Hidden violence: protecting young children at home
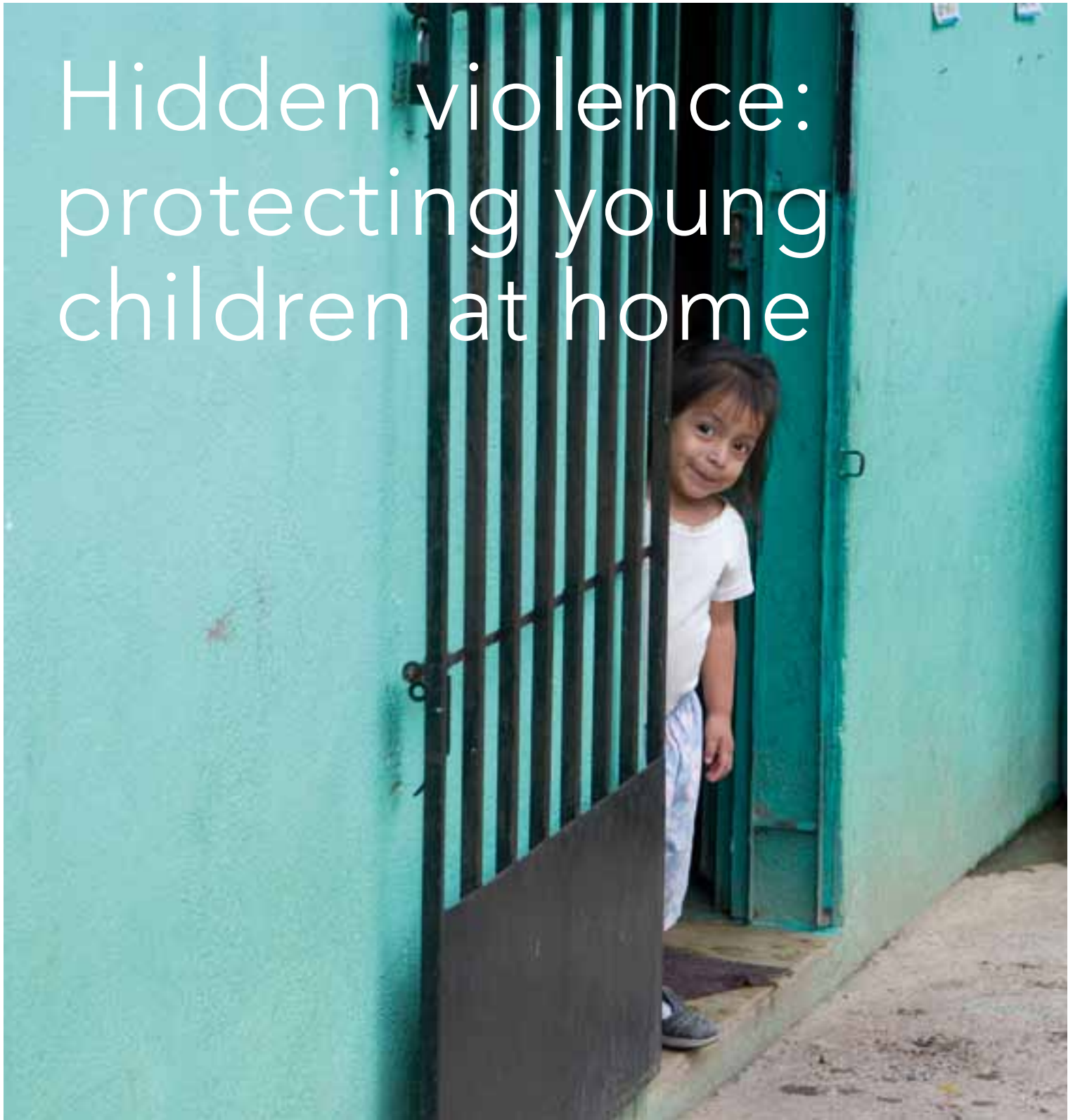
Early childhood matters

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Bernard van Leer Foundation

Contents

Preventing violence in young children's lives: a priority for our Foundation

Michael J. Feigelson, Programme Director, Bernard van Leer Foundation

Some [children] have problems. They get hit. They get raped.
And many times they carry it in their minds and they think that,
'since they did this to me, I have to do it too.'

Edwin, 14 years old, Peru

I heard the above quote from a 14-year-old boy named Edwin in Lima just over one year ago. Edwin is part of a national movement of child workers and was involved in one of the focus groups we talked to when we were trying to define our strategic priorities in Peru. He suggested tackling violence in the family. We took his advice.

We also consulted doctors, neuroscientists, experts in public health and in criminal justice, and professionals working in child protection. We were shown charts and graphs and facts and figures, but very few people made their case as poignantly as Edwin.

Research by the International Center for Research on Women (ICRW), described on pages 26–31 of this journal, backs Edwin up. The ICRW interviewed over 8000 adult men in six countries, and found that men who witnessed violence against their mothers as children were more likely to report using violence against their partners as adults. This adds to a growing body of evidence showing that violence in early childhood is one of the best predictors of future involvement in violence – as an aggressor, a victim or both.

Jack Shonkoff and Nathan Fox (pages 8–14) also touch on this point,

explaining in biomedical terms why violence in early childhood is so destructive. They share findings from the field of neuroscience that illustrate how prolonged exposure to violence and 'toxic stress' can affect learning, the development of emotions and the stress response system. These kinds of long-term impacts are among the reasons why we have made reducing violence in young children's lives one of our Foundation's top priorities.

The invisibility of violence in young children's lives

Another reason why we care about this issue is that it is so invisible. This is especially true when violence happens in young children's homes and families, the focus of many of the articles in this issue of *Early Childhood Matters*. This invisibility, and the deeply entrenched social norms and taboos that allow it to be perpetuated, speak to the injustice that violence in young children's lives represents.

The invisibility is particularly apparent when we look at the data. We know, for example, that around 8.8 million children under 5 die each year – down from 12.5 million in 1990[1]. And we know that there are around 69 million children still left out of primary school – down from 106 million a

decade ago[2]. But when we ask how many children are exposed to domestic violence around the world, the best approximation is somewhere between 133 and 275 million – and we don't know if it is going up or down (UNICEF and The Body Shop, 2006). What is striking about this statistic is not only its size, but its relative imprecision. Imagine if a Minister of Health were asked to plan a vaccination campaign for 'somewhere between 100 and 300 million children'.

Unfortunately, the data we do have do not provide us with much solace. For example, we know that domestic violence is more likely to happen in families with younger rather than older children, and that children between 5 and 9 years old are the age group most likely to experience violent punishment in their homes (UNICEF, 2010).

The need to let data and evidence drive our work
The data gaps described here constitute a severe obstacle to progress – a theme that comes out strongly in the articles by UNICEF, outlining their two-pillar approach to child protection (pages 40–43), and by the World Health Organization advocating the importance of taking an evidence-based approach to preventing child maltreatment (pages 15–21).

Even here in the Netherlands, where our Foundation is based – a country with one of the most robust welfare states in the world – municipalities are still struggling to develop a system to accurately monitor and track violence in young children's lives. In her article (pages 48–51), Jeanet van de Korput explains how the Foundation is contributing to a monitoring system that can shed light on the extent of the problem and help keep up political pressure to maintain funding in an increasingly difficult fiscal environment.

Even if we had sufficient data and limitless funding, however, we would still have another obstacle: it is not clear that we know what we should do next. In his article, Chris Mikton emphasises what our own exploration has found – a glaring lack of evidence behind global efforts to address violence in young children's lives.

Bree Akesson further develops this point in her article suggesting ways to make research more robust (pages 22–25). She recounts a recent review of 160 evaluations of community-based child protection programmes, which found that 84% had only ex-post measures. This, let alone the fact that outcomes for children were rarely measured to begin with, speaks volumes about our accountability to kids[3].

Moreover, the evidence we do have about what works is heavily biased toward certain parts of the world. As Chris Mikton notes, 296 of the 298 evaluation studies he and Dr Alexander Butchart found for their systematic review on child maltreatment interventions were from high-income countries. Dr Mikton shares our concern about whether these findings hold up in the rest of the world, pointing out that sometimes our intuition about what works turns out to be wrong.

This is exactly why dispassionate, open-minded research – honestly reported – is so important. An example is described by Harriet MacMillan (pages 32–33), who set out to test the intuitively appealing idea that home visiting programmes could prevent the recurrence of child maltreatment, and found no evidence that it did. This is the kind of research we need more of to prevent precious funds from being wasted on interventions that sound sensible but have little effect or may even do harm.

Signposts of hope that remind us change is possible
However, the story is not all doom and gloom. There are signs of promise. For example, Marta Santos Pais has been appointed as the first UN Special Representative for Violence against Children, and on pages 44–47 she discusses how legislators can best protect young children from violence, given the need to balance children's right to be free from violence with the family's right to privacy.

Ms Santos Pais notes that although only 27 countries around the world have a legal ban on corporal punishment in all settings including the home, this number is growing. The Council of Europe, for example, has set out to expand the number of countries among the 47 member states with legal bans on corporal punishment in all settings, as Deputy Secretary-General,

Maud de Boer-Buquicchio explains on pages 34–39.

Then there are efforts such as those by the Together for Girls Initiative in sub-Saharan Africa, and the multi-country Optimus study on child sex abuse, which are taking a data-driven approach to violence prevention in low- and middle-income countries. And, in places such as the Violence Prevention Alliance, the Child Protection Monitoring and Evaluation Reference Group, the Africa Child Policy Forum and the Sexual Violence Research Initiative, a choir of voices is calling for more accountability to children in the fields of violence prevention and child protection.

Perhaps more importantly, there are also signs of promise from real children's lives beginning to show, in very practical terms, that violence can be prevented and reduced. And while some of the programmes documented in this issue of *Early Childhood Matters* may require further empirical grounding, each represents – in our estimation – a foundation on which to build. Taken as a group, they highlight some key messages.

- **Tackle social norms:** Dipak Naker's article about the work of Raising Voices in Uganda (pages 59–64) and Florence Bruce's description of campaigns run by the Nobody's Children Foundation in Eastern Europe (pages 56–58) emphasise the importance of addressing social norms to prevent violence in children's lives.

- **Strengthen families:** The description of the International Rescue Committee's work in Burundi (pages 65–69) shows how family-strengthening programmes – one of the most widely practised strategies to prevent child maltreatment in industrialised countries – have been combined with efforts to set up Village Savings and Loans Associations, an intervention that is currently being evaluated through a randomised controlled trial.

- **Engage fathers in the early years:** Klas Hyllander explains how a reduction in violence against children has been one of the effects of efforts in his own country, Sweden, to encourage paternity leave and promote men's involvement in families (pages 70–74). Underlying his statements is a firm belief that efforts to reduce violence in young children's lives would benefit from an alliance with advocates seeking to improve gender equality.

These examples add to well-known evaluation studies on programmes such as the Nurse–Family Partnership in the United States (a home visiting programme that has shown impact on preventing child maltreatment) and the IMAGE project in South Africa (a micro-finance programme with gender equality training that has reduced violence against women). They are important signposts of hope that remind us that change is possible, and they have been inspirational to us as we have moved closer to defining our own strategies in the eight countries where our work is concentrated.

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What we have learnt from our own past work

As we at the Bernard van Leer Foundation moved forward with formulating our own strategies to reduce violence in young children's lives, we also took time to reflect on our past work and what we could draw on to help us in addressing this new goal. What we found was that while the Foundation had predominantly focused on improving learning outcomes for children during past years, we did have some experiences that could feed our new strategies for reducing violence.

To begin with, we had funded a large number of home visiting and parent education programmes in Europe, North and South America, the

Caribbean and, more recently, in sub-Saharan Africa. Perhaps as a result of the success of the Nurse–Family Partnership and the Triple P Positive Parenting Program[4], these kinds of initiatives have captured the attention of many institutions seeking to prevent violence and protect young children. However, the programmes we had funded rarely had violence prevention as an explicit goal and, as a result, the evaluations (in the minority of cases where we had good ones) did not contain robust data on that dimension of impact.

What we did find was that despite not having measured violence directly, many of the home visiting and parent education programmes we funded did show effects on risk factors or other problems associated with violence. For example, our work in the late 1980s and 1990s with the Community Mothers Programme in Ireland found that among the results of 12 contact hours with mothers in the first year of a child's life were fewer injuries, better child health, higher maternal self-esteem and less support for corporal punishment as a disciplining tool. Participants in the original controlled trial were interviewed 7 years later and we found the effects on attitudes about corporal punishment remained intact (Molloy, 2002).

In the Teenage Mothers Project, funded during the 1980s and 1990s in Jamaica, we supported work that addressed not only issues related to childcare and early learning, but also the needs and aspirations of the mothers themselves. While this project did not benefit from the same kind of rigorous evaluation, we were able to trace one of the initial cohorts nearly a decade after the intervention and match the participants against other women who had given birth at the same time in the same hospitals with similar demographic profiles.

As in Ireland, the evaluation did not look at violence outcomes, but found positive impacts that probably prevented violence in the lives of these young women and their children. For example, all the women who participated were gainfully employed, had gone on to secondary education, felt less alienated from their community and had (on average) half as many children as the comparison group. Interviews with the women highlighted appreciation for the bundled approach, but pointed out that greater father involvement would have made the programme even more helpful (Degazon-Johnson, 2001).

The appeal of bundling services to address a range of family needs re-emerged in our review of some more recently funded programmes including the Roving Caregivers parent support intervention in St Lucia and a campaign merged with parent discussion groups focusing on families in the urban *favelas* of Rio de Janeiro, run by Promundo. In St Lucia, evaluation to date has shown positive impacts on certain dimensions of child development, but suggests the programme has not had an impact on

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Photo: Jon Spaull/Bernard van Leer Foundation

the use of harsh disciplining methods. In the Brazilian case, we saw a small but statistically significant decline in self-reported use of physical violence by parents, but a simultaneous increase in use of psychological violence.

In both cases, qualitative aspects of the evaluation highlighted comments from the women (fathers were rarely active participants) about the need for additional support focused on their livelihood conditions and stress levels. In the case of Brazil, for example, mothers expressed appreciation for the information they received, but seemed equally appreciative of the chance to vent their frustrations with peers, and stated that what they

needed most was someone to help with their children.

We also uncovered findings from our past work in Peru further suggesting the potential of bundling interventions. From 1999 to 2002 we funded INIDES (the Huancavelica Institute for Economic and Social Research and Development) to develop a multi-component programme in the indigenous highland communities where the concept of *defensorías* or child protection committees (as described by UNICEF Peru on pages 52–55) was combined with public education, home visits and the organisation of youth volunteers to build play parks. While no comparison group was established,

qualitative evaluation suggested that the combination of awareness raising about the negative effects of child maltreatment and social controls provided by the oversight of the *defensorías* led to a reduction in the incidence of abuse and neglect.

More recently, we have been involved in a home improvement project with TADEPA, an NGO started by a group of Peruvian engineers. While the impacts of home improvement on child morbidity have been clear (and anticipated), anecdotes about the reduction in family violence have begun to trickle in, leading us to wonder if this might be a domestic version of Wilson and Kelling's 'broken windows theory' – just as a well-maintained neighbourhood seems to have a dampening effect on vandalism and crime, perhaps giving people better homes leads to less tension and violence within the family. This is something that merits further testing.

Our plans going forward
Overall, our past work combined with our review of the field suggests that when we try to prevent violence in young children's lives as it occurs in the home or family setting – as we plan to in five of our eight focus countries[5] – it is important that we expand the scope of our work. Specifically, we will consider not only efforts to address social norms around child rearing and gender that perpetuate violence, but also the structural conditions that can

create 'toxic' levels of stress in families such as unemployment, poor housing, unsafe or limited access to transport, and grinding poverty.

Given the clear impact on young children of witnessing violence, and the developmental impacts of having a caregiver who is a victim of violence, we have also decided to try to address simultaneously violence in the family where children are witnesses and where they are direct targets. We see this as a challenge given that even in the search for authors for this journal, it was very

new strategies with intensive efforts to conduct baseline research and we expect to invest a substantial amount of our resources in evaluation within this field. The Children and Violence Evaluation Challenge Fund (on next page), which we are currently funding with the Oak Foundation, is one example of our commitment to helping develop a firmer base of evidence to ensure that our collective integrity remains intact.

Finally, we will push, both globally and in the countries where we invest, to:

figure out what the best investments are likely to be in their context. Only to the degree that we do all of these things can we say that we are taking seriously our responsibility to protect some of the most voiceless global citizens – the more than 1 billion children between 0 and 8 years of age around the world.

Notes
1 Source: UNICEF. http://www.unicef.org/childsurvival/index_51095.html
2 Source: World Bank. http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTEDUCATION/0,,contentMDK:22713105~menuPK:2643854~pagePK:64020865~piPK:149114~theSitePK:282386,00.html
3 Also relevant is that only nine of the programmes looked specifically at family violence and only one targeted children between the ages of 0 and 8.
4 See www.triplep.net
5 In the Netherlands, Uganda and Peru we are focusing on violence in families with young children and we are tentatively proposing the same focus in Turkey and Tanzania. In Brazil we will be focusing on reducing public and gang violence in urban *favelas*, as well as mitigating the impact of this violence on young children. In Israel we will be focusing on addressing the effects of political violence on young children and their caregivers. In India, we do not have a focus on violence in young children's lives at this time.

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difficult to find solid programmes targeting both experiences of violence in the family. To help address this in the future, we will actively seek a closer alliance between advocates for gender equality (both men and women) and those concerned with reducing violence in young children's lives.

We recognise, however, that the gaps in data and evidence about effectiveness are still quite large (especially in low- and middle-income countries) and there is consequently a need to proceed carefully before we begin to broadly advocate specific interventions to prevent violence in families with young children. For this reason, we have begun all of our

- raise the visibility of violence in young children's lives and its short- and long-term impacts on children and society at large
- communicate the message that violence in young children's lives is both unacceptable and preventable
- advocate the ethical imperative that we try harder as a community to understand and share the effects of our actions in this field, both positive and negative, in the most transparent way possible, and
- promote greater investment of financial resources, by both governments and civil society, in addressing violence in young children's lives and help them to

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Children and Violence Evaluation Challenge Fund

Creating an evidence base for better programmes to prevent and protect children from violence in low-income countries

The objective of the Evaluation Challenge Fund is to reduce violence in the lives of children in low-income countries by funding quality evaluations of violence prevention and child protection programmes. These evaluations will expand the evidence base and help create better violence prevention and protection programmes and policies for children.

| Funding and Expertise | Quality Evaluations | Context-specific Evidence Base | Better Programmes | Reducing Violence |
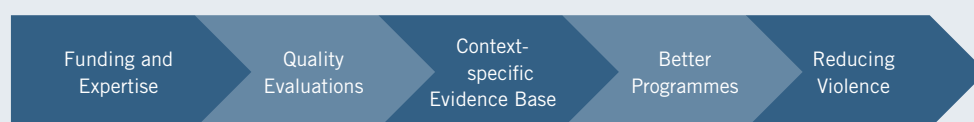
Robust evaluations are rare. As a result, most programmes are based on assumptions derived from studies in industrialised countries or anecdotal evidence from project reports. Funds to evaluate programmes responsibly with relevant methodologies are limited, thus causing the negative cycle to repeat itself.

The Children and Violence Evaluation Challenge Fund will make financial resources and evaluation expertise available to organisations or governments implementing programmes addressing violence and children in low-income countries. A specific focus will be on, but not limited to, violence in families with young children (both as victims or witnesses), child sexual abuse, sexual exploitation of children and young people, and efforts to engage men in violence prevention and child protection programmes.

Challenge timeline – the Challenge will be launched in the summer of 2011

| Call for Proposals | Submit Short Proposals | Submit Complete Proposal | Select Winning Proposal | Evaluations Undertaken | Sharing Results |
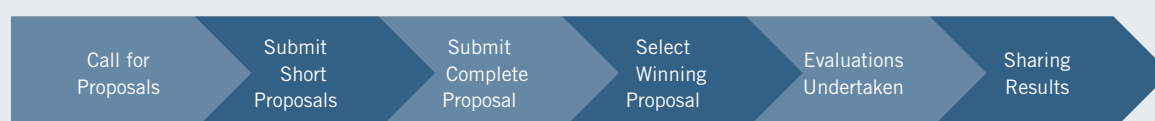
Organisations implementing programmes in low-income countries (low human development index (HDI) and focus countries) are invited to submit a short proposal. The most promising proposals are invited to submit a complete evaluation research proposal. Based on the advice of a team of experts, the contributing foundations make the final decision on who will receive funding and expertise. The evaluations are monitored closely. Insights on what works and does not work to prevent and protect children from violence in low-income countries are widely disseminated.

The Children and Violence Evaluation Challenge Fund is a pooled funding initiative of the Oak Foundation and the Bernard van Leer Foundation. The Challenge is organised by the Network of European Foundations (NEF).

Violence and development

How persistent fear and anxiety can affect young children's learning, behaviour and health

Nathan A. Fox, Department of Human Development, University of Maryland, USA[1]
Jack P. Shonkoff, Center on the Developing Child at Harvard University, USA[2]

Evidence from neuroscience is increasingly helping us to understand exactly how fear and anxiety in childhood – such as that occasioned by exposure to violence in the family – shape the young child's developing brain, with lasting effects on learning and development. In this article[3] Professors Nathan A. Fox and Jack P. Shonkoff review the evidence and its implications for public policy.

Ensuring that young children have safe, secure environments in which to grow, learn, and develop healthy brains and bodies is not only good for the children themselves but also builds a strong foundation for a prosperous, just, and sustainable society. That said, science shows that early exposure to violence and other circumstances that produce persistent fear and chronic anxiety can have lifelong consequences by disrupting the developing architecture of the brain. While some of these experiences are one-time events and others may reoccur or persist over time, all of them have the potential to affect how children learn, solve problems, relate to others, and contribute to their community.

All children experience fears during childhood, including fear of the dark, monsters and strangers. These fears are normal aspects of development and are temporary in nature. In contrast, threatening circumstances that persistently elicit fear and anxiety predict significant risk for adverse long-term outcomes from which children do not recover easily. Physical, sexual or emotional abuse; significant maltreatment of one parent by the other; and the persistent threat of violence in the community

are examples of such threatening circumstances.

Unfortunately, many children are exposed to these kinds of experiences. Child maltreatment has been shown to occur most often in families that face excessive levels of stress, such as that associated with community violence, parental drug abuse, or significant social isolation (Centers for Disease Control and Prevention, 2009). Research also tells us that nearly half of children living in poverty in the United States witness violence, or are indirectly victims of violence (Finkelhor *et al.*, 2005). Globally, despite more limited data, the risks are as bad or worse. In 2006, the United Nations Secretary-General's Study on Violence against Children reported that more than 130 million children have witnessed intimate partner violence in the home, and over 200 million have suffered some form of sexual abuse. For children living in such circumstances, frequent and repetitive threats create the potential for heightened fear and chronic anxiety.

Behavioural neuroscience research in animals tells us that serious, fear-triggering experiences elicit physiological responses that affect the architecture of the developing brain.

Chronic activation of the body's stress response systems has been shown to disrupt the efficiency of brain circuitry and lead to both immediate and long-term problems in learning, behaviour, and both physical and mental health. This is especially true when stress-system overload occurs during sensitive periods of early brain development. Despite this rapidly increasing knowledge base, however, significant gaps continue to exist in how societies respond to the developmental needs of children who regularly experience serious, fear-inducing events.

The science of fear and anxiety

Some types of fear are normal aspects of development. Infants begin to experience feelings of fear and differentiate them from other emotions between 6 and 12 months of age (Lewis and Michalson, 1983; Nelson and De Haan, 1996). Over the course of the early childhood period, toddlers and pre-schoolers typically express fear of a wide variety of events or individuals. Generally speaking, normal pre-school fears do not disrupt a child's life, and they dissipate by age 7 or 8. That is, while children may express these fears at certain times (such as bedtime) or in response to certain events (for example, when confronted by a stranger), their overall behaviour does not otherwise suggest that they are generally fearful or distressed.

The emergence and course of typical childhood fears are different from the fears and anxiety elicited by traumatic situations such as physical or sexual abuse or exposure to family violence. While typical fears disappear with age, the fear and anxiety elicited by maltreatment and other threatening circumstances do not. Scientific research provides an explanation for why children outgrow normative fears. Many result from the difficulty young children have in distinguishing between the real and the imaginary. As they get older, children get better at understanding what is real and what it means for something to be 'make believe'. They also develop the cognitive and social skills needed to better understand predictability in their environment and, therefore, gain a greater sense of control.

Early exposure to extremely fearful events affects the developing brain, particularly in those areas involved in emotions and learning. A large and growing body of research, including animal studies as well as recent neuroimaging studies of human adults, has revealed groundbreaking insights into the brain circuitry that underlies how we learn to be afraid (Phelps and LeDoux, 2005; Delgado *et al.*, 2006) and how we come to associate a specific event or experience with negative outcomes. Two extensively studied structures located deep in the brain – the amygdala and the hippocampus – are involved in fear conditioning. The amygdala detects whether a stimulus, person or event is threatening and the

hippocampus links the fear response to the context in which the aversive stimulus or threatening event occurred (LeDoux, 2000; LeDoux and Phelps, 2008; Kim and Fanselow, 1992). Studies also show that both the amygdala and the hippocampus play an important role in how the body then responds to this threat. Elevated stress hormones such as cortisol have been shown to affect the growth and performance of the hippocampus and the activity of the amygdala in rodents and non-human primates, and early and persistent activation of the stress response system adversely affects brain architecture in these critical regions.

Beyond its impact on these two brain structures, heightened stress has also been shown in animals to impair the development of the prefrontal cortex, the brain region that, in humans, is critical for the emergence of executive functions – a cluster of abilities such as making, following and altering plans; controlling and focusing attention; inhibiting impulsive behaviours; and developing the ability to remember and incorporate new information in decision making. These skills continue to develop and become increasingly important throughout the school years and into adulthood. Behavioural neuroscience research in animals tells us that the prefrontal cortex is highly sensitive to the detrimental effects of excessive stress exposure and that its developing architecture is vulnerable to the negative effects of chronic fear (Arnsten, 2009).

When young children experience serious fear-triggering events, they learn to associate that fear with the context and conditions that accompanied it. Very young children can actually learn to be fearful through a process called 'fear conditioning', which is strongly connected to the development of later anxiety disorders (Grillon and Morgan, 1999; Pine, 1999). In the typical circumstances of early childhood, fear responses are activated quickly and then dissipate. However, when young children are chronically exposed to perceived or real threat, such as ongoing violence in the family environment, fear-system activation can be prolonged. Conditioned fear is apparent when individuals come to experience and express fear within *the context in which the learning occurred*. For example, a child who is physically abused by an adult may become anxious in response to both the person and the place where the fear learning occurred. Over time, the fear elicited and the consequent anxiety can become generalised, and subsequent fear responses may be elicited by other people and places that bear sometimes only small resemblances to the original conditions of trauma. Consequently, for young children who perceive the world as a threatening place, a wide range of conditions can trigger anxious behaviours that then impair their ability to learn and to interact socially with others. The extent to which these problems affect physical and mental health is influenced by the frequency

of the stressful exposure and/or the emotional intensity of the fear-eliciting event.

Unlearning fear is a fundamentally different process from fear learning.
The process of unlearning conditioned fear is called 'extinction' and actually involves physically separate and distinct areas of the brain's architecture from those into which fear responses are first incorporated. Generally speaking, the unlearning process involves activity in the prefrontal cortex, which decreases the fear response by regulating the activity of the amygdala (Quirk *et al.*, 2006; Phelps *et al.*, 2004). Research tells us that fears are not just passively forgotten over time, they must be actively unlearned. Studies show that fear *learning* can occur relatively early in life (Sullivan *et al.*, 2000), whereas fear *unlearning* is only achieved later, when certain structures in the brain have matured (Carew and Rudy, 1991; Kim and Richardson, 2008). Consequently, the effects of family violence in early childhood can have a significant impact on physical and mental health that can take years to remediate – something that is extremely important to understand in designing interventions for children and families who are experiencing violence.

Chronic and intense fear early in life affects the development of the stress response system and influences the processing of emotional memories

(Sanchez *et al.*, 2001; Nemeroff, 2004). When an individual is confronted with a threat, stress systems are activated and elevate the levels of several different stress chemicals that are circulating throughout the body (McEwen, 2007). An increase in one of those chemicals, cortisol, can have a dramatic impact on how memories are processed and stored (de Kloet *et al.*, 2008). The production of cortisol and adrenalin (as well as noradrenaline in

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the brain) in a normal stress response leads to memory formation for events and places that signify danger. More specifically, elevated cortisol levels can strengthen the formation of memories of emotional events (McGaugh *et al.*, 2006), block the ability to unlearn fear memories (Yang *et al.*, 2007), and enhance the formation of memories of the surrounding context in which the fearful event occurred (Brinks *et al.*, 2008). Interestingly, too much cortisol can also have the opposite effect and actually impair memory and learning in non-threatening contexts (Roozendaal *et al.*, 2009). Thus, the biological response to stress is intimately involved in both fear learning and unlearning.

Persistent fear can distort how a child perceives and responds to threat.
Fear learning typically takes place in specific contexts and results in those fears becoming associated with the places where the learning occurred. Children may also express fear in response to situations that are similar (not identical) to those initially learned or to situations that are similar to the contexts in which the original learning occurred. These are called 'generalised' fear responses, and they are thought to underlie the expression of later anxiety disorders, including post-traumatic stress disorder (PTSD) (Grillon and Morgan, 1999; Grillon, 2002; Davis, 2006). Indeed, children who have had chronic and intense fearful experiences often lose the capacity to differentiate between threat and safety. This impairs their ability to learn and interact with others, because they frequently perceive threat in familiar social circumstances, such as in their home or neighbourhood. These responses inhibit their ability to learn and often lead to serious anxiety disorders (Grillon *et al.*, 1998; Reeb-Sutherland *et al.*, 2009).

Young children who have been exposed to traumatic circumstances

While typical fears disappear with age (for example, when confronted by a stranger), the fear and anxiety elicited by maltreatment and other threatening circumstances do not.

Photo: Peter de Ruiter/Bernard van Leer Foundation

also have difficulty identifying and responding to different expressions of emotions and, therefore, have trouble forming healthy relationships (Wismer Fries *et al.*, 2005). These deficits lead to general problems with social interaction, such as understanding others' facial expressions and emotions. For example, children raised in physically abusive households show heightened sensitivity (compared with non-abused children) to angry faces, which negatively affects their brain function and behaviour (Pollak and Kistler, 2002; Pollak *et al.*, 2000). Learning to identify anger – quickly and successfully – in order to avoid being harmed is a highly adaptive and appropriate response to an abusive environment. However, an increased tendency to assume someone is angry when his or her facial expression is ambiguous can be inappropriate and maladaptive in a typical, non-threatening social setting and even dangerous in unfamiliar social settings (Pollak, 2008). Thus, the extent to which children view the world as a hostile and threatening place can be viewed as both a logical adaptation to an abusive or violent environment and a potent risk factor for behaviour problems in later childhood, adolescence and adult life.

Early exposure to intense or persistent fear-triggering events affects children's ability to learn. There is extensive and growing scientific evidence that prolonged and/or excessive exposure to

fear and states of anxiety can cause levels of stress that can impair early learning and adversely affect later performance in school, the workplace and the community. Multiple studies in humans have documented problems in cognitive control and learning as a result of toxic stress (National Scientific Council on the Developing Child, 2005; Shonkoff *et al.*, 2009). These findings have been strengthened by research evidence from non-human primates and rodents that is expanding our understanding of the brain mechanisms underlying these difficulties.

The brain region in animals that appears highly vulnerable to adversity in this regard is the prefrontal cortex, which is the critical area for regulating thought, emotions, and actions as well as for keeping information readily accessible during the process of active learning. For example, researchers have found that elevations in brain chemicals like noradrenaline, an important neurotransmitter, can impair functions that are controlled by the prefrontal region by altering the activity of neurons in that area of the brain. In a related fashion, humans experiencing chronic stress have been shown to perform poorly on tasks related to prefrontal cortex functioning (such as working memory or shifting attention) and their ability to control their emotions is typically impaired (Arnsten, 2009).

Implications for policy and practice
Many policymakers, educators, and even medical professionals are unaware of the potentially significant, long-term risks to children of exposure to fear-provoking circumstances – including family violence – and lack information about the prevalence of these situations in their communities. This can lead to widespread misconceptions of how children experience and respond to fear.

The scientific knowledge around fear and anxiety points to three important implications:

- Young children *can* perceive threat in their environment but, unlike adults, they do not have the cognitive or physical capacities to regulate their psychological response, reduce the threat, or remove themselves from the threatening situation. As a result, serious fear-triggering events such as family violence can have significant and long-lasting impacts on the developing child, beginning in infancy.
- Children do not naturally outgrow early learned fear responses over time. If young children are exposed to persistent fear and excessive threat during particularly sensitive periods in the developmental process, they may not develop healthy patterns of threat/stress regulation. When they occur, these disruptions do not naturally disappear.
- Simply removing a child from a dangerous environment will not by itself undo the serious consequences or reverse the negative impacts of early fear learning. Children who have been traumatised need to be in responsive and secure environments that restore their sense of safety, control, and predictability – and supportive interventions are needed to assure the provision of these environments.

As a result, it is important for policies and programmes to take into account children's developmental needs, beginning in early infancy, particularly focusing more attention on preventing persistent fear and anxiety.

Children who live in violent homes or communities have been shown to have more behaviour problems, greater evidence of post-traumatic stress disorder, and increased physical symptoms such as headaches and stomach aches, as well as lower capacity for empathy and diminished self-esteem (Huth-Bocks *et al.*, 2001). Programmes focused on the reduction of domestic violence, substance abuse, neighbourhood violence and poverty are examples of the kinds of community-based services whose impacts could be enhanced by incorporating targeted interventions to explicitly address the emotional needs of young children living under these conditions. When delivered effectively, such interventions could have a multiplier effect into the next generation by reducing both the individual and societal costs of the negative developmental effects of persistent fear, including mental health impairments, antisocial behaviour, physical disease and violent crime.

Notes from authors

1 Dr Nathan A. Fox is Distinguished Professor at the Institute for Child Study, Department of Human Development, and Director of the Child Development Laboratory, University of Maryland.

2 Jack P. Shonkoff MD is the Julius B. Richmond FAMRI Professor of Child Health and Development at the Harvard School of Public Health and Harvard Graduate School of Education; Professor of Pediatrics at Harvard Medical School and Children's Hospital Boston; and Director of the Center on the Developing Child at Harvard University.

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The promise of evidence-based child maltreatment prevention

Doing children more good than harm

Christopher Mikton, Department of Violence and Injury Prevention and Disability, World Health Organization (WHO)

The WHO advocates an evidence-based approach to tackle the problem of child maltreatment. This article makes the case for evidence-based approaches in general, and then discusses what evidence exists about child maltreatment and how to tackle it.

The case for evidence-based approaches is an ethical one – to do as much good as possible with available resources. Without using an evidence-based approach, well-intentioned policymakers and practitioners can squander scarce resources on policies and programmes that are at best ineffective and sometimes actively harmful.

As discussed below, there is compelling evidence that child maltreatment is both highly prevalent and severe in its consequences. There is also evidence that only a small proportion of maltreated children come to the notice of child protection authorities – as low as 1 in 10 in high-income countries (Gilbert *et al.*, 2009) and vanishingly few in resource-poor settings. Primary prevention – preventing child maltreatment before it occurs – is imperative, because it is both cheaper and more effective than trying to remedy the effects of maltreatment after it occurs (Kilburn and Karoly, 2008; MacMillan *et al.*, 2009; Mikton and Butchart, 2009; Prinz *et al.*, 2009). Emerging evidence for the effectiveness of several primary prevention strategies is reviewed below.

The evidence-based approach works by aiming to reduce potential biases that may lead to mistaken research findings and hence to poorly designed policies. The central question for an evidence-based approach is whether we can have confidence that the reported conclusions of an outcome evaluation of a programme – whether they suggest that it is effective, ineffective, or harmful – are valid (Welsh and Farrington, 2005; Garrido *et al.*, 2006).

The gold standards of an evidence-based approach are randomised controlled trials and systematic reviews. Firstly, randomisation ensures that in outcome evaluations the experimental and control groups are probabilistically similar to each other, on average, on both measured and unmeasured factors. It increases confidence that any outcome differences that are observed between those groups are caused by the intervention, and not by differences that existed between the groups at the start of the study (Shadish *et al.*, 2002).

Secondly, systematic reviews of large numbers of single outcome evaluation studies of interventions apply procedures that limit bias in the critical appraisal and synthesis of all relevant studies on a specific topic. These procedures are explicit, so that others can reproduce the review, they are defined before carrying out the review, they include clear criteria for inclusion

and exclusion in the review, and they specify the study designs, populations, interventions and outcomes to be covered in it (Chalmers *et al.*, 2002; WHO, 2006.) Such reviews should ideally be carried out by researchers working independently in different parts of the world.

Non-randomised outcome evaluations tend to produce estimates of effects that are, on average, inflated when compared to those yielded by randomised studies. There is also ample evidence that systematic reviews produce conclusions that differ from those of merely narrative reviews (Antman *et al.*, 1992; Glazerman *et al.*, 2003; Chalmers, 2005; Petticrew and Roberts, 2006).

Spread of the evidence-based approach

The evidence-based approach started in the social sciences with the development of meta-analysis by Gene Glass to integrate and summarize the results of psychotherapy research in the 1970s, then expanded into healthcare with the evidence-based movement and the Cochrane Collaboration[1], and now extends to other fields including education, social services, and crime and justice with the Campbell Collaboration[2] (Chalmers, 2005; Petticrew and Roberts, 2006).

The approach gained popularity as empirical evidence increasingly showed how 'people have been harmed – sometimes on a massive scale – by failure to prepare and take account of scientifically defensible reviews of reliable research evidence about the effects of interventions' (Chalmers, 2005). One example of such harm is Dr Spock's advice that babies should sleep on their stomachs, which led to cot deaths of tens of thousands of infants. Another is the widespread practice of single-session psychological 'debriefing' to prevent post-traumatic stress disorder; a systematic review of randomised controlled trials found that this was ineffective and perhaps even harmful (Rose *et al.*, 2002).

Harmful effects may be more frequent than commonly assumed. Hundreds of studies have examined the effects of interventions for adolescent problem behaviour, for example, and at least 29% show negative effects (Lipsey, 1992; Dishion *et al.*, 1999)[3]. For example, a systematic review of randomised controlled trials reached the conclusion that so-called 'scared straight' programmes, which involve organised visits to prisons by juvenile delinquents or at-risk youths to deter them from delinquency, were more harmful to young people than doing nothing (Petrosino *et al.*, 2003).

The spread of the evidence-based approach has attracted criticism, but these criticisms have been convincingly rebutted (see, for example, Cohen *et al.* (2004) and Straus and McAlister (2000)). In their 2002 book *Experimental and Quasi-experimental Designs for Generalized Causal Inference*, written for social scientists, Shadish, Cook and Campbell explain why non-experimental alternatives – such as intensive qualitative case studies and theory-based evaluations – generate conclusions in which we can have considerably less confidence than in those from randomised experiments or high-quality quasi-experiments, which are underpinned by the logic of counterfactual causality[4].

To be sure, evidence alone is not enough to ensure effective interventions. Other conditions must also be met – such as mobilising political will and support, advocating for change, developing human and institutional resources, and raising funds. Yet, if evidence fails to play a determining role in this mix, policy and programme decisions will instead be made on a less reliable mixture of anecdotal experience, folklore, tradition and precedent, authority, revealed truth, ideology, intuition, prejudice, peer opinions, occupational cultures, and so on (Chalmers, 2003; Sherman, 2009; Freiberg and Carson, 2010).

The WHO's four-step approach to child maltreatment prevention

Key characteristics of the public health approach adopted by the WHO to prevent child maltreatment are that it emphasises primary prevention; is population-based, interdisciplinary and multi-sectoral; adopts a life-course perspective; is based on the ecological model; and proceeds in four steps (WHO, 2002). Evidence is central to

each of these four steps, as will be described below.

Step 1 is **defining the nature and describing the magnitude and consequences of child maltreatment.** The exact prevalence of child maltreatment remains unknown for most countries in the world, although WHO estimates, based on existing international studies, suggest it is high: approximately 20% of women and 5–10% of men report being sexually abused as children and 25–50% of all children report being physically abused (WHO, 2010).

Yet because of ongoing definitional and measurement issues, it remains 'impossible to compare data' on the prevalence of child maltreatment within and between countries (Pereda *et al.*, 2009). Consensus in this area is still lacking, in spite of improvements in the operationalisation of definitions and the development of measurement instruments (Heyman and Slep, 2006; WHO, 2006). Moreover, valid and reliable measurement is a prerequisite for the elucidation of risk factors and causal pathways, without which effective programmes cannot be developed.

These problems notwithstanding, more data on prevalence in low- and middle-income countries are fast becoming available. For instance, based on a methodology first developed and applied in Swaziland (Reza *et al.*, 2009), the US Centers for Disease Control and Prevention and UNICEF having been conducting national baseline surveys

on child maltreatment in Tanzania and Kenya and are planning further surveys in other countries in Africa and Asia in collaboration with the Clinton Global Initiative's 'Together for Girls' partnership. A planned update of the WHO Global Burden of Disease estimates, to be released in late 2011, will provide new estimates for most of the world based on a systematic review of all existing data on child

> Evidence alone is not enough to ensure effective interventions. Other conditions must also be met – such as mobilising political will and support, advocating for change, etc.

maltreatment, including estimates of prevalence and of population attributable risk for a number of diseases and other outcomes related to these forms of violence (see also Akmatov (2010) and UNICEF (2010)).

The short-term and lifelong mental and physical health and socio-occupational consequences of child maltreatment have become clearer in high-income countries thanks to prospective and retrospective studies carried out in recent decades (Andrews *et al.*, 2004; Gilbert *et al.*, 2009; Perry, 2009). The Adverse Childhood Experiences (ACE) Study, conducted in the USA, is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health

and well-being (CDC, 2011). Similar studies generating almost identical findings have started to be conducted in low- and middle-income countries, such as the Philippines (Ramiro *et al.*, 2010), China, Macedonia and Lithuania. The WHO is working with international partners to develop an international ACE questionnaire and an ACE surveillance network (Anda *et al.*, 2010).

Step 2 is **identifying risk factors for child maltreatment.** Two recent meta-analyses have synthesised current knowledge about risk factors for child physical abuse and neglect (Stith *et al.*, 2009) and child sexual abuse (Whitaker *et al.*, 2008), summarising what is known about the effect sizes of dozens of risk factors across 155 and 89 studies respectively. A series of reviews on risk factors for each of the main forms of child maltreatment were published (Black *et al.*, 2001a, b, c; Schumacher *et al.*, 2001). Yet important gaps in the research remain. Almost all of the evidence base on risk factors comes from studies in high-income countries. While some risk factors might be cross-culturally invariable, others are likely to be culturally dependent.

Furthermore, the evidence base is uneven – it is strongest for risk factors for physical abuse, followed by sexual abuse and, some way behind, child neglect. The evidence base for emotional or psychological abuse remains thin, even though it might be the most important type of maltreatment, underlying the detrimental impact of the other forms (Hart *et al.*, 2010; Heyman and Slep, 2001). Too few longitudinal studies, which would enable the identification of causes rather than risk factors, have been conducted and broader community and societal risk factors have rarely been examined (Whitaker, 2008).

Evidence for the effectiveness of child maltreatment programmes
Step 3 is considering **the effectiveness of child maltreatment prevention programmes.** Systematic reviews, ideally of randomised controlled studies, are the most robust form of evidence. However, systematic reviews of child maltreatment prevention programmes that include only randomised controlled trials are rare, due largely to the poor quality of many of the outcome evaluation studies in this field.

A 2009 systematic review of reviews of the effectiveness of child maltreatment programmes assessed the quality of the nearly 300 studies on which the reviews were based (Mikton and Butchart, 2009). It found that 47% were studies with randomised controlled designs, 27.5% with non-randomised controlled

designs, and 15.1% had designs with no control group, from which few valid conclusions can be drawn.

The review focused on seven main types of primary prevention programmes for child maltreatment: home visiting, parent education, child sex abuse prevention, abusive head trauma prevention, multi-component interventions, media-based interventions, and support and mutual aid groups. Four of the seven – home visiting, parent education, abusive head trauma prevention and multi-component interventions – showed promise in preventing actual child maltreatment. Three of them – home visiting, parent education and child sexual abuse prevention – appear effective in reducing risk factors for child maltreatment. None however could, on the basis of existing evidence, be considered effective in preventing actual child maltreatment.

These conclusions, the review pointed out, are tentative due to the methodological shortcomings of the reviews and outcome evaluation studies they draw on. Several of the reviews singled out the Nurse–Family Partnership in the USA, established by David Olds and colleagues, as the only programme whose effectiveness for preventing child maltreatment has been unambiguously demonstrated. A randomised controlled trial showed a 48% reduction in actual child abuse at 15-year follow-up (Olds *et al.*, 1997).

Of the 298 outcome evaluation studies included in the reviews, 296

(99.4%) were on studies in high-income countries (around 83% in the USA), two (0.6%) in middle-income countries – and none in low-income countries.

Another rigorous review published in 2009 reached similar conclusions concerning primary prevention programmes for child maltreatment (MacMillan *et al.*, 2009)[5]. Key messages concerning the primary prevention programmes were as follows:

- Home visiting programmes were found not to be uniformly effective in reducing child physical abuse, neglect, and outcomes such as injuries.
- The Nurse–Family Partnership (best evidence) and Early Start showed the best evidence of effectiveness.
- Triple P (Positive Parenting Program) showed positive effects on maltreatment and associated outcomes, but further evaluation and replication are needed.
- School-based educational programmes to prevent sexual abuse have been shown to improve children's knowledge and protective behaviours, although whether they prevent sexual abuse is currently unknown.
- Similar conclusions were reached concerning programmes aimed at preventing the recurrence of child maltreatment and impairment due to child maltreatment.

Later in 2009, a population-based evaluation of Triple P in South Carolina in the USA was published (Prinz *et al.*, 2009). It randomly assigned 18

According to the review, home visiting, parent education and child sexual abuse prevention appear effective in reducing risk factors for child maltreatment.

Photo: Jim Holmes/Bernard van Leer Foundation

counties to either dissemination of the Triple P or to the services-as-usual control condition, and found large effects for three independently derived population indicators: substantiated child maltreatment, child out-of-home placements, and child maltreatment injuries. This study was the first to randomise geographical areas and show a preventive impact on child maltreatment at a population level.

A recent and as yet unpublished systematic review based on 12 randomised studies examined the effectiveness of parenting interventions in reducing abusive and harsh parenting and increasing positive parenting practices, attitudes and knowledge, and in improving parent–child relationships in low- and middle-income countries (Knerr *et al.*, unpublished). Conclusions were limited by the methodological deficiencies in the studies included. But results suggest that parent training may be effective in improving parenting practices and knowledge in low-resource settings. Only three studies evaluated the effects of programmes aimed at preventing negative, harsh or abusive parenting (Kagitcibasi *et al.*, 2001; Aracena *et al.*, 2009; Oveisi *et al.*, 2010). All studies reported positive effects, but only one appears to have examined effects on child abuse[6].

Conclusions for scaling up cost-effective interventions
The final one of the who's four steps looks at **scaling up and determining cost-effectiveness**. Evidence-based child maltreatment programmes, such as the Nurse–Family Partnership and Triple P, are beginning to be scaled up in several countries, including the usa (thanks to the Home Visiting Program legislation), the United Kingdom and Australia. A number of studies have examined the cost–benefits of early child and youth intervention programmes, including several which also targeted child maltreatment (Aos *et al.*, 2004; Kilburn and Karoly, 2008). These show that over the long term, such programmes yield a return of up to us\$17 for each dollar invested in the programme (Karoly *et al.*, 2004).

Significant gaps exist in the evidence required for large-scale implementation of child maltreatment programmes. The most important of these is the paucity of evidence – concerning prevalence, consequences, risk factors and effectiveness of prevention programmes – in low- and middle-income countries, where 86% of the world's children live. In high-income countries the evidence base, while still thin, has begun to improve in recent years. Several specific programmes – such as the Nurse–Family Partnership and Triple P – have been demonstrated to be effective in rigorous outcome evaluations. The recent systematic review by Knerr *et al.* (unpublished) suggests that high-quality outcome evaluation for child maltreatment prevention is beginning to be carried out in low- and middle-income countries also, with promising results.

If child maltreatment is indeed as widespread as the prevalence estimates

referred to above suggest, affecting every third or fourth child or more; if its consequences are as serious and far-reaching as research indicates, contributing for instance to a host of serious chronic diseases; and if effective and cost-effective prevention strategies can – and have – been developed using

'doing what governments should be doing but fail to do'.

It is hoped that the Children and Violence Evaluation Challenge Fund, set up by the Bernard van Leer Foundation and the Oak Foundation, will set an example and inspire governments to follow suit with resources that are

> The short-term and lifelong mental and physical health and socio-occupational consequences of child maltreatment have become clearer in high-income countries thanks to prospective and retrospective studies carried out in recent decades.

evidence-based approaches, then what are we waiting for?

The scale of the problem of child maltreatment is so massive that only governments can achieve the requisite scale. Governments do sometimes fund evidence-based trials and evaluations. For instance, in 2001 the UK Treasury set aside £3 million to conduct seven randomised controlled trials in a deliberate and planned fashion to evaluate the effectiveness of restorative justice; it showed that restorative justice meetings between consenting offenders and victims led to 27% fewer convictions over 2 years. Nonetheless, much more could be done. Sherman in his article 'Evidence and liberty: the promise of experimental criminology' (2009) suggests that private foundations have an important role to play in funding evaluation research,

commensurate with the magnitude of the problem of child maltreatment and the severity of its consequences.

Notes

1 See: http://www.cochrane.org/
2 See: http://www.campbellcollaboration.org/
3 See The James Lind Library (www.jameslindlibrary.org) for further examples.
4 The purpose of the control group is to provide data about the counterfactual inference, that is, about what would have happened in the absence of treatment. Experiments rely on a counterfactual logic to demonstrate causality: we observe what happened to the units in the experimental group and compare it to an estimate of what would have happened to those very same units had they simultaneously not received the treatment. A causal effect is the difference between what did happen and what would have happened (Holland, 1986; Berk, 1988; Shadish *et al.*, 2002). However, since we cannot observe what would have happened at the exact same time and place had the units not received the treatment, we must rely on an estimate of this, arrived at via the control group. 'The central task of all cause-probing research' – and the function of the control group – 'is to create reasonable approximations to this physically impossible counterfactual' (Shadish *et al.*, 2002).
5 While the authors did not do a formal systematic review, their search strategies were

designed to identify recent systematic reviews, meta-analyses, and randomised controlled trials, where available, and evidence from non-randomised designs was included only if no higher level of evidence was available.
6 Oveisi *et al.*, 2010 (Iran – dysfunctional parenting practices, level of abusive child training); Aracena et al., 2009 (Chile – child abuse); and Kagitcibasi et al., 2001 (Turkey – parent's perception of child's behaviour and use of harsh discipline).

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Research with young children affected by family violence

Proposing a robust research agenda

Bree Akesson, McGill University School of Social Work, Montreal, Canada[1]

Why is there such a shortage of research on the effects of violence on young children? Drawing on her experience of working in Israeli-occupied Palestine, Bree Akesson suggests some explanations and ideas for furthering the research agenda.

Many children live in homes characterised by violence, and domestic violence is more prevalent in homes with younger children than in those with older children (Brown and Bzostek, 2003). Young children living in violent households may experience a range of short- and long-term consequences, such as developmental and learning delays, greater susceptibility to physical illness and mental health problems, and increased risk of mortality – yet we still know very little detail about the nature of these consequences for different kinds of violence.

This lack of evidence makes it difficult to adequately understand the scope of the problem and create programmes to prevent and ameliorate its effects. International child protection expert Professor Michael Wessells of Columbia University recently conducted the first global inter-agency review of community-based child protection programmes in humanitarian and development settings (Wessells, 2009). Out of 160 programme documents, his review found that only nine addressed the topic of family violence and only one addressed the needs of young children (aged 0–8 years); no documents addressed both family violence and young children. Wessells notes (p. 53):

'The lack of intentional prioritisation of supports for young children was surprising, since early childhood is associated with distinctive protection risks'.

Why is research specific to young children in relation to family violence so limited? There are a number of contributory factors (many of which affect research into child protection more generally):

- Often studies are not consistently concerned with identifying age- or stage-related differences.
- Anecdotal research and reports are more common than qualitative or quantitative research, which means that it is difficult to establish the scope of a problem.
- Very few studies use comparison groups. In Wessells's (2009) systematic review, only 3% included comparison groups with pre- and post-intervention measures.
- Many samples are self-selecting or introduce some other form of bias.
- Prospective longitudinal studies are much less common than retrospective (ex post facto) studies, which Wessells (2009) reported made up 84% of the papers reviewed – yet retrospective studies cannot determine causality over the long term.

- Symptom checklists are commonly used in research because they are quick and cheap, but they are hard to use with the youngest children, where more nuanced forms of observational research are needed.
- Research into violence raises difficult questions about when specific instances of family violence should be reported to authorities – which is mandated in some countries for all health professionals, including researchers.

The reality of research in the field: an example from the West Bank

Why have young children not been prioritised as an important age group for research and programme development? Useful insight is provided by a 2010 field visit to the West Bank in Israeli-occupied Palestine, where I am currently doing research with young children and their families into the broader environment of violence in which young children live. While conducting an informal mapping exercise of child protection organisations in the West Bank, I discovered that very few programmes included young children as a population of interest. Most were designed for school-aged children or young people. I asked why the programmes did not include young children, and directors and managers of these organisations often responded with at least one of the following three answers.

1. 'Very young children are not affected by violence.'

Many people stated that only when children reach a certain age do they realise what is happening around them – there is a common belief that very young children are not affected by violence because they are too young to understand. This view is mistaken, however. We know that even among the youngest children, associations have been found between exposure to violence and subsequent disorders (see

> Lack of evidence makes it difficult to adequately understand the scope of the problem and create programmes to prevent and ameliorate its effects.

for example Drell *et al.*, 1993; Zeanah, 1994; Osofsky *et al.*, 1995), and that the emotional stress that young children experience in the home environment can impair brain development and cognitive/sensory growth (Perry, 2001).

2. 'Younger children are not able to express their ideas.'

Young children's abilities are often underestimated. As James writes (2008: 416), 'Young children are working hard to understand the world around them and the roles they will play in it.' The depth of their thinking and the importance of their emotions are often misjudged. Young children have much to share about their experiences

living in violent households, and it is the responsibility of researchers to find a way to listen to them as they communicate their lived experiences in their own 'voices', whether that be through verbal or non-verbal communication.

3. 'Interacting with young children is difficult, because they cannot be separated from their parents.'

It was common for the people I interviewed to reply that children under 5 years old were not accessible for research studies because they were 'the responsibility of their parents'. This is especially a concern for research involving the sensitive topic of family violence, which can be a source of shame and stigma for family members or caregivers.

Because of the ethical considerations of asking children directly about their experiences of violence, most research has concentrated on parents' accounts of their children's experiences (Berry, 2009). However, at least two studies have found that there are significant differences between parent and child perspectives of household violence (Grover, 2004). Relying on caregivers as the sole source of data poses a

particular problem in research on maltreatment, because the interests of the parent and the child may be at odds (Berry, 2009).

Nevertheless, because young children are very much influenced by those around them, when we conduct research with them we must also engage with their family members. By understanding family members, we can better understand the mechanisms of family violence. Furthermore, the indication that the psychosocial well-being of young children is related to family relationships points to future research focusing on family support and working within the framework of the family unit.

and psychopathology. This will help us to understand better how young children survive and persevere in the face of adversity.

2. Young children can be an important source of knowledge about their own lives and communities. Yet at the same time their experiences are constantly shaped and influenced by those around them. Understanding the young child from this ecological perspective would allow for siblings, caregivers, and members of the child's social environment who have day-to-day contact with young children to be involved in research. Efforts should be made to gather data from multiple sources. In contrast to

3. Any research project should recognise place as well as people as an important factor in the environment that influences the young child's life and development. Understanding the impact of the built environment (such as the home, school, play spaces) on the young child's well-being adds another layer of analysis. By understanding the lived experience of the young child from multiple points of view, we can comprehensively examine the ways in which young children negotiate violence in their day-to-day lives.

4. Research must be carried out in diverse locations around the globe to increase the relevance of the results in multiple cross-cultural contexts. Studies conducted in various settings allow for an *in vivo* approach to research, so that current effects can be evaluated.

> **When we conduct research with young children we must also engage with their family members.**

Filling the gaps: suggestions for future research

How, then, can we fill the gaps in the research base around young children who live in violent households, and thereby improve the prospects for appropriate and adequate programming that meets the needs of these children? The following ideas are suggestions to guide future research.

1. Research should acknowledge the positive aspects of young children's development and family well-being, rather than predominantly focusing on negative functioning

studies that rely on a single source of data from a parent or teacher, research should integrate data gathered from a variety of sources (including children, caregivers, teachers, community members) using multiple methods to suit the research question and the age and stage of the child (for example, surveys, drawings, maps, narratives, observation). Not only does this increase the reliability of the data and allow for flexibility if one of the informants is a perpetrator of family violence, but it also creates a rich source of data from multiple perspectives.

5. Whenever possible, research of this kind should be designed to include random sampling and longitudinal studies. By extending research in these directions, we may achieve a better understanding of the universal aspects of the effects of family violence on young children, based on data that are specific to culture, age and context.

6. Research must be linked to practice and policy. Examining the way that young children and their families experience violence in the home can inform the way that early childhood programmes are

Any research project should recognise place as well as people as an important factor in the environment that influences the young child's life and development.

Photo: Bree Akesson

Brown, B.V. and Bzostek, S. (2003). Violence in the lives of children. *Cross Currents: Child Trends DataBank* 1(August): 1–13

Drell, M., Siegel, C. and Gaensbauer, T. (1993). Post-traumatic stress disorders. In: Zeanah, C. (ed.), *Handbook of Infant Mental Health* (pp. 291–304). New York, NY: Guilford Press.

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developed. There is also a pressing need for the evaluation of existing programmes that cater to young children affected by family violence. Furthermore, research would benefit from capitalising on the experience of early childhood professionals already working with families and integrating their experience into ongoing research projects.

7. Finally, and perhaps most importantly, future research should work within existing social structures, building upon indigenous mechanisms that already work within families and communities. For example, researchers should ensure that any research question,

methodology or tool is culturally appropriate, by collaborating with children, families, and community members during all phases of the research.

These suggestions are by no means exhaustive, but they put forward ideas for designing and implementing valid and valuable research with young children affected by family violence.

Note

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Analysing data from the International Men
and Gender Equality Survey (IMAGES)

Connections between early childhood experiences of violence and intimate partner violence

Manuel Contreras, Gender and Public Health Specialist, Ajay Singh, Technical
Specialist, and Brian Heilman, Programme Associate, International Centre
for Research on Women (ICRW); Gary Barker, International Director, Instituto
Promundo, Brazil; Ravi Verma, Regional Director, ICRW Asia Regional Office

New research from the International Men and Gender Equality Survey (IMAGES) affirms that male children who experience or witness violence are significantly more likely to grow up into violent adults.

There is a well-documented association between suffering violence during childhood and subsequent use of violence during adulthood (as described by, among others, Dutton and Hart (1993), Alksnis *et al.* (1995), Abrahams *et al.* (1999), Krug *et al.* (2002), Ehrensaft *et al.* (2003), Kitzmann *et al.* (2003), Whitfield *et al.* (2003) and Gil-González *et al.* (2007): researchers into violence against children or intimate partners (IPV) often rank child maltreatment experienced as one of the main risk factors.[1] However, most existing research comes from high-income countries and focuses on women's reports of experiencing violence. Does the same result hold when research is conducted in low- to middle-income countries and reflects men's experiences?

The International Men and Gender Equality Survey (IMAGES) is now in a position to answer this question. In the last decade, studies on men and masculinities have increased rapidly, but there have been few quantitative data on men's experiences of and attitudes towards violence. IMAGES was a response to this gap in the research. In 2009–2010, household surveys were administered to more than 8000 men aged 18–59 in Brazil, Chile, Croatia, India, Mexico and Rwanda.[2,3]

The results demonstrate unequivocally that boys who witness violence are more likely to grow up into men who are violent. The rest of this article explores the findings from the research in more detail and discusses how they should be interpreted. The ultimate goal of IMAGES is to build an understanding of men's practices and attitudes on gender equality that can inform, drive and monitor policy development.[4]

How men are exposed to violence during childhood
Findings from IMAGES show that a high percentage of men are exposed to different types of violence in different settings during childhood. For example, men's reports of being spanked or slapped by their parents during childhood range from 36% to 67% of those surveyed. Of the countries studied, Croatia and Rwanda demonstrate the highest levels, each above 60% (Figure 1 on next page). Many respondents (around 20–35%) also witnessed violence against their mother by their father or other male partner.

School is another space where men are frequently victims of violence. Figure 1 shows that in all countries studied except Brazil, physical punishment by teachers is a

Figure 1 Childhood experiences of violence, at home and school

Legend:
I was beaten or physically punished at school by a teacher (once or more than once)

I was spanked or slapped by a parent (once or more than once)
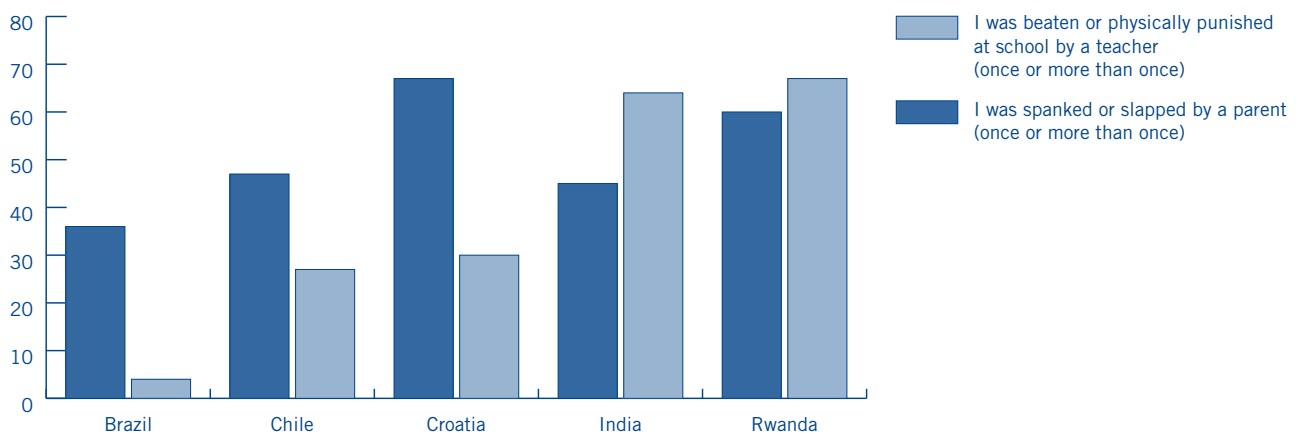
common phenomenon that has been experienced by many respondents. In India and Rwanda, more than 60% of men say they were beaten or physically punished at school by a teacher during childhood. In Chile and Croatia the prevalence is about half that of India and Rwanda. (The relative lack of teacher violence in Brazil – only 4% – may be explained by the idea that children are the 'property' of parents and not teachers, as well as by children's rights norms in Brazil which condemn aggression against students by school staff.)

For many of these men, schools are also a space where they were exposed to other types of violence, such as fighting and bullying. In Brazil, India and Rwanda, slightly over 50% of men were victims of these kinds of aggressive situations. In Chile and Croatia, more than three-quarters of the male respondents were affected.

Witnessing violence predicts perpetrating violence
Men were asked about physically violent acts perpetrated against their female partners. IMAGES results confirm a strong association in all countries between having witnessed violence at any time within the household of origin during childhood and perpetrating intimate partner violence (IPV) during adulthood (Figure 2 on next page).

The prevalence of IPV among those who had been witnesses of physical violence by their father against their mother was higher than 40% in all countries, whereas among those who had not witnessed this type of violence the prevalence was under 30% in all countries. The association is statistically significant in all countries. Multivariate regression analysis was performed in four countries, to account for other variables: age, education, work stress, gender attitudes and binge drinking. The results confirm that the most consistent global influence on the perpetration of IPV at any time was having witnessed one's father hit one's mother.

Figure 2 Links between witnessing and ever perpetrating IPV

Legend:
- Witnessed father beat mother
- Did not witness father beat mother
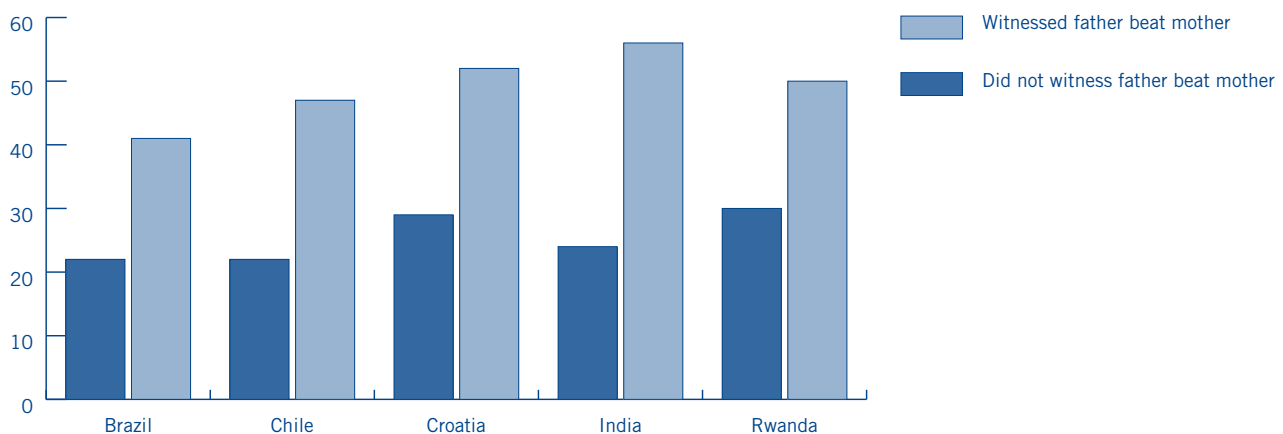
Other effects of experiencing violence in childhood

The case of India is especially interesting because it presents some of the highest rates of different kinds of violence experienced by men at home and in school. For example, around two-thirds of men say they experienced physical violence at home during childhood and around one-fifth of men also report that they were sexually abused by someone before the age of 18.

Involvement in violence at school is also a common phenomenon among many men in India. Around half of the men witnessed bullying at school and 38% experienced it themselves. Many participants also report that

they actively participated in physical aggressive behaviour: more than two-thirds of men were involved in a group fight in school with their friends.

Data from India show that these experiences of violence during childhood, both at home and school, influence not only the risk of perpetrating IPV in adulthood but also the possibility that men will engage in other harmful or risky behaviours such as alcohol abuse, transactional sex, or criminal acts (Table 1).

Witnessing violence in childhood, experiencing sexual violence in childhood, and being the victim of school bullying are all associated with these risky or harmful behaviours.

With one exception (the link between experiencing sexual violence in childhood and perpetrating sexual violence in adulthood), all the links are statistically significant.

Interpreting the findings

The relationship between experiencing violence in childhood and perpetrating it in adulthood may involve several pathways. For one, men who receive beatings as a child may later develop a high tolerance to the use of violence. They learn that it is the main way to resolve conflicts.

By witnessing violence perpetrated by their father against their mother, men adopt the idea that in certain

Table 1 Percentage of men who have been involved in harmful or risky behaviours in their adulthood by their different experiences of violence during their childhood in India

	Ever inflicted physical violence against partner	Ever inflicted sexual violence against partner	Binge drinking	Involved in transactional sex for goods	Paid for sex with sex workers	Involved in criminal acts[5]
Witness of violence during childhood						
No	23.6	21.9	23.6	7.6	17.5	6.7
Yes	55.6*	30.3*	46.1*	34.0*	41.6*	14.9*
Experienced sexual violence in childhood						
No	31.6	25.5	33.5	13.0	22.7	8.5
Yes	54.5*	26.6	41.7*	34.9*	41.6*	16.2*
Victim of bullying in school						
No	27.7	18.4	36.0	12.4	20.6	6.7
Yes	49.7*	36.7*	29.7*	27.1*	34.4*	15.7*

* Significant association Chi square test: p<0.05

circumstances violence against women is justified. Most of the violence that occurs within the family is perpetrated by a male figure, so boys also grow up identifying violence as a male behaviour.

According to Social Learning Theory (Bandura, 1973) applied to family violence (O'Leary, 1988), violence is conceptualised as a behaviour that is mainly learned during childhood within the family of origin. The main hypothesis arising from this theory is that men who experience violence in their own family learn a model of conflict resolution involving violence, which they use during adulthood.

The best-known outcome that has resulted from this hypothesis is the intergenerational transmission of violence paradigm, meaning that violence is learned in childhood and is transmitted across generations. This learning could also include exposure to violence from the mass media or the use of violence by neighbours, peers, or other significant actors.

Although the linkages between childhood experiences and behaviours later in life are clear, there may be many factors that aggravate and/or mediate these behaviours as children grow older, and therefore more in-depth studies are required to understand this complex phenomenon. Interventions

at the later ages should be attempted to 'unlearn' past behaviours. We must also undertake analysis of many non-violent or less violent men who have a violent past, in order to understand and see how they managed to change or what made them change despite their experiences.

Implications for action

The results obtained by IMAGES provide strong evidence in favour of interventions and policies to reduce

> According to Social Learning Theory applied to family violence, violence is conceptualised as a behaviour that is mainly learned during childhood within the family of origin.

violence against children in the home, school and other settings, and to create spaces and services where men can discuss and overcome violence they have experienced. Reducing the risk of violence during childhood can contribute to reducing the intergenerational transmission of violence (World Health Organization (WHO) and London School of Hygiene & Tropical Medicine (LSHTM), 2010) – and also, as the case of India suggests, other negative practices such as involvement in criminal activities and alcohol abuse.

The case of Brazil, where violence perpetrated by teachers is very low, suggests that it is possible for violence

against children in schools to be dissociated from norms about violence against children in other situations such as the home. It also suggests that legislation may play an important role, although more research is needed to confirm its influence.

Governmental actions to prevent and respond to violence against children need to be implemented urgently. At present, there are some promising strategies, mainly based on home visitation and parent education programmes. Other promising interventions are campaigns that promote changes in the social norms that sustain use of violence against children, and teacher training and school/daycare-based projects have shown evidence of promoting gender equality and reducing violence.

However, more rigorous evaluations of these interventions are needed (WHO and LSHTM, 2010). Investing in evaluation is a priority in order to know what works, how it works and at what cost.

Notes

1   IPV is also understood as a gender-rooted problem. IPV results from cultural values, rules and practices that allow and encourage unequal gender power dynamics, maintaining women in a subordinate position. Factors that contribute to IPV are: lack of sanctions for aggressors; lack of social support for survivors; men's control of the relationship; non-fulfilment by men of gender expectations; and jealousy. Other factors also found to be associated with IPV are alcohol abuse, poverty, family stress and lack of individual skills to resolve conflicts, among others.
2   Results from Mexico are not presented in this report due to several methodological issues with data.
3   IMAGES was carried out as a city-based, random household survey. The findings presented

The results obtained by IMAGES provide strong evidence in favour of interventions and policies to reduce violence against children in the home, school and other settings, and to create spaces and services where men can discuss and overcome violence they have experienced.

Photo: David Snyder/ICRW

Gil-González, D., Vives-Cases, C., Ruiz, M.T., Carrasco-Portiño, M. and Álvarez-Dardet, C. (2007). Childhood experiences of violence in perpetrators as a risk factor of intimate partner violence: a systematic review. *Journal of Public Health* 30(1): 14–22.

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here are representative of individual cities where the survey was carried out and not of their countries as a whole, except in the case of Rwanda, where the data are nationally representative. In Brazil the survey was carried out in two urban neighbourhoods of Rio de Janeiro; in Chile in Valparaiso, Concepción and Santiago; in Croatia in Zagreb and two rural areas; in India in Delhi and Vijayawada; in Mexico in Jalapa, Monterrey and Querétaro. Throughout this article, city data are aggregated in order to present overall percentages for each country, but the results presented here are, strictly speaking, only representative of their city or neighbourhood settings.

4 For more information about IMAGES see Barker *et al.* (2011).

5 These include: having been involved in robberies, fights with weapons, firearm ownership and having been arrested and imprisoned.

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Why home visiting programmes need to stop violence before it starts

Harriet L. MacMillan, Offord Centre for Child Studies, McMaster University, Canada

Home visiting programmes are effective in preventing violence against children. But can they also prevent violence from recurring when it has already taken place? Dr Harriet L. MacMillan of the Offord Centre for Child Studies found no evidence that they can.

We know that home visitation by nurses for disadvantaged first-time mothers has proved effective in the prevention of child abuse and neglect (see for example Olds *et al.* (1986, 1997), Olds and Kitzman (1993)). But what about households where abuse or neglect has already taken place, resulting in a referral to child protection agencies? Could home visitation also help to break an already established pattern of violence?

At McMaster University we conducted research into this question, published in *The Lancet* in 2005 (MacMillan *et al.*, 2005). We recruited 163 families in Hamilton, Canada – a city with a population of around 300,000 at the time of the study – who had recently been referred to local child protection services after an incident of abuse or neglect. We randomly assigned them to two groups.

One group received the standard treatment by child protection services – that is, routine follow-up by caseworkers whose focus was to assess the risk of recidivism, provide education about parenting, and arrange referrals to community-based parent education programmes and other services. The other group received the same standard treatment, plus home visitation by a public-health nurse. The

nurses visited every week for 6 months, then every 2 weeks for 6 months, then monthly for another year. They stayed for around 90 minutes per visit.

After 3 years we followed up by checking the child protection agency and hospital records of the 163 families. Would we see fewer incidents of neglect and abuse in the families who had been visited by nurses, compared to the control group who had received just the standard treatment?

Sadly, that was not the case. If we look at the incidents picked up by the standard agency procedures, there was no significant difference between the two groups. Based on hospital records, a higher proportion of families in the group who had been visited by nurses had a recurrence of physical abuse or neglect. This could have resulted from nurses identifying children in need of medical care in the intervention group.

In other words, when violence against children has already happened in a family, home visitation by nurses does not seem to make it any less likely to happen again. There was one finding on subgroup analysis that suggested a possible benefit: those families involved with the child protection agency for less than 3 months had better outcomes for reduction of physical abuse recurrence, but not neglect. This

Mother and baby enjoying their time together at home. Ciudad Sandino, Nicaragua.

Photo: Jon Spaull/Bernard van Leer Foundation

can only be considered a hypothesis, however, to guide future research.

The study results were disappointing; we had, of course, hoped that our research would discover a way to make children less likely to experience repeats of neglect and abuse. But it is always as important to discover what does not work as to discover what does. In this sense our findings have far-reaching implications for clinicians, policymakers, and society in general.

First of all, what our research suggests is that preventing the recurrence of child physical abuse and neglect in families within the child protection system is very difficult. It appears to need different services from those which have proved their worth in early prevention programmes. Many interventions for families involved with the child protection system are less intensive than this home visitation programme; it should not be assumed that they prevent recurrence of maltreatment. This study underscores the importance of evaluating the effectiveness of such programmes.

Secondly, and crucially, it suggests how important it is to invest in early prevention programmes. Given how difficult it seems to be to break a pattern of violence against children, the priority must be to prevent such a pattern from becoming established in the first place.

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An interview with Maud de Boer-Buquicchio

Eliminating violence against children: the Council of Europe's action programme

The Council of Europe was founded in 1949 to defend human rights, democracy and the rule of law. In this interview the CoE's Deputy Secretary-General, Maud de Boer-Buquicchio, explains why and how the CoE is making a priority of tackling violence against children in its 47 member states.

Maud de Boer-Buquicchio, Deputy Secretary-General of the Council of Europe

Photo: Council of Europe

What are the levers the Council of Europe can bring to bear to promote both changes in law and the actual implementation of laws?

The Council of Europe (CoE) uses five different tools to influence member states' legislation, policies and practices. Firstly, legal standards. One of the major achievements of the CoE is of course the European Convention on Human Rights, and it's important to note that this and other general human rights treaties also apply to children. In addition, a number of treaties have been devoted specifically to the exercise and protection of children's rights in such fields as adoption, custody, sexual violence or family proceedings.

Secondly, the CoE provides monitoring mechanisms to assess how countries are respecting their commitments under these treaties. These also provide guidance on how to make progress. Many laws and practices have been changed thanks to, for example, the case law of the European Court of Human Rights and the reports of the European Committee on Social Rights and of the Human Rights Commissioner.

Thirdly, the 47 member states also work together with the international community and civil society to shape common policies in areas such as positive parenting, children and the information society, human rights education, children with disabilities, children in care, etc.

Fourthly, the CoE can guide and support progress through cooperation programmes with specific countries. In this way we have reviewed legislation, defined policies and developed training programmes for professionals working with children in a number of countries, such as Ukraine, Romania, and the Russian Federation.

Finally, we seek to influence public opinion, attitudes and behaviours through awareness-raising campaigns and other communication actions.

To take a specific example, how would these measures apply to, say, corporal punishment?

We have used all five of these tools in relation to corporal punishment, which is the most widespread form of violence against children – and is also an indicator of the lower status that society grants to children. In 2008 we decided to launch a campaign against corporal punishment, which has led to an important public debate and the development of positive parenting policies in over 30 countries, and

has increased to 22 the number of European countries which now have a total ban on corporal punishment.

When did you decide to launch your action programme on violence against children, and what does it mean when it is described on your website as a 'transversal project'?

At their Warsaw Summit in 2005, the heads of state and the Government of the Council of Europe confirmed their commitment to children's rights and asked the CoE to mainstream children's rights into all CoE policies, coordinate all CoE activities related to children, and launch a programme of action to address the social, legal, health and educational dimensions of the various forms of violence against children.

It was in response to this mandate that in 2006 the CoE launched the transversal programme Building a Europe for and with Children. The transversal nature of the programme means that it involves all CoE actors and policy areas (justice; public law, family law and policies; healthcare and social policies; education; media; youth policies; Roma people; and so on).

The programme coordination structures allow us to share information and to define, implement and assess the results of our common strategy. It is not a top-down or sector-driven strategy, but the result of a shared vision, the pooling of resources, and coordinated action.

What are the programme's aims and objectives, and how does it pursue them?

The programme has two closely linked aims: to protect and promote children's rights, and to eliminate all forms of violence against children. Elimination of all forms of violence against children is one of the four pillars of the CoE Strategy on the Rights of the Child (2009–2011). More specifically, our objectives include:

We also seek to influence public opinion, attitudes and behaviours through awareness-raising campaigns and other communication actions.

- support for the adoption and implementation of integrated national strategies on the rights of the child and violence against children
- the promotion of a cross-sectoral exchange of experiences between countries with regard to effective methods for protecting children from all forms of violence
- the promotion of ratification and implementation of relevant CoE legal instruments, and
- the continuation of comprehensive awareness-raising actions to prevent specific forms of violence against children, in particular sexual violence.

As these specific objectives suggest, our approach to eliminating violence against children is twofold. First of all, we want countries to develop integrated strategies on violence against children at national level, and we have developed guidelines to accompany this process. Second, we have developed tools to address some specific forms of violence and tackled those which are more widespread – namely, corporal punishment, sexual violence and violence in schools.

At the global level, our organisation has been acting as the European forum for follow-up to the recommendations included in the UN Secretary-General's 2006 Study on Violence against Children, and has established excellent working relations with Marta Santos Pais, the UN Secretary-General's Representative on Violence against Children. It has also established solid partnerships with national human rights institutions, including ombudsmen for children, civil society and key international organisations, such as UNICEF and the European Union. The CoE cooperates with its member states through a network of government-appointed focal points

on the rights of the child and violence against children.

Is there a time frame attached to the programme's objectives?

One of the difficulties of working with such a large number of countries is that, given the limitations of our resources and the very different social, economic and political circumstances of each country, it is almost impossible to define a time frame. The good news is that progress is achieved almost every single day.

What are the major challenges you have encountered?

I could refer to the strong resistance of public opinion that exists in certain countries when it comes to the need to abolish corporal punishment or to discuss the dangers of sexual violence within the family. There is also an important gap between legislation and practice, and the lack of sustainable national strategies makes it very

difficult to address existing and emerging problems in an efficient way.

You have conducted policy reviews in four countries: Italy, Portugal, Norway and Romania. Why were these countries chosen, and what has been learnt?

Italy, Portugal, Norway and Romania were the first four countries volunteering to undertake national policy reviews on violence against children. The review methodology included: in-depth analysis of the scale and nature of violence against children; the legal and institutional frameworks to counter this phenomenon; recent trends in policymaking; and national and local prevention strategies and their implementation. Broad consultations in each country resulted in the production of national reports containing proposals for a model strategy against violence, based on the examples of national, regional and local good practices from each pilot country.

Conclusions from the four national reports helped formulate the CoE Policy Guidelines on integrated national strategies for the protection of children from violence, which were adopted as a Committee of Ministers recommendation in November 2009. The Guidelines propose a multidisciplinary and systematic framework to prevent and respond to all acts of violence against children, be it in the real or in the virtual world. To date, some 12 CoE member states have adopted integrated national strategies against violence, while others have taken steps to implement specific provisions from this recommendation.

The Bernard van Leer Foundation's programme on violence against children seeks to draw attention to the effects of violence on very young children – in particular, the effect of witnessing violence. We feel that this has been rather overlooked in most policy debates on children and violence. How does the CoE programme address very young children, and especially the effects of being witness to violence?

In the CoE's Convention on Preventing and Combating Violence against Women and Domestic Violence, a new legal instrument which has just opened for signature and ratification, there is a provision specifically protecting children who witness violence.

More broadly, very small children have been one of the target audiences in the CoE's recent ONE in FIVE campaign to stop sexual violence against children. Awareness-raising material on the 'underwear rule' includes a handbook for children between the ages of 4 and 7, which explains in simple and child-friendly terms the boundaries of acceptable and inappropriate behaviour, how to react to the latter and where to seek help. More than 20 CoE member states have expressed an interest in using the CoE material in the frame of their own

campaigns against sexual violence (for more information, please visit the CoE site: www.underwearrule.org).

I would also add that our work to promote positive parenting and the rights of children living in care has an important impact on the prevention of violence affecting very young children.

Based on this positive first experience, children are now also involved in the development of a series of recommendations: on child-friendly healthcare; on the rights and legal status of children and parental responsibilities; and on child and youth participation. We are currently working on a text defining standards

> Our work to promote positive parenting and the rights of children living in care has an important impact on the prevention of violence affecting very young children.

We know you share our belief in listening to children and taking them seriously – for example, in a speech in 2005, you quoted opinions of 5–7 year olds that were gathered by the Global Initiative to End All Corporal Punishment of Children. How does the action programme gather and account for children's views?

Within the CoE, the child's right to be heard is realised through organising direct consultations with children on draft legal instruments or other key policy documents. Nearly 4000 children from more than 20 CoE member states expressed their opinions on the functioning of the national justice system, which were taken into account in the development of the CoE Guidelines on child-friendly justice, adopted in November 2010.

for children's involvement in the CoE's work and consultation with children at national and local levels.

More broadly, the promotion of child participation and children's influence in society is one of the core objectives of the CoE Strategy on the Rights of the Child 2009–2011. To fulfil this goal, the CoE has been:

- supporting sustainable and meaningful participation in its member states (at local, national and international level)
- developing and promoting inclusive approaches, with a focus on schools, healthcare system, justice system, residential care and within the families, and
- empowering children by human rights education and by developing and disseminating information in

child-friendly language, in print and on the internet.

At the member states level, the CoE is currently implementing a series of national policy reviews (in Finland, Moldova and Slovakia) with a view to gauging national good practices and elaborating guidelines on child participation at local, national and European levels.

At the end of this year, the CoE will be debating a Strategy on the Rights of the Child for 2012–2015. We have commissioned research bringing together children's views and perceptions of existing and emerging threats to their rights in Europe. Those will be taken into account in the formulation of the organisation's strategic objectives for the years to come.

How does the CoE's action programme address parenting skills as a way to reduce violence?

The CoE has been at the forefront of promoting understanding of childhood and family life experiences. Acknowledging that there may be many different ways to raise children, we have drawn up a set of general principles that underlie the concept of 'positive parenting'. These were included in the Committee of Ministers' Recommendation to member states (Rec(2006)19) on policy to support positive parenting.

Positive parenting refers to parental behaviour that respects children's

best interests and their rights, as set forth in the UN Convention on the Rights of the Child, while also taking into account parents' needs and resources. It is equivalent to a non-violent upbringing, exclusive of all corporal or psychologically demeaning punishment, while providing guidance and structure and setting the boundaries essential for the full development of the child.

The CoE has been promoting positive parenting skills through its awareness-raising campaign on corporal punishment, as well as through bilateral cooperation activities in member states targeting various categories of professionals in contact with children and families. Since 2005, this topic has been a common feature in the meetings of the 47 ministers responsible for family policies.

Finally, what do you think is an appropriate role for a foundation such as ours in tacking violence against children?

Coincidentally, the Council of Europe and the Bernard van Leer Foundation share the same year of birth – they were both set up in 1949. When it comes to tackling violence against children, I would say an appropriate role for foundations such as the Bernard van Leer Foundation includes developing community-based initiatives, which are closest to children and families and can offer prompt responses; enhancing internal and external monitoring;

enhancing professionals' capacity to prevent, detect and respond effectively to violence against children; and promoting child-friendly services and mandatory reporting of violence for all professionals working with children.

Foundations can also be effective in facilitating inter-agency cooperation, for example on the physical and psychological recovery and rehabilitation of child victims and witnesses of violence. There is also an important role for foundations in thematic awareness-raising campaigns.

UNICEF's approach to preventing violence at home

Susan Bissell, Chief, Child Protection, Karin Heissler and Jennifer Keane, Child Protection Specialists, Nurper Ulkuer, Chief, Early Child Development (ECD), Programme Division, UNICEF

Violence against young children in families is intrinsic to UNICEF's work in protecting children while promoting their rights and well-being in an equitable and sustainable manner. In this article UNICEF explains its two-pillar approach to preventing household violence and the challenges to data collection that must be overcome to improve work on this issue.

The youngest children are the most vulnerable to violence. That's a matter of statistics: globally, child abuse and homicide rates for 0–4 year olds are more than double those for children aged 5–14 (Glaser, 2000; Lynch, 2009). And it's a matter of neuroscience: the early years are such a crucial period for brain development that 'insults' to the brain at that stage can cause lifelong damage (Neville and Bavelier, 2000; National Scientific Council on the Developing Child, 2005; Stevens and Neville, 2006).

Violence can take the forms of neglect – the failure to respond to a young child's physical, cognitive, social and emotional needs (United Nations Secretary-General, 2006) – or abuse, which can be physical or emotional[1]. In many instances this can result from a lack of support to young children's caregivers; think of the young or single parent, ill-equipped for the huge challenges and complications of nurturing someone wholly dependent on him or her. Studies also reveal that caregivers who have experienced violence in the past, or are currently experiencing stress or abuse, are most likely to abuse and neglect their children (Glaser, 2000).

Recent results of a UNICEF study of child disciplinary practices at home show that children in all family settings, of any economic status, are at risk of violent discipline. But they also show that children whose mothers are educated, who have books and learning materials at home, or whose parents are involved in their day-to-day learning, are less likely to experience violent disciplinary practices (UNICEF, 2010). This confirms that any intervention aimed at preventing violence at home in early childhood has to be comprehensive, addressing the intertwined needs of child and caregiver.

Another noteworthy finding from the study was that less than 25% of primary caregivers thought physical punishment was necessary, yet the study also showed that physical punishment was much more widely practised than that. This shows the gap that exists between attitudes and actual behaviour. It also suggests great potential for interventions to support parents who already believe that violence is unnecessary to be able to live up to their beliefs in practice. And it encourages us to believe that efforts to change the minds of those who do

believe in physical punishment will enjoy the support of the majority.

UNICEF's strategy on child protection therefore has two key pillars: work on child protection systems, and work on social norms.

The two pillars: child protection systems and social norms
Child protection systems, both formal and informal, need to be strengthened and caregivers need to know how to access services and when. Formal systems range from appropriate laws and policies to the provision of social welfare, justice, law enforcement and social protection services. Necessarily, the formal child protection system interacts with the education, health and other systems. Where such systems function well, irrespective of socio-economic class and other markers of difference, one sees children protected, developing, and living lives with dignity.

Yet the world over – and particularly in resource-poor countries and those affected by conflict – child protection infrastructure is woefully weak, coordination among government ministries is poor, and there is a lack of both funding and human resources. Add in corrupt law enforcement, weak rule of law and justice structures and processes, and poor outreach of existing services to populations that are most marginalised, and the result is a proliferation in the number of children experiencing violence, abuse and exploitation.

Informal child protection systems fall outside these formal structures, although they may interact with them. They are family- and community-based. Such informal mechanisms may include religious groups, other civil society organisations, elders in a particular village or community, and traditional attendants for birth, healing, the performance of faith-based practices, and others (Save the Children, 2009). In contrast to formal child protection systems, these actors and organisations are more likely to operate in ways that make them accessible to families and children.

Just as important as systems are the social norms that govern abuse and neglect of children. The discipline example is profound in this regard. Where violent discipline is the norm, and it is expected that the caregiver will mete out such discipline, then the 'bottleneck' to protection of children is not lack of services but the existence of the norm itself.

Working on social norms of course includes addressing such negative norms as violent discipline. But it also, crucially, means reinforcing behaviours and practices that protect children. Too often social norms are approached only in the negative sense, and UNICEF's efforts attempt to shift the focus somewhat. Where ways of disciplining and raising children are non-violent, even if non-traditional in other contexts, these need to be recognised and condoned. Capacity building of

those caring for and working with children is critically important.

Given this, parenting programmes have been one of the signature ECD interventions of UNICEF. They have primarily addressed improving knowledge and changing the behaviour of parents towards more responsive and sensitive care practices, especially during the first years of life. Parenting programmes can be an integral part of health and nutrition interventions, mainstreaming early stimulation and counselling into frontline health workers' home visiting programmes. Or they can be carried out as standalone programmes, coordinated by ministries of education and welfare departments or by local governments and municipalities (Lansford, 2007).

Evaluation of some of these parenting programmes clearly reveals, among other benefits, an increase in positive child-disciplining practices, with parents continually reporting a decrease in violent disciplining practices (Baker-Henningham *et al.*, 2005).

The challenge of data collection
In furthering our attempts to protect children from violence in the household, the first and most critical challenge relates to data. Only by understanding the issue better can we hope to tackle it better, but three factors hold back the development of more comprehensive and nuanced data.

According to UNICEF, any intervention
aimed at preventing violence at home in
early childhood has to be comprehensive,
addressing the intertwined needs of child
and caregiver.

Photo: UNICEF/NYHQ2006-1404/Pirozzi

The first factor is methods of data collection. Two household surveys give us population-based data relevant to children and violence in the developing world: the Multiple Indicator Cluster Survey (MICS) and the Demographic and Health Survey (DHS)[2]. MICS in particular gives us interesting data through its module on parental discipline, notably the finding that across 35 countries[3] an average of three in four children between the ages of 2 and 14 were subjected to some kind of violent discipline (more often psychological then physical). However, these data are based, not on the testimony of very young children themselves, for obvious reasons, but on the reports of adults[4]. The veracity and accuracy of the data will therefore always be questionable.

The second factor is privacy. For many governments, and for many parents and caregivers themselves, there is a strongly held view that families and homes are private domains. While perhaps in some ways justifiable, this view can lead to governments deciding that it is not appropriate to collect data on children and violence. In such cases the

rights of the family and of parents to privacy trump the rights of children to protection.

The third factor is ethics. With knowledge of violence in households – through reports, home visits or other means – comes a duty to act, and that can be challenging in both resource-rich and resource-poor countries.

and attitudes is necessary for young children to be protected from violence in households, to be nurtured and to develop to their fullest potential. Better data will greatly help UNICEF and others to improve interventions which can protect young children from violence during this critical phase of their lives.

> Child protection systems, both formal and informal, need to be strengthened and caregivers need to know how to access services and when.

Of course, there are ample qualitative and small-scale quantitative studies of households and violence, and there is no dearth of anecdotal evidence. Additionally a new data collection tool, developed by the Centers for Disease Control and Prevention (CDC), also promises more data on household violence. It has so far been deployed in Swaziland and Tanzania and is undergoing further refinement. This should prove valuable in helping governments to develop baseline data on the experience of violence against children within the family.

Conclusion
We know that a combination of strengthening support to families and caregivers – making systems more responsive, including health and social welfare – and changes in norms

Notes
1 Most common symptoms are referred to as 'shaken baby syndrome' in early years. See for example Geddes and Plunkett (2004) and Harding *et al*. (2004).
2 See http://www.childinfo.org/discipline_methodology.html
3 Complete data are available for 33 countries.
4 In the case of the CDC study, age issues are currently being discussed.

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Protecting children from violence in the home: what legislation can do

Marta Santos Pais, United Nations Special Representative of
the Secreatry-General on Violence against Children

The role of legislation in protecting children from violence in the household is a delicate one, given that the child's right to protection must be balanced against the family's right to privacy. Marta Santos Pais, United Nations Special Representative of the Secretary-General on Violence against Children, looks at what the law can do.

The family plays a critical role in the prevention of violence and in the protection of young children therefrom. The United Nations Study on Violence against Children (2006) identified the home environment as a place holding the greatest potential for protecting children from violence. In view of this critical role, the United Nations Convention on the Rights of the Child (United Nations, 1989) provides that the family is entitled to State support in the performance of its child-rearing responsibilities (article 8, paragraph 2).

The UN Study also acknowledged (p. 47) that the home environment can be a setting where children are at risk, and where the prevalence of violence against children by family members is starting to be more widely recognised and documented. For many children, the daily reality at home is marked by domestic violence, neglect, ill-treatment and abuse by family members. Violence against children is often hidden behind a curtain of silence and social indifference.

Legislation to protect children from violence in the home needs to balance two fundamental human rights: the right to privacy of family life and the inviolability of the home; and the right of the child to freedom from violence. Both rights are firmly anchored in the UN Convention on the Rights of the Child: States Parties are required to respect the responsibilities, rights and duties of parents (article 5); the best interests of the child should, however, be their basic concern (article 18, paragraph 1); moreover, the Convention unequivocally enshrines children's right to be protected from violence in all its forms.

The UN Study on Violence against Children (2006) identified a number of measures that countries should take to prevent violence against children at home, such as:

- impact assessment of public policies on families
- promotion of social services for parents and families, including early childhood care and education for children
- implementation of home visitation and good parenting programmes that are culturally appropriate and gender-sensitive
- strengthening of economic and social safety nets to support families with children.

The development of an explicit framework prohibiting violence against children in the family and providing

> Research shows that there is much on which
> the law can build within the family itself.

for family- and child-sensitive justice systems is also among the measures recommended by the Study.

When it comes to protecting children from violence in the home, the law can play a critical role in violence prevention, including by promoting good parenting and positive discipline, by encouraging change in attitudes and behaviour, and by framing governmental action and the provision of social services in support of families' child-rearing responsibilities.

Research shows that there is much on which the law can build within the family itself. For example, a recent UNICEF survey on child disciplinary practices at home, conducted in 35 developing countries[1], found that some 75% of children aged 2–14 years were subjected to some form of violence (UNICEF, 2010). However, while many primary caregivers resorted to violent discipline, the large majority of them indicated that they did not believe there was a need to resort to violent measures for promoting children's upbringing. These indications open perspectives for investing in good parenting and positive discipline approaches.

There is promising evidence that good parenting programmes can go a long way in bringing down levels of violence within the home and preventing violence from taking place in the first place. Research conducted in the United States (Prinz *et al.*, 2009) found that such efforts can have significant effects on the

incidence of child maltreatment, out-of-home placements and recorded child injuries. The evaluation also showed the economic impact of such programmes, which revealed a high return on resources invested in them. Legislation provides legitimacy for such policies and interventions, and for the allocation of adequate resources to ensure their steady enforcement. Without a solid basis in law, policy and action risk being piecemeal and easily sidelined when other priorities demand governmental attention.

Legislation is also highly valuable when used in support of public information, social mobilisation and behaviour change. Where violent and harmful practices persist behind deeply entrenched traditions, legal reform can open avenues for mobilising key actors and institutions, including religious leaders, local authorities and parliamentarians, and can support efforts aiming at the abandonment of those practices and encouraging positive discipline and the education of children through non-violent means.

In support of targeted advocacy and public awareness initiatives, legislation can help to overcome the taboos and stigma that often surround discussion of violence in the home. Prohibiting in the law all forms of violence against children in the home sends a clear message to society that such violence is unacceptable (UNICEF, 2010: 62).

Violence against children in the home is often hidden, and child protection agencies and law

enforcement officials are usually only allowed to intervene when a credible threat to children has been recognised. Given these inherent limitations, the role of legislation in supporting families and promoting changes in attitude and behaviour becomes even more relevant – especially for young children, who are less able to complain about violence and seek support.

The role of legislation in supporting reporting mechanisms
Legislation is equally important in the sensitisation and capacity building of professionals working with and for children, providing the necessary knowledge and skills to prevent, detect and effectively address any incident of violence. Indeed, legislation helps to provide professional and ethical guidance for children's protection from violence, and clarifies proceedings for mandatory reporting and referral, and for supporting child victims and witnesses in an effective and ethical manner.

In many countries easily accessible, child-sensitive, confidential and independent counselling and complaint mechanisms remain unavailable or ill-resourced, and professionals working with children tend to feel reluctant to address cases of violence, or to report or refer them to relevant bodies and institutions. Children feel frightened to speak up, and may be ignored and harassed when they dare to report incidents of violence. And yet, it is at these moments that they particularly

need to feel reassured that they are listened to in a safe and confidential manner, that their testimonies will not be disclosed or misused, and that their protection will not be put at further risk. Strong legislation can help frame effective actions to this effect.

The need for safe, well-publicised, confidential and accessible mechanisms for children to report incidents of violence was a serious area of concern addressed by the UN Study on Violence against Children. The Study recommended their establishment, including through telephone helplines which children can access to report abuse, speak to a trained counsellor in confidence, and ask for support and advice. It underscored the need to make all children, including those in care and justice institutions, aware of the existence of complaint mechanisms, and recommended that in every locality and every setting there should be well-publicised and easily accessible services to investigate reports of violence against children.

In a recent report to the United Nations Human Rights Council, which I developed jointly with the Special Rapporteur on the Sale of Children, Child Prostitution and Child Pornography, we found that there is an urgent need for countries to establish child-sensitive mechanisms where children can seek advice and report incidents of violence (United Nations Human Rights Council, 2011). At the national level, although actions have been taken by many governments, as

well as by ombudsmen for children, NGOs and community-based organisations, these efforts remain fragmented and insufficient to secure children's protection from violence.

One of the main shortcomings identified in our report is that, almost everywhere, existing mechanisms lack a firm basis in legislation, which compromises their legitimacy and sustainability. To overcome this challenge, the report put forward a set of guiding principles and recommendations, including to ensure that child-sensitive mechanisms are established by law, with a well-defined mandate; they are guided by the best interests of the child and informed by children's experience and perspectives; they are well-publicised and accessible to all children, without discrimination of any kind; and they secure children's safety, ensure confidentiality and a prompt and speedy response and follow-up. With a robust national legislative framework these principles and recommendations can be effectively enforced and translated into a protective environment for children, everywhere and at all times.

Global progress and success stories
In 1979, Sweden became the first nation to enact explicit legislation banning all forms of physical punishment or other emotionally abusive treatment of children, including within the family. The adoption of this legislation was supported by an information campaign

to encourage the successful upbringing of children without violence. A brochure was distributed to all households, and advocacy materials and awareness-raising initiatives promoted around the country; children's and antenatal clinics also joined the campaign.

Law reform had a critical impact on attitudes and behaviour in Sweden. Over the years, there has been a clear decrease in violence acceptance and use, as families have learned new ways to raise their children, reward positive behaviour and promote alternative positive discipline.

In all regions of the world, more and more countries are working incrementally towards comprehensive prohibitions on violence. These efforts are, however, so far insufficient. Less than 5% of children around the world are legally protected from all forms of violence in all settings. In fact, only 29 countries have legislation prohibiting violence in all contexts, including in the home, in schools, and in care and justice institutions. Most of these countries are in Europe – although New Zealand, three Latin America nations and, since 2010, two African countries have also joined this movement. Kenya, for example, included in its new Constitution, adopted in 2010, the right of the child to protection from abuse, neglect, harmful practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labour.

There is promising evidence that good parenting programmes can go a long way in bringing down levels of violence within the home and preventing violence from taking place in the first place.

Photo: Peter de Ruiter/Bernard van Leer Foundation

Such significant developments need to be encouraged and scaled up. It is also crucial to close the gap that often exists between law and practice. Steady efforts are needed to ensure that protective legislation is known and enforced, that it permeates the work of institutions and shapes the training and ethical standards of professionals.

As the United Nations Special Representative of the Secretary-General on Violence against Children, I am strongly committed to promoting a meaningful and effective follow-up to the United Nations Study on Violence against Children by all countries of the world. The responsibilities of governments are well defined in international human rights law, but to be effective they need to be translated into real progress for children.

Legislation is a critical dimension of this process. It is the solemn expression of the political commitment of a country to work towards violence prevention and response, and to safeguard children's dignity and physical integrity at all times; it ensures the protection of victims and witnesses and it frames their redress, recovery and reintegration; and it constitutes an indispensable tool for fighting impunity when child rights violations occur.

For this reason, law reform to prohibit all forms of violence against children is a priority for my mandate. By engaging with children, and by working with governments and other stakeholders, including parliamentarians, national independent human rights institutions, civil society actors, and regional and international organisations, it is my hope that we can see a sea change in this area and build a world where violence has truly no place.

Note
1 The study addresses the situation of children corresponding to 10% of the child population in developing countries.

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The Dutch RAAK regional approach to child abuse

Jeanet van der Korput, Programme Officer the Netherlands, Bernard van Leer Foundation

Funding cuts are threatening progress made in the Netherlands over the last decade on tackling child abuse. As responsibility is decentralised to municipalities, the Bernard van Leer Foundation is funding a new monitoring system to keep violence against children – and especially the under-4s – on the political agenda.

Every year, more than 100,000 children experience or witness violence in the Netherlands, more often in the household than anywhere else. As child abuse is more prevalent among the under-4s than in older age groups[1], the Bernard van Leer Foundation (BVLF) chose to focus on that age group in its country programme on reducing violence. All the more so because it is known that, beyond its immediate effects, experiencing violence in early childhood is linked to the development of various disorders such as obesity, cancer and cardiovascular diseases in later life[2].

Our strategy depends on keeping violence and child abuse on the political agenda in the Netherlands, and ensuring commitment and action from both government and civil society. We have a three-pronged approach, combining advocacy, practice and knowledge:

1. Pressure the Dutch government to invest resources in addressing domestic violence and child abuse.
2. Work in specific disadvantaged neighbourhoods to change deeply held social norms and values around child rearing, gender and violence.
3. Influence practice by encouraging municipalities to use home visiting programmes linked to other social services as a method of preventing violence in the family.

Central to our strategy in the Netherlands is ensuring that the progress made over the last decade by the RAAK programme (*Reflectie en Actiegroep Aanpak Kindermishandeling* – Reflection and Action Group on Child Abuse) is embedded and sustained. The programme was founded in 2000 by psychiatrist Professor Andries van Dantzig, together with Dr Jan Willems of the University of Maastricht and Stan Meuwese from Defence for Children. RAAK aimed to make child abuse an issue on the political and societal agenda from a child rights perspective. In November 2000, BVLF financially supported RAAK's first political manifesto – a ten-point list which formed the basis of active lobbying among policymakers, public servants and members of Parliament to put child abuse on the political agenda.

As part of a rethink that spanned the full spectrum of responses to child abuse, RAAK developed a more effective approach to prevention and early detection by linking services and helping professionals to collaborate. Professor Jo Hermans

and Myra ter Meulen translated this new approach into pilot projects, for which they received subsidies from the Ministry of Health, Social Welfare and Sport in 2002. The fact that 23 municipalities expressed an interest in participating in the pilot projects in itself indicated that the need for improvement was widely recognised. Four were chosen – Amsterdam Noord, Flevoland, Westelijke Mijnstreek and Zaanstraak Waterland – and the pilots ran from 2003 to 2006.

National roll-out of the RAAK approach
The pilots showed that the approach was successful. There was a very obvious increase in professionalisation of all stakeholders and an increase in care provision. Protocols on child abuse were developed, functional centres for parents and children were set up, and the coordination of services improved. This was recognised by the Ministry of Youth and Families, which in 2007 announced that the approach would be rolled out countrywide over a period of 3 years by the Netherlands Youth Institute.

Six organisational milestones were introduced per region: a signed formal commitment, the appointment of a regional coordinator, and the establishment of a baseline, a regional work plan, an action plan and an educational plan. Changes have been implemented to existing structures and policies at regional and municipal levels, focusing on prevention, early

recognition, reporting, training of professionals, and more effective collaboration between professionals working in education, healthcare, women's refuge shelters, welfare, housing and the police.

The Ministry has approved 175 million euros to finalise the RAAK process in 2011. However, the new government has announced drastic cuts in the budgets for social issues such as child abuse and domestic violence, so that money will not be available again. Next year, funding will need to be found by municipalities, whose budgets are likewise already under pressure. The new approach will depend on local commitment and municipal capacity in order to continue at the same level of quality and to become embedded.

In this new, fiscally challenging environment, how can we ensure that the programme is sustained and child abuse is kept on the agenda?

Monitoring and transparency
The Foundation is contributing to this effort by funding the development of a monitoring mechanism for municipalities, as well as providing funds for implementation experts to continue advising municipalities for a further period. The Netherlands Youth Institute has recently embarked on the design of this new monitoring system, which will be implemented in 2011. It will take the form of a website 'dashboard', which is currently under development, on which indicators can

Housing corporation *Elan Wonen* signal child abuse and domestic violence

Among the various stakeholders involved by RAAK are housing corporations. These are independent organisations which manage the provision of social housing to low-income families on behalf of municipalities in the Netherlands. Their role involves frequent contact with families living in the housing they manage, which places them in a position to notice where problems with child abuse may be occurring. The RAAK coordinator in North Holland approached *Elan Wonen*, a housing corporation which manages accommodation for around 7000 families, and together they developed a protocol called 'Early signalling and registering domestic violence and child abuse for housing corporations'. The protocol includes specific training for personnel to be able to be alert to signs of domestic violence and know where and how to report it. Other housing corporations are taking up the protocol.[3]

be constantly updated and accessed by municipalities.

The monitoring system will support municipalities in becoming more transparent in their reporting. It is planned that every 3 months coordinators of local child abuse initiatives will report about progress on training on the reporting code, the implementation and use of protocols,

By enabling municipalities to report on their policies and progress in a transparent way, the new monitoring system will shed light on activities that are specifically focused on the under-4s, the availability, quality and reach of services on child abuse and domestic violence, and local prevalence of child abuse.

Photo: Tom Adriaenssen

participation in e-learning, the effects of activities, and the investments their municipalities have made. The system will make it possible to see clearly how municipalities track their work plans and what they are doing to prevent child abuse. By looking at the website, municipalities will be able to find out how far they have progressed in implementing the initiative in comparison with others, and to see

what good practices in other regions they might profit from.

To ensure that the monitoring system will actually be used, interviews and workshops were organized with stakeholders including regional coordinators and representatives of various municipalities. These evaluated current RAAK progress reports and identified which indicators the stakeholders found useful. We learned

that stakeholders strongly favoured a transparent, digital system on which indicators could be constantly updated, rather than static paper reports.

Stakeholders also stressed the need to be able to make 'fair' comparisons, controlling for locations with the highest-risk populations, to be able to see who is doing a good job. So far, local information about prevalence of child abuse has been limited to

'*Kinderen in Tel*', an annual report which collates data relating to Dutch youth, and reports on referrals of child abuse to the *Advies- en Meldpunten Kindermishandeling* (AMK) (the Advisory and Registration Bureau for Child Abuse). These reports are good for advocacy and help to put child abuse on local agendas. However, a new prevalence indicator (the 'youth

reach 97% of new parents. Making connections between data from these various sources will enable the monitoring system not only to assess the prevalence of abuse against under-4s, but also to look at how successfully various interventions funded by the health and education ministries of the Dutch government are reaching and protecting children.

of child abuse. We at the Bernard van Leer Foundation believe this is a good strategy to safeguard as much as possible the progress of the last decade, to make the youngest children visible, and to keep child abuse on the political agenda in difficult times.

Notes
1   National Prevalence Study.
2   The Adverse Childhood Experience (ACE) Study (http://www.acestudy.org).
3   Source: RAAK Newsletter Year 2, no. 1, 2010.

> In this new, fiscally challenging environment, how can we ensure that the programme is sustained and child abuse is kept on the agenda?

monitor') is being developed, based on national child abuse prevalence studies, which will acknowledge differences in socio-demographic determinants such as socio-economic status, degree of urbanisation, ethnic composition and age. The monitoring system will combine these two measures to develop indicators that local policymakers will perceive as fair and will therefore take seriously.

The Foundation's involvement has ensured that a separate section of the website will be developed for children aged 0–4 years. This will bring together prevalence data from AMK, disaggregated for the youngest children; data from hospitals, on child abuse and suspicions of child abuse; and data from health centres for children and families, whose services

The challenges ahead
The expected decentralisation and reorganization of policy for Dutch children and young people will bring about profound changes in responsibilities, on children in general and child abuse in particular. It will be challenging to ensure the durability of the monitoring system in this very dynamic context – but these changes are precisely why we need more valid, transparent, and supportive information.

By enabling municipalities to report on their policies and progress in a transparent way, the new monitoring system will shed light on activities that are specifically focused on the under-4s, the availability, quality and reach of services on child abuse and domestic violence, and local prevalence

Full rights for all boys, girls and adolescents

Defence centres for children and adolescents in Peru

Cristina Molina, Child Protection Unit, United Nations Children's Fund (UNICEF) Peru

As a result of the commitment made by Peru to subscribe to the Convention on the Rights of the Child, the Children and Adolescents Code was proclaimed in 1992. The Convention contained the proposal for setting up the Defence Centres for children and adolescents, a specialist and specific service for promoting and defending the rights of this sector of the population. The service was created to meet the objective of responding to the needs of young children, who are still developing and are more vulnerable than adults.

**(Ana María Romero-Lozada L.,
Minister for Women and Social Development, Peru, 2004–2005)**

To meet its obligations as a signatory to the Convention on the Rights of the Child, in 1993 Peru set up Defence Centres for Children and Adolescents (*Defensorías del Niño y del Adolescente*, DNAS) – a free specialist service for promoting, monitoring and safeguarding the rights of boys, girls and adolescents in Peru that works with public and private institutions and civil society organisations. There are several kinds of defence centres, the three most widespread models being based in municipalities, schools and communities.

Municipal Defence Centres for Children and Adolescents
(*Defensorías Municipales del Niño y del Adolescente*, DEMUNAS) are the only ones that receive a designated budget from the State. Generally, they are run by an ombudsman with the support of one or two qualified people such as psychologists or lawyers, and sometimes with additional support from volunteers. If the team has no psychologist, the ombudsman can refer cases to professionals in the nearest mental health department.

DEMUNA teams try to ensure that anyone approaching them to report a violation of a child's rights feels comfortable and confident enough to discuss their problems and, if appropriate, to make a formal report. It is also essential that everyone involved in a particular case can talk about it separately, so the ombudsman has all the information they need to decide on the course of action to be taken. In the event of a crime having been committed – for example, sexual abuse – the ombudsman can get the police involved or go directly to the prosecution service so that appropriate legal proceedings can be started.

If legal proceedings are not needed, DNA personnel are qualified to mediate in an approachable, personal and friendly way. Their mediation is carried out impartially and in complete confidence, under the guiding principles of ensuring the child's best interests and respecting their status as an individual with full legal rights.

School Defence Centres for Children and Adolescents (*Defensorías Escolares del Niño y del Adolescente*, DESNAS) are, as the name suggests, based in schools and colleges. This service is based on the conviction that boys, girls and adolescents should be the ones who take leading roles to support and defend their classmates:

> *In the DESNAS, students take the defence of their interests into their own hands. They guarantee their registration, fight against all forms of abuse and promote joint action. It is important that friendly schools also lead the way in providing care and a place for listening that enables an ongoing space for citizenship to function normally, providing the best possible conditions for teaching practice and learning.*
>
> (David Roca Basadre, Head of the Guardianship and Comprehensive Prevention Office in the Peruvian Ministry of Education, 2002)

The defence role is carried out by one or several teachers, teaching assistants or administrative staff in the school. These are usually people who are well liked and respected, both professionally and personally, by the students. They also need to be sensitive to topics affecting childhood and show a confidential and conciliatory approach, and they should possess a good level of self-esteem and professional balance. This model has produced some good results. Adolescents are starting to

demand that their rights are respected, and show willingness to report cases of physical, psychological and sexual abuse even in the face of shame and fear about possible reprisals.

Community Defence Centres for Children and Adolescents (*Defensorías Comunitarias del Niño y del Adolescente*, DECONAS) developed out of the social commitment of grassroots organisations, community

> The defence role is usually carried out by people who are well liked and respected, both professionally and personally.

associations, neighbourhood councils and rural and indigenous communities. Their rural work means that they tend to be based far away from town centres. They are recognised as public authorities, but the ombudsmen provide their services on an unpaid basis. This means that setting up a Community Defence Centre involves the need to train working teams.

The voluntary nature of the work of the DECONA centres has produced some contradictory results. Although it guarantees their sustainability and ensures they are well run, it can also prove to be their greatest threat. The work of volunteers would not be possible without ongoing training and money to cover running costs, even though some ombudsmen argue

that they should be salaried and permanent.

The need for more data collection and evaluation
There are currently more than 2000 DNAs across the country, and they are places that people recognise immediately. The number of registered cases they have dealt with has reached 160,200,[1] a figure that includes problems with maintenance

payments, recognition of offspring, registering births, school registration, family violence, crimes against sexual freedom, neglect, visiting and custody arrangements.

The DNAs intervene in such issues in three main ways:
- **promotion**, which involves actions aimed at changing people's attitudes, views and behaviour
- **vigilance**, which involves informing and mobilising the population and asking them to monitor the authorities, and
- **attention** to the rights of boys, girls and adolescents.

There is ample anecdotal evidence that DNA services are vital and have helped many people, even the ombudsmen themselves:

Being an ombudsman has taught me how to deal with my family and how to deal with my self-esteem, which allows me to give advice to other women so we won't be mistreated.

(Woman aged 34, Cotaruse)

and now I'm more in control, nobody helped me before.

(Woman aged 27, Canua)

However, it is strikingly difficult to convert such qualitative stories into quantitative data. About half of the Defence Centres are registered with the

> There is ample anecdotal evidence that DNA services are vital and have helped many people, even the ombudsmen themselves.

It's helped me to understand that I shouldn't tolerate insults or any kind of similar behaviour in the community. The Defence Centre has taught me that I should respect every single one of my child's rights, my husband's rights and my own rights, and that I shouldn't live like some other cases where couples don't see eye to eye or they resort to fighting. Sometimes I look at my child when he's doing his homework and sometimes I look at myself as a mother and I can see I've changed, I can't really explain it very well.

(Woman aged 30, Ihuayllo)

Before I started with the Defence Centres I didn't know my rights, the words didn't come easily to explain them. Now I've been trained it's helped me to control my own problems too. I think I've changed

Childhood Issues governing body, which comes under the Ministry for Women and Social Development (MIMDES) – but nearly 20 years after the first centres were set up, there is still no institutionalised system for gathering information, and very few DNAs report to MIMDES. Even in cases where there is mistreatment and sexual abuse, there are no data available for individual age groups; this is connected to the fact that DNAs have no specialist or exclusive care for young children aged from 0 to 5 years.

Implementing a single system for gathering and compiling data, as well as carrying out a systematic analysis, is essential for getting a better idea of the circumstances surrounding children and adolescents in this country, what kinds of problems are affecting them and in which environment – urban, Andean rural or Amazonian rural. It is also essential for demonstrating

The Andean Child Defence Centre: a factor for controlling child abuse

In the late 1990s, the Bernard van Leer Foundation funded the programme *'Wawanchik allin kasawasanampaq'* ('So our children have better lives'), the objective of which was to prevent and reduce child abuse in Andean rural families. It was developed by the Huancavelica Institute for Economic and Social Research and Development (known as INIDES) and was carried out in 11 rural communities in the Huancavelica region.
Among other things, this involved setting up the Andean Child Defence Centre (known as DENA), a community institution recognised as a public authority with the capacity to punish child abuse. DENA is composed of seven members chosen by their own community and a district police officer. It works by making home monitoring visits to families and receiving reports from people affected by, or from anyone who may have witnessed child abuse. DENA assesses these reports, checks them and issues what it considers to be a fitting punishment.
Internal assessment of the project (Villa Riveros, 2002) revealed a 60% reduction in child abuse, notably abuse perpetrated by young parents. This reduction is attributed mainly to their greater awareness of the negative effects of abuse on children's development. At a workshop carried out with parents, they expressed respect for DENA but also fear of being reported; this was specifically highlighted as a deciding factor in controlling child abuse.
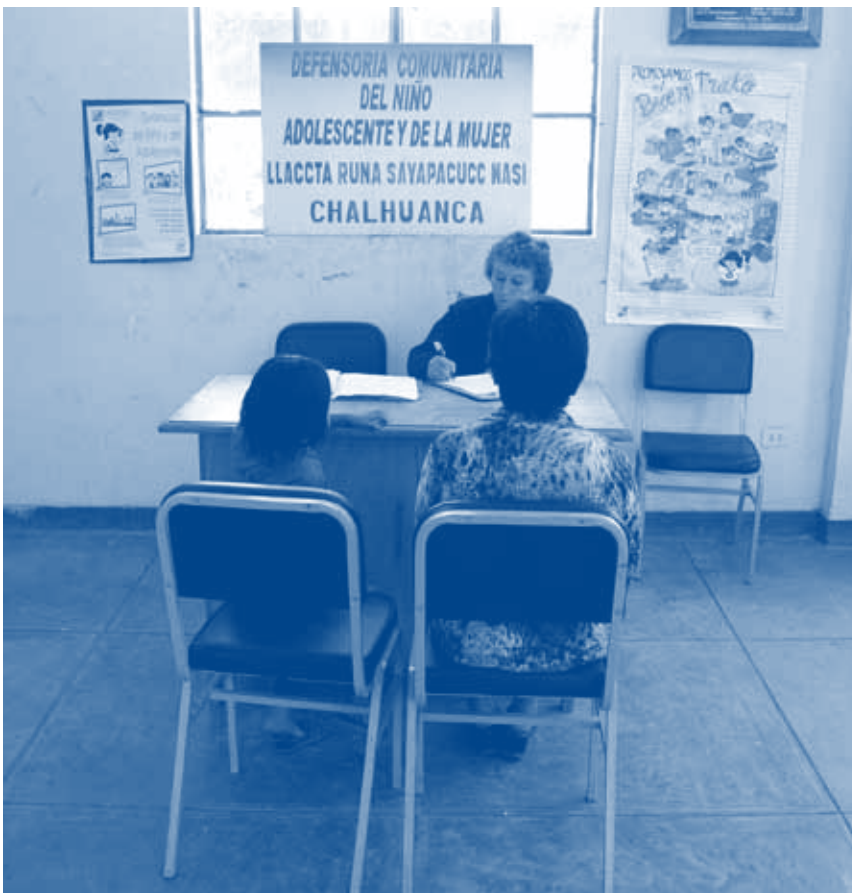
After careful consideration, we believe it is important that the Peruvian state takes steps to institutionalise the operational running of the School and Community Defence Centre services, whose members carry out their duties on a voluntary basis. We should also continue to strengthen the links between the various Defence Centre models and other services at local, regional and national level, with the aim of implementing the Integrated Child and Adolescent Care System and ensuring that ombudsmen receive ongoing training and supervision.

Note
1   Latest information compiled in 2009 by the Ministry for Women and Social Development (MIMDES). The 160,200 cases were dealt with by 273 DNAs out of the 2000 Defence Centres currently up and running.

References
Villa Riveros, M. (2002). *Prevención del Maltrato Infantil (Child Abuse Prevention).* Huancavelica: INIDES

unequivocally the impact and importance of the service, to create political pressure to continue it:

The defence centre system is not clear on how much responsibility falls to the State for supporting it. Concerns for the sustainability of the defence system is an ongoing issue for those involved in the Integrated Child and Adolescent Care System. An analysis of this problem is currently being carried out with a view to coming up with proposals and devising a new guidance framework to ensure the State maintains these vital services.
(Sandra González,
Institute of Legal Defence, 2005)

Preventing violence against children: a view from the Oak Foundation

Florence Bruce, Director, Child Abuse Programme, Oak Foundation, Geneva, Switzerland

The Oak Foundation funds a variety of approaches to reducing violence against children around the world, especially sexual violence. In this article the Director of Oak's Child Abuse Programme, Florence Bruce, reflects on what they have learned about approaches that work.

With the United Nations Secretary-General's Study on Violence against Children (2006), and the subsequent appointment of a Special Representative, Marta Santos Pais, violence to children has finally come to the fore of the global political agenda. Now we need more effective responses for governments to better protect their nation's children.

Although Oak's key focus is sexual abuse and the sexual exploitation of children, sexual violence to children rarely exists in isolation of physical and psychological violence. We have learned much from working with those who survive violence, whether it was perpetrated within their own family – by far the greatest number of cases – or by neighbours, caregivers such as teachers or health workers, those working in institutions with children, community members, church leaders, and so on.

Oak's child abuse programme has, over the past 10 years, supported civil society groups who work on both broad-based primary prevention campaigns and targeted interventions for children and parents at risk of violent behaviour. The development of an effective first line of response within the child's immediate community, as a necessary complement to official child protection systems and services, is an important feature of early intervention programmes.

Below are seven areas that are worthy of greater investment.

1 Changing perceptions of children
One of the biggest hurdles to overcome in tackling violence against children is societal attitudes and perceptions of children. Their status is low. They are seen as possessions of adults rather than as individuals with thoughts, feelings and ideas of their own. Do we *really* accept the idea that children are individuals with their own rights?

We know that attitudes can be challenged successfully. In 2005, the Nobody's Children Foundation (NCF) conducted surveys to measure the attitudes and awareness of public and professionals on questions related to child abuse, before running media campaigns in Poland and in six other countries of Eastern and Central Europe with NGO partners[1]. The campaigns were conducted at national level, professionally led and with the support of media and public relations groups, and involved the exchange of experiences between the different countries.

When the surveys were repeated in 2009, significantly more of the public

said they were convinced that children should never be physically punished. Attitudes also shifted in the teaching profession. The number of teachers who had no opinion on corporal punishment decreased significantly and in most of the countries more teachers said they were ready to take action when a case of child abuse came to their attention.

2 Listening to children

Closely related to changing perceptions of children, we need to put into practice the idea that children have a right to be consulted in matters affecting them. Do we fundamentally believe they have something to contribute to society? Are we ready to listen to them *and* to hear what they say? Are we willing to act on their suggestions? Do we accept that a child is not to be laughed at, criticised, undermined, humiliated – adults do not enjoy this, why should children?

Children's helplines are an important way to listen to children who have no access to attentive adults. Helplines are also a part of an informal system of care that needs to be connected to official responses if children's lives are to be saved. Oak has supported the development and functioning of children's helplines in many countries and is also a partner with Child Helpline International, the network that supports their development around the world.

It is also important to recognise the role of children as advocates. We saw the power of such advocacy when a group of children and young people in domestic work came to Geneva last year to lobby the International Labour Organization (ILO) Annual Conference as it developed a Convention on domestic work. They gave their views and expertise on this draft convention, based upon the realities of their own lives and on consultations with domestic workers in several countries on three continents.

It was a first in the ILO setting and an experience that we hope will be repeated when issues regarding children are discussed. Helping children to find a voice, use it effectively and shape their own futures is among the greatest challenges facing adults in the coming years.

3 Tackling legal and social norms together

Oak funds the Global Initiative to End All Corporal Punishment of Children, which brings together many of the world's major national and international actors on violence against children. Together they campaign at regional and national levels for legal changes, which in turn creates national-level discussion on social norms about childhood.

Working on legal and social norms together is a powerful way to change attitudes. In no small part through the Global Initiative's efforts, 29 countries have now banned corporal punishment while another 23 are committed to doing so in the near future. While this is only part of the issue of violence to children as a whole, making progress on this front has important repercussions for preventing all forms of violence.

There is, of course, much more to be done. While a majority of countries have now prohibited all forms of corporal punishment in schools, for example, there are still 43 countries which authorise sentencing of children to corporal punishment in their penal systems – some of which include whipping or flogging of children.

4 Challenging traditional male roles

There is a growing focus on the roles of men as caregivers and as driving forces in reducing violence against women and children. A partner of Oak in Ethiopia, Hiwot, has carried out important work in exploring male roles within their communities, including their parenting roles. They have reached out to male leaders to discuss gender-based violence, and as a result some local government offices have joined the fight to engage men in ending violence to children.

Oak has already asked Hiwot to train all our partners in Ethiopia in how to work with boys and men in their social projects, and one of our priorities in the coming years is to roll out this type of work throughout the African continent.

5 Helping parents be parents

Good parenting is fundamental to reducing violence to children.

Closely related to changing perceptions of children, we need to put into practice the idea that children have a right to be consulted in matters affecting them.

Photo: Jon Spaull/Bernard van Leer Foundation

Although care is culturally defined, everywhere today poverty and other stressors are putting immense pressure on parents and families. It is important that parents should be able to find support in their parenting role, and to ensure that parental stress does not lead to neglect or violence.

There is a need to develop the evidence base about what kind of parenting interventions are effective in reducing abusive parenting, increasing positive parenting behaviours, and improving parent–child relations. To that end, in South Africa Oak is supporting the Sexual Violence Research Initiative to review interventions on parenting and the prevention of child maltreatment in low- and middle-income countries.

Oak is also supporting civil society actors in Switzerland to provide advice and support on parenting, and in six Eastern European countries the NCF is implementing a programme called Good Parent Good Start to empower first-time parents and parents of small children to identify problems and find non-violent solutions.

6 Phasing out institutionalisation

There are many settings, beyond families, in which violence and abuse occur. Among these, Oak has been exploring abuse in residential care settings. Through our partners, Oak helps ensure that early warning systems are in place to pre-empt violence to children who are placed in institutions, such as the Keeping Children Safe

programme, and we support countries that are challenging institutionalisation as a protective response – for example, in Bulgaria.

While we hope to support high-level technical resources for the Bulgarian government in implementing its de-institutionalisation strategy, we have also funded experimentation with alternatives to avoid recourse to institutionalisation through a partnership with the Tulip Foundation in Bulgaria. Small grants to community groups are supporting, for example, parents of disabled children in their parenting functions. Family-to-family support groups have also been set up to help families negotiate challenging times.

7 Strengthening community responses

While national-level child protection systems are fundamental, in the short term nothing can replace an effective response by those closest to children and families: the friends to whom children turn in need; the community groups that support and counsel parents; schools; health centres; and other caring adults. Together these provide the first line of response for children suffering from violence.

A key part of Oak's work has been to consider these systems of protection that are closest to children and to ensure that community groups integrate the issue of violence and the protection of children in community discussions. In countries of eastern

Africa, Oak has supported 'community conversation' methodologies to ensure that concerns about protection are not overlooked in community discussions. But communities must be able to count on the formal state system of protection to ensure that justice is done when children have been abused.

A major feature of our learning agenda has been support for a global inter-agency initiative, coordinated by Save the Children, to ensure that lessons are being learned from community protection responses around the world and that these are fed back into practice. Oak's work in Uganda in 2010 led to a new report on the situation of child protection in that country, which includes a discussion on how the informal network of community responses could be better connected to the formal system (Yiga, 2010). It will be important to see how these connections play out in the field.

Note
1 The Childhood without Abuse project (http://www.canee.net/oak/project_description).

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Creating violence-free childhoods: what will it take?

Dipak Naker, Co-Director, Raising Voices, Kampala, Uganda

Violence against children is a complex problem that requires a holistic solution. In this article, Uganda-based Raising Voices explains the different elements that are needed to add up to sustainable change – integrating approaches at multiple layers of the social ecology such as institutions, values, capacities and practices.

Imagine this as your reality: virtually all your friends say that the adults who are supposed to protect them humiliate them, shout at them, and do not prioritise their needs. Imagine that a third of your friends experience a beating at least once a week, and two-thirds of your friends at school say that they are beaten frequently. One in five of the girls you know tells you that her first experience of sex was coerced, and three-quarters of the girls tell you that they have experienced some form of sexual violence, ranging from assault and harassment to uninvited touching. What's more, one in eight of the boys you know says that he too has experienced some form of sexual violence.

Imagine this further: that even though all this is 'known', no one talks about it. You are certainly not allowed to challenge the adults, and there is nothing much you can do: there is nowhere you can go to report your complaint and, if you did, nobody would take your grievances seriously. You feel rage and a profound sense of injustice, and you have no outlet for these feelings. If you are in an earlier stage of your childhood, you do not even have the ability to articulate what you are feeling, and you learn that this is just how things are. You accept that when there is nothing you can do, it is better to focus your energy on surviving instead of fighting back. So you begin a lifelong journey of editing your feelings, your sense of outrage, and learn to be compliant. In important ways you learn that you can't truly express how you feel, and what you think, because that would not be an acceptable way of behaving.

Does this sound like an excessively bleak picture? That is how 1400 children we talked with described their childhood (Naker, 2005). Admittedly, it is not the whole picture. Many children do overcome the disadvantages of such a childhood and manifest joy and laughter in their lives. They do learn to cope with this reality and, despite its burdens, thrive and achieve and even succeed. But many don't cope, and none should have to.

Almost every child we talked with said there was too much violence in their life and they wanted something to be done urgently. With foresight and wisdom way beyond their age, many of them asked, 'If we spend our childhood in anger, being humiliated, ignored and marginalised, what kind of a future will we create?' Such clarity creates an imperative to act and, understandably, many agencies develop an emergency response. However, as a result of years

of experience, we have learned that good intentions alone are not enough. We need to think hard and interrogate our approaches before pouring resources into them. We have to resist appeasing our conscience in the short term, and think harder about what will work in the longer term.

At Raising Voices, as a result of these conversations with children and a similar number of adults, we engaged in searching for approaches that might work in the longer term. The following is a brief summary of what guided our thinking and ultimately what we emerged with as a framework for a way forward.

Listening to children: what do children think of violence against them?

Our first insight came from children who educated us about what violence against children means to them. With examples and emphasis, they described their feelings about violence in interpersonal relationships not as an *act*, but as the *context* of a relationship. The violence lived in the tone of the relationship, and thrived in the structure of relationships designed to keep children intimidated and passive in the presence of an adult.

'It was not about how hard he slapped me, or how loud he shouted, but about feeling a knot in my stomach every time he was in the room, or even when I thought about him,' one girl declared. The fundamental character of the relationship was a lack of accountability and that the adult could do whatever they liked and there was nothing the child could do about it. Cutting through the morass, children instinctively homed in on what we all look for in interpersonal relationships: respect, justice and perhaps a bit of warmth. Lack of those things, they understood without having the words to name it as such, was the root of all subsequent acts of violence against them.

Secondly, children cautioned against caricaturing their parents or teachers as one-dimensional perpetrators of violence. These same adults were also providers and educators and a source of love and protection, especially for the very young children. They needed these adults in their lives and did not want a wedge to be driven between them. That is why, for example, they were not looking for punitive interventions. They simply asked for a credible agency to broker a dialogue that would shift this most important set of relationships in their lives to something more equitable and rewarding.

Thirdly, they sought a broad-based intervention, not just one centred on the immediate offender. One 17 year old said, 'Don't just talk with my father or the teacher but talk to everyone who talks to my father and my teacher. Talk with the school and also the local leaders. Talk to our neighbours and their friends and my friends too. Don't forget that children are living through this and so they have important things to say about what should happen.'[1]

Fourthly, they asked us to think beyond the rhetoric. 'We need places and people we can go to when things go wrong. We need someone who will listen. Someone who will understand and be willing to see my side even if that means speaking out against a grown up,' said one child. 'Better still, we need adults who are different and show other adults what it's like to be differently with children,' interjected another.

> 'Better still, we need adults who are different and show other adults what it's like to be differently with children,' a child said.

There were many other nuanced things that children told us about what it was like to live in a violent childhood. We have spent the better part of the past 5 years responding to these issues and creating practical and long-term interventions that broker a dialogue, create capacity to engage at a local level, and develop infrastructure for this alternative model of adult–child relationship to take root in Uganda. The following are some reflections that emerged during that process.

What needs to happen to prevent violence against children?
It has become clear that violence against children is a complex problem with deep roots in social norms and the power dynamics of interpersonal relations. The problem is compounded by acculturation over generations and therefore requires a holistic response. Achieving social transformation around such an issue calls for calibrated interventions that are rooted in analysis, and action at all levels of the community's social ecology. This transformation involves working through four interdependent and synergistic drivers of change.

Creating a national dialogue about how we relate with children
In view of children's insistence that interpersonal violence is contextual, and not merely an event or an act, our core focus must be on the nature of the relationships between adults and children. This may sound like a daunting enterprise given the intimate nature of such relationships, but if we recognise that individuals are part of a social ecosystem and that their beliefs, attitudes and behaviours are deeply influenced by their social environment, then we begin to see opportunities for fostering a dialogue without being intrusive.

In the Ugandan context, and presumably elsewhere too, given that the social ecosystem is in a state of flux, with values, identities and even 'culture' evolving rapidly due to a wide range of forces, these interpersonal relationships are increasingly organic and contextual. Therein lies a profound opportunity to transform the experience of childhood, particularly in relation to younger children, where adults may be more open to exploring their competencies and preconceived notions of what parenthood means.

However, this opportunity is contingent upon creating a dialogue that is incubated with some degree of expertise. As a facilitator of this dialogue, it is important to bear in mind that change is a process. Individuals need to hear an idea from multiple trusted sources. They need time to assimilate its import, to experiment with its implications, and finally they require support to integrate the idea into their behaviour. Thus the dialogue needs a sound theory of change underpinning its execution and guiding the sequencing of innovations. This will ensure that individuals are not being asked to change their behaviour when they are still exploring the validity of the idea, or that investments are focused on creating a supportive infrastructure when individuals are experimenting with new ways of behaving. If executed with humility, responsiveness and fine-tuning of innovations along the way, this strategy will have benefits at multiple levels and potential implications in areas as diverse as child development and survival, as well as educational, health and social outcomes.

In our consultation with children, many of them asked 'If we spend our childhood in anger, being humiliated, ignored and marginalised, what kind of a future will we create?'

Photo: Heidi Brady/HJB Photo

Generating momentum

Once new ideas have started to gain a foothold, it is important to engage in a wide range of activities that generate a larger-scale alignment with the goal of creating violence-free childhoods. This involves developing and strengthening capacity to build the bridge between the rhetoric of the innovation and the behaviour of individuals who are grappling with those new ideas. Investment in processes such as discussions, public forums, community-based committees and protagonists, learning centres and peer learning networks that animate these ideas can serve to fertilise the overall dialogue and promote wider receptivity. There may also be opportunities to influence early childhood experience by working through health systems, and later childhood experiences through schools, both of which are accessed regularly during these years.

Generating momentum involves reaching out to key 'gatekeepers' within the community to nurture legitimacy. Persuading existing decision makers at various levels of the community that the innovation is mutually beneficial will align their support behind the issue. For example, there may be opportunities to engage healthcare providers by integrating new ideas about violence-free childhood into existing campaigns focusing on child survival during the early years, or on mother-to-child transmission of HIV. Teachers too could be engaged by

linking the quality of education with the prevention of violence against children.

Endorsements from influential personalities such as a healthcare provider, a popular musician or a respected local leader can add weight to a strategy. If schools see the benefit to educational outcomes, if religious institutions see the potential for social cohesion, and if local government officials see their areas of governance benefiting from the outcomes, the social capital necessary may be generated to tip the balance in favour of the new ideas, allowing them to flourish.

Practical action
Ideas and inspiration create the motivation for change but are not sufficient to bring it about. Enough individuals with influence in their community need to act for the 'tipping point' to be reached. It is therefore crucial that inspiration is not allowed to evaporate because of an absence of practical imagination. Practical ideas for how action can be taken must be readily available at this stage of the process. Thus *credible, context-specific, creative methodologies for action must be invented*, documented and disseminated to frontline actors. For example, what kind of school could nurture a different kind of relationship between students and teachers? How can it be created? What are the steps involved, and who will take the action? Practical imagination is perhaps

the most critical part of the overall enterprise. If individuals do not have the support to convert their beliefs and ideas into practical day-today actions, then they will soon fall back into old ways of behaving.

Sustaining change
The final element in the enterprise requires investment in ensuring that achievements are consolidated to avoid regression. This involves taking a

> Generating momentum involves reaching out to key 'gatekeepers' within the community to nurture legitimacy.

longer-term view of social change and looking beyond quick pay-offs. What legislative and policy framework is in place and how will it affect resource investment at the national and regional levels? It requires analysis of all child-specific legislation such as social or education policies or annual budgets, ensuring that the broad mandate of the United Nations Convention on the Rights of the Child (UNCRC) is integrated within their provisions.

Currently this is an area that generates much debate. Many organisations invest in 'advocacy work' without doing the meticulous preparatory work that could make the policy reform or implementation meaningful. Uganda, for example, is awash with policy provisions that

never affect the day-to-day lives of children. Inevitably, such a disjuncture breeds cynicism, mistrust and – most importantly – a loss of belief that the laws and policies of the land can have any significant effect on the lives of its citizens. It is also easy to lose faith in agencies that purport to advocate on behalf of children, but are not perceived to produce any results.

Clearly, such an erosion of faith in the laws and policies of the land is harmful. Even if they are ineffective, laws and policies provide a moral and legal basis for making claims. They create an opportunity to challenge duty-bearers and make demands for action. It is therefore important that those who seek meaningful transformation invest imaginative energy into going beyond policy development, and venture further into how such provisions can be realised in the lives of individuals. Exploratory strategies such as strategic litigation, popularising policy provisions, dramatising implications and insisting on local mechanisms for upholding the policy may mitigate some of the cynicism that is currently undermining the faith individuals have in this approach.

A final word

Sustaining change requires nurturing an accessible 'change infrastructure' consisting of institutions, values, capacities and practices that promote justice on an ongoing basis. It means working with local leaders to ensure that community-based response mechanisms are in place and accessible to children who experience violence. It involves working with schools to ensure that they have policies in place to deal with school-based violence against children. It involves working with parents and neighbours to reconceptualise childhood in a positive light. When this work is done well, it changes the operational paradigm irreversibly.

In summary, a complex problem such as violence against children needs a holistic response. It requires the integration of approaches that work at multiple layers of the social ecology. It requires foresight to imagine what is currently not visible, discipline to resist 'quick fixes', and resilience to persist way beyond project and funding cycles. This may seem like a daunting prospect for any agency considering how to invest its resources in preventing violence against children. It may even be unrealistic to expect a single agency to ensure that all the pieces are in place.

However, if such thinking informs our analysis, it can enable us to position ourselves wisely within the overall enterprise. It can enable us to ask relevant questions and collaborate strategically with others doing different pieces of the work. It may enable us to make an informed judgement about how likely our investment is to yield the meaningful outcomes we all seek.

Imagine this as our reality 30 years from now: we have transformed the social norms that perpetuate violence against children. We have built the change infrastructure necessary for the experience of childhood to be accessible to a large number of children worldwide. We are beginning to see the first cohort of children emerging into adulthood with their sense of self not limited by the threat of interpersonal violence, and their vision for the future coloured with possibilities. What kind of world might they end up creating? What might they think of the legacy we have created for them? What value might you put on such an inheritance for succeeding generations?

Note
1   For discussion of how children participated in this research, see 'From rhetoric to practice: bridging the gap between what we believe and what we do' (Naker, 2007).

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Evidence based and evidence generating

Family-strengthening interventions in humanitarian contexts

Amanda Sim, Mae-Sot, Thailand; Jaime Costigan, New York, USA; Laura Boone, London, UK; and Miranda Armstrong, Bujumbara, Burundi: The International Rescue Committee[1]

Family-strengthening interventions are used extensively in economically developed countries to improve family functioning and reduce the risk of violence against children. But they have not yet been widely adopted in humanitarian settings. The International Rescue Committee (IRC) is pioneering work to develop such interventions, two of which – in Burundi and Thailand – are described in this article.

It has long been recognised that parental distress and family conflict are risk factors for violence against children and can have an effect on children's development and well-being – and that positive parent–child relationships can be a factor in protecting children at risk and lower the risk of child abuse and maltreatment. Many programmes aimed at strengthening families have been implemented and evaluated in the United States, Australia and European countries (see, for example Caspe and Lopez (2006)). In humanitarian settings, however, child protection programmes have traditionally overlooked the role of the family in protecting children from harm (Machel, 1996; Betancourt and Williams, 2008).

This is changing. Humanitarian agencies have been gradually moving away from targeting predetermined categories of 'vulnerable' children in conflict and disaster settings, and towards building systems of child protection, thereby strengthening the layers in a child's wider ecology – beginning with the family (Save the Children UK, 2010). Based on extensive experience of working with children and their families in conflict- and disaster-affected countries around the world, the IRC recognises the essential role played by families in the protection of children.

Interventions that strengthen parent–child interactions are especially important in humanitarian contexts because of the increased threats children face to their physical, emotional and mental well-being. The breakdown of infrastructure and social networks in conflict and disaster settings diminishes the capacity of caregivers to provide adequate care and protection for children (Machel, 1996; UNICEF, 2006; Boothby *et al.*, 2006; Levy-Shiff *et al.*, 1993). The family is the child's most immediate environment and the interactions between the child and caregivers are critical in helping children cope with difficult circumstances (Rutter, 1985). Caregivers' own experiences of conflict and disaster can further affect their ability to care for their children and put them under stress which they might take out on them.

There is evidence of the protective quality of positive family relationships in children affected by conflict. In a survey of war-affected young people

contextual analysis and evidence from effective family-based interventions in other contexts. This process involves literature reviews, consultations with researchers and practitioners, testing of methods, and cultural adaptation. The models developed are then rigorously evaluated for effectiveness, impact and potential to scale up and replicate in similar contexts. The research with children and adults applies the highest ethical standards.

The IRC has begun this process with its family-strengthening projects in Thailand and Burundi. While the project outcomes are context-specific, these two projects share the ultimate goal of improving children's well-being by strengthening families' ability to provide improved care and protection for their children. It is too soon to draw conclusions about the impact of these projects; however, initial observations show the potential of these interventions to improve the well-being of conflict- or displacement-affected children.

Burundi: family intervention combined with economic strengthening

Conflict and displacement often drastically limit livelihood strategies, hence the need for economic strengthening interventions such as the IRC's *Urwaruka Rushasha* (meaning 'New Generation' in Kirundi) project in Burundi, funded by USAID's Displaced Children and Orphans Fund, which includes both household

in northern Uganda, for example, researchers found that former child combatants who had high levels of family connectedness and social support were more likely to have lower levels of emotional distress and exhibit better social functioning (Annan and Blattman, 2008). Similarly, a study of war-affected Chechen children found that greater connectedness to family members resulted in lower levels of emotional problems such as anxiety and depression (Betancourt, 2002).

However, there is relatively little evidence of how family intervention models work to improve parent–child relationships and reduce violence against children in humanitarian contexts, thereby improving the physical, emotional and mental well-being of children. The IRC has set out to address this, by putting in place a systematic process to develop programme models that are both 'evidence based and evidence generating'. Programmes are designed based on a combination of deep

economic and family-strengthening interventions. Together these aim to improve parenting practice and family functioning, increase families' economic assets and ultimately improve children's development and well-being. Village Savings and Loans Associations (vslas) support caregivers' economic capacity to respond to the needs of their children and protect them from violence, abuse, and exploitation.

> There is relatively little evidence of how family intervention models work to improve parent–child relationships and reduce violence against children in humanitarian contexts.

A family-strengthening component was added on to the vsla model, resulting in the 'vsla-plus' model. This component consists of 'Healing Families and Communities' discussion groups, which were designed in-country by the project team in a process that involves caregivers and children themselves identifying culturally relevant indicators of children's well-being. There are ten modules in total, which aim to guide participants through a process of change. Each module has a particular focus, including: children's reality, children's well-being and participation, access to health and education, positive discipline and communication, child protection in the family, child

protection in the community, family budgeting and making a commitment to change. The discussion groups are held just after the weekly vsla group meeting and are run by the irc Child Protection Officers.

At the beginning of the first roll-out of the modules, participants were sceptical about the benefits of attending. However, as time went on, they became more and more interested in the issues discussed and

are now asking for support to continue. The penultimate module provides participants with the opportunity to make a public commitment to change. Spouses and other family and community members are invited to attend a session in which participants share what they have learned and lay out the actions they will take to change things within their family and community.

To assess the impact of the vsla-plus model, 50% of the project's vsla groups were randomly selected to participate initially, with the other 50% forming the control group (who will now participate in the discussion groups from June 2011). The impact evaluation has four

primary components: a baseline assessment; programme monitoring through quarterly surveys; a mid-term evaluation; and a final impact evaluation. In each phase, data are collected from children and adults using quantitative surveys. The children's questionnaire includes questions about education, labour, parental treatment and punishment, family functioning, and psychosocial well-being. Surveys issued to adults include questions on household demographics, assets, consumption and expenditure; family functioning and health; treatment and punishment of children; and children's health, nutrition, education, labour and well-being.

The results of the First Quarterly Impact Monitoring Survey of the project reveal that after just 3 months, participants in both the vsla and vsla-plus programmes reported remarkable improvements in child well-being: a 58% increase for those involved in the vsla programme, and an 87% increase for those involved in vsla-plus. Child well-being is measured through the aggregation of indicators that children themselves identified as important during the qualitative study. These indicators include: feeling good in one's skin; eating until full; having good clothes; studying without difficulty; being in good health; having good behaviour; being joyous/happy; playing with others; giving advice and comfort to friends; being treated well by parents;

and having someone to assist them when they need help.

Overall, the percentage of all caregivers who reported having yelled or screamed at their child in the month preceding the survey decreased from 64.2% to 55.6%; the percentage of all caregivers who reported having shaken their child during the last month decreased from 28.4% to 8.6%; and the percentage of caregivers who reported having hit or slapped their child with their bare hand dropped from 25.9% to 16%. While it is still too early to draw definitive conclusions about the impact of the project, or to identify significant differences between the benefits of the VSLA and VSLA-plus programmes, the initial results are promising.

I never used to talk to my child as he was so difficult to manage and I had to discipline him with violence … now I try to talk to him more and listen to his problems and there is less need to discipline him.

VSLA-plus member, Kabezi,
Bujumbura Rural

Thailand: an example of culturally adapting a family-based intervention
In 2010, the IRC in Thailand received funding from World Learning on behalf of USAID and its Displaced Children and Orphans Fund to implement a 3-year child protection project in Tak, a province on the Thai–Burmese border that is home to an estimated 250,000 displaced or migrant Burmese. The project, 'Improving

Mechanisms for Partnership and Action for Children in Thailand' (IMPACT), includes a family-based intervention for 400 families that will be tested through randomised controlled trials to measure outcomes for children and families.

As part of the design phase of the IMPACT project, the IRC conducted research with 68 children (aged 9 to 15) and 113 adults in four communities

in Tak. This highlighted the multiple stressors that combine to create family conflict – notably extreme economic insecurity, the constant threat of harassment, arrest or deportation by Thai authorities, alcohol use by male adults, and disintegration of traditional family structures. It also revealed the effects on children through both internalising symptoms (for example isolation, withdrawal) and externalising symptoms (aggression, delinquency).

To ensure that the programme design was contextually appropriate, the children and adults were asked for their own understanding of child well-being and family functioning. What became clear is that children's fulfilment of societal roles and duties is a key indicator of emotional and

mental well-being. For most Burmese parents, the child's behaviour is the key barometer of his or her well-being. The expression of emotions can be viewed as selfish and undesirable.

These findings were used to select and adapt the Strengthening Families Program (SFP) (Kumpfer *et al.*, 2008) for use in Tak. SFP was originally developed for families facing substance abuse problems, and is appropriate

> What became clear is that children's fulfilment of societal roles and duties is a key indicator of emotional and mental well-being.

for Tak given concerns of alcohol use among male caregivers. SFP also emphasises behavioural change through the acquisition of concrete parenting skills such as setting behavioural goals, rewarding good behaviour, and managing problem behaviours. Its behavioural parent training model was considered more likely to be accepted by Burmese parents, given their focus on behavioural expectations and their lack of comfort and familiarity with mental health concepts.

SFP is unique in its family orientation: while many programmes work only with parents, SFP employs a dual parent and child track whereby parents and children participate in separate skills training groups for the

first hour of the session and then spend the second hour together to practise their newly acquired skills. Building-in structured activities for families to spend time together is seen as crucial for re-establishing traditional family bonds that have been eroded by the stressors of economic insecurity and displacement. The IRC will further adapt SFP for use in Tak as the findings from the randomised controlled trials come in.

When children have no parents and they see their friends with a complete family, living happily together with their parents and siblings, they feel hurt inside and start to cry, and say I want my life to be like that.

Boys' focus group (aged 9 to 15), Tak Province, in response to question about what makes children feel sad

Conclusion

The IRC will continue to learn from family intervention models that have worked in economically developed settings and to view these as frameworks that could be adapted based on a deep understanding of the social, economic and cultural needs and orientation of the communities with which it works. Building rigorous evaluation into the models that we develop and implement will be critical to developing an evidence base for family interventions in humanitarian settings, and programme models must be continually tested and re-evaluated to ensure programme effectiveness and impact.

The Burundi and Thailand projects and their forthcoming results provide a starting point for addressing the knowledge gap around family interventions in humanitarian contexts, determining which models have the most potential for replication, and ultimately improving the protection and well-being of vulnerable children in crisis.

Note
1   International Rescue Committee: www.rescue.org

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Changing norms about masculinity as a strategy
to prevent violence against children

Involving men in caregiving

Klas Hyllander, Secretary-General, Men for Gender Equality Sweden

Studies are increasingly indicating that engaging men in caregiving can contribute to a range of positive health outcomes for children, women and men themselves, including a reduction of violence. Klas Hyllander discusses ways to change norms about masculinity and caregiving.

An important part of tackling violence against children is to understand better the root causes of this violence as a structural and societal problem. Violence is always an attempt on the part of the perpetrator to exert power, either over the victim or over a situation involving the victim. Violence against children in the family, for example, often takes place in the context of discipline. It is almost always committed by someone older than the victim, which can be seen as reflecting a societal power relation based on age.

Children are an underprivileged group in society. They have little or no power or control over resources, and are ruled by adults and their institutions. According to a social constructivist point of view, it is this societal power relation that drives violence against children, and that is reflected in social norms, notions and ideas that are internalised and reproduced at both institutional and individual levels.

Violence against children is also influenced by prevailing norms about gender. Of course, most men, most of the time, do not use violence but research shows that, overwhelmingly, most violence – including violence against children – is committed by men. This can be seen as a consequence of a societal structure based on gendered power relations which are reflected in social norms, expectations and notions of masculinity and femininity.

Identifying men as gendered and discussing norms of masculinity is a fairly novel concept. For centuries, men's practices and powers have been taken for granted. Gender has largely been seen as a matter of and for women. Men were – and still are, for the most part – generally seen as 'ungendered', as 'just like that', as natural or naturalised. In research and activism, this is now changing; it is much less the case than it was even 15 years ago. From this perspective, violent behaviour in men is no longer seen as a given.

Social norms vary over time and across cultures, and with socio-economic factors such as poverty and globalisation. From this point of view, violence should be seen as socially driven, not merely biologically driven, and as something that can therefore be challenged – for example, through a child rights approach that challenges the underlying power relations based on age, and by actively addressing norms about men and masculinity from a social constructivist point of view.

The power of social norms about masculinity

Research with men and boys in various settings worldwide has shown how social expectations of what men should and should not do influence how men interact with their intimate partners in such areas as physical violence, domestic chores and parenting. Evidence is increasing that gender norms are directly related to much of men's behaviour.

Young males learn and internalise norms about what it means to be men in a number of ways. One is by observing their families, where many see women and girls providing care for children while men are often at work, outside the family setting. A recent multi-country study including lower-, middle- and higher-income countries found that the mean time spent on unpaid care work by women ranges from two to ten times that of men (Budlender, 2008). Other ways in which norms are transmitted include messages from television and other mass media; seeing which toys or games are considered appropriate for boys or girls; in schools; and from peer groups, who may encourage risk-taking behaviour, competition and violence by ridiculing boys who do not meet these social expectations.

Both men and women are placed at risk by norms related to masculinity. In some settings, for example, being a man means being tough, brave, risk-taking, aggressive and not caring for one's body. Men's and boys' engagement in some risk-taking behaviour, including substance use, unsafe sex and unsafe driving, may be seen as ways to affirm their manhood. Norms of men and boys as being invulnerable also contribute to an unwillingness to seek help or treatment when their physical or mental health is impaired. Some predominantly male institutions, such as police forces, the military or prisons, have institutional cultures that encourage domination and violence.

> From this point of view, violence should be seen as socially driven, not merely biologically driven, and as something that can therefore be challenged.

Sample survey research using standardised attitude scales has found that men and boys who adhere to more rigid views about masculinity (such as believing that men need sex more than women do, that men should dominate women, and that women are 'responsible' for domestic tasks) are more likely to report having used violence against a partner – which also increases the likelihood of violence against children.

However, social norms are not fixed. Men can and do question them, and a growing number of NGOs and community-based groups have developed methods for engaging men and boys and changing social norms of masculinity to encompass gender-equal relations with the absence of violence, including more equal sharing of caregiving activities and domestic work in families. In many ways, caregiving can be seen as the opposite of dominance, power and violence. Genuine caregiving requires and develops empathy in the caregiver, while violence is largely based on turning off empathy, dehumanising and degrading the victim.

While much attention has been given to the intergenerational transmission of violence, less has been said of the intergenerational transmission of caregiving and gender equality. Research suggests that boys who experience a positive caregiving influence from men in the household are more likely to have gender-equitable attitudes, more likely to participate in care work, and less likely to use violence against a female partner later on. Girls growing up in such households are also less likely to be subservient to men.

Four ways to involve fathers in caregiving

A 2007 World Health Organization review of programmes to promote men's involvement in a range of health

issues for couples and families within a framework of gender equality found nearly 60 evaluated programmes that demonstrated positive changes in men's attitudes and behaviours as a result of such interventions. Four main methodologies have been used – three types of programme-level interventions, and intervention at policy level.

The first type of programme-level intervention is the **group education** programme, which involves discussion, educational or awareness-raising

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sessions with men in a group setting – for instance, parent education classes. Some of these programmes may represent traditional kinds of learning, with facilitators or trainers imparting information, whereas other approaches – which are probably more promising – use more participatory activities such as role-play.

Secondly, **service-based** programmes involve providing health services or individual counselling, generally based in a health or social service facility. These involve one-on-one imparting of information by a health or social service provider, or the provision of a health service such as a prenatal visit.

Thirdly, **community outreach, mobilisation and mass-media**

campaigns convey messages related to health and gender through techniques such as public service announcements on television or radio; billboards; distribution of educational and informational materials; local health fairs, rallies, marches and cultural events, including theatre (such as street theatre or community theatre); training of promoters to reach other men or organise community activities; and sensitisation of local leaders.

At the programme level, numerous studies affirm that men respond positively to well-designed, culturally appropriate programmes that aim to increase their caregiving. Integrated programmes – which nearly always include group education plus community outreach or service-based interventions – seem to be more effective than single-category interventions.

This suggests that it is useful to reach beyond the individual level to the social context in which men live, addressing relationships, social institutions, gatekeepers and community leaders. Effective campaigns and community outreach overwhelmingly use positive messages affirming that men can change, and showing men changing or acting in positive ways. Programmes that clearly discuss gender norms and the social construction of masculinity, and make efforts to critically question such norms, seem to show more evidence of effectiveness in achieving behaviour change.

Finally, at the **policy level**, paternity leave has been the most common mechanism used to encourage greater participation by fathers in childcare. Clearly, paternity leave is not a panacea for the challenges of engaging men in care work, but it is one of the strongest public statements that societies value the care work of men, and value care work in general.

Evidence of effectiveness and challenges for the future

In many western European countries, national health systems have made efforts to involve men to a greater extent in maternal health and in childbirth. The most common methods are inviting men to come along to regular prenatal check-ups (a service-based intervention) and offering parent training (group education). A study of fathers in Denmark (Madsen *et al.*, 2002) showed that 80% participated in prenatal preparation courses and preventive healthcare consultations; in Sweden, meanwhile, men's interest in participating in parent education has increased significantly during the past couple of decades, with almost 90% of the men who attend maternal and child health services taking part in parent education (Ministry of Health and Social Affairs, 1997). Evaluations show that men who have taken part in these groups respond positively;

similar findings are reported in England.

Some research stresses the importance of encouraging men to participate in prenatal visits, particularly ultrasound examinations, alongside parent education classes. A study in the United Kingdom (Draper, 2002) found that ultrasound was important for men as it helped them to 'visualise the baby and realise their transition to fatherhood', while a study from Sweden (Ekelin *et al.*, 2004) concluded that many men regarded the ultrasound scan as confirmation of a new life and therefore 'an important milestone' in developing a paternal identity.

Data from Chile show that policy changes have successfully increased the number of fathers present at the birth of their child. In 2001 only 20.5% of Chilean fathers were present at the birth, while in 2008 71% of women reported being accompanied by a partner – nearly always the father – during childbirth (Observatorio de Equidad de Género en Salud, 2006). This is significant because other studies, such as Plantin (2007), have shown that the more the father is involved during labour and the postnatal period, the stronger is his attachment to the child and the likelihood of his long-term participation in the child's life. Numerous longitudinal studies show that active and regular paternal involvement with a child predicts a range of positive outcomes, in terms of child health and development as well

as the mother's well-being and mental health post-partum.

A number of studies, meanwhile, attest to the benefits of policies and programmes to promote paternity leave and men's involvement in families, including some promising results of reduced violence against children. A national household survey in Norway in 2006 (Holter *et al.*, 2009) concluded that increased paternity leave, combined with other efforts to promote men's involvement in families, resulted in a lower incidence of violence against women and children.

But closing the gender gap on care work in families brings many kinds of benefits. A study by the Swedish Institute of Labour Market Policy Evaluation (*Institutet för Arbetsmarknadspolitisk Utvärdering*, IFAU) showed that a mother's future earnings increased on average by 7% for every month that the father had taken paternity leave (Johansson, 2010). Men who take longer paternity leave have been found to show stronger attachment to their babies, which is positive for emotional and cognitive development. And paternity leave is good for men themselves – a study from the Swedish Public Health Institute and Umeå University (Månsdotter, 2006) found that men who took paternity leave had 14.1 fewer days of sick leave than men who did not, and that men who took between 30 and 60 days' paternity leave had a 25% lower risk of premature mortality than men who did not take leave.

Finally, both paternity and maternity leave have been shown to contribute to better child health outcomes. Aggregated data for 16 European countries have indicated that more generous paid parental leave reduces mortality in infants and young children (Winegarden and Bracy, 1995). The study found that one extra week of paid maternity leave correlates with a 2–3% reduction in infant mortality rates.

In spite of this growing evidence base confirming the impact of efforts to engage men in caregiving, most initiatives so far have been small-scale and short-term. In order to achieve large-scale change in gender norms to prevent violence against children, efforts to engage men in caregiving and domestic work must be scaled up – and this requires finding strategic ways to engage policymakers and the public and private sectors. Herein lies the challenge for the NGO sector and civil society.

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Children and Violence
This website offers a shared platform for civil society on the follow-up to the UN Secretary-General's Study on Violence Against Children of 2006.

www.crin.org/violence/

Global Initiative to End All Corporal Punishment of Children
The Global Initiative to End All Corporal Punishment of Children aims to ensure that the recommendations of the Committee on the Rights of the Child and other human rights bodies are accepted and that governments move speedily to implement legal reform and public education programmes.

www.endcorporalpunishment.org

UN Secretary-General's Report on Violence against Children
The UN Secretary-General's Study on Violence against Children has been a global effort to document the nature, extent and causes of violence against children, and to provide recommendations. This is the first time that an attempt has been made to document the reality of violence against children around the world. Since 2003 many people have contributed to the study in consultations and working groups, through questionnaires and in other ways. Children and young people have been active at every level.

www.crin.org/resources/infoDetail.asp?ID=22504&flag=report

Childinfo
Monitoring the Situation of Children and Women
This website contains UNICEF's statistical information, including data used in UNICEF's flagship publications, *The State of the World's Children and Progress for Children.* Also here are technical resources for conducting UNICEF-supported Multiple Indicator Cluster Surveys (MICS), which are a major source of global development data.

Section on 'Attitudes towards domestic violence' is available at:

www.childinfo.org/attitudes.html

Child Protection MERG
The Child Protection Monitoring and Evaluation Reference Group (Child Protection MERG) was officially established in July 2010 in a meeting hosted by Save the Children and UNICEF Innocenti Research Centre. The meeting involved M&E and programme representatives from a range of organisations including CARE, ILO, Oak Foundation, Save the Children, UNFPA, UNHCR, UNICEF, USAID, and World Vision.

www.cpmerg.org/

Child Protection in Crisis
Child Protection in Crisis, a network for research, learning and action, is a collaboration of humanitarian agencies, local institutions and academic partners working to improve the protection of children in crisis-affected settings.

www.cpcnetwork.org

MenEngage
MenEngage is a global alliance of NGOs and UN agencies that seeks to engage boys and men to achieve gender equality. The MenEngage partners work collectively and individually toward the fulfilment of the Millennium Development Goals, particularly those components that focus on achieving gender equality.

www.menengage.org

Behind Closed Doors
UNICEF and The Body Shop, 2006
The global study entitled Behind Closed Doors highlights the devastating and lasting impact on children of living with domestic violence.

It also reveals that one in three women is subjected to sexual or physical abuse, that domestic violence occurs in all regions and across every social sphere, and that children from violent homes are much more likely to be involved in fighting.

www.unicef.org/protection/files/BehindClosedDoors.pdf

**Ending Corporal Punishment
– Campaigns Manual**
*Global Initiative to End All Corporal
Punishment of Children and Save the
Children Sweden, 2010*
This Campaigns Manual guides and
supports child rights advocates in
challenging the legality and practice of
corporal punishment of children in all
settings.

www.crin.org/docs/Campaigns_
Manual_2010.pdf

**Changing Cultural and Social
Norms that Support Violence**
World Health Organization, 2009
This briefing for advocates, programme
designers and implementers and
others is one of a seven-part series
on the evidence for interventions to
prevent interpersonal and self-directed
violence. The other six briefings look
at reducing access to lethal means;
increasing safe, stable and nurturing
relationships between children
and their parents and caregivers;
developing life skills in children and
adolescents; reducing availability and
misuse of alcohol; promoting gender
equality; and victim identification, care
and support.

whqlibdoc.who.int/
publications/2009/9789241598330_
eng.pdf

**Listen to Me!
Children's Experience of
Domestic Violence**
Children's Research Centre, 2006
This is a collaborative research
project involving the Children's
Research Centre and Mayo Women's
Support Services. The focus of the
research project was on the impact
of domestic violence on children,
using a developmental perspective.
The purpose of carrying out the
research was to explore the feasibility
of developing an integrated service
for children who have experienced or
witnessed domestic violence in County
Mayo, Ireland.

www.tcd.ie/childrensresearchcentre/
projects/listentome.php

**Violence against Women and Children:
Mapping the Terrain (volume 1)
Navigating Solutions (volume 2)**
*Jacquelyn W. White, Mary P. Koss and
Alan E. Kazdin
American Psychological Association, 2010*
Child abuse, and sexual and domestic
violence are among the most
destructive experiences afflicting
women and children. The wide
prevalence of such violence takes an
enormous toll on the lives of individual
victims as well as the larger society,
through innumerable behavioural,
health, psychological, and economic
consequences.

This two-volume set aims to provide
consensus recommendations for
researchers, practitioners, advocates,
policymakers, and all those who
seek more effective responses to
interpersonal violence.

www.apa.org/pubs/books/4316122.
aspx

**Putting Children's Rights
on the Local Agenda:
The experience of the DEMUNA model
in Peru**
*Catherine Terreros and Anna Tibblin
Save the Children Sweden, 2003*
This publication gathers information of
the experience of the DEMUNA model
(Municipal Defence of Children and
Adolescents), in Peru. Founded in
1992, DEMUNA is the result of a civil
society support initiative fostering
collaboration with and among
local governments to supervise
investigations, apply punishments, and
monitor compliance with child labour
laws. The existing 600 DEMUNA centres
in Peru have benefited hundreds of
thousands of children – and adults
– and the experience has served as a
point of reference for similar initiatives
in other Latin American countries.

http://193.108.43.49/node/1939

Bernard van Leer Foundation
Investing in the development of young children

The Bernard van Leer Foundation funds and shares knowledge about work in early childhood development. The Foundation was established in 1949 and is based in the Netherlands. Our income is derived from the sale of Royal Packaging Industries van Leer N.V., bequeathed to the Foundation by Dutch industrialist and philanthropist Bernard van Leer (1883 to 1958).

Our mission is to improve opportunities for children up to age 8 who are growing up in socially and economically difficult circumstances. We see this both as a valuable end in itself and as a long-term means to promoting more cohesive, considerate and creative societies with equal opportunities and rights for all.

We work primarily by supporting programmes implemented by local partners. These include public, private and community-based organisations.

Working through partnerships is intended to build local capacity, promote innovation and flexibility, and help to ensure that the work we fund is culturally and contextually appropriate.

We also aim to leverage our impact by working with influential allies to advocate for young children. Our free publications share lessons we have learned from our own grantmaking activities and feature agenda-setting contributions from outside experts. Through our publications and advocacy, we aim to inform and influence policy and practice not only in the countries where we operate but globally.

In our current strategic plan, we are pursuing three programme goals: reducing violence in young children's lives, taking quality early education to scale, and improving young children's physical environments. We are pursuing these goals in eight countries – Peru, India, the Netherlands, Israel, Uganda, Turkey, Brazil and Tanzania – as well as undertaking a regional approach within the European Union.

In addition, until 2012 we will continue to work in the Caribbean, South Africa and Mexico on strengthening the care environment, transitions from home to school and respect for diversity.

www.bernardvanleer.org