

Violence against children

A review of evidence relevant to Africa on prevalence, impacts and prevention



Big Win Philanthropy, July 2018
Full report

5. Action to prevent violence against children

Previous sections of this paper have covered the nature of the problem of interpersonal violence against children in Africa and its consequences, scale and costs. This final section sets out evidence about interventions to prevent such violence - which programs are successful, how they have gone about tackling the problem and what they have achieved.

Taken together, this evidence paints a picture of what a national violence prevention program might look like, if the best interventions from around the world were combined into a major multi-sector effort in a single country (something which as far as we know has never been done before). It is worth noting two areas not covered by the current paper. The first is the possible cost of a major multi-sector effort to reduce violence against children, so that a cost-benefit comparison could be made between the cost of action versus the cost of inaction. The second is the implementation challenges of scaling up programs that have been successful on a small scale so that they have impact at a regional or national level. Both of these would be worthwhile future pieces of work to undertake.

The section first explains how we have grouped the evidence into four key intervention areas plus four enabling factors. It then gives examples of successful programs in these areas and draws conclusions about the characteristics they often share. Finally, the section sets out various methodological issues regarding the interpretation and application of the evidence that has been covered.

Priorities for action

From the evidence on preventing violence against children (from Africa and from other parts of the world) it seems there are **four areas which offer the most promising interventions** and which deserve to be regarded as priorities for action. These four key intervention areas aim to change attitudes and behaviors in the four contexts which most affect the likelihood that children will experience violence. The first of the four contexts is an internal psychological context: a child's own sense of self and capacity to take action to affect what happens to them. The other three contexts are the external environments in which children spend most of their lives: home, school and the community.

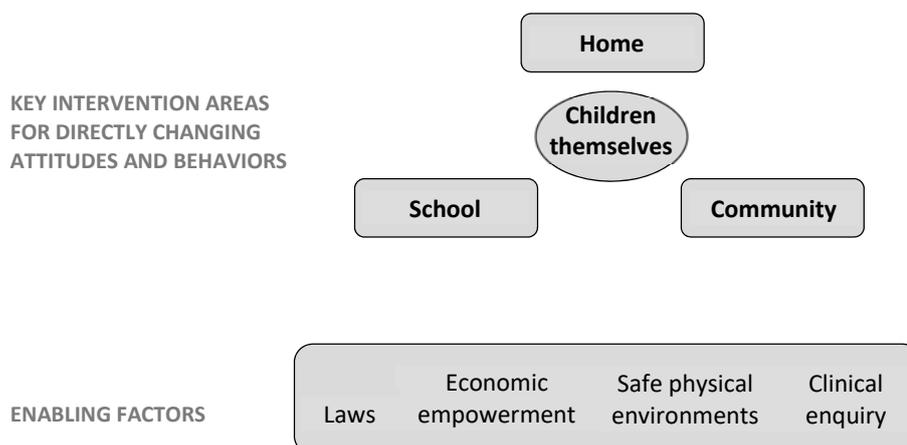
The four key types of intervention dealing with these four contexts are as follows:

1. **The self: training for children in how to avoid being a victim of violence** and how to be an "active bystander" to stop violence against others.
2. **The home: support for parents in using non-violent ways of disciplining children** and other child-rearing skills.
3. **School: programs to change the culture in schools** and so reduce violence by teachers.
4. **The community: mobilization of influential people and networks to change social norms** and thus reduce violence from neighbors, peers, relatives and others.

In addition to these four key intervention areas, there is also evidence for four enabling factors helping to facilitate the reduction of violence. These are a country's legal framework regarding violence, the

economic empowerment of women, the safety of the physical environment (for example street lighting) and the use of clinical enquiry for at-risk populations.

The diagram below shows the four key intervention areas and the four enabling factors:



The above set of priorities is based on an internationally-backed strategy called INSPIRE, launched in 2016 by the UN Secretary-General with the aim of guiding efforts to reduce violence against children.¹⁸² This strategy is backed by UNICEF, WHO, the World Bank, USAID, CDC, PEPFAR and other organizations including a new coalition, the Global Partnership to End Violence Against Children. The board of the Global Partnership includes the heads of UNICEF and WHO and government ministers from countries such as Tanzania, Indonesia, Mexico, Canada, Sweden and the UK.¹⁸³

The strategy sets out seven areas for action, the first letters of which form the acronym INSPIRE:¹⁸⁴

- 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.

The category in our diagram “children themselves” is drawn from the “life skills” component of the INSPIRE strategy. The category “home” is drawn from “parent and caregiver support”, “school” is drawn from “education” and “community” is drawn from “norms and values” (although of course norms and values influence the home and school environments as well as the community). Our enabling factors are drawn from the headings in the INSPIRE strategy regarding laws, safe environments, economic strengthening and support services.

The four key interventions

Some of the most impressive programs from around the world in the four key intervention areas (children themselves, the home, school and the community) are set out below.

One aspect of this evidence should be noted, which is that while there are some successful programs focused specifically on preventing violence against children in Africa, many programs that are worth emulating do not have exactly this focus. Some have been used in high or middle-income countries and would need adapting for use in low-income settings. Some have been focused on violence against women and would need adapting if they were to be applied to violence against children. Some are focused on children but have a range of aims of which violence prevention is just one - for example including neglect along with violence in a combined category referred to as maltreatment.

First key intervention: training children how to avoid violence and stop violence against others

Although children are of course less powerful than adults in many ways, this does not mean that they should always be regarded as passive victims of violence. While children are physically not as strong as adults, have fewer psychological resources and are taught by society to be subservient to adults, one of the most powerful ways to prevent violence against children is to train children themselves in techniques that can stop it. This can involve skills a child can use to avoid being attacked themselves, and skills they can use to intervene in potentially harmful situations in order to prevent violence against other children.

A striking example of the effectiveness of this approach is provided by the program No Means No.

No Means No - sexual violence against teenage girls reduced by over 60% with just 12 hours of workshops, at a cost of \$1.75 per student

No Means No Worldwide is focused on preventing sexual assault and sexual harassment against girls, and involves a six-week program which teaches girls verbal and physical tactics to prevent sexual violence. Role playing, group discussions and physical self-defense training are used to address issues such as personal awareness, boundaries, empowerment, assertive communication, de-escalation and negotiation.¹⁸⁵ At its heart is the concept of self-efficacy - fostering a belief in the girls that they can change what happens to them.

The format is a weekly two-hour workshop which takes place immediately after the end of the school day, and the age of participants is typically 12-18. The program also works with mothers' groups and the police to arrange further support for the girls. A parallel program for boys called Your Moment of Truth promotes positive masculinity and the need for boys to be "active bystanders" able and ready to step in to stop violence against girls. The girls' workshops are taught by female trainers and the boys' ones by male trainers. While schools are used as a convenient location for the training, it is not part of the curriculum and the schools themselves do not actually provide the training or run the program.

The program started in Kenya in 2009, working with schools in slum areas of Nairobi, and has now trained 180,000 children in Kenya and Malawi. It is delivered by local NGOs working in partnership with

No Means No, who train the local trainers in how to run the workshops. The requirements for trainers are demanding. They must already have acquired at least two years of experience working to reduce gender-based violence in the same communities in which they will be operating for No Means No. They must also receive 270 hours of training and practice on the No Means No program.

There is a substantial amount of evidence regarding outcomes for No Means No, with most of the studies having been led by Stanford University in the US. The results are impressive, especially considering the light-touch nature of the program (12 hours of workshop sessions run as an after-school club). Some of the findings are below:

- A 2013 randomized controlled trial (RCT) involved about 400 girls with an average age of 16 in slum areas of Nairobi.¹⁸⁶ It found a reduction in sexual violence of 62% during the year following the six-week training program. Before their course, 25% of the girls reported having been sexually assaulted in the prior year. When the girls were followed up one year after the course, this had dropped to 9% (this being highly statistically significant, with $p=0.001$). In a control group receiving general life skills training instead of No Means No, the rate of sexual assault was unchanged. Over half of the girls in the intervention group reported using their new skills to avert sexual assault.
- A 2014 study involving 2,000 girls from 31 schools, also in slum areas of Nairobi, had similar results.¹⁸⁷ Past-year sexual assault dropped by 38% (from 18% to 11%) measured at a one-year follow-up. This reduction is highly statistically significant ($p<0.001$). Half of the girls (52%) had used their new skills during the year to stop an assault, with 45% of these using just the verbal skills and the rest using the physical defense skills as well. There was also a big increase in the percentage of girls who told someone about an assault, up from 56% to 75%.
- A 2016 study involving 3,000 girls of a younger age range (12-14) found a halving in the rate of past-year sexual assault from 7.3% to 3.6% (a statistically significant result, $p=0.03$).¹⁸⁸
- A 2016 study involving 2,750 girls in 68 schools found that the rate of girls dropping out of school because of pregnancy almost halved from 3.9% in the year before the training to 2.1% in the year after it.¹⁸⁹ The rate in a group of control schools was unchanged. This effect is statistically significant ($p<0.03$).
- A 2015 study assessed the part of the program aimed at boys (Your Moment of Truth) involving 1,250 boys and young men with an average age of 18.¹⁹⁰ It found a tripling in “active bystander” behavior - nine months after the course, 79% had intervened to stop a physical or sexual assault compared to just 26% of controls. Attitudes also changed, with scores on an index measuring positive attitudes to women rising from 18 to 25. Both of these effects were highly statistically significant ($p=0.0001$).
- A large RCT (of 16,000 girls and 5,000 boys) assessing No Means No in Malawi has been reported as generating preliminary findings that No Means No reduced the incidence of rape by nearly 50%.¹⁹¹ However, the work is not yet published.

The No Means No program is very inexpensive, costing about \$1.75 per student.¹⁹² For context, the cost of standard post-assault hospital services in Nairobi is about \$86 for the initial visit alone.

There was some concern that teaching girls physical self-defense techniques might expose them to harm by triggering greater violence from perpetrators, but this worry has not been borne out by the results.

Green Dot - sexual harassment in schools halved in four years

Green Dot started in Kentucky in the US, focusing on sexual assault in schools and colleges. It is based on training students how to spot violence, how to be “active bystanders” by stepping in to stop it, and how to spread the prevention message.

Sexual harassment amongst 90,000 students in 26 Kentucky secondary schools fell by 47% over four years in an RCT, from an average of 300 sexual violence events per school per year to 157.¹⁹³ This result was highly statistically significant ($p=0.001$). It was achieved by giving a five-hour training session to the 12-15% of students in each school who were identified by staff as being the opinion-leaders amongst their peers. There was also a one-hour presentation given to the majority of students.

Green Dot has subsequently been developed in other environments besides schools, and this evidence is covered later in this section under the fourth key intervention area of “community”.

Second key intervention: programs to enhance parenting skills

The behavior of parents is the source of much violence against children, and programs to teach parenting skills are a crucial part of the solution.

Parenting programs have been running since the 1960s and there is a considerable amount of evidence showing their effectiveness in improving a range of long-term outcomes for children (for example reducing mental illness and substance misuse) as well as reducing violence.^{194,195,196,197,198} They typically include aims such as safe homes, healthy behaviors and enhanced parent-child relationships as well as the prevention of child abuse.¹⁹⁹ The skills they teach include keeping children healthy, how to play and communicate with children and caring for oneself as a parent. The aspects of parenting programs that help prevent violence usually involve teaching parents skills of non-violent positive discipline and how to avoid harsh parenting practices.²⁰⁰

Some of the more impressive parenting programs are described below. The word “parent” in this section is intended to include caregivers who are in the position of parenting children, even if they are not actual parents.

The Nurse Family Partnership - an 80% reduction in child maltreatment after two years, maintained over 15 years

The US-based Nurse Family Partnership has been running for 30 years and now reaches 260,000 families in 42 US states. It consists of nurses visiting young first-time low-income mothers in their homes during pregnancy and for the first two years of their children’s lives, offering advice on issues such as baby care and positive parenting.²⁰¹

A 1986 RCT involving 300 families in the US, called the “Elmira” study after the community in which it took place, found that amongst the most at-risk mothers (unmarried teens) child maltreatment was dramatically reduced by the program intervention. Maltreatment fell by 80% amongst the mothers receiving the home visits compared to matched controls (4% versus 19%).²⁰² A follow-up study found that amongst these unmarried teens, officially-verified incidents of child maltreatment stayed 79% lower than controls over a period of 15 years, with the children of mothers in the control group being almost five times more at risk than those with mothers who had received the program (0.11 versus 0.53 incidents per mother).^{203,204} While the statistical significance of the original study was borderline ($p=0.07$), the long-term effect found by the follow-up was highly statistically significant ($p=0.001$). Other benefits included these mothers spending a third less time on government welfare than the controls (an average of 60 versus 90 months, statistically highly significant with $p=0.005$) and having 82% fewer police arrests (0.16 versus 0.9 arrests per mother, highly significant with $p<0.001$). A financial analysis found that the Nurse Family Partnership offered an almost six-fold return on investment (a benefit to cost ratio of 5.7:1) in terms of its outcomes with poor, unmarried teen mothers.²⁰⁵

Parents Make the Difference - harsh parenting halved in three months

The International Rescue Committee ran a parenting pilot in Liberia called Parents Make the Difference, which used locally-trained facilitators to keep costs low. It delivered 10 two-hour sessions over 13 weeks to groups of 25-30 parents, plus one home visit for each household. A parents’ support network was also set up. The sessions covered topics such as parents’ own childhood experiences, their goals for the children, the power of praise, the use of play to teach children, empathy, mutual respect, techniques of positive discipline such as ignoring and time-out, improving academic performance through storytelling and word games, the use of routines and rules, and self-care and stress management for parents.

The program was assessed by an RCT involved 135 parents of 3-7 year-olds plus a control group. The results included a 56% reduction in harsh parenting practices such as whipping and slapping in favor of non-violent measures such as “time out”.^{206,207} This result was highly statistically significant ($p=0.001$).

Parenting for Lifelong Health - physical abuse of teens halved in four months

In 2012 WHO and UNICEF, working in partnership with academics from the global South, developed a suite of parenting programs called Parenting for Lifelong Health, piloted in South Africa and designed to be delivered by paraprofessionals such as community health workers to keep costs down.²⁰⁸ One of the programs was aimed at the period from pregnancy to six months and focused on responsive parenting.²⁰⁹ Another program was for parents of two to nine year-olds and involved groups of parents meeting weekly for three months to cover topics such as child-led play, praise, rules and non-violent discipline. A third program was for parents to attend together with their teenaged children, and in a study with 115 parent-teen pairs, both the parents and the teens reported a halving in physical abuse in the home six weeks after the 12 weekly two-hour sessions.²¹⁰ The teens reported a 53% drop (63% to 47%) and parents a 52% drop (from 76% to 37%), both highly statistically significant ($p=0.001$). Similar outcomes were found by a 2018 study of the effectiveness of this program.²¹¹

One challenge the program identified was that the paraprofessionals needed intensive training to be able to perform their role well.

Triple P - giving the program to one in eight families with young children reduced child maltreatment across the entire population by 22% in two years

Triple P (the Positive Parenting Program) is one of the best-known parenting programs and started 30 years ago in Australia.^{212,213} It is focused on parents of children under 12, aiming to improve child behavior and address emotional and developmental problems. Various formats are used for individuals and groups at home and in the community, delivered by practitioners who can be trained lay people or professionals. It has reached 4 million children in 25 countries, been translated into 19 languages and assessed in 250 studies of which 142 were RCTs. It has not been used in any low-income countries, although initial discussions are underway regarding possible implementation in Liberia, Uganda, Rwanda and Kenya.²¹⁴ The only African country where it has been used is South Africa.

Triple P involves five components: ensuring a safe environment, promoting positive learning, using assertive discipline with clear rules, maintaining age-appropriate expectations of children and taking care of oneself as a parent. Efforts are made to reduce the potential social stigma of taking part by promoting the program as an aspirational route to children being more successful in life, and by normalizing participation via positive media coverage. Challenges the program has identified are ensuring the participation of disadvantaged parents, the quality of support for parents in poorer areas and maintaining sufficient organizational support for programs at local level.

A study in South Carolina in the US implemented Triple P at the population level in a group of counties that contained 85,000 families with children under the age of eight. An estimated 10-16% of these families received Triple P programs (from a wide range of providers) during a period of two years, with the specific intention of reducing levels of child maltreatment. After two years, the intervention counties had a rate of child maltreatment across the whole population of 0-8 year-olds that was 22% lower than the rate in the control counties (11.7 versus 15.1 cases per 1,000 children per year). This was statistically significant ($p=0.03$).²¹⁵

A 2007 Australian study concluded that Triple P offered a 9:1 return on investment.²¹⁶

Bandebereho gender-transformative couples intervention

A program in Rwanda, Bandebereho, was successful in reducing levels of physical punishment of children by parents.²¹⁷ It involved a series of 15 sessions of discussion and reflection in small groups for couples and was aimed at changing a range of gender-related behaviors, of which violence against children was one. It was part of a wider program called MenCare+ which aimed to involve men in sexual, reproductive and maternal care.

The impact of the program on the physical punishment of children was to reduce its prevalence from 79% to 68% amongst women ($p=0.001$) and from 67% to 58% amongst men ($p=0.005$), i.e. a decrease of approximately ten percentage points.

Findings from meta-analyses of parenting programs

Three meta-analyses of parenting programs have assessed the scale of their impact and identified factors that are associated with successful outcomes:

- A 2006 meta-analysis of 23 parenting programs aimed at preventing child maltreatment and a 2000 meta-analysis of 56 such programs found a positive effect compared to controls of around half a standard deviation (0.4-0.6).^{218,219} In statistical terms, this can be regarded as a moderate effect size.
- The 2000 meta-analysis also found that successful parenting programs had a minimum of 12 contact occasions over a period of at least six months.
- The 2006 meta-analysis also found that effectiveness in preventing child abuse was increased if at least one component of a program was in an individual setting such as at home, rather than in a group context.

Third key intervention: programs to change the culture in schools

Schools are influential institutions in local communities and children's lives, and so offer an effective platform to deliver violence prevention programs. Such programs can address violence in the school itself (including violence perpetrated by teachers and/or students) and in the wider community.^{220,221,222} Some programs are delivered by teachers as part of the school's own curriculum, and others use the school as a location for programs delivered by external facilitators.

The Good School Toolkit - violence by teachers reduced by 36% in 18 months

The Good School Toolkit aims to reduce all types of violence in a school and takes a whole-school approach, although its main focus is physical violence perpetrated by teachers against children. It emphasizes the responsibility of teachers to build confidence amongst students, the responsibility of the school administration to be transparent and accountable and the responsibility of all staff and students to create a safe environment. The program is run by the Ugandan NGO Raising Voices. It involves a six-step program which is delivered by staff and students over 18 months, with the process being led by two staff leaders and two student leaders who are trained and supported by Raising Voices.

The six stages of the program are undertaken one at a time. First, program leaders are identified, a school committee is formed, the local community is involved and the school is connected to the wider Good Schools Network that Raising Voices runs.²²³ Second, awareness of the issue is raised (e.g. through surveys and activities such as a community mural).²²⁴ Third, the school confirms a renewal of the commitment of teachers and its support of them.²²⁵ Fourth, work to promote positive discipline begins, based on teachers committing to non-violent methods, students committing to better classroom behavior, a school culture committed to recognizing student strengths and a student court for persistent disciplinary issues.²²⁶ Fifth, the focus turns to building a secure, dignified learning environment incorporating life skills, the concept that the actions of students affect others and engaging the community to improve the physical fabric of the school.²²⁷ The sixth and final stage focuses on supporting the school administration to embed the changes to ensure sustainability.²²⁸

A 2015 RCT published by The Lancet assessing The Good School Toolkit involved about 3,800 students (mainly aged 11-14) and 570 staff in 21 intervention primary schools and 21 control schools.²²⁹ It found that after 18 months, past-week physical violence experienced by children from teachers was substantially lower in the intervention schools than in the control schools (31% compared to 49%, as

reported by children). The study calculated that when statistical adjustments were made, this involved a 42% reduction in the risk of past-week violence from school staff. The proportion of teachers in the intervention schools who reported using physical violence against children was halved compared to the control schools (16% versus 33%). All these results were statistically highly significant ($p=0.0001$ for the student-reported results and $p=0.004$ for the teacher-reported results).

A qualitative study assessed the reasons for the improvements and found improved student-teacher relationships, a greater voice for students, less fear of teachers, greater clarity about desired student behaviors and encouragement of desired behaviors through rewards and praise.²³⁰ It also found that teachers valued the use of positive discipline instead of violent discipline.

As an aside, it is worth noting that the physical violence which the study identified was not limited to “usual” forms of school corporal punishment. The teacher-perpetrated violence reported by 434 children (11% of all the children in the study) was so severe that the study team referred them to child protection services.

The program has now reached over 750 schools in Uganda, and the Ministry of Education is considering a wider roll-out.²³¹ An economic evaluation of the program is in preparation for publication in 2018.²³²

Challenges the program faces include the central resources needed to support large numbers of schools, and the difficulty in getting wholehearted support for the program from all the teachers in a school.

Meta-analysis of school programs - aggressive behavior cut by a quarter

A review of 249 studies of school-based life skills programs tackling violence (most of which were in the US) looked at their effectiveness in reducing aggression by students. On average the programs reduced aggressive behavior by 25% when delivered to all students and by 33% when delivered to selected high-risk groups of students.²³³ Boys and girls benefited equally.

GEMS - improved attitudes to gender equality

The Gender Equity Movement in Schools (GEMS) started in India and in 2011 was rolled out to 25,000 schools.²³⁴ It involves 24 lessons over two years delivered by teachers and dealing issues such as violence, relationships and conflict resolution, by using techniques such as role-playing, debates, journals and an annual awareness week. It includes extensive support for teachers (one coordinator for every five schools). One result was that 15% more boys intervened to stop physical violence and 24% more girls intervened to stop emotional violence.^{235,236,237}

Fourth key intervention: community mobilization to shift social norms

A powerful approach to violence prevention is to seek to change society’s underlying beliefs and assumptions about what are acceptable and desirable attitudes and behaviors - i.e. to shift social norms. One of the most cost-effective and sustainable ways to achieve this is through “community mobilization” - working within local communities to harness the resources they already have. This can involve mobilizing networks of influence via champions, existing organizations and media channels, plus face-to-face work to catalyze attitude and behavior change by individuals. To date, this kind of work has mainly focused on violence against women rather than violence against children, and the evidence set

out below reflects this emphasis. However, as described below work is also underway to adapt these approaches to tackle violence against children.

SASA! - partner violence and women's acceptance of it both halved in four years

SASA! (which means "Now!" in Kiswahili) is focused on preventing violence against women. At its heart are mixed gender workshops that discuss power relations between men and women, arranged in locations convenient for participants (such as workplaces) and led by people who are already trusted in the community and have been trained by SASA! to be activists. The workshop themes are "power within" (personal change), "power over" (control over others), "power with" (the strength of collaboration) and "power to" (taking action). It started in Kampala in Uganda.

The program also includes wider publicity activities and work to engage community leaders such as businesses, landlords, local government officials, marriage brokers, religious leaders, health services and the police. This engagement is tailored to each group - for example encouraging landlords to include a prohibition on domestic violence in their tenancy agreements, and getting local government authorities to waive the fee that was previously required from anyone wanting to report domestic violence.

The SASA! activist facilitators are unpaid but supported by paid staff, with one staff member supporting about 30 activists, and each activist reaching about 500 people in the community. In this way, a single staff member can support the engagement of 15,000 people, which is a cost-effective and sustainable model. The motivations of the volunteer activists for becoming involved often include the social status, self-respect and skills development that SASA! can give them (the activists often move on to other community roles as a consequence of their experience in SASA!).

A 2014 RCT in Kampala led by the London School of Hygiene and Tropical Medicine and involving 2,000 people found a large and rapid drop in reported levels of past-year intimate partner physical violence - 52% lower after four years of SASA! interventions.²³⁸ This figure has been widely cited and is indeed encouraging, but it is important to note that because of an unexpectedly high level of variation in the follow-up data for the control groups, it is not in fact statistically significant. The study also found a dramatic change in attitudes to domestic violence, with a halving in acceptability among women (a statistically significant fall of 46%). There was also a large fall in acceptability amongst men, but this was not statistically significant. These attitude changes were at the population level, suggesting that the program was having a strong diffusion effect on the communities it was operating in, not just amongst the individuals receiving intensive interventions.

The SASA! approach is now being used around the world, including being adapted in Tanzania to address violence against children and in Haiti to address violence against girls (the Haiti program, Power to Girls, is being evaluated by George Washington University in the US²³⁹). SASA! reports that it has formal agreements for technical assistance with about 60 organizations including the World Bank, the International Rescue Committee and Care International, and that it is keen to develop its methodology so that it can be applied to violence against children.²⁴⁰

Green Dot - sexual and partner violence both reduced by a third in five years

Green Dot aims to motivate entire communities to change social norms about violence and to be "active bystanders" in stopping it. As described previously, the program was originally focused on sexual assault against children in secondary schools and colleges in Kentucky in the US. It was then developed to also

target sexual harassment against all ages and intimate partner violence, and was implemented in settings as varied as primary schools, colleges, communities in Alaska and workplaces. It is now being piloted in South Africa, Taiwan and Israel. It is based on social marketing together with training for community influencers in how to spot violence, how to prevent it and how to spread the prevention message.

The program has had good results. In a controlled trial in a US college with a sample size of 7,000, after four years of the program the level of sexual violence was 25% lower compared to control colleges, and the level of all types of violence was 17% lower.^{241,242} Both of these results were highly statistically significant ($p=0.01$).

There are also indications of the program's value in helping to bring about change at the population level as part of a broader effort by local government. In 12 Alaskan counties, two surveys five years apart (in 2010 and 2015) found that intimate partner violence and sexual violence both decreased by one third (this equating to 9,600 fewer cases).²⁴³ This aligned with the period of time that Green Dot had been active. However, only the top-line results of the surveys were made public and they were not part of an academic study.

The main challenge the program usually faces is getting robust community buy-in including at high level.

Program H - the proportion of men who believe women deserve to be beaten halved in six months

Program H uses small group workshops to encourage young men to have more equitable views of gender relations.^{244,245,246} While its main focus has been issues such as HIV/AIDS prevention²⁴⁷, it has also impacted on attitudes to violence. It started in Brazil and Mexico and has now been used in Bolivia, Columbia, Peru, Jamaica, Tanzania, Vietnam and India. The workshops are augmented by social marketing via key influencers in the community, for example to promote a view of relationships as being based on intimacy not conquest. A small-scale pilot study in India (with 126 participants) showed substantial effects over a period of six months. These included a 54% reduction (from 31% to 14%) in the proportion of men who said a woman sometimes deserves to be beaten, an 89% reduction (from 28% to 3%) in the proportion who said it is OK for a man to hit his wife if she will not have sex, and a 75% reduction (from 36% to 9%) in the proportion who said a woman should tolerate violence to keep her family together.²⁴⁸

Tostan: dramatic impact on a culturally sensitive form of violence achieved in three years by using an intensive mobilization model

The Tostan program has brought about major change on the issue of female genital mutilation in communities in Senegal and Gambia.^{249,250,251} Although this issue does not fall within the category of interpersonal violence that is the focus of this paper, the program is worth learning from because its intensive community mobilization model achieved impressive results.

An RCT involving 1,700 people in 20 villages found that the proportion of 5-10 year-old girls who were uncut more than doubled over three years from 21% to 49%, amongst those whose mothers participated in the program. Even amongst those whose mothers did not participate but lived in the same community, the rate increased to 44%.^{252,253} These results were statistically significant, and in

control communities the rate was unchanged. Attitudes also changed dramatically, with the proportion of women who thought that cutting was a necessity falling from 70% to 15%.

These results were achieved by embedding a Tostan facilitator in each participating village for three years. Each facilitator was of the same ethnicity as the village they were placed in and fluent in the local language. The facilitators first supported local women to gain backing from their husbands and traditional leaders. They then recruited 10% of the population into groups of about 30 who met three times a week, arranged the election of a village management committee and put the committee in touch with other villages also tackling the issue.

Ring the Bell - public approval of intervening to stop domestic violence increased by 15% in three years

Bell Bajao! (Ring the Bell) launched in India in 2008 and ran for three years, aiming to persuade bystanders to act to prevent domestic violence (the name refers to ringing a doorbell if abuse is heard inside).^{254,255} It involved pro-bono creative work by an advertising agency, a \$5m media buy that was paid for by the government, and the involvement of celebrities, social media and touring video vans, together with community mobilization training for groups of 25 people in each targeted community. After being implemented it was backed by the Clinton Global Initiative and the UN Secretary-General. It succeeded in changing attitudes at the population level - for example a longitudinal panel study of 1,600 people found that compared to controls, the percentage who believed that the community should intervene to stop domestic violence went up from 80% to 91% amongst men and 74% to 87% amongst women (an overall increase of about 15%), and the proportion of men who thought a woman would bring shame on her family for seeking help to stop domestic violence decreased from 50% to 16%.²⁵⁶ However, these results were only statistically significant at the $p=0.1$ level (i.e. of borderline validity) and they were published by the organization itself rather than in an academic journal. The main challenges faced by the program were the cost of the advertising, maintaining momentum after the initial advertising blitz, staff exhaustion from three years "on the road" visiting local communities, and securing commitment from local partners with a model that did not offer them any money.

Characteristics of successful programs

The designs of the more successful programs in the four key intervention areas of children themselves, the home, schools and the community point to a number of factors as being important in achieving good results:

- **Role-playing.** Role-playing techniques allow trainers to model desirable behaviors and enable those receiving training to practice new skills in a calm and controlled situation. A 2016 meta-analysis of 156 studies of parenting programs found that those using role playing as a training technique had almost double the impact of those that did not (an average effect size of 0.21 standard deviations compared to 0.12).²⁵⁷
- **Positive discipline.** One of the main causes of physical violence perpetrated against children by parents and teachers is a belief that corporal punishment is essential to make children well-behaved. Training parents and teachers to apply "positive parenting" techniques involving non-violent methods of discipline is therefore a powerful way to reduce levels of violence.

- **Credible front-line workers.** Many of the best programs recruit front-line workers who are seen as highly credible in the community in which they will be operating. Unsurprisingly, it seems that if these people (often described as trainers, activists or facilitators) understand that community intimately and are themselves embedded within it and invested in its future, they are more effective in their roles.
- **High-quality front-line workers.** Good programs tend to invest a great deal in the training and support of their front-line workers (whether paid or voluntary). This can involve for example, setting demanding requirements for aspiring workers to complete training and apprenticeship periods, or having carefully-managed supervision structures in which more experienced workers mentor junior colleagues. Encouragingly, the evidence indicates that achieving high quality is not dependent on using expensive, fully-qualified professionals such as teachers or nurses. A 2016 meta-analysis of 156 studies of parenting programs found no difference in outcomes between those which used fully-qualified professionals and those which used paraprofessionals.²⁵⁸
- **Combining community mobilization with technical assistance.** All over the world, action to change attitudes and behavior on issues of social concern is often successful when it mobilizes resources that already exist within a society - the institutions, networks and influential individuals who collectively have the power to bring about change. This is an especially important approach in cash-poor contexts in which capacity to buy in service delivery is very limited and sustainable, locally-owned solutions are needed. It is an essential approach when trying to tackle issues involving personal behavior in non-public environments such as homes and classrooms, when change requires personal commitment from large numbers of individuals. However, community mobilization cannot be implemented without a certain level of centralized funding. Even though it is a very cost-effective approach that leverages existing resources, it still has cash costs such as managers, advisors, materials and events.
- **Aspirational messages.** Some successful programs emphasize the need to avoid messages that appear judgmental or punitive, and instead to frame calls for action in terms of positive aspirations. For example, in the context of parenting programs this means focusing on the aim of creating happier families and more successful high-achieving children, rather than making parents feel that they are bad caregivers who don't know how to properly look after their own offspring - the latter approach will simply mean that parents close their ears or don't show up. In community contexts it can mean a narrative based on a shared responsibility to do the right thing and make life better, rather than one focused on notions of perpetrators and victims.
- **Local adaptation.** Preparatory work that adapts and tunes a program's curriculum to each local context - for example integrating local issues and using phrases that have local resonance - seems to improve effectiveness. The "formative research" that informs this in advance of a program going live can range from a light-touch approach involving one or two local meetings, to a process lasting months or years with focus groups, pilot projects and bespoke materials.
- **Gender relations.** Because a lot of violence against children involves issues of gender, programs often need to engage participants with issues of how gender affects people and societies, and to encourage them to reflect on how this happens in the context of their own lives. It also seems that successful programs tend to involve both genders (sometimes together, sometimes in

parallel activities), because solutions to violence rarely involve changes in attitude and behavior on the part of just one gender.

Enabling factors

As well as the four key intervention areas, we have also identified four enabling factors (drawn from the INSPIRE strategy) which are laws, economic empowerment, safe environments and clinical enquiry. These are set out below.

Laws to prevent violence

Laws that directly prohibit violence or regulate factors associated with it can have a powerful deterrent and safeguarding effect (if they are enforced). Laws also have an important symbolic value in signaling the direction in which a government wants to take a society. Laws have helped propel major changes in attitude and behavior, mainly in high-income countries. The examples backed by some of the best evidence concern physical violence as disciplinary punishment for children:

- **Sweden: physical violence by parents against children falls from 51% to 14% in 20 years.** In Sweden around the period 1970-80, 50% of parents supported the use of physical violence as punishment and 51% of children said they had been physically punished during the previous year. In 1979 Sweden became the first country in the world to make it illegal for parents to physically punish their children. By 2000 only 14% of children reported having ever been physically punished and by 2009 parental support for the use of physical violence as punishment had dropped to 10%.^{259,260}
- **Germany: beating of children by parents falls from 41% to 5% in 10 years.** Although Germany prohibited physical violence as punishment in schools in the 1970s, it took another quarter-century until it made it illegal in the home in 2000. Prior to this, in 1992, 41% of German adolescents said they had experienced being beaten with a stick.²⁶¹ This fell to just 5% in 2002, two years after the change in the law. Other measures of physical violence as a punishment in the home also fell dramatically over the same ten-year period - for example, the percentage of adolescents who had been slapped hard across the face fell from 44% to 14% and the percentage who had been beaten to the point of bruising fell from 31% to 3%.

Not only did the new law make physically punishing one's own child a criminal offence in Germany, it also explicitly introduced into civil law the concept of a non-violent upbringing as an absolute value. This had practical impacts, for example in giving judges in family courts stricter criteria for decisions about the care and custody of children.

- **Declining support and prevalence across 24 countries.** A 2010 review that systematically assessed all 24 countries which at the time had legislative bans on the use of physical violence in the punishment of children (of which 19 were in Europe) concluded that:

*“general support of corporal punishment declines after the enactment of anti-corporal punishment legislation. Likewise, a decline in corporal punishment behaviours appears to be nearly universal after corporal punishment bans or in comparison with countries without corporal punishment bans”.*²⁶²

In addition to laws outlawing violence itself, laws on specific issues can be helpful, for example the sale of alcohol. A 2015 review of alcohol consumption studies published since 1950 concluded that increasing the price of alcohol, restricting the times during which it is sold and limiting the clustering of alcohol outlets are all associated with lower levels of violence.²⁶³

However, passing laws on violence and related issues is not enough on its own - 87% of countries have laws on domestic violence but only 44% fully enforce them, and 76% have laws on corporal punishment but only 30% fully enforce them.²⁶⁴ Indeed, the 2010 review cited above cautioned that the changes in attitude and behavior after physical punishment was made illegal were not due solely to the new laws, but were a consequence of general cultural shifts which the laws helped to reinforce and accelerate.

This limitation in what laws can achieve in themselves is apparent in the context of Africa, where such laws are already in widespread existence, but much more needs to be done in terms of changing attitudes and behavior in order for the laws to be more than tokenistic. If cultural alignment with the laws is weak and their enforcement is inadequate, they will have very limited effects.

Safe physical environments

Programs to make local communities safer places to live use a range of approaches such as improving the lighting and layout of the built environment and focusing prevention efforts on high-violence locations such as particular streets or bars. Such programs often focus on extreme forms of violence between adults or adolescents in urban contexts, such as gun crime and gang violence. They tend not to focus specifically on children and do not typically disaggregate results by age, but they benefit children along with the rest of the local population.

One especially successful approach is the Cure Violence Health Model.²⁶⁵ It has been implemented in Chicago, Baltimore, Brooklyn and New York City in the US, San Pedro Sula in Honduras and Cape Town in South Africa. It is based on the idea that violent behavior can be reduced through the same process that would be used to eradicate a disease.²⁶⁶ The model has three components: interrupting transmission of conflict, reducing the highest risks and changing community norms. Trained workers called violence interrupters work in a community after there has been violence to prevent retaliation and provide mediation. In Chicago it achieved a 38% greater decrease in homicides and 15% greater decrease in shootings in two targeted districts when compared to control districts.

Economic empowerment

Empowering women economically can lower levels of domestic violence against them, because it increases their status in the household and gives them options to escape a violent partner. There is evidence to show that cash transfers, microfinance and savings schemes can make a difference in this respect, especially if they are made dependent on fulfilling requirements such as child health check-ups or they are run alongside other initiatives such as gender awareness training.²⁶⁷ CDC in the US has prepared packages of recommended actions to address different kinds of violence, which include policy areas such as economic support for families.²⁶⁸ However, the picture can be a complex one. Economic empowerment in the absence of greater social empowerment can sometimes increase levels of violence (possibly because the women's greater independence arouses resentment amongst men²⁶⁹).

Clinical enquiry

One of the seven elements in the INSPIRE strategy is called “response and support services”. This includes some activities that are about responding to violence after it has happened, rather than prevention, and so are not covered here. However, it includes one area that is directly relevant for prevention, which is the use of clinical enquiry in cases where potential signs of violence and/or an abusive relationship are noted by a health service worker.

A number of programs in the US screen women who use health services, to identify those at risk of violence to themselves or their children, and then follow up with support and treatment. They have been found to reduce levels of violence against mothers and children by 30-50%.

The Safe Environment Every Kid project sought to identify parental depression, substance abuse and intimate partner violence. An RCT found that it reduced child protection service reports by 31% compared to a control group who received standard pediatric care.²⁷⁰ Another initiative, led by the Children’s National Medical Center at Georgetown University, screened pregnant women and mothers of young children and provided counselling that connected the women to other services. It was found in a randomized trial to reduce intimate partner violence by 52% compared to those not given support.²⁷¹

Complexities behind the headline evidence

So far in this section we have sought to identify some of the most impressive intervention programs for preventing violence, to build up a picture of what a successful multi-sector effort to reduce violence against children might look like. While the picture which emerges is an inspiring and encouraging one, there are a number of cautionary factors that should also be noted - factors which mean that the full picture is more complicated and sometimes less clear than might be apparent from a focus only on the headline results from the best programs. These notes of caution are set out below:

The complexities of data. In each description above of an intervention program, we have included quantitative evidence drawn from formal evaluation studies which we believe to be robust. However, it is important to recognize that such results, and the contexts from which they come, are often more complex than a brief summary can convey. For example, sometimes an array of indicators will have been measured and only some will have involved substantial changes. Sometimes there will have been secondary effects as well as the headline results. Sometimes there will have been wider social changes taking place that affect controls as well as intervention groups. Sometimes results will have been based on small sample sizes. The examples below illustrate some of these issues:

- The results described earlier from the “Elmira” studies of the Nurse Family Partnership are important, impressive and much-cited. However, care is still needed in interpreting them. The sample sizes are not large (the 4%-19% difference in the original study was due to one and eight incidents respectively of maltreatment). Also, the intervention was not effective in preventing child maltreatment in the one-fifth of households that were worst affected by violence between partners - child maltreatment was only reduced in the four-fifths of households where inter-partner violence was moderate or absent.²⁷² Finally, subsequent replications of the program in other parts of the US, although successful in various ways, did not produce quite such dramatic figures as the Elmira program.^{273,274,275}

- The results described earlier for the program Parenting for Lifelong Health involve a halving of violence in the home.²⁷⁶ This is an impressive and important outcome. Moreover, two other studies of the program also reported successful outcomes, finding improvements in various child rearing practices^{277,278} However, another study of a pilot program found a mixture of outcomes - improvements in some measures, absence of impact in others and even, on one measure, a worsening in the intervention group compared to controls.²⁷⁹
- The results described earlier for the Triple P program involve a reduction in violence at the population level of 22% after two years in the intervention community compared to control communities. However, this encouraging result was complicated by the fact that rates of maltreatment rose in both the control and the intervention groups in what appeared to be a broader social trend. However, it did so far more so amongst the controls, and so the protective effect of the intervention was statistically significant ($p=0.03$).²⁸⁰
- The studies assessing both the Nurse Family Partnership and Triple P used measures of maltreatment (which includes neglect as well as violence) rather than violence only. While it is likely that the figures closely reflect changes in levels of violence, they do not disaggregate the data and so are not an ideal measure for our purposes.

Cultural issues. The issue of violence against children is culturally sensitive and often difficult to address. For example, in some cultural contexts violent punishment of children in the home can be seen as necessary discipline for bringing them up properly, and at school as an essential part of maintaining order in the classroom. Sexual violence can be seen as a shameful stigma for the victim and their family and so regarded as something not to be acknowledged. Cultural contexts also influence the threshold of severity that is regarded as violence and the extent to which emotional abuse is seen as violence.

The causes of violence. The current paper is a practical, results-oriented assessment of various aspects of interpersonal violence. It naturally includes some discussion of the factors that can lead to violence, because these have a direct relevance to which interventions are successful. However, it does not include a detailed exploration of the deeper causes of violence in terms of the complex web of cultural history, social norms, personal psychology, stressors and triggers that exist in any given community or family context. That kind of detailed exploration is beyond the scope of this paper.