at a large scale. Coordination mechanisms are therefore essential, as no single sector can deliver the full package of interventions, and no individual government can tackle the growing threats to its children that now transcend national borders. Efforts to implement the package should therefore encourage cooperation and learning both within and between countries.

INSPIRE the vision

INSPIRE's vision is a world where all governments, with the strong participation of civil society and communities, routinely implement and monitor interventions to prevent and respond to violence against all children and adolescents, and help them reach their full potential.

It reinforces the protections guaranteed in the Convention on the Rights of the Child (CRC), which obliges States Parties to take all appropriate legislative, administrative, social, and educational measures to protect children from all forms of violence while in the care of parents, legal guardians, or any other person who has the care of the child. It reflects the urgent need to address the huge public health and social burden created by violence against children.

INSPIRE aims to help countries and communities achieve key priorities of the 2030 Sustainable Development Goals (SDGs), a new set of goals that UN Member States will use to guide their priorities from 2016-2030. SDG targets addressing violence against children include Target 16.2, "end abuse, exploitation, trafficking and all forms of violence against and torture of children"; SDG Target 5.2, "eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation", and SDG Target 16.1, "significantly reduce all forms of violence and related death rates everywhere".

In addition, the seven INSPIRE strategies are supported by and contribute to activities aimed at achieving several other SDG goals that target risk factors for violence against children, including those that address poverty, health, gender equality, education, safe environments and justice, and are therefore important to include in programming to prevent violence against all children.

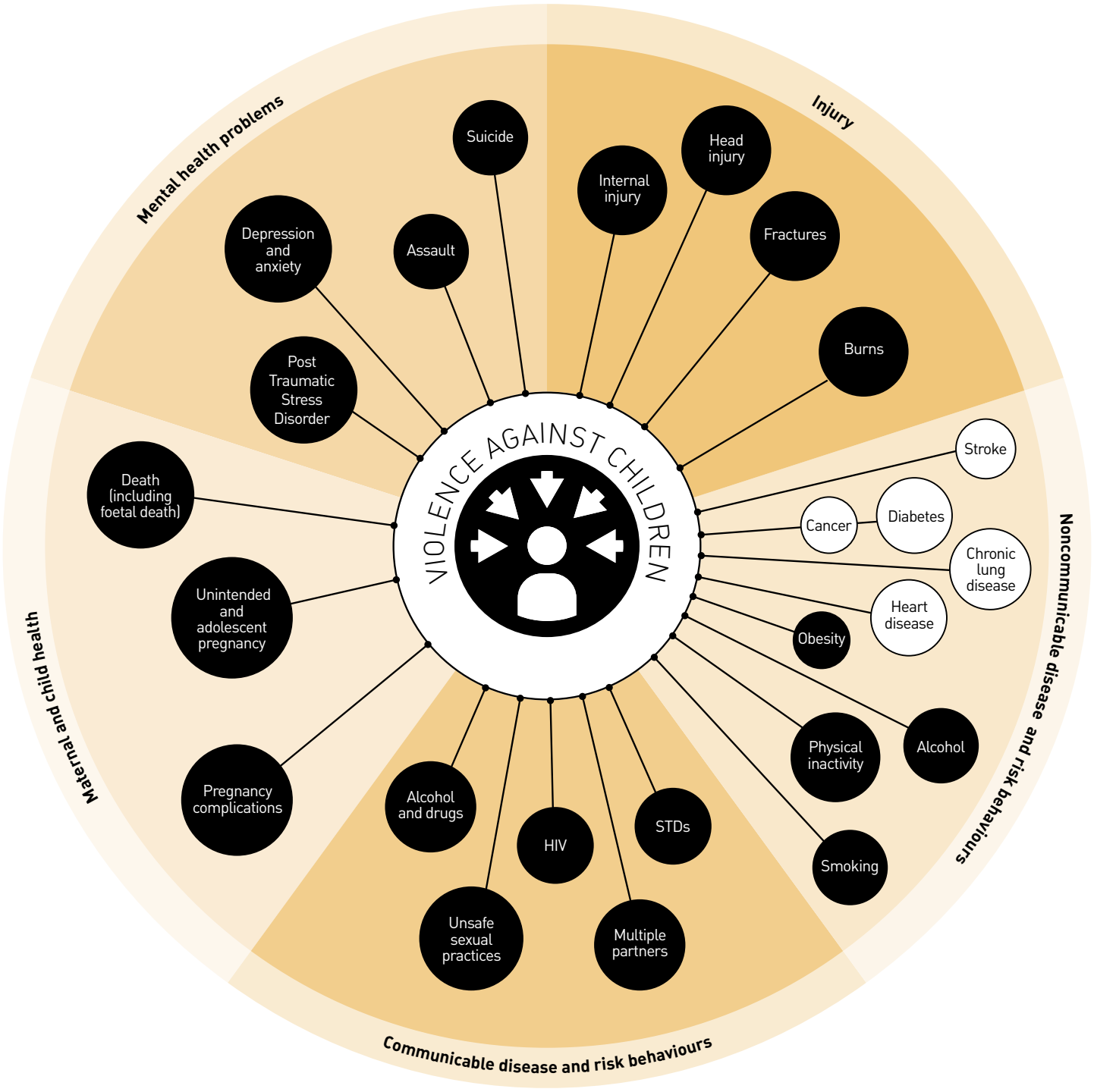
INSPIRE the collaboration

The World Health Organization (WHO) initiated preparation of the INSPIRE package, in collaboration with the United States Centers for Disease Control and Prevention (CDC), End Violence Against Children: The Global Partnership, the Pan American Health Organization (PAHO), the President's Emergency Program for AIDS Relief (PEPFAR), Together for Girls, the United Nations Children's Fund (UNICEF), United Nations Office on Drugs and Crime (UNODC), United States Agency for International Development (USAID), and the World Bank (agencies with a long history of galvanizing a consistent, evidence-based approach to preventing violence against children).

Ending Violence Against Children is a Priority

Violence against the most vulnerable members of our society – our children and adolescents – has a devastating impact and leads to a wide range of health and social problems (**Figure 1**). Yet much of it is predictable and preventable through programmes that address its causes and risk factors.

Figure 1: Potential health consequences of violence against children



Source: *(1)*

Magnitude of violence against children

An analysis of nationally representative survey data on the prevalence of violence against children in 96 countries estimates that 1 billion children globally – over half of all children aged 2–17 years – have experienced emotional, physical or sexual violence in the past year *(2)*.

Despite its high prevalence, violence against children is often hidden, unseen or under-reported. Its hidden nature is well documented *(3)* – for example, a meta-analysis of global data finds self-reported child sexual abuse 30 times higher and physical abuse 75 times higher than official reports would suggest *(4, 5)*.

Girls are particularly vulnerable to sexual violence. For example, the lifetime prevalence of childhood sexual abuse is 18% for girls, compared to 8% for boys *(4)*. Perpetrators of sexual violence against girls are predominantly males. Girls are also more likely to experience intimate partner violence (sexual and/or physical); rape by acquaintances or strangers; child or early/forced marriage; trafficking for the purposes of sexual exploitation and child labour, and genital mutilation/cutting. Such violence occurs in many settings, including those where girls should be safe and nurtured — at home; travelling to, from and within school; in their communities; and in situations of humanitarian emergency, displacement, or post-conflict settings.

Boys are more likely to be both victims and perpetrators of homicide, which commonly involves weapons such as firearms and knives *(7)*.

Globally, nearly **one in three** adolescent girls aged 15 to 19 (84 million) have been the victims of emotional, physical and/or sexual violence perpetrated by their husbands or partners *(6)*.

Homicide is among the top five causes of death in adolescents, with boys comprising over 80% of victims and perpetrators. In addition, for every homicide there are hundreds of predominantly male victims of youth violence who sustain injuries as a result. Boys are also more likely to be the victims and perpetrators in fights and assaults *(7)*.

Given the high rates at which girls and boys experience violence, this paints an alarming picture of the extent to which children live with the impact of violence, in the absence of support or services. In many countries, the true magnitude of the problem is vastly underestimated, partly because prevalence estimates come from administrative data used by health or justice systems and not from national survey data, and partly because of the widespread beliefs that lead people – including children – to see violence as a norm rather than a problem demanding attention. Furthermore, girls and boys who do report such violence are often stigmatized, or not believed, and no action is taken. Though violence may be hidden, its consequences eventually surface *(8)*, creating a pervasive, enduring and costly toll for children and adults, communities and nations.

In 2012, homicide claimed the lives of about 95 000 children and adolescents under the age of 20 years – almost **one in five** of all homicide victims that year *(6)*.

Defining violence against children

This package defines children as all persons aged under 18 years, and therefore defines violence against children as violence against all persons aged under 18 years. According to WHO, violence is "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" *(9)*. Violence thus includes more than acts leading to physical harm. Its consequences are far wider than deaths and injuries, and can include communicable and noncommunicable disease, psychological harm, risky behaviours, educational and occupational underachievement and involvement in crime.

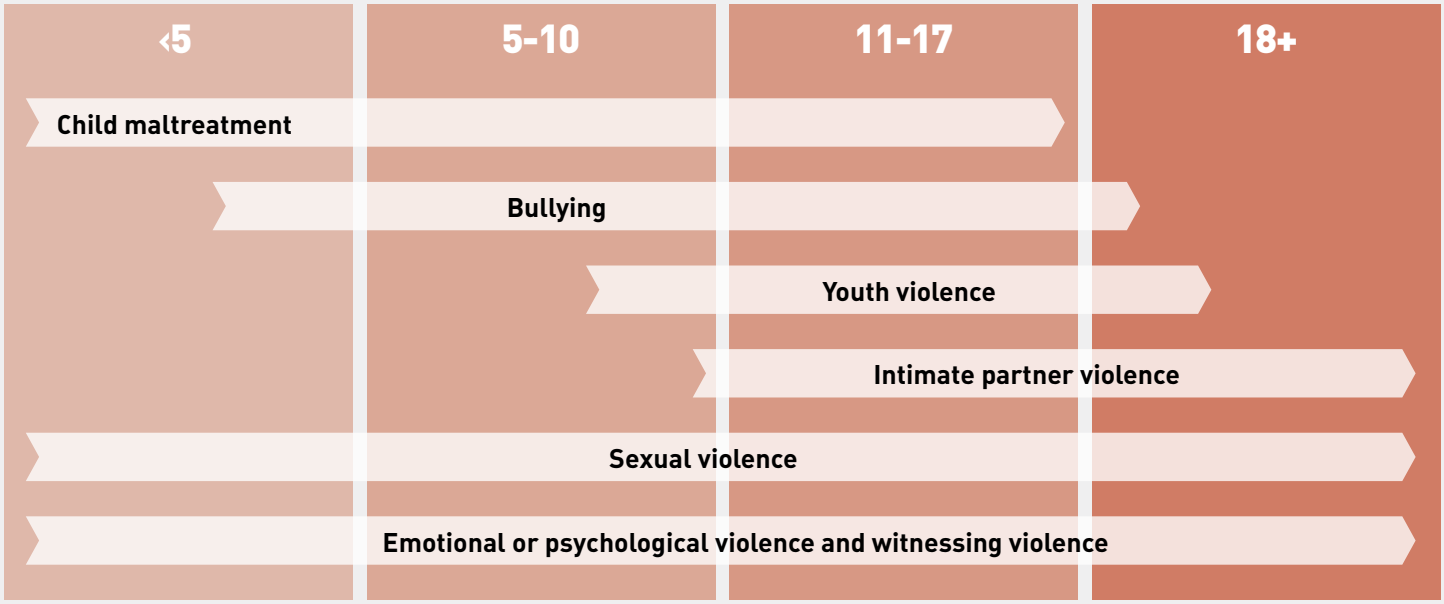
Types of violence against children

Most violence against children involves at least one of six main types of interpersonal violence[a] that tend to occur at different stages in a child's development (**Figure 2**) *(9)*:

- *Maltreatment (including violent punishment)* involves physical, sexual and psychological/emotional violence; and neglect of infants, children and adolescents by parents, caregivers and other authority figures, most often in the home but also in settings such as schools and orphanages.
- *Bullying (including cyber-bullying)* is unwanted aggressive behaviour by another child or group of children who are neither siblings nor in a romantic relationship with the victim. It involves repeated physical, psychological or social harm, and often takes place in schools and other settings where children gather, and online.
- *Youth violence* is concentrated among those aged 10–29 years, occurs most often in community settings between acquaintances and strangers, includes physical assault with weapons (such as guns and knives) or without weapons, and may involve gang violence.
- *Intimate partner violence (or domestic violence)* involves violence by an intimate partner or ex-partner. Although males can also be victims, intimate partner violence disproportionately affects females. It commonly occurs against girls within child and early/forced marriages. Among romantically involved but unmarried adolescents it is sometimes called "dating violence".
- *Sexual violence* includes non-consensual completed or attempted sexual contact; non-consensual acts of a sexual nature not involving contact (such as voyeurism or sexual harassment); acts of sexual trafficking committed against someone who is unable to consent or refuse; and online exploitation.
- *Emotional or psychological violence and witnessing violence* includes restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment. Witnessing violence can involve forcing a child to observe an act of violence, or the incidental witnessing of violence between two or more other persons.

When directed against girls or boys because of their biological sex or gender identity, any of these types of violence can also constitute gender-based violence.

Figure 2: Type of violence by age group affected.



[a] Children can also be affected by two other types of violence that are beyond the scope of this package: self-directed violence, including suicidal behaviour and self-abuse, and collective violence such as war and terrorism, committed by larger groups of people. In addition, INSPIRE does not explicitly consider human trafficking, a risk factor that in some settings may increase the likelihood of violence against children. Lastly, the package does not cover female genital mutilation/cutting, for which consolidated guidance already exists (e.g. http://www.who.int/reproductivehealth/topics/fgm/management-health-complications-fgm/en/ and http://www.unfpa.org/sites/default/files/pub-pdf/who_rhr_10-9_en.pdf).

Consequences and costs of violence against children

The immediate and long-term public health consequences and economic costs of violence against children undermine investments in education, health, and child well-being, and erode the productive capacity of future generations. Exposure to violence at an early age can impair brain development and damage other parts of the nervous system, as well as the endocrine, circulatory, musculoskeletal, reproductive, respiratory and immune systems, with lifelong consequences *(8)*. Strong evidence shows that violence in childhood increases the risks of injury; HIV and other sexually transmitted infections; mental health problems; delayed cognitive development; poor school performance and dropout; early pregnancy; reproductive health problems; and communicable and noncommunicable diseases *(10–30)*.

The economic impact of violence against children is also substantial, as shown by data from countries and regions where the financial toll of such violence has been estimated. In the USA alone, the total lifetime economic burden associated with new cases of child maltreatment occurring in one year was US$ 124 billion in 2008, and costs increase if other types of violence, such as youth violence, are considered *(31, 32)*. In the East Asia and Pacific region it is estimated that the economic costs of just a few of the health consequences of child maltreatment were equivalent to between 1.4% and 2.5% of the region's annual GDP *(33)*.

Root causes of violence against children

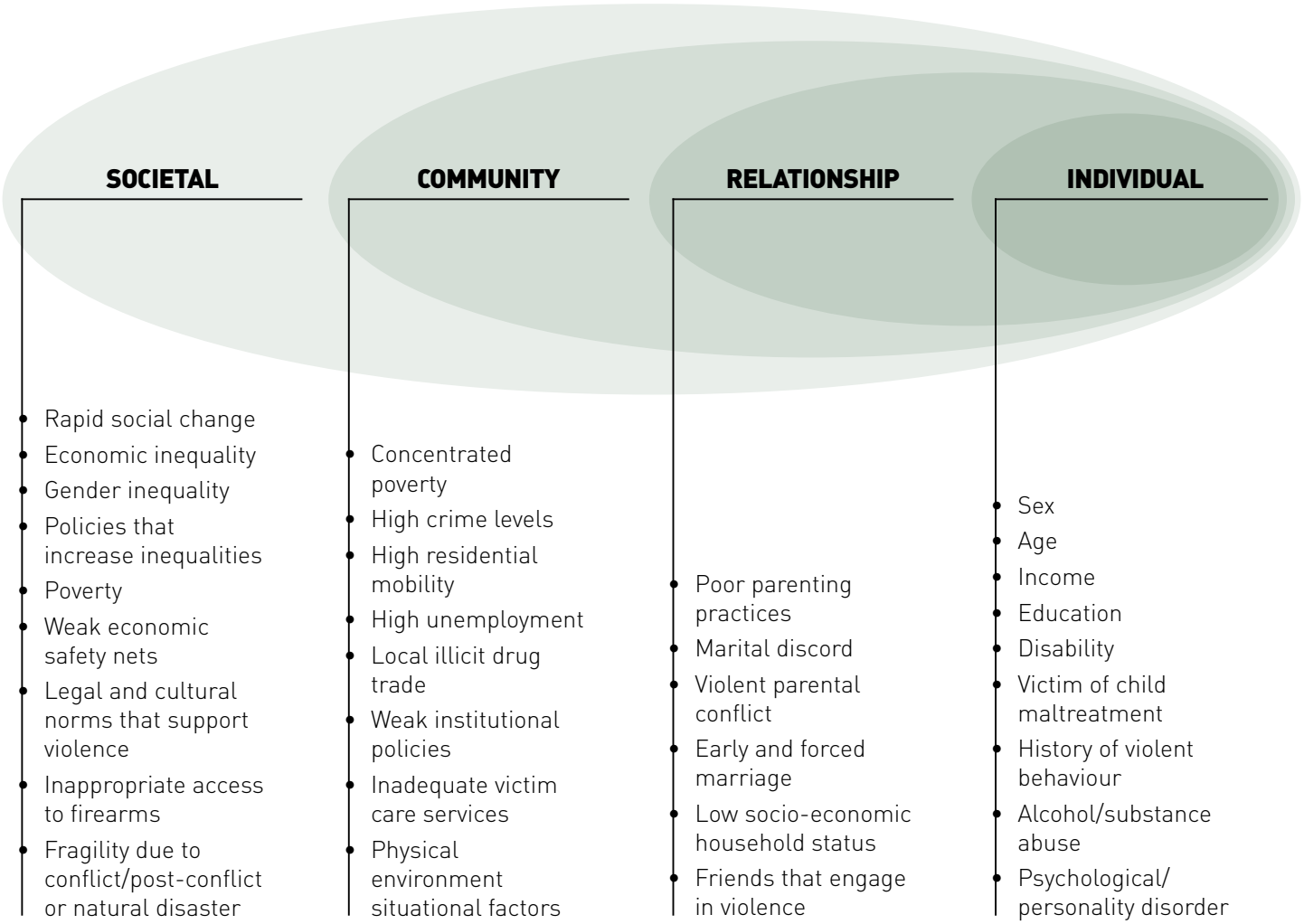
A key factor that makes children and adolescents, particularly girls, vulnerable to violence (and increases the likelihood that boys and men perpetrate such violence) is social tolerance of both victimization of girls and perpetration by boys and men. Often this abuse or exploitation is perceived as normal and beyond the control of communities which, alongside shame, fear and the belief that no one can help, results in low levels of reporting to authorities. In addition, victims are often blamed for the violence they experience. This social tolerance of violence in general, and intimate partner and sexual violence in particular, stems from the low status of women and children in many societies, and cultural norms surrounding gender and masculinity. Therefore, changing gender norms relating to male entitlement over girls and women's bodies – and control over their behaviour – is a critical strategy to achieve gender equality, reduce violence aimed at girls, shape prevention activities and address specific care and support needs.

Violence is also rooted in a number of other social, economic and cultural factors that impact communities, families, relationships, and the manner in which children experience their daily lives. The social ecological model depicts this interplay of individual, relationship, community, and societal factors (**Figure 3**) *(9)*.

- **Individual-level** risk factors include biological and personal history aspects such as sex, age, education, income, disability, impaired brain and cognitive development, psychological disorders, harmful use of alcohol, drug abuse, and a history of aggression or maltreatment.
- **Close-relationship level** risk factors include a lack of emotional bonding, poor parenting practices, family dysfunction and separation, associating with delinquent peers, children witnessing violence against their mother or stepmother, and early or forced marriage.
- **Community-level** risk factors include how the characteristics of settings such as schools, workplaces and neighbourhoods increase the risk of violence. These include poverty, high population density, transient populations, low social cohesion, unsafe physical environments, high crime rates and the existence of a local drug trade.
- **Society-level** risk factors include legal and social norms that create a climate in which violence is encouraged or normalized. These also include health, economic, educational and social policies that maintain economic, gender or social inequalities; absent or inadequate social protection; social fragility owing to conflict, post-conflict or natural disaster; weak governance and poor law enforcement.

The interaction between factors at the different levels is just as important as the influence of factors within a single level *(9)*. For example, longitudinal studies suggest that complications associated with pregnancy and delivery – perhaps because they lead to neurological damage and psychological or personality disorder (individual risk factors) – seem to predict child maltreatment and youth violence mainly when they occur in combination with other problems within the family, such as poor parenting practices *(34)*. Several other common risk factors – such as family dysfunction and low social cohesion within the community – place some children at much greater risk than others. And, as humanitarian crises including war, mass refugee movements, economic migration, climate disasters and disease outbreaks proliferate, more children than ever are becoming vulnerable to violence of all forms.

Figure 3: Social ecological model for understanding and preventing violence against children



Source: *(9)*

Though programmes and policies often address different forms of violence in isolation, it is important to recognize that the different forms are connected, as they share common root causes. Because they share common causes, they often occur together, and one can lead to another. For instance, being a victim of child maltreatment can increase the risk in later life of becoming a victim or perpetrator of sexual violence, youth violence, self-directed violence and intimate partner violence. Children who witness intimate partner violence against their mother or stepmother are also more likely to experience such violence in later life – both as victims and as perpetrators *(35–36)*. Thus, programmes that effectively address root causes have high potential for reducing multiple forms of violence against children.

Preventability of violence against children

Violence against children is a multifaceted problem with causes at the individual, close relationship, community, and societal levels, so it must be simultaneously confronted on several different levels. The social ecological model serves a dual purpose in this regard, as each level in the model represents a dimension where both risks *and* opportunities for prevention co-exist.

Dealing with violence against children therefore involves implementing measures to:

- create safe, sustainable and nurturing family environments, and provide specialized help and support for families at risk of violence;
- modify unsafe environments through physical changes;
- reduce risk factors in public spaces (e.g. schools, places where young people gather) to reduce the threat of violence;
- address gender inequities in relationships, the home, school, the workplace etc.;
- change the cultural attitudes and practices that support the use of violence;
- ensure legal frameworks prohibit all forms of violence against children and limit youth access to harmful products, such as alcohol and firearms;
- provide access to quality response services for children affected by violence;
- eliminate the cultural, social and economic inequalities that contribute to violence, close the wealth gap and ensure equitable access to goods, services and opportunities; and
- coordinate the actions of the multiple sectors that have role to play in preventing and responding to violence against children.

As described in the following sections, the seven INSPIRE strategies cover all of these key entry points for preventing and responding to violence against children and adolescents.

Credit: WHO/Chapal Khasnabis

INSPIRE components

The INSPIRE package includes **seven strategies** that together provide an overarching framework for ending violence against children. Each strategy is accompanied by a key **objective**; the **rationale** for the strategy; SDG Targets other than 16.2 which it contributes to and is supported by; its potential **effects** on preventing violence against children; specific **approaches** (including programmes, practices and policies), that advance the strategy; and **evidence** supporting these approaches.

The seven strategies were selected based on a strong convergence in the research-based guidance already published by INSPIRE's participating agencies. They address risk and protective factors for violence against children at all four interrelated levels of risk (individual, relationship, community, society), and most have been shown to have preventive effects across several different types of violence, as well as benefits in areas such as mental health, education and crime reduction. Additionally, INSPIRE includes **two cross-cutting activities** that together help connect and strengthen – and assess progress towards – the seven strategies.

Credit: Kibae Park/Sipa - World Bank

Criteria for inclusion

Each INSPIRE strategy contains one or more evidence-based approaches (**Table 1**). The examples of approaches do not form a comprehensive list of evidence-based policies, programmes and practices for each strategy, but rather illustrate models that are shown to reduce the likelihood of becoming a victim or perpetrator of violence against children; modify risk factors for such violence; or reduce its immediate and long-term consequences. In practice, the effectiveness of the strategies and approaches included in INSPIRE will depend on the quality and characteristics of their implementation. The model interventions represent either **effective**, **promising** or **prudent** practice.

Credit: WHO /Christopher Black

Criteria for model interventions

Effective interventions meet at least one of the following criteria:

- at least two high- or moderate-quality impact studies using randomized controlled trial and/or high-quality quasi-experimental designs have found **favourable, statistically significant impacts in one or more violence against children domains** (maltreatment, bullying, youth violence, intimate partner violence[b] and sexual violence);
- the intervention is deemed **recommended** based on high-quality meta-analyses and systematic reviews of findings from evaluations of multiple interventions.

Promising interventions are those where:

- at least one high- or moderate-quality impact study using a randomized controlled trial and/or high-quality quasi-experimental designs has found **favourable, statistically significant impacts in one or more violence against children domains** (maltreatment, bullying, youth violence, intimate partner violence, and sexual violence); or
- at least one high- or moderate-quality impact study using randomized controlled trial and/or a high-quality quasi-experimental designs has found **favourable, statistically significant impacts for one or more risk or protective factors for violence against children** (such as educational attainment, positive parenting skills, communication between parents and children about effective strategies for avoiding exposure to violence, increased parental supervision).

Prudent practice components of the technical package meet at least one of the following criteria:

- **global treaties or resolutions** have determined the intervention as critical for reducing violence against children;
- the intervention has been demonstrated by **qualitative or observational** studies as effective in reducing violence against children.

The two cross-cutting components – Multisectoral actions and coordination, and Monitoring and evaluation – are essential requirements for any evidence-based, multisectoral intervention *(37)*.

The INSPIRE strategies were as far as possible chosen to represent interventions that have been implemented and evaluated in low-resource settings. Where drawn from high-income settings, examples of interventions that appear especially effective in reducing violence against children – and also likely to succeed across various cultural settings – were selected. The INSPIRE package provides an opportunity to increase the number of studies of the effectiveness of the seven strategies in settings where currently there are relatively few such studies. It is therefore anticipated that INSPIRE will be regularly updated as new evidence emerges.

[b] Evidence suggests that children's exposure to violence against their mothers/stepmothers may in some cases lead to increased risk of involvement in violence later in life (e.g. 35-36). Therefore, reducing intimate partner violence is an important goal in itself, and a means of reducing violence against children.

Table 1: INSPIRE strategies, approaches and sectors for preventing and responding to violence against children aged 0–18 years

Strategy	Approach	Sectors	Cross-cutting activities
Implementation and enforcement of laws	• Laws banning violent punishment of children by parents, teachers or other caregivers • Laws criminalizing sexual abuse and exploitation of children • Laws that prevent alcohol misuse • Laws limiting youth access to firearms and other weapons	Justice	Multisectoral actions and coordination
Norms and values	• Changing adherence to restrictive and harmful gender and social norms • Community mobilization programmes • Bystander interventions	Health, Education, Social Welfare	
Safe environments	• Reducing violence by addressing "hotspots" • Interrupting the spread of violence • Improving the built environment	Interior, Planning	
Parent and caregiver support	• Delivered through home visits • Delivered in groups in community settings • Delivered through comprehensive programmes	Social Welfare, Health	
Income and economic strengthening	• Cash transfers • Group saving and loans combined with gender equity training • Microfinance combined with gender norm training	Finance, Labour	Monitoring and evaluation
Response and support services	• Counselling and therapeutic approaches • Screening combined with interventions • Treatment programmes for juvenile offenders in the criminal justice system • Foster care interventions involving social welfare services	Health, Justice, Social Welfare	
Education and life skills	• Increase enrolment in pre-school, primary and secondary schools • Establish a safe and enabling school environment • Improve children's knowledge about sexual abuse and how to protect themselves against it • Life and social skills training • Adolescent intimate partner violence prevention programmes	Education	

Credit: WHO/TDR /Julio Takayama

INSPIRE implementation

The focus of INSPIRE is on what countries can do to prevent and respond to violence against children. Subsequent INSPIRE materials will focus in detail on how to implement the package contents, including indicators for monitoring both the implementation and impact of the seven strategies.[c] In the meantime, INSPIRE: Seven Strategies for Ending Violence Against Children concludes with general guidance on implementation considerations that can be used to help catalyse progress towards ending violence against children.

[c] These INSPIRE support materials are being developed. It is hoped to release the list of indicators before the end of 2016, and a set of implementation manuals (one for INSPIRE overall, and one per strategy), and research manuals in the course of 2017.

Applicability of INSPIRE strategies in conflict, post-conflict and other humanitarian settings

All seven INSPIRE strategies could be applied in settings affected by conflict or natural disaster, and the package includes several interventions shown to be effective in such situations. However, as with strategies that address other societal problems such as smoking, drug use and excessive alcohol use, mental health, crime, and road traffic injuries, the feasibility of successfully implementing them will vary according to the strategy and the context. In principle, because they do not depend upon intact social systems and functioning governance structures, interventions delivered through self-contained programmes can be delivered in any setting. These include, for example, parenting programmes, life skills training programmes, and services for victims of violence. By contrast, interventions involving the enforcement of laws by functioning police and justice systems will be difficult to implement where conflict or natural disaster have destroyed or severely eroded these structures.

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Implementation and enforcement of laws

Objective: Ensure the implementation and enforcement of laws to prevent violent behaviours, reduce excessive alcohol use, and limit youth access to firearms and other weapons

Rationale:

Developing and strengthening legal protections and policies for children and youth, in conjunction with the means to enforce these protections, is a prudent step in preventing violence against children. Laws that prohibit behaviours such as violent punishment and child sexual abuse, are useful in several ways. First, they show society that violent behaviour is wrong, and can therefore help eradicate prevailing norms that tolerate it. Second, they hold perpetrators accountable for their actions. Third, laws and policies can also be useful in reducing exposure to key risk factors for violence against children, by reducing alcohol misuse and limiting youth access to firearms and weapons. This strategy contributes to and is supported by activities to achieve SDG Targets 3.5, 5.c and 16.3:

- 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
- 5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.
- 16.3 Promote the rule of law at national and international levels and ensure equal access to justice for all.

Potential effects of implementing and enforcing laws on reducing violence against children:

- Reductions in physical violence towards children by parents, caregivers and authority figures
- Reductions in sexual abuse of children, including forced or pressured sex, unwanted attempted sex, and unwanted sexual touching
- Reductions in sexual exploitation of children including trafficking, pornography and prostitution
- Reductions in excessive alcohol consumption and binge drinking
- Reductions in firearm-related deaths and non-fatal injuries
- Increases in social norms and attitudes that protect against the use of violent punishment against children
- Increases in social norms and attitudes that protect against the sexual abuse and exploitation of children
- Increases in social norms and attitudes that support gender equality

Approaches

This strategy encompasses two sets of laws. The first set comprises laws or measures that States Parties are obliged to implement under the UN Convention on the Rights of the Child (CRC), which requires States Parties to take all appropriate legislative, administrative, social, and educational measures to protect children from all forms of violence while in the care of parents, legal guardians, or any other person who has the care of the child (38). The CRC also contains particular obligations concerning the protection of children from cruel, inhuman or degrading treatment or punishment and capital punishment, as well as sexual abuse and exploitation.
The second set of laws are those limiting youth access to and misuse of alcohol and firearms, thereby addressing key risk factors for being a victim or perpetrator of violence against children. Additionally, refugee law, and laws criminalizing child marriage, forced labour, trafficking, child pornography and harmful practices may also contribute to reducing violence against children.

Laws banning violent punishment of children by parents, teachers or other caregivers

Evidence: Observational studies suggest these laws can reduce the use of violent punishment against children, deepen understanding of the negative effects on children of violent punishment, and change attitudes towards the use of such punishment *(39–41)*. Findings from a study comparing five European countries – three of which had bans on corporal punishment and two of which did not – report that nearly all forms of corporal punishment were used less commonly in countries with legal bans than in those without such bans *(42)*. Furthermore, acceptance of corporal punishment was lower in countries with bans on corporal punishment *(43)*. A systematic review also showed that legislative restrictions on corporal punishment in 24 countries were closely associated with decreased support for and use of corporal punishment as a child discipline approach *(43)*. By 2016, nearly 50 countries had prohibited all violent punishment of children, and another 52 had committed to doing so *(44)*.

Anti-corporal punishment law and campaign (Sweden)

In 1979, the Swedish Parliament adopted an amendment to the Children and Parents Code that banned all forms of physical punishment or other emotionally abusive treatment of children. This made Sweden the first country in the world to explicitly prohibit parents from using corporal punishment or any other humiliating treatment in child rearing.

While the **Children and Parents Code** does not contain penalties, actions that meet the legal criteria of assault are subject to the Penal Code. This states that a person who inflicts bodily injury, illness or pain upon another, or renders him or her powerless or in a similar helpless state, shall be sentenced for assault to imprisonment for a maximum of two years. If the crime is less serious, perpetrators are fined or imprisoned for up to six months. If the offence is found to be especially serious, a sentence of up to 10 years may be imposed *(45)*.

Effectively, children are given the same rights as adults to protect them from violent and other humiliating treatment. The legislative change, coupled with a national education campaign, was the result of a decades-long process that included the banning of corporal punishment in schools. The Swedish effort has had a significant, measurable impact on the lives of children: the number of children who have been hit has decreased from 90% to about 10% over a 35-year period *(45)*. Among parents, public support for corporal punishment also decreased from over half to barely 10% *(45)*.

Laws criminalizing the sexual abuse and exploitation of children

Evidence: The CRC sets forth principles about sexual abuse and exploitation that can be incorporated or reflected in domestic laws. Most countries have such laws in place, though their strength varies depending on the legal definition of a child, what constitutes child sexual abuse and exploitation, and the extent to which the laws are enforced. For example, though virtually all countries have laws prohibiting statutory rape, such laws are fully enforced in less than two-thirds of countries. Enforcement is even less common for laws against contact sexual violence without rape and non-contact sexual violence *(1)*.

Laws that prevent alcohol misuse

Evidence: Heavy alcohol consumption is a clearly established risk factor for most forms of violence against and among children, including the perpetration of child maltreatment, physical and sexual violence among male and female adolescents, and intimate partner violence *(34)*. Globally, 17% of male and 6% of female adolescents aged 15–19 years are estimated to be heavy drinkers (i.e. consumed 60 grams or more of pure alcohol at least once in the past month) *(46)*. Laws and policies limiting children's access to and adults' and children's misuse of alcohol can therefore play an important role in preventing violence against children.

A review of scientific studies published between 1950 and 2015 concluded that increasing the price of alcohol, restricting the days of sales and limiting the clustering of alcohol outlets are all associated with substantial reductions in the perpetration of interpersonal violence *(47)*. The review further notes that even modest policy changes, such as 1% increases in alcohol price, one-hour changes to closing times, and limiting alcohol outlet densities substantially reduce violence. Furthermore, minimum-age purchase limits are effective in reducing alcohol consumption among youth *(48)*, and setting age limits that are higher is more likely to deter youth drinking than younger age limits *(49)*. Most countries' laws set the legal age limit for the purchase of alcohol at 18 years, although there is considerable variation in the extent to which such limits are enforced *(46)*.

Laws limiting youth access to firearms and other weapons

Evidence: The minimum legal age to use, possess and purchase a firearm varies from country to country, although most set 18 years as the minimum. A recent systematic review *(50)* of interventions designed to reduce illegal possession and carrying found that directed police patrols focusing on illegal gun carrying can prevent gun crimes (including murders, shootings, gun robberies and gun assaults).

Other interventions such as **Child Access Prevention** (CAP) laws (which hold the gun owner responsible if a child gains access to a gun that is not securely stored) in the USA are associated with reductions in firearm-related injuries. For example, a longitudinal study based on data from 11 US states (seven of which passed CAP laws between 1988 and 2003) found CAP laws were associated with lowering levels of non-fatal firearm injuries among children under the age of 18. However, most of these were unintentional injuries, and the findings related to youth homicide and other violence outcomes were inconsistent and weak *(51)*.

Evidence for other laws and policies around the world (e.g. zero-tolerance policies in schools; licensing requirements; laws to disrupt the illegal circulation of weapons within and between communities) is mixed *(52)*. But, a recent South African study found that stricter licensing and reduced circulation of firearms accounted for an estimated 4585 lives saved across five major cities between 2001–2005 (with some of the steepest reductions occurring among 15–29-year-old males) *(53)*. Strategies addressing youth access to firearms therefore show promise, although more research is needed to determine the most effective ways to prevent illegal possession, carrying, and use among youth.

Norms and values

Objective: Strengthen norms and values that support non-violent, respectful, nurturing, positive and gender equitable relationships for all children and adolescents

Rationale:

Changing attitudes and norms in society is an important part of preventing violence against children *(6)*. Doing so often requires modifying deeply ingrained social and cultural norms and behaviours – in particular, the idea that some forms of violence are not only normal, but sometimes justifiable *(54)*. Examples include teachers hitting children because violent punishment is seen as legitimate; girls forced to have sex because of the sexual entitlement felt by boys and men; accepting child marriage or wife-beating as normal; male peers coercing younger boys into gang violence as a "rite of passage"; and girls and boys not reporting violence because of fear of stigma and shame.

A strategy to change attitudes and social norms is therefore a key part of the INSPIRE package, and, while hard to evaluate, norm-change activities at community or small-group level appear to be most effective when combined with other elements such as legislation or life-skills training.

This strategy contributes to and is supported by activities to achieve SDG Targets 4.7 and 5.1:

- 4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development.
- 5.1 End all forms of discrimination against all women and girls everywhere.

Potential effects of norms and value change on reducing violence against children include:

- Reduced acceptance of violence against women and children
- Reductions in early and forced marriage
- More favourable beliefs towards gender equity and gender-equitable division of labour
- More favourable attitudes to non-violent approaches to parental discipline
- Greater recognition of what constitutes abusive behaviour towards intimate partners and children
- Increased bystander intervention to prevent violence against children and intimate partners
- Reductions in physical or sexual violence by a parent or intimate partner

Approaches

Evaluations of programmes and policies that modify potentially harmful parenting and gender norms find that promising approaches include changing adherence to harmful gender and social norms, community mobilization programmes, and bystander interventions. When supported by mass media/social mobilization campaigns and supportive services, these approaches have successfully encouraged greater reporting of violence and the enactment of new laws and policies that make certain forms of violence a punishable offence *(54)*.

Changing adherence to restrictive and harmful gender and social norms

Evidence: Small group programmes targeting adult men and women and adolescent girls and boys report a number of significant violence prevention outcomes *(55–59)*. Males in India participating in **Yaari-Dosti** were found to have 20%–30% decreases in intimate partner violence perpetration *(59)*, and males in the USA programme **Coaching Boys Into Men** reported 38% fewer incidents of physical or sexual intimate partner violence perpetration 24 months after the intervention *(59,60)*. Other significant outcomes of this programme, which provides high school athletics coaches with the resources they need to promote respectful behaviour among players and help prevent relationship abuse, harassment and sexual assault, included increases in bystander intention to intervene. The programme has been implemented in communities across the USA, and in India and South Africa.

In Nepal, the **Choices** curriculum aims to stimulate discussions between 10–14-year-old boys and girls in which they can reflect on topics relating to power and gender. A case-control study suggested that participation in **Choices** broadened children's perception of gender roles, including the role of women as wage earners and men as nurturers, and may have helped participants recognize that sexual harassment and teasing boys who step out of the "gender box" is inappropriate *(61)*.

Ending child marriage: a study of 23 programmes

Child marriage is a risk factor for intimate partner violence against girls and women, death in childbirth and non-fatal pregnancy-related complications *(62)*, infant mortality *(63)* and low birth-weight *(64)*. Child marriage disproportionately affects young girls, who are much more likely to be married as children than young boys *(65, 66)*. Worldwide it is estimated that over 60 million women aged 20–24 years were married before they reached the age of 18 years *(67)*. The extent of child marriage varies substantially between regions, with the highest rates found in West Africa, followed by South Asia, North Africa and the Middle East, and Latin America *(68)*.

A 2011 review by the International Center for Research on Women *(69)* pointed to an increase in the number of interventions targeting child marriage during the past decade, but noted that very few were systematically evaluated. Based on analysis of 23 programmes that had some form of evaluation, the review found that few programmes focused exclusively on child marriage, which for most programmes was included along with goals for achieving other health, welfare or empowerment outcomes for adolescents and youth. Evaluated child marriage programmes were found to be heavily concentrated in South Asia, with Bangladesh and India topping the list. Countries in Africa and the Middle East, such as Ethiopia and Egypt, also contributed to the evidence base *(70)*.

Programmes have generally deployed one or more of five core strategies to prevent child marriage: empowering girls with information, skills and support networks; educating and mobilizing parents and community members; enhancing the accessibility and quality of formal schooling for girls; offering economic support and incentives for girls and their families; and fostering an enabling legal and policy framework. The review found that most evaluation designs were weak, but that the strongest, most consistent results in reducing child marriage were evident for a subset of programmes promoting information, skills and networks for girls in combination with community mobilization *(69)*.

Community mobilization programmes

Evidence: **SASA!** (Kiswahili for "Now!") in Uganda is a strong example of how norm change can be mobilized through community-based approaches to preventing violence against women*(71)*. In communities where men and women participated in the programme, women experienced 52% less physical intimate partner violence, and the social acceptance of violence fell. Among women who did experience intimate partner violence, appropriate community responses more than doubled, and a follow-up study suggested there was a triple benefit for children (see **Box 1**).

In South Africa, the **Soul City** intervention to teach communities about domestic violence through 'edutainment' reached 86%, 25% and 65% of audiences through television, booklets and radio, respectively. The evaluation also found a demonstrable link between public exposure to Soul City's fourth series, which focused on domestic violence, and increased knowledge of support services – 41% of respondents reported awareness of a helpline set up by Soul City *(74)*. Attitude shifts were also associated with the intervention, with a 10% increase in respondents disagreeing that domestic violence was a private affair. The intervention also developed a multimedia project aimed at children aged 8–12 years called **Soul Buddyz**, which offered television, radio and interactive content conveying potentially life-saving messages for the children before they become sexually active, with strategies for dealing with bullying, racism, violence, sex and HIV/AIDS *(75)*.

Bystander interventions

Evidence: Experimental evaluations showed that programmes such as **Bringing in the Bystander** and The University of Kentucky's (USA) **Green Dot** violence prevention programme empowered young people to intervene and prevent violence against dating partners and acquaintances *(76, 77)*. Interpersonal violence victimization rates (measured in the past academic year) were 17% lower among students attending the intervention (46%), relative to comparison campuses (56%). Violence rates were lower on intervention versus comparison campuses for sexual victimization, sexual harassment, stalking, and psychological intimate partner violence *(78)*. Of note, both male and female students attending colleges with a Green Dot programme reported lower victimization, and males reported lower perpetration rates, compared to colleges without the programme.

Box 1

SASA!, (Uganda)

Designed by Raising Voices and implemented in Kampala, Uganda, by the Centre for Domestic Violence Prevention, the **SASA!** approach seeks to change individuals' attitudes, community norms and structures by supporting entire communities through a phased process of change.

To begin with, community activists (CAs) – ordinary men and women keen to work to prevent violence – are selected and trained. Police officers, health-care providers, institutional leaders and local governmental and cultural leaders also receive training, including discussions on the concept of "power". After being introduced to new ways of thinking about power and encouraged to consider gender-related power imbalances in their own lives and communities, the CAs are supported to engage their communities in the same critical reflection – not only about the ways in which men and women misuse power (with consequences for their relationships and communities) but also how people can use their power positively to foster change at an individual and community level.

In communities where men and women aged 18–49 years participated in a community-based randomized controlled trial of SASA!, women experienced 52% less physical intimate partner violence, and men and women expressed decreased social acceptance of violence *(71–72)*. A follow-up study investigated whether the programme also had an impact on children's experiences of violence, and concluded that it had done so in three main ways. First, quantitative data suggest that reductions in intimate partner violence led to a 64% reduction in the prevalence of children witnessing intimate partner violence in their home. Second, among women who experienced reduced intimate partner violence, qualitative data suggests parenting and discipline practices sometimes also changed – improving parent-child relationships (and for a few parents, resulting in the complete rejection of violent punishment as a disciplinary method). Third, some participants reported intervening to prevent violence against children *(73)*.

Safe environments

Objective: Create and sustain safe streets and other environments where children and youth gather and spend time

Rationale:

Creating and sustaining safe community environments is a promising strategy for reducing violence against children and focuses on community environments other than homes and schools, as these are covered in the "Parent and caregiver support" and "Education and life skills" strategies in this package. Safe environments strategies focus on modifying communities' social and physical environment (rather than the individuals within it) with the aim of fostering positive behaviours and deterring harmful ones. The current evidence base supporting community-level interventions to prevent violence does not typically disaggregate the protective impact by age; therefore, for the purposes of this strategy, it is assumed that effective community-based interventions benefit children, youth and adults alike.

This strategy contributes to and is supported by activities to achieve SDG Targets 11.1 and 11.7:

- 11.1 By 2030, ensure access for all to adequate, safe and affordable housing and basic services, and upgrade slums.
- 11.7 By 2030, provide universal access to safe, inclusive and accessible green and public spaces, in particular for women and children, older persons and persons with disabilities.

Potential effects of safe environments on reducing violence against children:

- Reductions in assault-related injuries
- Increased safety when moving around the community

Approaches

Evidence suggests that approaches that contribute to creating and sustaining safe environments include targeting interventions to address community violence "hotspots", interrupting the spread of violence, and improving the built environment. Additionally, it is important to ensure that institutions such as temporary and alternative care facilities, orphanages, police stations and detention centres are safe for children. Protection of youth perpetrators is essential, and although beyond the scope of this package, it is imperative that legislation, policies and programmes ensure that children deprived of their liberty have access to fair, effective and child-sensitive justice systems that promote non-custodial measures for children alleged to be offenders *(79)*.

Reducing violence by addressing "hotspots"

Evidence: Studies from Brazil *(80)*, Canada *(81)*, South Africa *(82)* and the USA *(83)* show that many instances of youth violence occur in specific places (e.g. in particular streets, clubs and bars). Violence can therefore be reduced if prevention efforts are systematically focused on these "hotspots" (see **Box 2**). A systematic review of 10 randomized controlled trials of the effects of hotspots policing on property crime, violent crime and disorder found significant reductions. Importantly, the review controlled for the possible displacement of crime and violence to nearby places. The review also evaluated hotspots policing strategies combined with problem-oriented policing strategies and concluded that a mix of both approaches produced the largest overall reduction in crime and violence *(84)*.

Box 2

The Cardiff model (Wales)

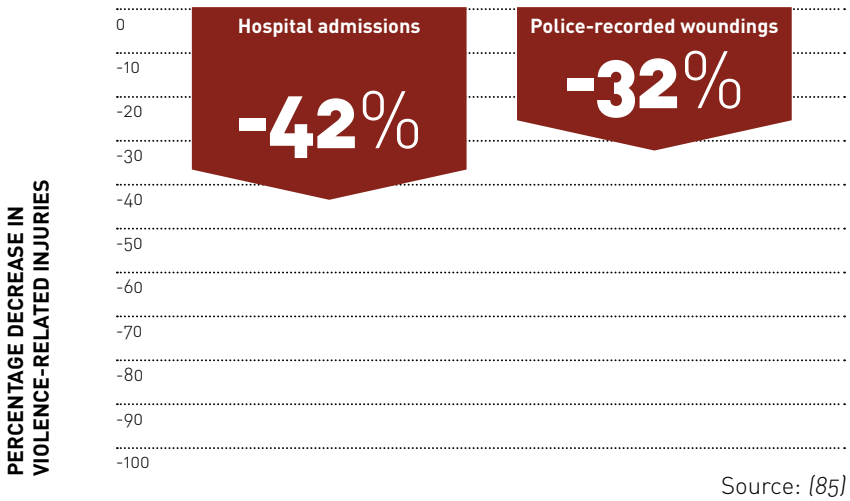
The **Cardiff Model** for the prevention of violence *(85, 86)* involves collecting anonymized data on the "who, what, when, where and how" of violence-related injuries treated in hospital emergency departments in Cardiff, Wales, and combining these with data on violence-related incidents recorded by police. The combination of health and police data allows for the more accurate prediction of future patterns of violence and the identification of violence hotspots, and is used to design and direct policing and other interventions, which so far have included:

- targeted policing, where the deployment of police units is aligned with the time and location of violence in certain hotspots;
- targeting premises licensed to sell alcohol and associated with violent incidents;

- informing alcohol licensing applications and appeals;
- developing strategies to reduce risks associated with specific weapon types (e.g. enforced use of plastic glasses, reductions in bottle availability);
- informing other public health and social strategies such as drug and alcohol services.

An evaluation of the Cardiff model assessed its impact on emergency department presentations for violence-related injuries and police-reported incidents of violence over time, and compared these rates to those of similar cities in the UK where such a data-sharing approach was not implemented. The evaluation found the strategy led to a 42% reduction in hospital admissions relative to comparison cities, and a 32% comparative reduction in woundings recorded by police (**Figure 5**). While not specific to children, the high proportion of adolescents presenting with violence-related injuries in Cardiff means there can be little doubt that violence among adolescents was reduced by the approach. Cost-effectiveness analysis of the Cardiff model estimates a reduction in the economic and social costs of violence by £6.9 million in 2007 *(86)*.

Figure 5: Reductions in violence-related injuries following implementation of Cardiff model



Source: *(85)*

Interrupting the spread of violence

Evidence: According to multiple quasi-experimental evaluations conducted in Chicago, Baltimore, Brooklyn and New York City *(87–90)*, the **Cure Violence** programme is associated with fewer shootings, killings and retaliatory killings in communities where it has been implemented fully, with 20–70% reductions in violence. Using a public health approach usually applied to stop disease outbreaks, the Cure Violence model conceptualizes violence as an epidemic disease with three main components to stop it: 1) interrupting transmission in the community; 2) preventing its spread in the community; and 3) changing community norms or conditions that sustain transmission. Cure Violence aims to make neighbourhoods at high risk of gun violence safer, and it has been particularly effective in reducing firearm violence in community hotspots. Specifically, the model connects trained, high-risk individuals to serve as staff who connect with at-risk youth to detect and interrupt conflicts, make service referrals and change community beliefs about the acceptability of violence. One evaluation found that the model significantly reduced acceptance of the use of violence (attitude and norm change) among both programme participants and community youth in the short-term and over time. Relative to comparison communities, youth in programme implementation communities were significantly less likely to endorse violence as a strategy for settling disputes at six months following programme's implementation, and then 17 months later *(88)*. The Cure Violence model is being implemented in 22 cities in eight countries in 2016 (see http://cureviolence.org/resources/cure-violence-resources/).

Improving the built environment

Evidence: Crime prevention through environmental design (CPTED) is a growing field producing promising evidence (from high- and some low- and middle-income countries) for interventions that prevent violent crime by changing the way physical environments are designed. Common CPTED characteristics include: built features that make it easier for people to see those around them and take action to avoid possible threats; help control access; enhance a sense of ownership, and encourage prosocial behaviour. Examples include but are not limited to landscape design, presence and upkeep of green spaces, greening of vacant lots, lighting, renovating abandoned buildings, safe and accessible transport and ensuring children's journeys to school are safe *(91)*.

One example of such a programme was evaluated in Colombia. In 2004, municipal authorities in Medellín built a free public transit system to connect isolated low-income slum neighbourhoods to newly built parks, libraries and community centres in the city centre. Transit-oriented development was accompanied by municipal investment in neighbourhood infrastructure. The interventions did not cover all neighbourhoods, and so provided an opportunity to test the effects of these changes on violence through a non-randomized "natural experiment". Rates of violence were assessed in intervention neighbourhoods and comparable control neighbourhoods before and after completion of the transit project, using a sample of 225 respondents from intervention neighbourhoods, and 241 from non-intervention control neighbourhoods *(92)*. The intervention was associated with significant declines in neighbourhood violence. The drop in homicide between 2003 and 2008 was 66% greater in intervention neighbourhoods than in control neighbourhoods, and a corresponding drop in reports of violent events was 74% greater in intervention neighbourhoods *(92)*. Residents of intervention neighbourhoods also experienced more growth in willingness to rely on the police. Though effects on rates of violence were not disaggregated by age, the fact that 40% of residents in the intervention areas were aged 12–20 years and that older adolescent boys in particular are at high risk of homicide makes it likely that youth benefitted from the intervention.

Credit: WHO/TDR /Julio Takayama

Parent and caregiver support

Objective: Reduce harsh parenting practices and create positive parent-child relationships

INSPIRE

Rationale:

Helping parents and caregivers to understand the importance of positive, non-violent discipline in child development and of close, effective parent-child communication reduces harsh parenting practices, creates positive parent-child interactions and helps increase bonding between parents or other caregivers and children – all factors that help prevent violence against children. Supporting families, parents and caregivers to learn positive parenting can prevent the separation of children from families, the risk of child maltreatment at home, witnessing intimate partner violence against mothers or stepmothers, and violent behaviour among children and adolescents *(93–95)*. Evaluations of these programmes also indicate that this type of prevention is less costly than paying the price for the consequences of violence against children *(96)*.

This strategy contributes to and is supported by activities to achieve SDG Targets 1.3, 3.2 and 4.2:

- 1.3 Implement nationally appropriate social protection systems and measures for all, including floors[d], and by 2030 achieve substantial coverage of the poor and vulnerable.
- 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least 12 per 1000 live births and under-5 mortality to at least 25 per 1000 live births.
- 4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

Potential effects of parental and caregiver support on reducing violence against children:

- Reductions in proven child maltreatment cases and in referrals to child protection services
- Reductions in abusive, negative or harsh parenting, especially in relation to discipline
- Reductions in bullying and being bullied
- Reductions in physical, emotional or sexual violence victimization by partners or peers
- Reductions in aggression and delinquency during adolescence
- Increases in positive parent-child interactions
- Increases in parental monitoring of child and youth safety

[d] For instance, national basic social security guarantees that ensure access to essential health care and income security.

Approaches

Approaches that support parents and caregivers can vary by type of violence addressed, age of the child, or the way the policies and programmes are delivered. Evidence supports a number of different delivery modalities as being effective, including home visits, group-based training and support in community settings, and parenting as a component of comprehensive interventions.

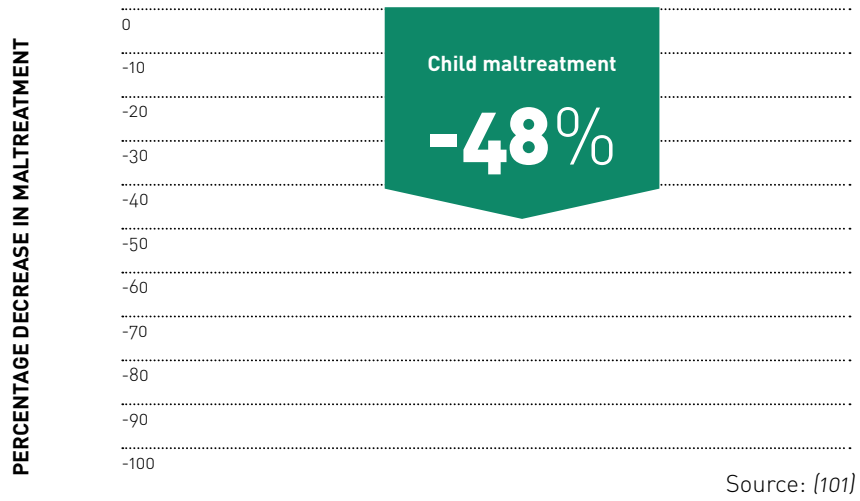
Parent support delivered through home visits

Evidence: The evidence of effectiveness for home visiting programmes is strong (although almost all studies reviewed are from high-income countries). For instance, a systematic review of over 20 studies of home visiting programmes conducted in the USA concluded that they substantially reduced child maltreatment *(97)*.[e]

The best-researched example is the **Nurse-Family Partnership (NFP), USA** which began in 1977 by promoting a safe home environment, encouraging competent caregiving by parents and improving material support for families by connecting them to health and social services. Central to the model are registered nurses who make home visits to young, first-time, low-income mothers in the first 2 years of their children's lives. Three randomized controlled trials of NFP, conducted over several decades, documented a number of long-term positive outcomes, including improved prenatal health, fewer childhood injuries, fewer undesired pregnancies and increased maternal employment *(98)*. The 15-year follow-up to the first trial reported a 48% reduction in child abuse and neglect among families who received the home visit intervention compared to those that did not receive it (**Figure 6**) *(99)*. Furthermore, the NFP is cost-effective: a cost-benefit analysis of the programme found it saved four times as much money as was spent on it *(100)*. The NFP approach is now being scaled-up across the USA, and is implemented in Australia, Canada, the Netherlands and the United Kingdom, among other countries.

[e] Not all home visiting programmes are equally effective. Most reviews conclude that at the level of individual programmes, some show few or no effects and others show strong effects. These inconsistencies probably reflect the widely varying content and focus of home visiting models. For instance, some involve programme delivery by professional nurses, while others use trained lay people, and some involve interventions spread over several years; others comprise a small number of interventions in a brief period.

Figure 6: Reduction in child maltreatment due to Nurse-Family Partnership programme at 15-year follow up



Source: *(101)*

For more information see
http://www.nursefamilypartnership.org/assets/PDF/Policy/NFP_Evidentiary_Foundations.aspx

A 2013 systematic review examined the effectiveness of programmes to improve positive parenting skills and reduce harsh and abusive parenting in low- and middle-income countries *(102)*. Although there were few rigorous studies, findings from the two largest, highest-quality trials suggest parenting interventions may be feasible and effective in improving parent-child interaction and parental knowledge in relation to child development. For instance, in 1998 in Cape Town, South Africa, a home visiting programme was developed whereby trained lay workers who were mothers themselves provided an average of 16 home visits for new mothers living in a deprived community. Results of the randomized trial evaluation found that at 12 months after completion of the programme, the home visits had a significant positive impact on the quality of the mother-infant relationship, and on helping the infant feel secure in its attachment – factors known to be protective against child maltreatment and positive for children's development *(103)*.

Parent training and support delivered in groups in community settings

Evidence: Evidence for parenting training and support in groups is promising. The **ACT Raising Safe Kids** initiative, implemented in at least 10 states in the USA and in a number of low- and middle-income countries, was found to be effective in reducing harsh discipline by up to 50% *(104)*, while **SOS!** – a programme delivered by primary care providers in health centres during routine immunization visits – significantly reduced abusive or neglectful parenting in a range of low- and middle-income countries *(102)*.

Parenting programmes in post-conflict settings and with displaced populations have also proven effective. Working with Burmese migrant and displaced families on the border between Myanmar and Thailand *(105)*, and with very poor communities in rural Liberia *(106)*, the **International Rescue Committee** demonstrated through randomized control trials how group-based parenting programmes, combined with a limited number of home visits, can reduce harsh physical and psychological punishment, increase positive strategies to manage children's behaviour, and enhance the quality of caregiver-child interactions.

The **Parents/Families Matter!** Programme is parent-focused intervention designed to promote positive parenting practices and effective parent-child communication around issues such as sex, sexuality, sexual risk reduction, HIV prevention, physical and emotional violence and sexual abuse. Parents/Families Matter! aims to heighten parents' awareness of the important role they play in the lives of their children as they reach adolescence, enhance positive parenting skills, and prepare parents to communicate about sex-related issues with their children *(6)*.

The programme is delivered through community-based, group-level interventions for parents and caregivers of children aged 9–12 years. The programme is currently active in eight African countries with support from CDC and PEPFAR. In 2013, a sixth module on child sexual abuse was added to supplement the existing five-session Families Matter! curriculum. The aim of this module is to increase parents' awareness of child sexual abuse, and how they can help prevent and respond to it *(6)*.

Parents/Families Matter! materials have been translated into 15 languages. Pre- and post-test evaluation results found that parents significantly increased their knowledge, skills and confidence in communication with their adolescent children about sexuality and sexual risk reduction. An evaluation of Parents/Families Matter! in Kenya showed that parents and children both reported significant increases in parental monitoring and improved communications around sexuality and sexual risk-related topics. The evaluation also showed that the intervention was well received by the community. To date, the Parents/Families Matter! Programme has reached more than 400 000 families and 90% of participants have attended all programme sessions *(6)*.

Parenting for Lifelong Health (South Africa)

In South Africa, Parenting for Lifelong Health (PLH) is developing, testing and widely disseminating a suite of affordable, evidence- and group-based parenting programmes for low-resource settings (107). The PLH programmes are mainly directed at preventing child maltreatment and involvement in other forms of violence, such as youth and intimate partner violence. PLH programmes include PLH for Young Infants (late-pregnancy to 6 months old); PLH for Older Infants (14–16 months); PLH for Kids (2–9 years); and PLH for Teens (10–17 years old). All PLH prototype programmes are based on shared social learning principles, which include modelling of learned behaviour, positive parenting skills before discipline, positive reinforcement to promote good behaviour, positive instruction-giving, ignoring negative attention-seeking behaviour, and non-violent limit-setting.

There is preliminary evidence of effectiveness for these prototype programmes in South Africa (103, 108). For instance, preliminary findings of a large randomized controlled trial of the PLH Teen prototype programme conducted in rural and urban areas of Eastern Cape Province show that, compared to a control group, physical abuse was reduced according to caregivers (44% reduction) and teens (48% reduction); emotional abuse was reduced according to caregivers (61% reduction) and teens (28% reduction), and positive parenting improved in both caregiver (17% increase) and teen (7% increase) intervention groups compared to the control group (Cluver L, University of Oxford, unpublished data, 8 March 2016). PLH programmes are being adapted and tested in other low- and middle-income countries, including Democratic Republic of Congo, El Salvador, Kenya, Lesotho, the Philippines, South Sudan and Tanzania.

Parent support and training as part of comprehensive programmes

Evidence: Comprehensive programmes target vulnerable families such as those with adolescent mothers or parents with low incomes, and are typically delivered in the community at health centres, schools or neighbourhood centres. They usually include the provision of family support, pre-school education, child-care and health services. They target child risk factors for violence such as early disruptive and aggressive behaviour; impaired cognitive and social-emotional skills; lack of social support; and inadequate parenting. Some that include a parenting component focus broadly on building positive social-emotional skills (such as the **Positive Action** programme in the USA), or they may aim specifically to prevent violence by peers or partners (such as KiVa in Finland and in least 15 other countries, and **Families for Safe Dates** in the USA). These programmes were associated with significant reductions, such as a 20–60% reduction in violent behaviours, a 20% reduction in bullying, and a 70% reduction in physical dating abuse victimization *(109–112)*.

Income and economic strengthening

Objective: Improve families' economic security and stability, reduce child maltreatment and intimate partner violence

Rationale:

Income and economic strengthening interventions can benefit children by reducing child maltreatment and decreasing intimate partner violence, thereby minimizing the likelihood that children witness such violence and suffer the consequences, including the potential that children themselves become victims or perpetrators of violence. In addition, increasing women's access to economic resources strengthens household economic status in ways that can prevent the abuse and neglect of children. For example, it enables women to increase investments in their children's education, thereby improving school attendance – a protective factor for violence against children.

This strategy contributes to and is supported by activities to achieve SDG Targets 1.3, 1.4, 5.2, 5.3 and 10.2:

- 1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and vulnerable.
- 1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance.
- 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
- 5.3 Eliminate all harmful practices such as child, early and forced marriage, and female genital mutilation.
- 10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.

Potential effects of empowering families economically on reducing violence against children:

- Reductions in physical violence towards children by parents or other caregivers
- Reductions in intimate partner violence
- Reductions in children witnessing intimate partner violence in the home
- Reductions in early and forced marriage of young girls
- Increases in social norms and attitudes that disapprove of intimate partner violence

Approaches

Reviews of income and economic strengthening evidence find that promising approaches include cash transfers, as well as programmes that integrate gender equity training with community savings and loan groups, or with microfinance *(113)*.

Cash transfers

Evidence: Since the mid-2000s, governments in low- and middle-income countries have invested more and more in cash transfers – direct and regular cash payments that increase incomes for vulnerable households and which appear to raise access to health and education services *(114)*. When cash transfers are provided for women in conjunction with another intervention, such as parent training, they have also been shown to improve parental monitoring, reduce child maltreatment and increase pro-social behaviour that is positive, helpful, and intended to promote social acceptance and friendship among adolescent boys *(115–117)*.

However, there is also evidence that cash transfers for girls, in the absence of complementary social or behavioural interventions, may increase their risk of sexual harassment. One study revealed *(118)* that while girls who had a savings account increased their economic assets, they were also more likely to have been sexually touched and harassed by men. Importantly, this suggests that economic asset-building must be accompanied by simultaneous strengthening of social assets – including social networks and reproductive health knowledge – to avoid girls becoming more vulnerable to increased risk of sexual violence.

Mexico's **Opportunidades** programme aimed to improve education, as well as health and nutrition, by providing conditional cash transfers to families. The transfers were dependent on families meeting certain conditions, such as ensuring children's school attendance. Programme evaluations provided clear evidence that these interventions led to increases in several factors that protect against youth violence, such as increased school enrolment and total years of schooling, lower levels of dropout, and reduced alcohol consumption *(119)*.

Cash transfers have been shown to improve parental monitoring, reduce child maltreatment by 10%, reduce aggressive symptoms in children by 10%, and increase pro-social behaviour among adolescent boys in particular *(115–117)*. Three randomized control trials (in California and Wisconsin, USA) that combined cash transfers with other support such as health insurance and child-care subsidies or child care – along with help getting a General Educational Development high school degree, a job, or job training – showed improvements in positive parenting *(115, 116, 120)*. Cash transfers are also proven to help keep girls and boys in school, and have been shown to reduce intimate partner violence witnessed by children, which in turn can reduce the likelihood that they will become victims or perpetrators of violence later in life *(121, 122)*.

Cash transfers help reduce child sexual abuse and exploitation (Kenya, Zambia, Zimbabwe, Malawi, Tanzania)

Cash transfers are an increasingly popular tool in African governments' social protection strategies. By directly addressing structural factors such as poverty and barriers to education – and indirectly reducing gender inequality – cash transfers have the potential to reduce the risk of sexual abuse and exploitation among children and youth.

Through impact evaluations, the **Transfer Project** has built an evidence base demonstrating the positive impacts of large, government-run social cash transfers on a range of well-being, economic and child protection outcomes in eight African countries. Its work is linked to government programming and structures, and informs how national programmes are designed and scaled-up. Emerging evidence shows Zimbabwe's **Harmonized Social Cash Transfer Programme** reduced the likelihood of experiencing forced sex among youth, while **Malawi's Social Cash Transfer Programme** delayed sexual debut among youth.

For more information see http://www.cpc.unc.edu/projects/transfer

Group savings and loans associations combined with gender norm/equity training

Evidence: In Cote d'Ivoire, a randomized controlled trial evaluated a group savings and loans programme which ran in conjunction with group discussions with men and women on equitable gender roles and norms. The programme was found to reduce past-year physical intimate partner violence by over 50% among women who participated with their male partners (in more than 75% of the programme's intervention sessions) compared to those participating in group savings activities only *(123)*. Such reductions should also decrease exposure of children to domestic violence, which is an important risk factor for subsequent involvement in victimization and/or perpetration.

However, while the programme significantly reduced violence against women who married as adults, there was no effect for child brides *(124)*. Thus, careful consideration of how such programmes may impact the risk of violence in certain groups of individuals is therefore critical before deciding to proceed with such interventions.

Microfinance combined with gender norm/equity training

Figure 4: Reduction in intimate partner violence among 430 women receiving the Intervention with Microfinance and Gender Equity (IMAGE) programme

Source: *(128)*

Evidence: In rural South Africa, experimental evaluations showed that a microfinance programme combined with education on HIV infection, gender norms, domestic violence and sexuality – known as **IMAGE (Intervention with Microfinance for Aids and Gender Equity)** – reduced physical and/or sexual violence exposure by 50% among women participating in the intervention compared to a control group (**Figure 4**) *(125–127)*.

Empowerment and Livelihood for Adolescents (Afghanistan and Uganda)

Empowerment and Livelihood for Adolescents (ELA) is a programme offering hundreds of thousands of adolescent girls aged 14–20 years the opportunity for a better life through mentorship, life skills and microfinance training. Pioneered in Bangladesh by the international development organization BRAC, and run in countries including Afghanistan and Uganda, ELA differs from most skills programmes in two ways: the programme combines life and livelihood skills so social empowerment is reinforced by financial empowerment; and training is offered through adolescent clubs rather than in schools.
The clubs help reach students as well as dropouts, and offer spaces where girls feel secure enough to discuss problems in small groups and build social networks away from the pressures of family and male-centred society *(6)*.

Led by peer mentors, the programmes educate girls on their rights, help them resolve conflicts and train them in health and gender issues, including sexual and reproductive health. Girls learn the importance of staying in school and avoiding early marriage and pregnancy. Peer mentors also coach the girls in basic financial literacy – how to earn and save – along with livelihood skills training, business planning and budget management so they gain confidence and an entrepreneurial mindset *(6)*.

The ELA programme has been rigorously tested and shown to have positive impacts in the lives of girls. In 2014 the World Bank conducted an evaluation of ELA in Uganda, home to one of the world's highest rates of unemployed young women and teen pregnancy rates of 10–12%. The report found that among ELA programme participants (compared to non-participant adolescent girls):

- teen pregnancy rates were 26% lower, and condom use increased by 28%;
- early entry into marriage/cohabitation fell by 58%;
- reports of having unwanted sex decreased by 50%.

Additionally, there was a 72% increase in ELA participants' engagement in income-generating activities, almost entirely driven by self-employment. Notably, the evaluation found no reduction in school enrolment rates among ELA participants. In fact, girls who had previously dropped out of school were more likely to want to re-enrol, suggesting a positive correlation between the empowerment of girls through vocational and life skills training and their willingness to invest in formal education *(129, 130)*.

Response and support services

Objective: Improve access to good-quality health, social welfare and criminal justice support services for all children who need them – including for reporting violence – to reduce the long-term impact of violence

Rationale:

Basic health services, such as emergency medical care for violence-related injuries and clinical care for victims of sexual violence, including post-exposure prophylaxis against HIV in cases of rape when indicated, must be in place before provision of the more specialized counselling and social services described here are contemplated. Guidance on emergency medical care *(131)* and on clinical care for victims of sexual violence *(132)* is already available.

Where these basic services are in place, providing counselling and social services to victims and perpetrators of violence against children can help to break the cycle of violence in children's lives and help them better cope with and recover from the health and mental health consequences of these experiences, including trauma symptoms *(133)*. However, in low- and middle-income settings the proportion of child victims of violence receiving health and social welfare services is very low. For instance, less than 10% of children who experienced sexual violence reported receiving services according to surveys in Cambodia, Haiti, Kenya, Malawi, Swaziland, Tanzania and Zimbabwe *(134)*.

Increasing the proportion of children that receive response and support services requires that effective child-focused services and mechanisms for children to seek help, support and care, and to report violent incidents, are put in place. These can include counselling and referrals to child protection services such as the police, health care providers, and social welfare workers, and assistance with securing temporary accommodation when necessary *(6)*. Treatment programmes for juvenile offenders in the criminal justice system can also reduce the likelihood of further violence on their part, and are called for in the *United Nations model strategies and practical measures on the elimination of violence against children in the field of crime prevention and criminal justice (135)*. The effectiveness of such services requires that relevant protection, safety, social welfare, health and other service providers and government authorities act on referrals and requests. In addition, there must be government-supported safe, child-sensitive, well-publicized, confidential and accessible mechanisms, staffed by specially trained providers, to whom children can report incidents of violence. Although hotlines and helplines do not have evidence demonstrating their effectiveness, some communities use these in an effort to make it easier for child victims and their families to report violence and seek information and assistance *(6)*.

This strategy contributes to and is supported by activities to achieve SDG Targets 3.8 and 16.3:

- 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
- 16.3 Promote the rule of law at national and international levels and ensure equal access to justice for all.

Potential effects of providing clinical, therapeutic and criminal justice support services on reducing violence against children:

- Reductions in recurrence of the same type of violence in the short term
- Reductions in trauma symptoms (e.g., post-traumatic stress disorder, depression, anxiety)
- Reductions in sexually transmitted infections and negative reproductive health outcomes
- Reductions in victimization or perpetration of violence in the short term and later in life

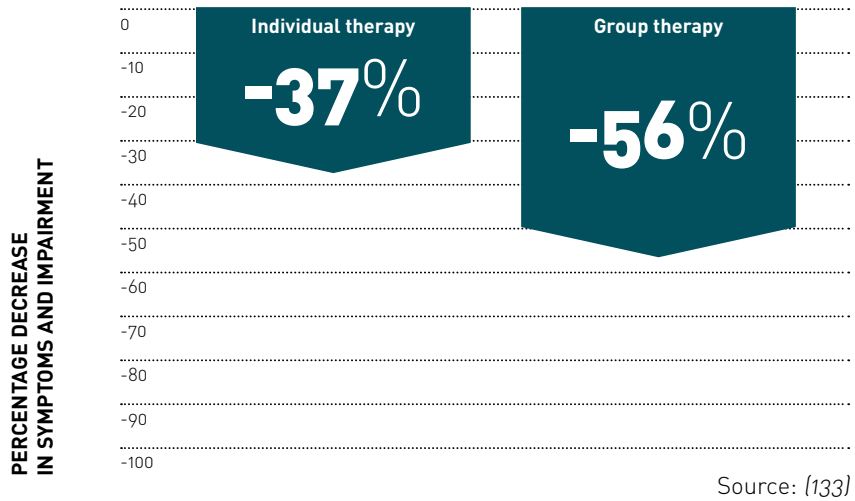
Approaches

Reviews of therapeutic, clinical, criminal justice and child protection services find evidence that some are effective and others promising for reducing the health and social impacts of violence against children. The range of approaches for providing services is wide, and includes therapeutic approaches such as cognitive behavioural therapy; linking screening for child maltreatment or partner violence to interventions such as support groups, shelters and case management, post-rape health services; treatment programmes for juvenile offenders; and foster care involving social welfare services *(136, 137)*.

Counselling and therapeutic approaches

Evidence: Trauma-focused Cognitive Behavioural Therapy (TF-CBT) for individuals and groups is effective in reducing trauma symptoms and long-term negative psychological and emotional outcomes in children and adolescents who have experienced violence – reducing these by up to 37% for individual and 56% for group TF-CBT participants (**Figure 7**) *(133, 138)*. This includes victims of child maltreatment and various forms of youth violence, including fighting and sexual assault. One group of researchers found it feasible to deliver TF-CBT through trained lay health workers for both vulnerable children, as well as for young women, in low-income countries *(139, 140)*.

Figure 7: Reductions in trauma symptoms and functional impairment across 11 trauma-focused cognitive behavioural therapy trials



Source: *(133)*

Using TF-CBT to treat children affected by violence and other adversities (Zambia)

In Lusaka, Zambia, 257 boys and girls aged 5–18 years who had experienced at least one traumatic incident (including abuse and exploitation) and reported significant trauma-related symptoms (such as post-traumatic stress disorder) were recruited from five communities. The children were randomly assigned either to an intervention group where they received 10–16 sessions of TF-CBT, or to a comparison group where they received the "treatment as usual" offered to orphaned and vulnerable children. Treatment as usual included psychosocial counselling, peer education, support groups and testing for and treatment of HIV/AIDS. Importantly, the TF-CBT was delivered by trained and supervised lay counsellors rather than specialist mental health providers. The study found that trauma symptoms were reduced by 82% in the intervention group compared to a 21% reduction in the group receiving treatment as usual. Functional impairment was reduced by 89% by the intervention compared to a 68% reduction from treatment as usual.

TF-CBT was significantly more effective than the treatment as usual *(140)*. These findings are especially important given that there are unlikely to be sufficient resources in most low-income settings to recruit specialist mental health care providers, or to train lay workers in more than one approach to dealing with the effects of trauma *(141)*.

Screening combined with interventions

Evidence: Training health professionals to identify possible exposure or risk of exposure to violence can help them offer a range of possible interventions sooner rather than later. One model for addressing risk factors for child maltreatment is the **Safe Environment for Every Kid** model, which involves training paediatric primary caregivers to identify parental depression, substance abuse, intimate partner violence and stress, and to treat and/or refer parents with these problems. A randomized controlled trial of this intervention in a low-income urban community in the USA showed that it led to a 31% reduction in child protection service reports, fewer neglect-related problems recorded in children's medical charts and fewer self-reports of severe physical assault by mothers *(142)*.

Following WHO, "universal screening" or "routine enquiry" (i.e. asking women in all health-care encounters) about intimate partner and family violence should not be implemented. However, health-care providers should ask about exposure to intimate partner violence when assessing conditions that may be caused or complicated by intimate partner violence *(132)*. The **U.S. Preventive Services Task Force** thus recommends that screening for intimate partner violence in women of reproductive age is paired with an intervention (e.g. counselling with an emphasis on safety behaviours and information on community resources), and reports that, together, these interventions have a moderate net benefit and are therefore considered effective *(143)*. Evidence from randomized controlled trials support various interventions for women of childbearing age, including counselling, home visits, information leaflets, referrals to community services, and mentoring support. Depending on the type of intervention, these services may be provided by doctors, nurses, social workers, mentors or community workers. Screening for intimate partner violence combined with links to services is directly relevant to adolescent girls experiencing violence in intimate partner relationships. Such screening is also relevant for protecting younger children from indirect exposure to domestic violence, as such exposure increases the risk of becoming a victim or perpetrator of violence in later years.

In another randomized trial, screening pregnant women or mothers of young children for intimate partner violence and providing behavioural counselling led to a 50% reduction in recurrent episodes of intimate partner violence, and better birth outcomes *(144)*. Furthermore, the **Hawaii Healthy Start Program**, a promising programme that linked intimate partner violence screening to home visiting, decreased both child abuse and intimate partner violence. An evaluation of this programme reports that home visiting provided by semi-professionals to high-risk mothers was effective in reducing both intimate partner violence (by 15%) and child maltreatment (by 40%) *(145, 146)*.

Treatment programmes for juvenile offenders in the criminal justice system

Evidence: Several systematic reviews find that treatment programmes for young offenders (including those convicted of perpetrating violent offences) in the criminal justice system are effective in preventing reoffending by juveniles, whether male or female. They also show that interventions such as counselling and skills training (including cognitive behavioural approaches), are more effective than those based on strategies of control or coercion, such as surveillance, deterrence and discipline *(147)*.

One study *(148)* found that programmes for serious or chronic juvenile offenders in detention reduced reoffending in general, and serious violent reoffending in particular. Interventions with a cognitive or cognitive-behavioural emphasis applied to adolescent boys and young men in juvenile reform centres were particularly effective, leading to the conclusion that it is socially beneficial to treat this population, especially because juveniles responsible for violent offences are at high risk of becoming chronic offenders. A systematic review of studies on the effects of young offender treatment programmes in Europe *(149)* reached a similar conclusion. The best programmes reduced reoffending by 16%.

Foster care interventions involving social welfare services

Evidence: In many countries, children who are victims (or at high risk) of maltreatment and other vulnerable children (e.g. children with disabilities), are often placed in out-of-home care, including either alternative family care – including foster or kinship care – or institutional care such as orphanages, group homes or residential treatment centres. Placement in orphanages continues to be a common approach to raising children in need of safe family care, with at least 2 million children living in these settings worldwide *(150)*. Studies comparing children living in orphanages to those living in high-quality foster families show that high-quality foster care helps protect children from the negative impacts of institutionalization on brain function, cognitive development and social-emotional well-being *(151)*. Thus, approaches that help keep child victims of violence in safe families are in the best interest of the child.

Evidence from a recent review suggests particular types of foster care may be more effective in reducing child maltreatment than traditional foster care programmes. These include enhanced foster care (for example, where there is better training for caseworkers or greater access to services); foster care accompanied by ongoing training support and/or mentoring; and kinship foster care, whereby children who cannot live at home are placed with relatives or family friends *(152)*. Many countries, particularly high-income countries, have policies favouring kinship foster care. One high-quality systematic review *(153)* suggested that children in kinship care may do better than children in traditional foster care in terms of their behavioural development, mental health functioning and the stability and quality of the relationships with their kinship foster carers.

Education and life skills

Objective: Increase children's access to more effective, gender-equitable education and social-emotional learning and life-skills training, and ensure that schools environments are safe and enabling

Rationale:

Gains in education for both girls and boys, as measured by school enrolment and attendance, protect against both victimization and perpetration of certain forms of violence, including childhood sexual violence, youth violence, partner violence and childhood marriage. These advances also protect against the consequences of violence, including HIV, sexually transmitted infections and unintended pregnancy *(154, 155)*.

Schools offer an important space where children, teachers and education personnel can learn and adopt pro-social behaviours that can contribute to preventing violence within the school and in the community. Life skills training can prevent violence against children by enhancing their communication, conflict management and problem solving skills, and assisting them to build positive peer-to-peer relationships. While schools are an especially important space where life skills training programmes can be delivered, they can also be provided in informal settings such as community centres (for children not in school) and refugee camps. They are usually delivered over several years, and can involve 20–150 classroom-based sessions. Many programmes include age-specific modules, ranging from those for pre-school and kindergarten-age children, through primary school and up to secondary school age.

This strategy contributes to and is supported by activities to achieve SDG Targets 4.4, 4.7, 4.a and 5.1:

- 4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship.
- 4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development.
- 4.a Build and upgrade education facilities that are child, disability and gender sensitive; and provide safe, non-violent, inclusive and effective learning environments for all.
- 5.1 End all forms of discrimination against all women and girls everywhere.

Potential effects of providing clinical, therapeutic and criminal justice support services on reducing violence against children:

- Increases in school attendance and academic success
- Reductions in child marriage
- Reductions in sexual assault
- Reductions in physical and sexual intimate partner violence victimization and perpetration
- Empowers girls and boys to recognize and protect themselves against intimate partner violence
- Reductions in aggressive and violent behaviours
- Reductions in drug use and excessive alcohol use
- Reductions in bullying behaviours

Approaches

Evidence supports the effectiveness of a number of approaches for this strategy, including increasing school enrolment at all educational levels; establishing a safe and enabling school environment; improving children's knowledge and skills about protecting themselves from violence; life and social skills training; and adolescent intimate partner violence prevention programmes. Giving children and adolescents the life and social skills to cope with and manage risks and challenges without the use of violence is crucial for reducing violence in schools and communities.

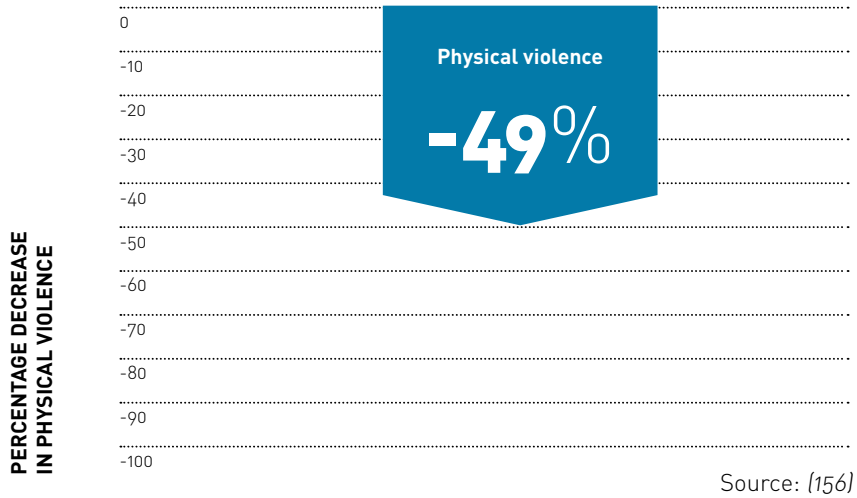
Increase enrolment in pre-school, primary and secondary schools

Evidence: An experimental evaluation of an intervention providing school support to orphaned girls in Zimbabwe showed that among those receiving fees, school supplies, uniforms and health and hygiene supplies, school dropout was reduced by 82% and early marriage by 63% *(154)*. School-based early education programmes, such as the **Child-Parent Center Program** in Chicago, USA (which supports pre-school enrolment from age three years and continued educational and parenting support up to the age of nine years) have resulted in a more than 30% reduction in arrests for violence among young adults associated with the programme *(155)*.

Establish a safe and enabling school environment

Evidence: The Good School Toolkit (developed by Ugandan NGO **Raising Voices**) aims to reduce violence perpetrated by school staff against children aged 11–14 years by building a positive school environment and positive relationships between students, their peers and authority figures. The toolkit was randomly tested in 42 schools in Luwero District, Uganda, and was found to be effective in reducing violence against children by school staff (**Figure 8**). No adverse events related to the intervention were detected, but 434 children were referred to child protective services because of what they disclosed in the follow-up survey *(156)*. A similarly comprehensive approach, implemented in Colombia as part of the Aulas en Paz programme, led to significant reductions in violence and aggressive behaviours *(157)*.

Figure 8: Reduction in past week physical violence from school staff following Good Schools Toolkit implementation



Source: *(156)*

The Safe and Enabling School Environment programme (Croatia)

Croatia's **Safe and Enabling School Environment programme** was implemented by UNICEF's Croatia Office, in partnership with the Croatian Ministry of Science, Education and Sport, and the Education and Teacher Training Agency. The programme had two strands. The first was a public "Stop Violence among Children" campaign aimed at promoting social change by raising awareness of physical and verbal violence, with a special focus on peer violence, aggression and bullying in schools. The second component was a school-based intervention that sought to lower the incidence of peer violence in schools, enhance safe and enabling school environments, and include children in school policy-making and activities to stop violence.

As a result, between 2003 and 2011 violence was halved in 37% of Croatia's primary schools. In that period, 301 schools (mostly primary) implemented the programme, with 163 schools earning the title "Violence free school", and 85 schools managing to renew this title three years into the programme.

The programme was evaluated in 2005, 2008 and 2012, with the 2008 evaluation revealing:

- a halving of the incidence of frequent bullying, from 10% to 5%;
- a reduction in the number of children who bully others from 13% to 3%;
- more than 55% of children saying they always feel safe in school.

Children reported 63% of teachers intervening at all times to stop peer violence in school compared to 2004, when children recounted only 30% of teachers intervening. Public opinion following a 2005 evaluation revealed strong recognition of the campaign (92% of respondents) and evaluated the programme as exceptionally positive (56% gave it the highest possible rating). Following the results in Croatia, UNICEF and civil society groups launched Violence Free School programmes in Bulgaria, Kazakhstan, Montenegro, Serbia and Slovenia.

For more on the evaluation of the Safe and Enabling School Environment programme see http://www.unicef.org/evaldatabase/files/UNICEF_6_12_2_final.pdf

In Zambia, recognition that the psychosocial support needs of orphaned and vulnerable children were being poorly met in schools led to development of a **Teachers' Diploma Programme on Psychosocial Care, Support and Protection** *(158)*. This 15-month distance education programme provides teachers with the knowledge and skills to enhance school environments, foster psychosocial support and facilitate school-community relationships. Module topics include understanding the importance of self-care and teachers' own psychosocial well-being; enhancing psychosocial support skills and use of those skills to improve student well-being; enriching and creating a safe and equitable school environment; and developing stronger and more positive intra-school (e.g. teacher–student, teacher–teacher) and school-community relationships. A 2013–2014 randomized controlled trial with 325 teachers and 1378 students found the programme to be effective in increasing students' perceived respect in schools; school safety and willingness to seek help for and respond to sexual abuse; and reducing their involvement in physical and emotional bullying. It was also found to increase teachers' emotional self-care, and perceptions of classroom and school safety *(158)*.

Improve children's knowledge about how to protect themselves from sexual abuse

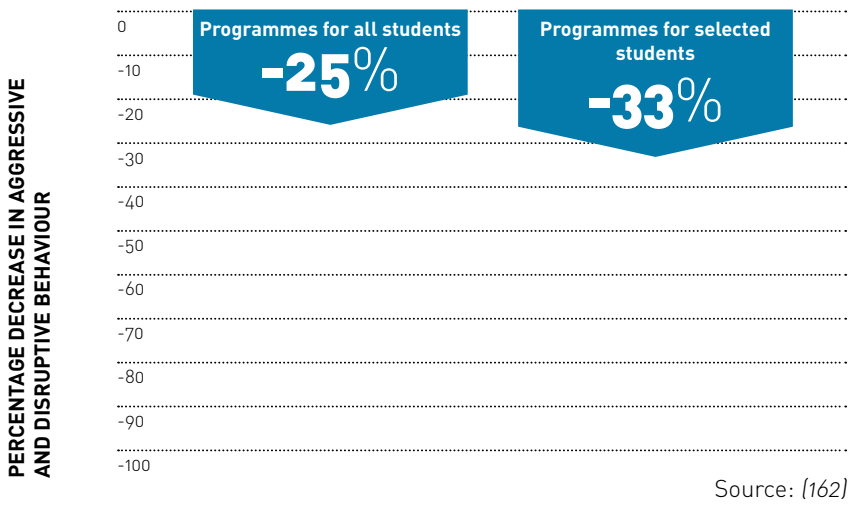
Evidence: Although programmes to improve children's knowledge about how to protect themselves from sexual abuse could be delivered in any setting, most of those evaluated to date are delivered in schools and teach children about body ownership, the difference between good and bad touch, and how to recognize abusive situations, say no, and disclose abuse to a trusted adult. Many review studies that have evaluated these programmes have found that while they are effective at strengthening protective factors against this type of abuse (e.g. knowledge of sexual abuse and protective behaviours), more research into whether they reduce actual sexual abuse is needed *(159)*. Evidence also suggests that the role of gender and social norms in the perpetration of sexual abuse needs to be recognized, and that a "whole of school" approach is required. This includes ensuring that inclusive and equitable school policies and protocols are in place, engaging school leadership, and developing curricula and teaching approaches that are sensitive to social and gender norms and inequalities *(6)*.

In Nairobi, Kenya, the **'No Means No' IMpower** programme empowers adolescent girls by improving their self-esteem and teaching them self-defence to reduce their risk of sexual violence. A review of the programme found a significantly increased (34%) likelihood of disclosure of sexual violence among the intervention group, and an annual decline in sexual assault rates of 38% *(160, 161)*. Adaptations of this programme to other contexts must include strong evaluation components to ensure adaptations are both safe and effective.

Life and social skills training

Evidence: An analysis of 249 studies of school-based life skills and social and emotional training programmes (most of which were delivered in the USA) examined their impact on aggressive and disruptive behaviour, including fighting, hitting, bullying,[e] verbal conflict and disruptiveness. This showed that the programmes reduced such problems by 25% when applied to all students, and by 33% when delivered to selected, high-risk groups of students (**Figure 9**), with boys and girls benefitting equally *(162)*.

Figure 9: Reductions in aggressive and disruptive behaviour in school settings across 249 life skills and socio-emotional training programmes



Source: *(162)*

The **U.S. Task Force on Community Preventive Services** also found strong evidence that universal, school-based life skills programmes decrease violence among children by 15% on average across programmes and grades ranging from pre-kindergarten to 12th grade (which includes 17–18 year olds). In one cluster randomized control trial, after three years, students participating in the **Positive Action** programme showed a 36% reduction in violent behaviour and a 41% reduction in bullying behaviour *(163)*.

[e] Analysis of 2011 data from the Trends in International Mathematics and Science Study, and the Progress in International Reading Literacy Study conducted in three African countries – Botswana, Ghana and South Africa – indicated that bullying was one of the key drivers that lower academic performance. *See (164)*.

Positive Adolescent Training through Holistic Social Programmes (PATHS) (Hong Kong)

To address concerns about mental health problems, drug abuse, suicide, school violence and the impact of family breakdown on adolescents in Hong Kong, the Hong Kong Jockey Club Charities Trust invited academics from five local universities to form a research team, with the **Hong Kong Polytechnic University** taking the lead. The team's goal was to develop a multi-year, universal, positive youth development programme known as Positive Adolescent Training through Holistic Social Programmes (PATHS) *(165)*.

PATHS has a youth development programme for girls and boys aged 12–14 years and a second training programme specially designed for students with greater psychosocial needs at each grade. The aims of the training are to promote bonding and resilience; enhance social, emotional, cognitive and behavioural skills; develop self-esteem; and foster good social behaviours and norms. The programme has resulted in higher levels of positive development, lower levels of substance abuse, and lower levels of assaults, fighting and other delinquent behaviours *(165)*.

Adolescent intimate partner violence prevention programmes

Evidence: In North Carolina, USA, a cluster randomized trial of **Safe Dates**, a programme aimed at preventing intimate partner violence among unmarried adolescents in romantic relationships, found the programme led to 25% less psychological, 60% less physical and 60% less sexual violence perpetration at one month among participating girls and boys aged 12–14 years. It was also associated with reductions in peer violence and weapon carrying *(166)*. And, after four years, there was a significant reduction in self-reported physical and intimate partner violence perpetration and victimization among those who had participated in the programme *(167)*. Several studies of university students or athletes participating in programmes to reduce sexual violence showed significantly more disapproving attitudes toward date rape *(168, 169)*. An evaluation of the **Real Consent programme**, an interactive web-based intervention for male college students to reduce sexual violence perpetration, was associated with significant reductions in self-reported perpetration over the six months following the intervention *(169)*.

SteppingStones (South Africa)

Originally developed as an HIV-prevention programme, Stepping Stones is a life skills training programme found to be effective at curbing physical and sexual intimate partner violence among male and female 15–26-year-olds. The programme, which has been rigorously evaluated and globally implemented *(170)*, encourages participants to reflect on their attitudes and behaviour through role-play and drama. Designed to improve sexual health by developing stronger, more equal relationships between partners, the programme addresses issues such as gender-based violence, communication about HIV, and relationship skills and assertiveness.

The programme has been evaluated in various countries: the most thorough study is a randomized controlled trial in Eastern Cape Province, South Africa, with female and male participants aged 15–26 years. Findings indicated that in the two-year period following the intervention, boys and men demonstrated a reduction in violent and exploitative behaviour. Compared with baseline, participants in the intervention were involved in fewer incidents of intimate partner violence *(171)*, rape *(172)* and transactional sex *(173)*.

Smaller-scale evaluations of Stepping Stones in other countries have shown a reduction in male perpetration of intimate partner violence *(174, 175)*. The rate of violent behaviour continues to fall among men 24 months after the intervention following a 12-month drop, suggesting that positive behaviour change strengthens over time. Further, qualitative research shows that Stepping Stones shifted attitudes, particularly among young men, by educating them on how they can reduce their personal risk to HIV and by encouraging much greater openness in talking about and sharing information about HIV. In the process, the programme appears to have instilled general life skills that made many of the men better partners, friends, family members and citizens *(176)*.

For more information see Evaluation of HIV prevention and intervention programming http://www.mrc.ac.za/policybriefs/steppingstones.pdf

INSPIRE Cross-cutting Activities

Cross-cutting activity 1: Multisectoral actions and coordination

Implementing this package requires input from national and local government departments responsible for education, health, justice, and social welfare; the private sector; and civil society organizations, such as professional associations, faith-based organizations, academic institutions, foundations, and other NGOs. In combination, these stakeholders can reduce the negative impact of risk factors for violence against children at individual, family, community and society levels, while supporting safe, stable and nurturing relationships and environments for children and families.

Delivering evidence-based prevention programmes and services therefore depends on the strength of systems underlying each of these sectors (and their readiness to address the problem of violence against children), combined with an effective mechanism for ensuring coordination between them.

Sector contributions

The exact role of each sector in implementing the INSPIRE strategies will vary from country to country, as will sectors' readiness to contribute to implementation efforts. Nevertheless, the sectors most likely to be in a position to lead implementation efforts on the seven strategies are as follows:

- **Implementation and enforcement of laws**: state/provincial and national-level legislative bodies responsible for drafting, enacting and enforcing laws.
- **Norms and values**: ministries for gender, women and child development, although all sectors have a clear role to play in ensuring their implementation.
- **Safe environments**: interior and planning ministries, and local government and municipal authorities.
- **Parent and caregiver support**: public health and social welfare systems.
- **Income and economic strengthening**: ministries of finance, labour and economic development.
- **Response and support services**: health care and social welfare sectors. Interventions affecting juvenile offenders, victims and witnesses will typically be led by the justice or security sectors.
- **Education and life skills**: educational authorities.

In combination, and when working in an integrated manner, these sectors can address the negative impact of risk factors for violence against children at the individual, close relationship, community and societal levels, while supporting safe, stable and nurturing relationships and environments for children and families.

In addition to the contributions of formal government sectors, community-based child protection mechanisms are increasingly common, although their effectiveness in preventing violence against children remains poorly evaluated (see **Box 3**).

Box 3

Community-based child protection mechanisms

Community-based child protection mechanisms are at the forefront of efforts to address child protection in emergency, transitional and development contexts worldwide. A recent inter-agency review *(177)* notes that the mobilization of grassroots groups has become a common programming response, particularly in areas affected by armed conflict or displacement. Community-based child protection mechanisms are favoured by international agencies in places where local and national government is unable or unwilling to fulfil children's rights to care and protection.

However, there is currently a lack of robust evidence about the effectiveness, cost, scalability and sustainability of these mechanisms. This impedes accountability and makes it difficult to define effective practices, develop appropriate inter-agency guidance for practitioners, and harmonize and strengthen the quality of practice. It also hinders efforts to obtain funding to support children's protection and well-being, advocate effectively for increased government investment in child protection systems, and encourage policy leaders to promote the most effective practices and policies.

The inter-agency review outlined several challenges to overcome in order to maximize the contribution of community-based child protection – foremost being the need to strengthen the evidence base by regularly conducting systematic, ethically appropriate evaluations of how the actions of community-based child protection groups influence children's protection and well-being *(177)*. Several interventions in this package were conducted in settings where community-based child protection systems are likely to be operating, and the package as a whole lends itself to adaptation by such systems.

The **primary role of each sector**, along with its corresponding system, is to support individuals, families and communities so that parents, peers and authority figures (such as teachers) are able to provide the nurturing, stability and safety required for children to reach their developmental potential.

The **secondary role of sectors** is to respond to actual cases of violence against children to ensure the safety of and support for victims, mitigate the impact of such violence, and prevent violence from recurring. The degree to which countries focus on one role over another will vary, but the emphasis on preventive over punitive measures is seen as best practice.

Several UN agencies, at the request of Member States, have developed resources and internationally agreed standards to build the violence prevention and response capacity of specific government sectors. These include, for instance, the UN Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice developed by UNODC, and the WHO Global Plan of Action on Strengthening the Role of the Health Sector within a Multisectoral Response to Address Interpersonal Violence, in particular against Women and Girls, and against Children. Policy documents like these call for specific actions on the part of Member States, which, if carried out, will ensure that the sectors in question are enabled to engage with the problem of violence against children in a systematic way with an emphasis on implementing evidence-based prevention and response strategies.

Sectors for which UN policy guidance is lacking can use these documents as the basis to prepare similar guidance to enhance their capacity. Once strong sector-specific systems are in place, effective coordinating mechanisms will help integrate multisectoral contributions to make them more effective in preventing violence against children.

Coordination mechanisms

Though stakeholders in many countries are working to eliminate violence against children, their efforts are not always well coordinated and supported, and few are undertaken at a large scale. Coordination mechanisms are therefore essential, as no single sector can deliver the full package of interventions, and no individual government can tackle the growing threats to its children that now transcend national borders. Efforts to implement the package should therefore encourage cooperation and learning both within and between countries.

National mechanisms

Ultimate responsibility for coordination lies with governments, and mechanisms for the leadership and coordination of violence prevention and response activities – including key rule of law institutions – should be established or strengthened where they are non-existent or weak. Systems for the exchange of information between sectors should be reviewed for the extent to which they focus on preventing violence and optimize the delivery of response services. Ideally, these mechanisms should be forums that periodically convene representatives of relevant sectors to discuss the latest available data on violence with a view to identifying emerging problems (and their underlying risk factors) so that appropriate and timely interventions can be made *(1)*.

International mechanisms

Internationally there are several forums and partnerships for countries to come together to explore the most effective strategies for ending violence against children. These include the WHO Milestones in a Global Campaign for the Prevention of Violence Meetings that take place every other year, where the state of violence prevention science and its uptake at national level are reviewed and strategies for increasing uptake developed *(178)*. Another example is the US National Academies' Forum on Global Violence Prevention. Convened by the Academies' Health and Medicine Division, the forum has produced several important reports on state-of-the-science developments in relation to preventing and responding to violence against children *(179)*. In addition, Together for Girls is a partnership that convenes five UN agencies, multiple agencies of the United States government, the government of Canada, the private sector, and partner governments to promote a data-driven multisectoral approach to violence prevention and response, and is now active in 22 countries. Lastly, End Violence Against Children: The Global Partnership is an overarching initiative that unites these separate mechanisms behind the shared goal of ending violence against children (see **Box 4**).

Box 4

End Violence Against Children: The Global Partnership

As part of the SDGs, the UN General Assembly has made a global commitment to end violence against children. End Violence Against Children: The Global Partnership will help to realise this commitment, and has adopted the INSPIRE package as an essential tool to support country action. The Partnership will support those working to prevent and respond to violence within and across government sectors (e.g. education, health, justice and social welfare); and within other communities – be they international agencies such as those of the UN and World Bank, development agencies, NGOs, faith-based organizations, the private sector, philanthropists, foundations, researchers, academics or children themselves. By harnessing the expertise and reach of partners in prevention, the Partnership will support national and local-level work to implement and scale up strategies that effectively prevent violence, monitor their effectiveness, and expand the evidence base.

Cross-cutting activity 2: Monitoring and evaluation

Countries and communities need accurate measures of violence against children to plan strategies and interventions, measure their impact and continuously improve them to ensure success.

Monitoring

Monitoring systems can be used to provide data on the magnitude and circumstances of violence against children, track the implementation of planned activities and assess their impact. Monitoring can also help guide efforts to improve strategies, address gaps, and promote a sustained focus on prevention. For these purposes, data on violence against children from national population-based surveys and facility-based administrative systems (such as hospitals) are essential. It is also essential that such data are readily available to all violence prevention stakeholders, including those in national government, at municipal and local authority level, and at community level.

While survey and administrative data have unique strengths and limitations, their combined use can contribute directly to assessing and monitoring the problem by:

- providing a quantitative definition of the problem, disaggregated by sex, age and other variables, that can be commonly used by a range of concerned groups and sectors;
- providing ongoing and systematic data on the incidence, causes and consequences of different forms of violence at local, regional and national levels;
- giving an overview of the geographical distribution of reported cases of violence against children that can help in planning the location of future child protection services and other victim support services;
- enabling the early identification of emerging trends and problem areas so that appropriate interventions can be established as soon as possible;
- suggesting priorities for prevention among those at high risk of experiencing or perpetrating violence against children, as well as priorities for addressing associated risk factors;
- providing stakeholders with information on the progress or delays in implementation of proposed activities;
- identifying changes over time in the prevalence of violence and its associated risk factors;
- providing a means to assess the impact of prevention efforts.

Any monitoring system should use standardized and scientifically valid data collection and analysis practices. Case management systems that collate data from different sectors can also be helpful in tracking how well referral pathways are working, and identifying age gaps, needs, and trends within and across sectors. Data collection should ensure that data on sex, age, disability and other characteristics that may influence vulnerability to violence are captured.

Survey data

Many countries do not have adequate administrative data systems *(1, 180, 181)* and only a small proportion of acts of violence against children are reported to official sources such as education, health, justice or social welfare systems. Therefore, self-reports ascertained via a variety of nationally representative surveys, such as national Violence Against Children Surveys[f] (VACS), the Global School-based Student Health Survey (GSHS), Demographic and Health Surveys (DHS), or Multiple Indicator Surveys (MICS) are considered the more reliable standard for measuring the magnitude of the problem, identifying vulnerable groups and measuring progress *(182, 183, 184, 185)*. Each of these types of population-based surveys, while distinct in purpose and approach, makes important contributions to understanding violence against children.

These data are particularly useful for monitoring progress called for in key UN conventions and WHO resolutions addressing violence against children *(9)*. As tracking SDG implementation begins, they will also be useful for monitoring how SDG implementation in general relates to changes in indicators of violence against children. Such surveys provide baseline data that inform actions to strengthen the prevention of violence against children. For example, and as illustrated in **Box 5**, VACS data have driven policy reforms that impact health, legal, educational, social services and economic sectors. Such surveys should be implemented at regular intervals to ensure that progress is monitored and changes in trends of violence against children are measured *(186)*.

Although surveys are essential for obtaining accurate estimates of the magnitude and characteristics of violence against children, and allow direct contact with respondents, they provide little in-depth information about specific policies: for this kind of information, administrative data is required.

[f] Violence Against Children Surveys (VACS) are jointly supported by CDC, Together for Girls, and UNICEF. VACS measure physical, emotional and sexual violence against girls and boys, and identify risk and protective factors and health consequences as well as use of services and barriers to seeking help.

Box 5

Linking national survey data to violence prevention and response activities

Within the Together for Girls partnership, countries implementing the Violence Against Children Surveys (VACS) are supported in their efforts to link national data to effective multisectoral prevention and response actions. Led by task forces of ministries and civil society groups, countries including Cambodia, Haiti, Kenya, Malawi, Swaziland, Tanzania and Zimbabwe have used national VACS data and processes to drive implementation of the types of strategies outlined in INSPIRE.

- Cambodia used VACS data to create a response package involving 11 sectors, including various ministries and government agencies; implement programmes that promote behaviour and social norm change through the Ministry of Women's Affairs; strengthen coordination between the Ministry of Women's Affairs, Ministry of Justice and police; and to introduce and strengthen policies that prevent violence against children.
- Haiti used VACS data to strengthen policies and programmes that change social norms perpetuating violence against children; strengthen policies and programmes that reduce and respond to violence through victim identification, care and support; and strengthen cross-cutting surveillance and monitoring systems.
- Kenya used VACS results to strengthen training in positive parenting and sexual violence prevention for families; scale-up multisectoral post-rape services delivered through one-stop centres; and create a national sexual violence monitoring and evaluation framework.
- Malawi used VACS data to increase government investment in training for caregivers/parents on building safe, stable and nurturing relationships with their children; increase government investment in building life skills for children and youth; increase access to and awareness of child response services; and develop policies and programmes to address harmful gender norms.
- Swaziland used VACS data to drive new legislation on intimate partner violence and sexual offences; establish child-friendly courts and police units; secure resources for a national radio violence prevention education campaign; strengthen comprehensive post-rape care through new guidelines and one-stop centres; and secure resources for a national data system to track cases of violence.
- Tanzania used VACS data to launch a 4-year, costed national action plan to end violence against children. Highlights of the plan include developing and scaling up district level child protection systems; developing educational policies on teacher codes of conduct; strengthening clinical services for sexual violence victims; and establishing budget guidelines for child protection at local government level.
- Zimbabwe used VACS to develop comprehensive guidelines on the management of sexual abuse and violence that include medical, legal, counselling, and social aspects of service provision at community, family and individual levels; a girl empowerment framework outlining national targets, goals and responsible sectors for protecting and empowering girls and young women; and policies in 14 districts that established temporary foster homes for street children.

Administrative data

Administrative data systems typically comprise routinely collected records or reports used in the management of public programmes or agencies, and thus provide an inexpensive source of data. This is particularly useful for policy-makers, who need such information to know which officials or agencies in their jurisdictions have knowledge or activities relevant for addressing violence against children and youth.

Administrative data help decision-makers understand whether cases of violence against children are coming to the attention of school teachers, police, doctors or social workers, and what actions these professionals take when they encounter them. Furthermore, administrative reports from health or police facilities showing variations over time, or that provide counts of of child maltreatment or rape, can raise questions about how such cases are addressed.

It may be that some officials encounter fewer cases than others because they lack awareness or training, while others encounter cases but do not implement prevention or response actions. Even trained officials may believe in harmful social norms related to child development, gender and violence, which can result in the re-victimization of children that obtain care. Another scenario is that cases of abuse best dealt with by doctors or police officers primarily come to the attention of teachers, and are neither referred nor reported.

Based on such types of information, programme managers and policy-makers can develop concrete plans for how to change practices, train officials, conduct awareness raising and social norms change activities, and reorganize systems to better prevent and respond to violence against children and youth. As policy-makers make changes, provide training and raise awareness, they will need to reassess administrative data systems for evidence of whether reforms are having their desired effect.

When considering extreme cases of violence against children that lead to death, a special category of administrative data is relevant – that collected through vital records and death certificates *(1)*. Violence-related deaths among children and youth, such as those resulting from child maltreatment, neglect and assault, are not readily identified through population-based surveys or service-based case administrative data systems. Such deaths can be reliably measured only through facility-based mortality surveillance systems, which may function in various locations, including hospitals, police departments and morgues *(187)*. Many countries, however, still lack functioning registration systems for data pertaining to intentional injuries and death. Furthermore, determining cause of death in children may be particularly challenging.

Given the extreme under-reporting of violence, qualitative work to better understand the perspective of children, parents, caretakers and other important community influencers can also be critical in ensuring that programmes meet the perceived needs of communities.

Evaluation

Evaluations provide policy-makers and public health officials with critical information on whether programmes and policies designed to prevent or respond to violence against children are having their intended impact *(188)*. To date, much of the evidence on interventions effective in reducing violence against children and mitigating its consequences is derived from evaluations conducted in high-income countries. For the development of these INSPIRE strategies, nevertheless, the evidence cited highlights the growing body of evidence from low- and middle-income countries *(189)*.

INSPIRE presents an unprecedented opportunity to increase the number of studies of effectiveness of its seven strategies in low- and middle-income countries, where over 80% of the world's children live and where such studies are currently few and far between. The field of evidence-based prevention of violence against children is a recent development, even in high-income countries. And while the field holds tremendous promise – as the programmes highlighted in this package make clear – it is particularly nascent in low- and middle-income countries. For instance, of all child maltreatment and youth violence prevention outcome evaluation studies published from 2007–2013, just 9% of those on child maltreatment, and 6% of those on youth violence, related to prevention programmes in low- and middle-income countries *(189)*.

Given the magnitude of violence against children in low- and middle-income countries and the scarcity of resources in such settings, it is all the more important to ensure that resources invested in interventions actually succeed in preventing violence against children. It will be critical therefore, as the INSPIRE strategies are rolled out, to increase the generation of high-quality evidence of what works. Alongside the large-scale implementation of these strategies, a comparably large-scale programme of evaluation is required – to avoid wasting scarce resources, maximize the impact of existing programmes, and increase the chance that the ambitious aim of SDG Target 16.2 – to end violence against children within 15 years – is achieved.

In addition to outcome evaluations, cost-effectiveness studies and evaluations of efforts to scale-up and sustain effective programmes are needed. Finally, it will be essential to evaluate the combined impact that can be achieved with coordinated implementation of the multisectoral components of the INSPIRE technical package.

Implementation Considerations

The INSPIRE package is not intended for implementation as a new programme. Rather, it represents a way of revitalizing, focusing, and expanding current multisectoral efforts to prevent and respond to violence against children. Any INSPIRE implementation effort should aim to ensure either a progressively staged or simultaneous approach by respective sectors, and to implement at least one intervention from each of the seven strategies (ideally at scale), as the strategies are intended to work in combination and reinforce one another.

Coordinated implementation of the strategies in this package will help ensure that a core set of effective approaches, as well as strong policies and laws, are in place in every country. INSPIRE has been written from a global perspective, and for it to be effective, country-specific goals, strategies and activities must be defined to initiate nationwide programmes over a specified timescale. Each country will thus have to adapt the package contents to its own specific conditions, and implement it in accordance with its own structures.

Figure 10: Nine steps for adapting and implementing INSPIRE

Several countries have already started planning and implementing national efforts to prevent and respond to violence against children, and many of these plans include some INSPIRE elements. Based on their experience, and the expertise of the core agencies that have developed INSPIRE, the essential steps for operationalizing this package are shown in **Figure 10** and summarized below. This section is designed as a general guide only. More detailed "how to" implementation manuals on INSPIRE as a whole, and on each of the seven strategies, will be made available during 2017.

These steps are not necessarily sequential, and several can be undertaken simultaneously.

Build national commitment

To ensure long-term sustainability of the activities and foster multisectoral collaboration, an essential first step is to build national commitment to the goals, strategies and interventions outlined in INSPIRE. This requires raising awareness among all stakeholders of the magnitude and consequences of the problem of violence against children, and of the evidence-based solutions to address it. It also means bringing together key actors and institutions to play a role in national programme development and implementation. Early involvement of political leaders at the highest level can catalyse development of a national policy framework and action plan.

It is important to ensure collaboration and communication within each of the main sectors involved in implementation. The INSPIRE package can be used to stimulate dialogue between decision-makers, managers and programme staff and to identify policy issues that need to be resolved. Examples include the judicial and regulatory frameworks within which different sectors function and which stipulate who can do what, and at which levels of national and local government.

Many countries have ensured a continuing national commitment to such processes by establishing task forces that convene representatives of national ministries along with professional associations, universities, research organizations and civil society organizations. Having a task force dedicated to initiating and monitoring INSPIRE implementation can help sustain momentum through national plan development and implementation, and can coordinate inputs and activities of the various actors in the process.

It is also important that national efforts are aligned or integrated with pre-existing national action plans, strategies, and interventions in related areas, including ongoing work to prevent and reduce female genital mutilation and/or cutting; child, early and forced marriage; gender-based violence, HIV/AIDS programmes, and other health intervention programmes, such as immunization campaigns. Such efforts can ensure that where possible, results are maximized, limited resources are used effectively and duplication is avoided. This can also help ensure that child protection, gender and violence are mainstreamed, increasing the reach and impact of the INSPIRE strategies.

Assess needs

A critical step in developing national action plans is to assess the status of existing policies, laws, prevention programmes, services and infrastructure relevant to ending violence against children. As part of assessing the needs, consideration should be given to whether the current national framework reflects consideration of a life-course, gender-sensitive approach that can accommodate the different risks for boys and girls. Furthermore, as part of the assessment of existing policies, programmes and practices, consideration must be given to whether prevention programmes and services reach all children, regardless of age, sex, gender identity, language, religion, (dis)ability and economic status, while prioritizing highest risk groups where necessary.

Specialized assessments, such as agency surveys or readiness assessments (see **Box 6**), help policy-makers collect qualitative and quantitative data from community and government organizations involved with children, such as schools, law enforcement agencies, hospitals, mental health agencies, family service agencies, NGOs and child protection agencies *(190)*. While some countries implement agency surveys occasionally, others collect this kind of assessment data annually.

Box 6

Prevention readiness assessments

Readiness assessments may be particularly useful for national governments beginning to address violence against children, or those uncertain about their country's preparedness to implement the INSPIRE package. The Readiness Assessment for the Prevention of Child Maltreatment (RAP-CM) approach can help assess how "ready" a country, province or community is to implement a childhood violence prevention programme on a large scale *(191)*. The Readiness Assessment approach has been applied in Brazil, the Former Yugoslav Republic of Macedonia, Malaysia, Saudi Arabia and South Africa, and may be particularly relevant for countries that have completed a Violence Against Children Survey. The RAP-CM model of readiness for prevention includes key players' attitudes towards – and knowledge of –child maltreatment; availability of scientific data on child maltreatment and its prevention; willingness to take action to address the problem; and the non-material (e.g. legal, policy, human, technical, and social resources) and material (e.g. infrastructural, institutional, and financial) resources available to help prevent child maltreatment.

The process of conducting such an assessment is itself a powerful tool for raising awareness and helping inform resource allocation. Major gaps identified in almost all countries to date include a lack of professionals with the skills, knowledge and expertise to implement evidence-based child maltreatment prevention and response programmes and of institutions to train them; inadequate funding, lack of infrastructure and equipment; extreme lack of outcome evaluations of prevention programmes; and lack of national prevalence surveys of child maltreatment *(192)*. Although focused on child maltreatment, the RAP-CM method can readily be adapted to assessing readiness to prevent youth violence too.

Select interventions

Each community, country, government ministry and nongovernmental organization working to address violence against children brings its own social and cultural context to bear on the selection of interventions that are most relevant to its populations and settings. Decision-makers and practitioners at national and local levels are therefore in the best position to assess the needs and strengths of their settings and the citizens within them as the basis for decisions about the combination of interventions included in INSPIRE best suited to their context.

Selecting which interventions to implement requires a good understanding of the following:

- What forms of violence affect which children, and where and when violence occurs.
- The risk factors that contribute to violence against children.
- Current legal, policy and programmatic efforts to address violence against children.
- Identification of INSPIRE interventions that can address gaps and weaknesses in current legal, policy and programmatic efforts.
- The capabilities of government and nongovernmental organizations to implement the interventions.

This information is compiled from several sources. If a country recently completed a national Violence Against Children Survey, and/or has high-quality administrative data on fatal and non-fatal violence against children, most of the information will already have been collected and summarized. If not, it will be necessary to gather this information from whatever research reports, official statistics and other data sources can be identified, analyse it, and use it to define the problem.

Adapt interventions to the local context

Once selected, interventions will usually need to be adapted to the local context while preserving the essential features that made the intervention effective in the first place *(193)*. This is known as preserving programme fidelity *(194)*, and to do so it is useful to consider the following steps.

- Obtain the original programme materials (usually from the programme developer).
- Develop a programme logic model showing how the programme goals and components are causally linked to the desired changes in the population of interest.
- Identify the programme's core components or, where they are not yet known, its best-practice characteristics, which usually involves carefully reviewing relevant scientific literature.
- Identify and categorize any mismatches between the original programme model and the new context.
- If needed, the original programme should be adapted to meet the needs of the new context while preserving its fidelity.
- The original programme materials should be modified with the goal of reducing mismatches *(193)*.

With a focus on printed materials and training programmes such as those used to strengthen parenting and develop life skills training manuals, research has identified several types of programme adaption that in general are acceptable, and those found to be risky or unacceptable *(194)*.

Acceptable adaptations include:

- translating materials into local languages and altering vocabulary;
- modifying images so that children and adults resemble the target audience;
- replacing cultural references;
- changing aspects of activities such as physical contact to be in line with local norms;
- adding local evidence-based content to increase the relevance and appeal to participants.

Risky and generally unacceptable adaptations include:

- reducing how long participants are involved in the programme, for instance by cutting down the number or length of sessions;
- cutting out key messages or skills that must be learned;
- removing topics;
- altering the theoretical approach;
- trying to implement the programme with inadequately trained staff or volunteers;
- using less than the recommended number of staff.

Prepare national and local government plans of action

Once gaps have been identified and interventions selected, the elements of a national action plan should be determined. This involves selecting goals, objectives and targets, and defining appropriate indicators to monitor programme implementation. Every national action plan should include activities for:

- strengthening the infrastructure required to deliver prevention programmes and provide response services, supplies and equipment;
- developing and managing human resources;
- information-sharing, education and communication, and social mobilization;
- overall evaluation and monitoring of progress towards goals defined in the national programme of action.

All stakeholders should endorse the plan. National workshops can be used to enable this process.

Strategic planning for a national programme to end violence against children should usually occur centrally, within a ministry explicitly designated to coordinate a multisectoral task force. In larger countries, however, programme design must be flexible enough to be decentralized to regional, provincial, municipal and county/village levels so that interventions can reach all who need them.

Successful implementation requires establishing a national coordinating mechanism with an official government mandate for developing, coordinating and building the national and local infrastructure needed to implement the plan. When such plans are implemented at the municipal level, the same types of coordination are needed. As illustrated by a successful INSPIRE-type prevention programme in Saint Petersburg, Russian Federation, countries and/or cities with a central unit for planning and policy development in a designated ministry, and local units for implementation and enforcement, are well placed to carry out violence prevention activities (see **Box 7**).

Box 7

Preventing violence against children and risk factors for violence (Saint Petersburg, Russian Federation)

In Saint Petersburg, a 2006 survey of street youth aged 15–19 years found high rates of previous physical or sexual abuse (38%), homelessness (24%), orphan status (one or both parents dead) (43%), not currently attending school (84%), lifetime exchange of sex for goods (10%), lifetime injection drug use (51%), and a 37% prevalence of HIV infection. In response, the city government adopted a comprehensive, five-year multisectoral plan in collaboration with local NGOs. The plan included improving social and health services, and strengthening justice and education sector responses.

To assess uptake and impact of the multisectoral response on risk factors and HIV prevalence, in 2012 a repeat municipal survey was conducted among a new cohort of street children aged 15–19 years. By 2012 the prevalence of key risk factors had decreased substantially, including physical or sexual abuse (26%), homelessness (4%), orphan status (36%), not currently attending school (8%), lifetime exchange of sex for goods (4%), and lifetime injection drug use (15%). Importantly, HIV infection prevalence had dropped by 73%, leaving 10% of street youth HIV-positive.

The decreasing HIV epidemic among street youth – to which the plan likely contributed – supports a multisectoral approach to improving the life of at-risk families and youth. In Saint Petersburg, this multisectoral approach was accompanied by decreased family poverty, family strengthening, changes in laws and improved services. The model developed by Saint Petersburg to identify and prosecute child maltreatment cases – while providing the necessary protection to the victims – gained countrywide recognition. The system of services developed by the city government continues to provide support to at-risk families and children *(195)*.

Successful implementation of policies to end violence against children also requires support from senior levels of government as well as technical experts and people with expertise in planning and implementation. A well-staffed national programme, at both central and local levels, can provide highly effective leadership and coordinated work on legal issues, enforcement, economic strengthening, social services provision and programme management, among others.

The national action plan will describe the overall strategic approach to implementing INSPIRE. However, most of the actual interventions must be put into practice at the local government or community level, and should be described in a detailed implementation plan. It may not be possible to implement the planned activities simultaneously in all districts. A phased approach should therefore be used, with targets for nationwide coverage.

Within each country, planners should undertake needs assessments, identify gaps locally and develop detailed implementation plans accordingly. This can be done using the approach to prevention readiness assessment as described above (see **Box 6**). The detailed implementation plans should include timelines and show links, indicating precisely when each activity will be implemented and by whom. It should also include district level monitoring and evaluation mechanisms linked to overall monitoring at the national level.

Estimate costs

Collection and analysis of data on the cost of implementing the INSPIRE strategies can help programme planners and managers to develop national or district packages that are operationally feasible and sustainable. Cost information can be used to determine the affordability of interventions, and can be useful in comparing the cost of the interventions with other clusters of interventions. In addition to estimating the total funds required, cost analysis also helps to consider the deployment of personnel in delivering interventions and the efficiency of putting supplies, equipment and other inputs to work.

Costs are typically classified by inputs, and specifically into **capital** and **recurrent** cost categories. In the INSPIRE package:

- **capital costs** are likely to include the costs of training activities for programme management and delivery personnel that occur only once or rarely, and the costs of awareness raising efforts in the context of community mobilization programmes to change values and norms. In addition, interventions aimed at improving the built environment will probably have very high capital costs, although are unlikely to be contemplated with the sole objective of preventing violence against children.
- **recurrent costs** include staff salaries and social insurance; periodic training costs such as short in-service training courses; operation and maintenance of buildings and vehicles; the operational costs of social mobilization; and supplies related to providing response services.

A costing model and matrix is being developed and will assist in estimating the cost of implementing INSPIRE interventions.

Identify sustainable sources of financial support

In recent years, an increasing number of national, international and bilateral agencies have developed funding streams to support activities aimed at preventing and responding to violence against children in countries where the need is greatest. However, such support has been modest relative to the levels of support provided for other health and development objectives. It is expected that with adoption of SDG Target 16.2 to end violence against children, this support will be increased. While such external support is welcome, the challenge is to promote proper coordination at national level and to ensure that the activities put into effect are sustainable in the long term.

In developing national action plans, countries can use the INSPIRE package to promote greater coordination between internal stakeholders, including national governmental sectors, NGOs, faith-based organizations, academic institutions, the private sector, and civil society, as well as external stakeholders, including but not limited to bilateral and multilateral partners, international NGOs, and global corporations involved in preventing and responding to violence against children. Initial consultation with interested donors and technical support agencies promotes collaboration and strengthens national planning, and can help avoid duplication and waste of resources. One of the first steps in the process of identifying sources of financial support should therefore be the convening of a meeting of national and international interested parties, undertaken by an appropriate agency.

Develop and manage human resources

An effective, well-staffed violence prevention programme can lead the implementation of interventions to reduce the toll of violence against children. In smaller countries with limited financial resources, one staff member may take on more than one role. The specific skills to be developed to implement the INSPIRE interventions will depend on existing national and local capacities and needs, and may include senior and mid-level management skills, supervisory skills and front line staff capacity to address:

- multisectoral coordination and implementation;
- programme design, implementation and management;
- data collection and evaluation, and strengthening monitoring systems;
- social and economic strengthening;
- making environments safe for children;
- data collection, monitoring and evaluation;
- accountability mechanisms;
- legal and policy issues.

Managers and staff directly responsible for prevention programme delivery and response services should be appropriately trained, deployed and supported. Based on human resource development needs, existing curricula, teaching and learning materials and teachers/trainers themselves should be as up-to-date as possible in relation to both pre-service and in-service training programmes, to reflect the knowledge and skills required for activity implementation. Training or re-training should be done in the context human resource development for each of the sectors involved in implementing INSPIRE.

Implement, monitor and evaluate

Implementation of the strategies in the INSPIRE package should include mechanisms to facilitate monitoring through ongoing data collection and analysis. Monitoring should be an ongoing process of collecting and analysing information about implementation of the INSPIRE package. It should involve regular assessment of whether and how activities are being carried out as planned so that problems can be discussed and addressed. Monitoring should follow the progress of planned activities, identify problems, provide feedback to managers and staff, and solve problems before they cause delays. Data should be processed and analysed promptly. Results of analysis should be passed to those in a position to take action.

Monitoring INSPIRE means demonstrating both the uptake and the outcomes of the seven strategies via a specific set of indicators. To this end, **process indicators** to track the extent to which each of the seven INSPIRE strategies are being implemented, and **outcome indicators** to assess the effect they are having on the prevalence of violence against children are currently being developed.

Process indicators may include measures such as the proportion of first-time parents that had received parenting support in the past 6 months, or the proportion of schoolchildren aged 13–15 years that have received life skills education in the past year.

Outcome indicators may include prevalence measures of violence against children taken from nationally representative population surveys. For instance, these might include the proportion of schoolchildren aged 13–15 years involved in bullying and fighting over the past year or month (from the WHO-CDC GSHS); or the approved indicators for SDG Target 16.2, which are the percentage of children aged 1–17 years who experienced any physical punishment and violent disciplinary measures in the past 12 months, and the percentage of 18–24-year-old males and females who report experiencing sexual violence before the age of 18. As with improving monitoring and evaluation systems, shared indicators should disaggregate by sex and age groups, disability and other demographic characteristics where relevant.

Credit: WHO /Christopher Black

Conclusion

Every child has the right to live free from violence. Yet far too many children continue to suffer the negative effects of violence without support or services that can provide a pathway to recovery. Policy-makers and other decision-makers have the power to transform these circumstances. The seven INSPIRE strategies give policy-makers and key actors the tools to act, and to act now.

The growing body of evidence on what works to prevent and respond to violence makes it our duty to apply the lessons learned – be it in our homes, communities or at the global level. The wealth of existing research and proven interventions can and should be used to develop and implement violence prevention and response strategies that will help make the invisible visible, and end violence against children. Meanwhile, greater effort is required to continue to build the evidence of what works to prevent and respond to violence.

Violence against children is readily preventable, and momentum is building towards change. The UN has issued a call to action relevant for every nation: to eliminate violence against children. UN Member States are also bound by the CRC. The frameworks and commitments are there, and INSPIRE strategies can help countries that want to use the best available evidence to meet these commitments.

These strategies cross health, social welfare, education, finance, and justice sectors. Each strategy is underpinned by strong or promising evidence of success in high-income countries, with growing evidence that these strategies work in low- and middle-income countries. INSPIRE is designed with the intent that monitoring and evaluation will play a key role in implementing and improving this technical package as lessons are learned. The 10 agencies that have developed this package recognize all the INSPIRE strategies as being critical components of successful efforts to prevent and respond to violence against children.

The true nature of a nation's standing is how well it attends to its children. When children are hurt, we, as a society, are diminished. When we work together to end violence in their lives, we rise to the best in ourselves. These strategies are the best way to accelerate progress in ending violence against children. Let's put them to work.

ANNEX A: GLOSSARY

After-school programmes to extend adult supervision aim to improve children's academic achievement and school involvement by supporting their studies and offering recreational activities outside normal school hours.

Changing social and cultural gender norms and values aims to alter the social expectations that define "appropriate" behaviour for women and men, such as norms that dictate men have the right to control women, and which make women and girls vulnerable to physical, emotional and sexual violence by men.

Child, early and forced marriage is marriage where at least one of the partners is below the age of 18 years. It also refers to marriages involving a person aged below 18 years of age in countries where the age of majority is attained earlier or upon marriage. Early marriage can also refer to marriages where both spouses are 18 years or older but other factors make them unready to consent to marriage, such as their level of physical, emotional, sexual and psychosocial development, or a lack of information regarding the person's life options. Furthermore, it includes any marriage which occurs without the full and free consent of one or both of the parties and/or where one or both of the parties is/are unable to end or leave the marriage, including as a result of duress or intense social or family pressure.

Child maltreatment is the abuse and neglect of children under 18 years of age. It includes all forms of physical and/or emotional ill treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

Child protection services investigate cases of child maltreatment and identify, assess and provide services to children and families in an effort to protect children and prevent further maltreatment, while wherever possible preserving the family. Such services are also sometimes known by other names, often attempting to reflect more family-centred (as opposed to child-centred) practices, such as "children and family services", "child welfare services" or "social services".

Cognitive behaviour therapy is a short-term, goal-oriented therapeutic approach that emphasizes the role of thoughts and attitudes that influence motivations and behaviours. It promotes a practical approach to problem solving. Its goal is to change patterns of thinking or behaviour that are behind people's difficulties. It works by changing people's attitudes and their behaviour by focusing on how thoughts, beliefs and attitudes relate to the way a person behaves.

Collective violence is the instrumental use of violence by people who identify themselves as members of a group – whether this group is transitory or has a more permanent identity – against another group or set of individuals in order to achieve political, economic or social objectives.

Community policing strategies aim to establish police-community partnerships and a problem-solving approach that is responsive to the needs of the community, through an active partnership between police and the community.

Gang violence is the intentional use of violence by a person or group of persons who are members of, or identify with, any durable, street-oriented group whose identity includes involvement in illegal activity.

Gender norms are social expectations that define what is considered "appropriate" behaviour for women and men. The different roles and behaviours of females and males, children as well as adults, are shaped and reinforced by gender norms within society.

Interpersonal violence is the intentional use of physical force or power, threatened or actual, by a person or a small group of people against another

person or small group that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.

Intimate partner violence is behaviour within an intimate relationship that causes physical, sexual or psychological harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours.

Life skills training/social development programmes are designed to help children and adolescents manage anger, resolve conflict and develop the necessary social skills to solve interpersonal problems without violence, and are usually implemented in school settings.

Medico-legal services for sexual violence victims provide immediate medical and psychosocial care and legal advice for victims, and collect medical and legal evidence to corroborate victim accounts and help identify perpetrators.

Microfinance combined with gender equity training is designed to benefit women living in the poorest communities and combines the provision of microfinance (financial services for low-income individuals) with training and skills-building sessions for men and women on gender roles and norms, cultural beliefs, communication and intimate partner violence.

Problem-oriented policing integrates daily police practice with criminological theory and research methods to enhance prevention and reduce crime and disorder, and emphasizes the use of systematic data analysis and assessment methods.

Randomized controlled trial is a type of scientific experiment where the people being studied are randomly allocated to one or other of the different interventions being studied, and/or a no-intervention control group. Random assignment is done after subjects have been assessed for eligibility and recruited, but before the intervention to be studied begins.

Self-directed violence is violence a person inflicts upon himself or herself, and categorized as suicidal behaviour or self-abuse.

Sexual violence is any sexual act or attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic that are directed against a person's sexuality using coercion by anyone, regardless of their relationship to the victim, in any setting, including at home and at work. Three forms of sexual violence are commonly distinguished: sexual violence involving intercourse (i.e. rape); contact sexual violence (for example, unwanted touching, but excluding intercourse); and non-contact sexual violence (for example, threatened sexual violence, exhibitionism and verbal sexual harassment).

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

Youth violence is violence involving people between the ages of 10–29 years.

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