

THRIVE

**GENDER-
TRANSFORMATIVE
CHILD
PROTECTION:
AN ANNOTATED
BIBLIOGRAPHY**

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ABBREVIATIONS

CM – Child maltreatment

CP – Child Protection

CPIE – Child Protection in Emergencies

CPS – Child Protection Services

CRC – Conventions of the Rights of the Child

ESAR – Eastern and Southern Africa Region

HIC – High Income Countries

IPV – Intimate Partner Violence

LMIC – Low and Middle-Income Countries

MICS – Multiple Indicator Cluster Surveys

PTSD – Post Traumatic Stress Disorder

RCT- Randomized Controlled Trials

VAC – Violence Against Children

VACS – Violence Against Children Survey

VAW – Violence Against Women

VAWG – Violence Against Women and Girls

SUMMARY

In line with Plan International's new Global Strategy, in which 'Areas of Global Distinctiveness' will guide the organisation's work as a global leader in these areas over the next five years, this annotated bibliography provides a brief overview of the state of evidence on gender-transformative child protection in low and middle-income countries. Gender-transformative child protection seeks to challenge gender dynamics, and actively confronts gender norms and unequal gender relations that drive violence against children and hinder effective response systems. This bibliography will support the development of a comprehensive theoretical frame for Plan International on how to promote and support gender-transformative child protection. To this end, the focus is on sources from 2008 until 2017.

Despite the emerging consensus on child protection (CP) and violence against children (VAC) related terminology, there are still variety of terms that are used inter-changeably. While no definition is truly universal, Plan International has adopted its definition from the World Report on Violence and Health (2002) of the World Health Organization:

Violence against children is defined as the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity. This includes all forms of physical and/or emotional ill treatment, sexual abuse, neglect or negligent treatment, and commercial or other exploitation that take place in the context of a relationship of responsibility, trust or power. Violence against children also encompasses societal forms of violence, such as exploitative child labour and children's involvement in armed conflict. Such violence often stems from structural causes including poverty, inequality and discrimination.

Of particular importance is child abuse, a globally occurring common form of violence. Plan International defines child abuse as "all forms of physical abuse, emotional ill-treatment, sexual abuse and exploitation, neglect or negligent treatment and/or commercial or other exploitation resulting in actual or potential harm to a child. Child abuse may be a deliberate act or it may be failing to act to prevent harm. Child abuse consists of anything which individuals, institutions or processes do or fail to do, intentionally or unintentionally which harms a child or damages their prospect of safe and healthy development into adulthood". In this review, therefore the focus is on child abuse, which encompasses all forms of physical or emotional abuse, child sexual abuse, maltreatment, and neglect affecting children at school, home, or in the community. Though the focus of this bibliography is not on child protection in emergency contexts (CPiE), there is an attempt to include some important resources to reflect CPiE as well.

Gender-based violence, while an important part of gender-transformative child protection, is categorised as a part of sexual and reproductive health and rights as per Plan International's categorization, and is incorporated into a corresponding bibliography. Despite important and ground-breaking global efforts to document and address violence against children and adolescents, such as the Global Partnership to End Violence Against Children, there remain many evidence gaps. As shown by research, violence against children is often under-reported and as a result estimates are often under-represented. Evidence, particularly regarding gender dynamics, is also often skeletal, with most of the data either emanating from high-income countries or clustered in a few regions of the world (e.g., Sub-Saharan Africa). Moreover, research which disaggregates the causes and consequences of violence on child protection by gender rarely extends to violence that is not classified as gender-based violence (e.g., research on child maltreatment, peer-to-peer violence rarely include a gendered lens). Such major knowledge gaps make it challenging to work on *gender-transformative* child protection, often leading researchers and practitioners to operate on assumptions of how gender norms and power dynamics play a role in violence against children.

In order to collect resources, key words were identified to be entered into search strings. Then, parallel literature searches were conducted on the following databases, selected for their quality and depth of coverage of the social science literature: British Library of Development Studies, Google, Google Scholar (also used 'cited by' function), ScienceDirect, Jessica Kingsley Publishers, PubMed, Scopus and SocInfo. Sources for review included peer-reviewed journal articles and books, policy documentation from government

and international agencies, and grey literature (including NGO reports and evaluations). Due to the paucity in resources with an exclusive focus on gender transformative child protection for child maltreatment and peer to peer violence in low-and-middle income countries (LMICs), resources that closely matched the research question but may not have a gender component or were in the target countries, were included.

The overarching theme of the first section was to describe how children experience violence. The specific research questions guiding the first section are as follows:

- 1 What is the evidence on the inter-connected nature and overlapping experiences of children who are victims of interpersonal violence, whether physical, sexual, or psychological, and the effects on their development?
- 2 What is known about links between intimate partner violence and violence against children (especially girls) in low and middle-income countries?

The resources in this section indicate that physical, sexual, emotional abuse, neglect, cyberbullying, and relational and physical aggression continue to be highly prevalent at both family and school levels, with both boys and girls experiencing all forms of violence globally. The consequences of violence range from poor physical and mental health outcomes, poor sexual and reproductive health outcomes, and poor behavioural outcomes and are compounded when children experience poly-victimization. With regard to intimate partner violence and violence against children, while research, programmes, and policies on violence, including violence against women and violence against children have historically followed parallel but distinct trajectories, there is a small and growing effort to bridge these two overlapping forms of violence. Both children and women have shared risk factors given the unequal power relations that subject them to discrimination, exploitation, and abuse. Intimate partner violence often results in children being victims of violence themselves or witnessing violence occurring at home. Though research shows that adolescent brides experience violence from husbands and marital families, this review does not cover such form of gender-based violence. Moreover, there is a need to view violence against children from an intersectionality perspective, recognizing that systems of privilege and power may affect children who witness intimate partner violence (IPV) in varied ways. There is also a lifecycle of violence that begins in childhood for girls (child maltreatment) and continues into adulthood as adolescent brides and as women (intimate partner violence).

The second section aimed to describe resources on prevention of violence through government and community systems. The specific research questions framing this section are as follows:

- 1 What is the evidence on integrated preventative models (both primary and secondary prevention) which address interpersonal violence against children? What is the evidence of prevention strategies or interventions which link addressing violence against women with violence against children?
- 2 What are effective disclosure and response services for children who have been victims of violence?
- 3 Linked to the above, what are therefore the most effective models for raising awareness of services which prevent or respond to violence increases access and use? How are families referred or able to access services, and what are the barriers?
- 4 What is known about the effectiveness of interventions that increase the gender responsiveness of existing child protection services?

Overall prevention of violence against children is a large field and effective strategies to prevent interpersonal violence against children include: having gender-based violence indicators (such as degree of witnessing intimate partner violence) in parenting programmes; focusing on adolescents given their higher risk of other forms of vulnerability at this age; targeting gender norms in interventions; having a multi-sectoral approach; contextualizing programmes in the cultural context; moving away from small scale programmes to national level programmes; addressing all level of the social ecology; improving services for victims; developing national databases on violence estimates; having school-based preventing programmes for bullying; and engaging political leaders and stakeholders in actively drafting and enforcing relevant policy and laws. In humanitarian contexts, best practices for gender-friendly programmes are those that: reach out to girls to make programmes more girl-friendly; build on local cultural resources to support girls; target and educate men and boys about gender norms; apply and mainstream gender in all components of programming; ensure that girls are not separated into “appropriate for gender” skills training; and identify

positive deviants. There is a growing consensus that prevention is one of the most effective strategies against VAC and there are calls for gender-sensitive prevention efforts.

Evidence on prevention strategies that link violence against women with violence against children are seen in a few parenting programmes. Though many parenting programmes are not integrating IPV and child maltreatment (CM) issues holistically, there is a growing and increasing awareness that programmes on child maltreatment and programmes on IPV need to find ways to address the overlapping nature of these forms of violence.

There is no research that examines the gendered nature of service provision for child maltreatment and peer to peer bullying. However, studies in LMICs indicate that awareness of formal service structures for child maltreatment is present but there are several barriers to disclosing violence (particularly child sexual abuse) to formal structures including perceived ineffectiveness of services and infrastructure barriers and cultural practices of keeping the family's secret due to humiliation and possible loss of the breadwinner in the household. For disclosure to informal systems, research has examined the role of cultural and social norms for child sexual abuse and found that there are several barriers to disclosing violence such as being male, being a young victim, having a family member be a perpetrator, and structural factors such as cultural definitions of shame, fear, taboos, modesty, women and girl's status in the patriarchy, honour, respect, value placed on virginity. Effective referral and case management techniques include a thorough needs assessment, a cultural understanding of case management (which may include a focus on community/family intervention), a systems approach to case management, a psychologically grounded service provision, clear protocols that elicit free narrative, and sensitized and trained case workers. There is also a call for mental health services to be part of primary prevention efforts.

The final section aims to describe national frameworks to prevent and respond to violence against children in low and middle-income countries, by examining the following research questions in detail:

- 1 What is known about effective models which include young people or children (and particularly girls and young women) in the development and ongoing accountability of child protection policies and systems?
- 2 What evidence exists around national prevention strategies that are accompanied by the implementation of effective policies and programmes? Are there examples of any comprehensive approach that has worked?

In this section, the evidence indicates that child protection efforts have strongly advocated for child participation in CP systems. Effective techniques to improve child participation include engaging children with advocates, family welfare conferences, having a trusting relationship with care workers, having written mediums for child feedback. While there are several examples of governments attempting to include children's voices (e.g., Nepal, Ghana, Tajikistan, Gambia, Uganda), there are many barriers to overcome first such as restricted understandings of children and their capacities, adults' exercise of their power and/or authority over children, and bureaucratic barriers at institutional level. Moreover, despite a global push in discourse that advocates for prevention of child maltreatment, the lack of evidence from LMICs shows that many LMICs are not ready to take child maltreatment programmes to scale.

To strengthen child protection systems, country case studies have a few take home messages: there must be an overarching national framework for CP, fixing CP systems takes time, key decision makers must agree to what constitutes a CP system, harmonizing legislation with international standards is essential but balancing that with context-specific legislation is challenging, capacity building of child protection workforce is crucial, finding ways to establish coordination structures for child protection with clear, delineated lines of responsibility is needed. There is little information on gender-transformative CPS such as the joint initiative in India by UNICEF and Karnataka State Police on gender-sensitization of the police force. There is also data on how to make social protection schemes gender-sensitive: by ensuring assessments, analysis, and M&E indicators are both gender-sensitive and disaggregated by age and sex; that strong linkages are created across health and reproductive health services, social development and rights awareness training, credit access and employment training, and school allowances and elderly benefits; gender-sensitive training for all actors involved is given, and women and girl's representation and participation in governance is improved.

EVIDENCE GAPS AND FUTURE RECOMMENDATIONS

Based on the annotated bibliography, several evidence gaps and ways to overcome them via research, programming, and policy/advocacy are described below:

Research gaps and recommendations

- Improve data from LMICs – there is a major need to include more data (on prevalence, prevention, and effectiveness) from LMICs. Though discourse is moving from response to prevention, it is largely being driven by evidence from high income countries (HIC). The evidence on effective strategies in LMICs is severely lacking. Resources from non-peer reviewed journals or less well-known NGOs, resources from grassroots organizations, and resources in local languages that are less likely to be electronically available need to be accessed and harnessed. This also includes a need to improve the knowledge base on access to services for physical and emotional abuse in low-and-middle income countries.
- Mainstream gender into research efforts – while analysing gender differences is a crucial first step in recognizing the importance of gender in violence against children that is not typically understood as gender-based violence, there is an urgent need to take research one step further and discuss and analyse the underlying gender dynamics driving child maltreatment and peer to peer violence which is mostly missing from the literature. A few parenting programmes are using gender-transformative approaches to address gender norms but this is mostly done via including intimate partner violence indicators into programming components.
- Improve methodological rigour of interventions – there is a need to address limitations of self-reported data given that often under-reporting of violence is a result of self-report data. Moreover, there is a need to ensure that standardized outcomes, standardized definitions, and standardized measurement tools are being used. International standards are needed to create common definitions of terms like 'effectiveness' and 'successful reintegration'. For useful and effective gender-transformative research, there is a need to use 'fit for purpose' tools that are gender aware but the first step is to ensure use of international versions of measurement tools such as International Society for Prevention of Child Abuse and Neglect's Child Abuse Screening Tools (ICAST) or WHO's Adverse Childhood Experiences (ACE) questionnaire, if meaningful global trends are to be documented.
- Focus on adolescence – being the period between childhood and adulthood, research on violence against adolescents sometimes falls between the cracks. Designs need to ensure that adequate attention is paid to adolescence. Adolescence is also the developmental period when gender differences are most likely to occur given theoretical frameworks that suggest adolescence a time of gender intensification (Hill & Lynch, 1983). Moreover, given that existing studies categorize children as a homogenous group, research needs to disaggregate findings by age to tailor strategies and analysis to be more age-appropriate.
- Integrate intersectionality approaches into understanding violence against children – build evidence on overlapping systems of power that affect children in different ways (for example age and gender structural inequities often render adolescent girls to experience a form of double powerlessness). Recognizing the diverse needs of children witnessing IPV can strengthen effective prevention and response strategies.
- Unpacking the role of community action as a response to violence – given that families tend to prefer community vigilante action over formal services, there is a need to understand why such a route is a preferred response and how it can be harnessed into policy and programming level to act as deterrents for future offenders. Evidence is also lacking on the role played by communities to tackle gender-based inequalities and gender discriminatory practices that promote VAC. Moreover, a gender analysis of the consequences of male head of households being the first point of disclosure in an informal system need to be explored.

Programming gaps and recommendations

- Make parenting programmes more gender-transformative – there is a need to have parenting programmes explicitly target gender-based outcomes such as IPV between parents, IPV against adolescent brides, witnessing IPV for children, and childhood sexual abuse.
- Recognize risks of addressing violence against women and violence against children so as not to prioritize one over the other– programming efforts need to ensure that there are accountability mechanisms that give equal weight to both violence against women and violence against children by ensuring that linkages and synergies are made between the two sectors (VAW and VAC) at program design, planning, implementation, and M&E level.
- Target both descriptive and injunctive social norms – the most effective intervention strategies target both types of social norms for long-term change.
- Contextualizing strategies – there is a call for culturally contextualizing interventions and case management approaches that adequately represent the context and will have a greater impact.
- Programme modalities must include both universal and targeted programming – given that LMICs have a scarcity of resources, a hybrid approach that has targeted and universal components of intervention is recommended as parenting programmes have begun to do so.
- Improve monitoring of implementation fidelity – future programmes need to include ways to monitor implementation fidelity (the degree to which the core components of an intervention are delivered as intended in the intervention protocol) given that it is a strong indicator of whether the core components of the intervention were delivered as they were intended. This is a necessary precursor to scaling up effective programmes.
- Making services more child- and gender-friendly – recognize that barriers to disclosure include being young in age, being a male due to norms of masculinity, being a female due to norms of femininity, and having the perpetrator be a family member. Since studies show that most perpetrators are known to the victim, it becomes essential to find evidence-based ways to overcome these barriers to increase disclosure rates and access to services.
- Encourage self-reflection for practitioners working with victims of violence – the balance between being aware of cultural scripts without stereotyping victims is challenging. The need to ensure critical reflection is important to create a context where disclosure is more likely.

Policy/Advocacy gaps and recommendations

- Focus on early prevention – across all the resources, early prevention was highlighted as being integral to reducing violence against children.
- Multi-sectoral approach – efforts that integrate education, criminal justice, international aid, and health sectors in preventing violence were identified as keys to success across all reviews. This requires good coordination between relevant government agencies and a strong political will to make a change.
- Integrate national action plans into an overarching framework for child protection action – this includes ensuring strong leadership and coordination. There is also a need to focus on provincial- and district-level implementation to build on existing legal and policy frameworks. Finding the balance between international and national standards and national and within-country context specific standards is key.
- Encourage more gender-transformative child-friendly governance –building awareness on the effectiveness of children's participation includes sensitizing government influencers to children's capabilities and move beyond cultural definitions of maturity that lead to children's participation as a token.
- Allocate more budgets to prevention of child maltreatment and violence against children for sustainability – these can come from national sources and are necessary for capacity building and scaling up prevention efforts.
- Recognize that social protection and child protection are two sides of the same coin and ensure that social protection schemes are gender-transformative – by including evidence on the gendered nature of poverty and vulnerability into the design of national social protection strategies, and by forging partnerships between political elites, bureaucratic agencies, and civil society actors to promote champions of gender equality.

HOW CHILDREN EXPERIENCE VIOLENCE

Evidence on violence against children and its impact

Ravi, S. and Ahluwalia, R., 2017. "What explains childhood violence? Micro correlates from VACS surveys." *Psychology, Health & Medicine*, 22(sup1), pp.17-30.

Type: Peer-reviewed article (multi-country quantitative data analysis)

Aim: Using data on physical, emotional, and sexual violence faced by individuals in the age group of 13–24 years of age, the authors analysed the Centers for Disease Control and Prevention Violence Against Children Surveys (VACS) data in Tanzania (2011), Cambodia (2014), Kenya (2012), and Swaziland (2007).

Findings: With a sample of more than 10,000 individuals, the results found that 78% of girls and 79% of boys reported experiencing some form of violence before the age of 18. Physical violence was more reported than emotional or sexual violence. Girls were twice as likely to report sexual violence than boys, but emotional violence was higher among boys than girls. More than one third of all individuals reported poly-victimization. In terms of age groups, younger children (0-5) reported 4 times less violence than children aged 6-11 years. There was a decline in reported violence from age 12–17 but it still remained high. The study also found that most violence was perpetrated by individuals known to the child or adolescent. For example, teachers and parents were the highest perpetrators of physical violence. Emotional violence was inflicted mostly by relatives. For sexual violence, after partners, neighbours and family members were the second most common sexual offenders.

Individual's justification of wife-beating was a strong predictor for whether they had faced violence themselves (except for in Swaziland since that country did not have data on attitudinal beliefs). Other factors such as higher wealth, having attended school ever, being married ever or living with someone also significantly explained childhood violence. For example, individuals who had ever attended school had more than four times the odds of facing some types of violence than those who had not attended school (due to perpetrators such as teachers, peers/classmates, and authority figures) and individuals who were married had 1.2 times higher odds of facing violence than those who are not married.

Reflections: Violence against children affect both boys and girls, though there are variations by type of violence between genders; sexual violence affects girls more than boys. Poly-victimization is a common feature of violence for all children.

Kowalski, R.M., Giumetti, G.W., Schroeder, A.N. and Lattanner, M.R., 2014. "Bullying in the digital age: A critical review and meta-analysis of cyberbullying research among youth." *Psychological Bulletin*, 140(4), pp.1073-1137.

Type: Peer-reviewed article (meta-analysis)

Aim: In this article, the authors review cyberbullying research and the gaps in the field. They also conduct a meta-analysis to synthesize the relationships among cyberbullying, cybervictimization, and meaningful behavioural and psychological variables.

Findings: No single definition of cyberbullying has emerged which is complicated by the various mediums across which cyberbullying can occur. Cyberbullying is distinct from traditional bullying since anonymity in cyberbullying creates complex power dynamics between the victim and the perpetrator. Their meta-analysis on 131 studies found that certain personal characteristics such as empathy, parent monitoring, positive school climate were protective factors against cyberbullying. Rates of cyberbullying range from 10%-40%, though the estimates come predominantly from the US, UK, Australia, and Scandinavian countries. Data is often collected during middle and high school samples. Measurement of cyberbullying in research is considered challenging, with scholars recommending multiple items to assess cyberbullying. The authors

then theorize person and situational drivers of being a cyberbullying victim or perpetrator using the General Aggression Model, suggesting that gender, age, personality, socialization are all contributing factors to increased aggression and cyberbullying. Gender analysis showed that females are more susceptible than males to the mental health consequences of cybervictimization.

Reflections: The evidence on cyberbullying is originating mainly from high income countries and the authors do not sufficiently discuss the gendered nature of cyberbullying but only assess gender differences in the consequences of bullying. However, this review indicates that cyberbullying is common, complex, and requires different attention than traditional bullying.

Lansford, J.E., Skinner, A.T., Sorbring, E., Giunta, L.D., Deater-Deckard, K., Dodge, K.A., Malone, P.S., Oburu, P., Pastorelli, C., Tapanya, S. and Uribe Tirado, L.M., 2012. "Boys' and girls' relational and physical aggression in nine countries." *Aggressive Behaviour*, 38(4), pp.298-308.

Type: Peer-review article (multi-country quantitative analysis)

Aim: This article aimed to examine the relationship between relational and physical aggression among children aged 7-10 years in China, Colombia, Italy, Jordan, Kenya, the Philippines, Sweden, Thailand, and the United States.

Findings: Self-reported relational and physical aggression findings indicated that in children reported being more relationally than physically aggressive in three countries (China, Italy, and Thailand), more physically than relationally aggressive in two countries (Jordan and Kenya). Boys reported being more physically aggressive than girls, but no gender differences emerged for relational aggression.

Reflections: Both relational and physical aggression are considered as elements of peer to peer bullying. Though this article is one of the few articles to examine data in countries outside the US, UK, and other HICs, the gender analysis does not extend beyond gender differences in the prevalence of relational and physical aggression.

Fleming, L.C., and Jacobsen, K.H., 2009. "Bullying among middle-school students in low and middle-income countries." *Health Promotion International*, 25(1), pp.73-84.

Type: Peer-reviewed article (multi-country quantitative data analysis)

Aim: Data from the Global School-based Student Health Survey examined the prevalence of bully victimization in middle-school students (13-15 years) in 19 low- and middle-income countries and explored the relationship between bullying, mental health, and health behaviours

Findings: More than 34% of over 90,000 students reported being bullied in the past month. The prevalence of bullying within individual countries ranged from 20% to 40% in China, Lebanon, Morocco, Oman, Philippines, United Arab Emirates, United Republic of Tanzania, and Venezuela to 41% to 61% in Botswana, Chile, Guyana, Jordan, Kenya, Namibia, Swaziland, Uganda, Zambia, and Zimbabwe. Boys reported more victimization of bullying than girls and older children were less likely to be bullied than younger children. Being a victim of bullying was related to poor mental health (e.g., depression, experiencing loneliness, sleeplessness, and suicidal ideation), and high risk of tobacco use, alcohol use, drug use, and risky sexual activity.

Reflections: Bullying is common with boys reporting higher levels of victimisation than girls. Having standardized databases to compare estimates are crucial for making international comparisons.

Rubenstein, B.L. and Stark, L., 2017. “The impact of humanitarian emergencies on the prevalence of violence against children: An evidence-based ecological framework.” *Psychology, Health & Medicine*, 22(sup1), pp.58-66.

Type: Peer-reviewed article (evidence review)

Aim: This article aims to propose a framework for thinking about the impact of humanitarian emergencies on interpersonal violence against children.

Findings: Using Bronfenbrenner’s ecological model, the authors describe that in humanitarian settings, all levels of the ecological model are weakened. There is limited evidence on household determinants of violence against children in emergencies, which is mostly on few quantitative studies and non-representative qualitative studies. On the other hand, there is a lot of individual level studies which show that in addition to being more at-risk for violence, a lifecycle of violence ensues for children in humanitarian settings. Empirical evidence shows that parents exposed to violence in humanitarian contexts tend to have a higher likelihood of perpetrating violence against their children. The literature is sparse on the association between acute natural disasters and trauma and their impact on violence. Also missing from the literature are causal pathways between emergency contexts to change in employment status to violence against children. The authors note that there are almost no longitudinal studies in such contexts and that comparing rates of violence in stable contexts vs. conflict settings is not meaningful

Reflections: The authors call for more qualitative, longitudinal work and work that can show causal inference in humanitarian settings, particularly in the context of household dynamics that occur during humanitarian settings.

Hughes, K., Bellis, M.A., Hardcastle, K.A., Sethi, D., Butchart, A., Mikton, C., Jones, L., and Dunne, M.P., 2017. “The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis.” *The Lancet Public Health*, 2(8), pp. e356-e366.

Type: Peer-reviewed article (systematic review)

Aim: This study presented findings from a systematic review and meta-analysis of studies measuring associations between multiple adverse childhood experiences and health outcomes. For this study, the authors studied 6 health outcomes: substance use, sexual health, mental health, weight and physical exercise, violence, and physical health status and conditions.

Findings: The final sample included 37 articles. 21 articles had samples from the USA, 7 from UK, 2 from Finland, and 1 each from Canada, China, New Zealand, the Philippines, Saudi Arabia, and Sri Lanka. One article had a multi-country comparison between Albania, Latvia, Lithuania, Macedonia, Montenegro, Romania, Russia, and Turkey. Adverse childhood experiences across these 37 countries included: Childhood physical abuse, household substance abuse, childhood sexual abuse, household mental illness, exposure to domestic violence, emotional, psychological, or verbal abuse, parental separation or divorce, household criminality, neglect, family financial problems, family conflict or discord, bullying, death of parent or close relative or friend, separation from family (e.g., out-of-home care), and serious childhood illness or injury.

Results of the odds-ratio analysis found that individuals with at least 4 adverse childhood experiences were at higher risk for all health outcomes, though this differed in the degree of strength of associations. For physical activity, weak to modest associations were found between experiencing adverse childhood experiences and being overweight or obese, and having diabetes. Moderate associations were found for smoking, heavy alcohol use, poor self-rated health, cancer, heart disease, and respiratory disease. Strong associations were found for sexual risk taking, mental ill health, and problematic alcohol use. The strongest associations between experiencing at least 4 adverse childhood events were for problematic drug use and interpersonal and self-directed violence.

Reflections: In conclusion, the authors noted that a multidisciplinary and multiagency prevention focused on early intervention is a key strategy to reducing violence against children. They noted that the intergenerational effects of adverse childhood experiences cannot be ignored given that the outcomes showing the strongest relations with multiple adverse childhood experiences were violence, mental illness, and problematic substance abuse which can lock the next generational into forms of violence, deprivation, and ill-health.

Kristman-Valente, A., and Wells, E.A., 2013. “The role of gender in the association between child maltreatment and substance use behaviour: A systematic review of longitudinal research from 1995 to 2011.” *Substance Use & Misuse*, 48(8), pp.645-660.

Type: Peer-reviewed article (systematic review)

Aim: Given the limited focus on the role of gender in the relationship between child maltreatment and substance abuse, this systematic review analyses the role of gender in the association between childhood maltreatment and substance use outcomes, among 10 longitudinal papers published between 1995 and 2011.

Findings: The final sample for the systematic review included 10 papers that included gender as a covariate and were longitudinal in nature. All papers used samples from the United States of America. Studies with samples that included adolescents found no effects of gender on the relationship between child maltreatment and substance abuse, but studies that examined children under 12 years or in middle to late adulthood found gender effects such that males who experience maltreatment before 12 are more likely to engage in substance abuse as adults than girls who experienced maltreatment before 12 years. Outcomes that included illegal substances tended to show gender effects while outcomes that included only legal substances did not. Thus, timing of CM experiences have a consequence for substance abuse, that differs by gender.

Reflections: The authors speculate that consequences of child maltreatment seems to vary by gender, resulting in either young children or middle adolescence being developmental ages when substance abuse is a likely path for negatively coping with history of CM. however, they caution that it is still unclear how gender affects the relationship between CM and substance abuse given that of the 22 longitudinal papers selected in an initial phase, only 12 (55%) reported on gender moderation. Moreover, though this systematic review's strict inclusion criterion led to only including studies from the US, this was among the few studies that examined gendered patterns of behaviour in relation to child maltreatment.

Norman, R.E., Byambaa, M., De, R., Butchart, A., Scott, J. and Vos, T., 2012. “The long-term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis.” *PLOS Medicine*, 9(11), p.e1001349.

Type: Peer-reviewed article (systematic review)

Aim: The aim of this study was to summarise the evidence relating to the possible relationship between child physical abuse, emotional abuse, and neglect, and subsequent mental and physical health outcomes.

Findings: 124 studies provided evidence of a relationship between non-sexual child maltreatment and various health outcomes for use in subsequent meta-analyses. The majority (n= 112) were from Western Europe, North America, Australia, and New Zealand. The remainder were from South Africa, Thailand, Japan, Israel, South Korea, Taiwan, Denmark, The Netherlands, Canada India, Italy, Philippines, France, and Hong Kong. Physically abused or emotionally abused individuals were found to have a higher risk of developing depressive disorders, anxiety disorders, increased alcohol use, increased smoking use, and risk for obesity than non-abused individuals. Neglect in childhood in low to middle income countries were related to developing depressive disorders. Physical abuse, emotional abuse, and neglect were also associated with an almost 3-fold increased risk of developing eating disorders, suicidality, and higher risk of sexually transmitted diseases. Physical abuse and neglect were also related to conduct and behavioural disorders. No significant gender differences emerged.

Reflections: The authors highlight that there is a need to adapt standard definitions of child maltreatment and standard measurement tools in order to make meaningful international comparisons. Moreover, there is a need to invest in building knowledge around preventive and treatment strategies.

Fry, D., Fang, X., Elliott, S., Casey, T., Zheng, X., Li, J., Florian, L., and McCluskey, G., 2017. "The relationships between violence in childhood and educational outcomes: a global systematic review and meta-analysis." *Child Abuse & Neglect*, Epub ahead of print.

Type: Peer-reviewed article (systematic review)

Aim: In this study, the authors conducted a global systematic review and meta-analyses estimating the impact of violence on educational outcomes. The authors included seven types of violence against children, physical, sexual, emotional, and community violence as well as bullying, neglect, and witnessing parental violence.

Findings: Examining articles between 2000-2016, the sample included a total of 67 studies. Of these, 14 studies focused on sexual violence, 16 on physical violence, 36 on bullying, 6 on neglect, 10 on witnessing domestic violence, 6 on emotional violence, 2 on adolescent relationship violence, 5 on community violence, and 10 on any form of child maltreatment. The authors did not specify which countries these studies were from.

The results of this study found all forms of violence are related to school drop-out, with being engaged in community violence and emotional violence increasing the likelihood of dropping out of school at least 2 times. In a similar vein, experiencing any form of violence is associated with not graduating from school. Violence such as community and gang violence have the largest association with school graduation, such that those who experience these forms of violence are less likely to graduate from school. With regards to absenteeism, bullying was a strong predictor of absenteeism, particularly for males. Males who experience bullying are nearly three times more likely to also be absent from school as compared to males who do not experience bullying. Males who experience physical and sexual violence in childhood are also strongly likely to show absenteeism. For girls, the strongest driver of absenteeism is experiencing sexual violence during childhood: girls who experience sexual violence are three times more likely to be absent from school than girls who have not experienced sexual violence. This is followed by bullying, increasing the chance of absenteeism by two-fold for girls who are bullied. All forms of violence equally impacted grades and test scores negatively. For repeating grades or taking remedial classes, all children who experienced physical violence were at least twice as likely to repeat grades. For girls, emotional violence also played a role, with odds ratio of girls being 2.5 times more likely for grade repetition if they experienced emotional violence.

Reflections: The authors concluded that bullying and sexual violence have a high impact on various forms of educational outcomes and were the only types of violence where data was segregated by gender. Moreover, a need to specify violence in different settings (e.g., home, community, school) is an important next step for future research.

Perezniето, P., Montes, A., Routier, S. and Langston, L., 2014. *The Costs and Economic Impact of Violence Against Children*. Briefing paper, London, UK: Overseas Development Institute.

Type: Think Tank report

Aim: A briefing paper of the main findings of a ChildFund Alliance report by these authors explored the economic impacts and costs of violence against children and analysed gaps in budgeting of resources in South Africa, Mexico, the United States, and India.

Findings: The authors noted that there were large data gaps and discrepancies in the type of data available regarding the economic cost of violence towards children including mostly being available in high income countries. For physical, sexual, and psychological violence, the global costs amounted to 2% to 8% of global GDP, and even these estimates were thought to be under-representing the true global costs. For worst forms of labour, the estimated global income forgone because of lost years of schooling because of children's involvement in hazardous work was equivalent to \$97.6 billion annually. For children in armed forces, the costs of children's association with armed forces could range from \$120 million to \$144 million annually. From their analysis of country budgeting of resources, the authors found that a multi-sectoral approach is needed in addressing the multifaceted components of VAC and that budgets are ill equipped

to handle costs of prevention and response. Cost-effective examples of good practice included focusing on prevention for physical, sexual, and emotional violence. Moreover, for sexual abuse, providing vulnerable girls with life-skills, focusing on sexual education, and strengthening their economic capacities were shown to be effective. Parenting programmes were particularly effective at improving parent-child relationships. To reduce hazardous child labour, national-level policies and programmes were most effective, with investments in education and social protection as being especially effective. For children in armed forces, there were no case studies identified but prevention that strengthens international legislation, and national legislation that ensures alternative livelihoods for families was one mechanism suggested.

Reflections: The authors concluded that given the massive costs associated with VAC, it is essential to scale up successful interventions and have a more systematic and rigorous evaluation of existing programming in emergency context. A focus on prevention and an emphasis on data from low and middle-income countries were important recommendations emanating from this brief.

Evidence on the intersection of intimate partner violence and violence against children

Guedes, A., Bott, S., Garcia-Moreno, C. and Colombini, M., 2016. “Bridging the gaps: A global review of intersections of violence against women and violence against children.” *Global Health Action*, 9(1), p.31516.

Type: Peer-reviewed article (narrative review)

Aim: This article provided a narrative review of the global evidence between 2004-2015 on intersections of VAC and VAW. The authors focused specifically on physical and sexual intimate partner VAW, sexual violence by non-partners against women, and child maltreatment.

Findings: They identified 48 sources which included: 25 global (or low and middle-income country) reviews or meta-analyses, 10 population-based, multi-national studies or research, programmes on VAW or VAC or both, and 13 reviews of intersections between VAW and VAC. A major gap noted in the review was a lack of studies from LMICs.

Six themes emerged on the overlapping nature of VAW and VAC. First, both VAW and VAC share risk factors and tend to be common in societies where there is gender inequality and discrimination, lack of responsive institutions, weak legal sanctions against violence, male dominance in the household, marital conflict, and harmful use of alcohol and drugs. Second, certain social norms underlie both VAW and VAC such as norms that condone violent discipline (wife-beating and corporal punishment), promote masculinities based on violence and control, prioritize family reputation, and blame victims, and norms that support gender inequality overall. Third, intimate partner violence and child maltreatment often occurred in the same family, whereby children in households where the mother faced violence were more likely to face violent disciplines themselves. The fourth theme identified was that there were intergenerational effects between both forms of violence. The common and compounding effects of both VAW and VAC was another theme identified across the studies. Both VAW and VAC had similar mental, physical, sexual, and reproductive health consequences. Finally, adolescence was identified as common developmental period at which both VAW and VAC intersected.

Reflections: The authors concluded that prevention of violence in childhood may be essential for long-term prevention of VAW. School-based programming, home and community-based parenting programmes are important strategy for this goal, but the review finds that school-based efforts do not pay attention to gender inequality and discrimination for both boys and girls, while parenting programmes pay insufficient attention to gender socialization. They also identify a need for collaboration and knowledge sharing between service providers for adult, adolescent, and child victims of abuse. The authors highlight that the debate between children’s rights and girls’ rights requires more understanding and careful attention.

Etherington, N. and Baker, L., 2016. “From “buzzword” to best practice: Applying intersectionality to children exposed to intimate partner violence.” *Trauma, Violence, & Abuse* 19(1), pp.58-75.

Type: Peer-reviewed article (rapid meta-analysis and review)

Aim: This article aims to provide an understanding of how and why intersectionality theory is important for improving outcomes for children who are exposed to intimate partner violence.

Findings: Research overlooks the intersectionality of children’s identities (such as gender, age, ethnicity) as explanatory factors between witnessing IPV and adjustment. Though this framework is applied to survivors of IPV, for children exposed to IPV, demographic variables are seen as separate, and systems of oppression and power are overlooked. The authors found 6 articles in their rapid review that examine intersectionality with child maltreatment, all of which were in the USA. Sociodemographic factors such as poverty which intersects with race/ethnicity can increase the likelihood of children being in contexts where IPV occurs more frequently. Moreover, though age is used as a differentiating variable between outcomes and exposure to IPV, factors such as citizenship, poverty, ethnicity, minority status can all overlay with age to produce varying trajectories of outcomes. Intersectionality also applies to protection and response mechanism in place for children affected by violence. For instance, languages in which policies and laws often marginalize certain groups. Similarly, gender, age, ethnicity is known to affect case outcomes in the juvenile justice system in HIC.

Reflections: The authors posit several techniques to integrate intersectionality into childhood exposure to IPV policy and practice that include defining the social policy for the issue as intersectional, taking a child-centered approach, and reflection on whether response as a service provider ignores or takes into account children’s multiple social identities to name a few. The field of structural violence is up and coming and recommends that violence against children must be viewed through the lens of the invisible factors that drive violence.

PREVENTING AND RESPONDING TO VIOLENCE AGAINST CHILDREN

Preventing violence against children through programming

Hillis, S., Mercy, J., Saul, J., Gleckel, J., Abad, N. and Kress, H., 2016. "THRIVES: Using the best evidence to prevent violence against children." *Journal of Public Health Policy*, 37(1), pp.51-65.

Type: Peer-reviewed article

Aim: In this review article, based on criteria defined by THRIVES (a US Centers for Disease Control and Prevention group), the authors found seven strategies across health, social services, education, finance, and justice sectors, as effective, promising, or prudent practices.

Findings: First, training in parenting in order to build safe environments at home were known to reduce violence towards children and preventing development of violence behaviours in children. Examples of good programmes include Philiani Plus in South Africa, Families Matter! in Kenya, Safe Dates in the USA. Second strategy identified strengthening the household's economic condition given that economic stress was associated with higher levels of intimate partner violence. Examples of good practice programming identified were cash transfer programmes and those that integrate microfinance or group savings and loans with gender equity training, a combination of which were shown to reduce violence against children by 50%. The third strategy identified was to strengthen and enforce legal policies such as banning corporal punishment, laws regulating availability and accessibility of alcohol, laws prohibiting sexual abuse of children, constitutional protections to guarantee equality between men and women, and laws banning harmful traditional practices, which had all shown to be effective in reducing violence against children. A fourth strategy found was to improve services for survivors and perpetrators. Highly effective services included counselling, IPV screening combined with interventions such as support groups, shelters, and advocacy/case management approaches. The fifth strategy included changing social norms through interventions, particularly gender norms and parenting norms. Examples of good programming included Population Council: Yaari-Dosti in India, Alteristic: GreenDot in the USA, Raising Voices: SASA! in Uganda, Soul City Institute: Soul City in South Africa. The sixth strategy involved reducing barriers to education and ensuring life-skills education (e.g., Comprehensive School Support in Zimbabwe, No Means No Worldwide: IMpower in Nairobi). The final strategy included improving national databases on VACs, which included improved monitoring and evaluation systems of existing interventions and of ways to adapt interventions that had been shown to be successful in high-income countries to LMICs. Since population-based database in LMICs are rare, the authors suggested that national Violence Against Children Surveys (VACS) or Multiple Indicator Surveys (MICS) may need to be considered the gold standard on data on VAC.

Reflections: The authors note that these prevention strategies are essential to meeting the goals of the Sustainable Development Goals. For each strategy mentioned, they conclude that there is strong promising evidence of success in high-income countries, with growing evidence from LMICs. Shared strategies are having multi-sectoral approaches; a focus on changing social norms, parenting programs, and early childhood interventions; economic strengthening and empowerment; legal and policy reform; education; improvements in service access and quality; and a focus on strengthening monitoring, evaluation, and surveillance.

Ager, A., Stark, L., Akesson, B. and Boothby, N., 2010. “Defining best practice in care and protection of children in crisis-affected settings: A Delphi study.” *Child Development*, 81(4), pp.1271-1286.

Type: Peer-reviewed article

Aim: In this article, authors aimed to identify best practices for dealing with child protection challenges in emergency contexts.

Findings: 30 specialists in humanitarian work supporting the care and protection of children in crisis settings completed a 3-phase Delphi consultation and arrived at a consensus of 55 statements that were assessed as best practice for working with children in humanitarian settings. Themes for statements included best practice for agency strategy, community engagement and participation, understanding children’s needs, improving schooling and education, having strong monitoring and evaluation frameworks, focusing on separated children and children associated with fighting forces, and addressing gender inequalities. With respect to gender, statements included needing to reach out to girls to make programmes more girl-friendly, building on local cultural resources to support girls, targeting and educating men and boys about gender norms, applying and mainstreaming gender in all components of programming, ensuring that girls are not separated into “appropriate for gender” skills training, and identifying positive deviants.

Reflections: Even though this article is not solely about gender-transformative response to crises in humanitarian settings, there was no mention of gender other than the statements in a table. Indeed, any best practice around gender were discussed under inclusion and equality which included other themes as well. The lack of emphasis on gender as a central driver that enhances children’s vulnerability in humanitarian crises is indicative of an inadequate attention paid to gender mainstreaming in CP systems.

Combaz, E., 2013. *Evidence about the effectiveness of child protection programmes in developing countries (GSDRC Helpdesk Research Report)*. Birmingham, UK: Governance and Social Development Resource Centre, University of Birmingham.

Type: DFID Report

Aim: The purpose of this report was to identify and summarise evidence about the effectiveness of child protection programmes in developing countries.

Findings: In developing countries, this short review by DFID found that evidence is weak on the effectiveness of child protection programmes. Assessments are made through several mechanisms: asking CP workers to rate effectiveness, analysing outcomes to inputs, mapping assessments, and assessing causality. Several factors emerged as contributing to improvements in child protection globally: legal reform, greater policy emphasis on and resources for child protection, strengthening of child protection systems, poverty reduction, active role of civil society, social mobilization, focused action on specific issues. Barriers to effective programming included weak M&E systems, lack of sustainability strategies, and isolated programmatic responses. There was little evidence on cost effectiveness of child protection programmes, but a few studies (e.g., UNICEF’s meta-review by De Sas Kropiwnicki, 2012) showed that decisions around salaries, partnerships, making trade-offs on which objectives to achieve, deciding on the target population will all play a role in ultimately deciding cost effectiveness.

Several issues are related to determining effectiveness, however. First, effectiveness was hard to define, there was little monitoring and evaluation of programmes, and those that engage in M&E focused on project milestones or implementation of mechanisms as a form of effectiveness. Geographically, most of the studies found were in Africa but the quality of evidence varied and was mostly “just average” in all the regions. There was a strong need to contextualize findings and action – thus the need to ensure that strategies are culturally adapted. Moreover, effectiveness needs to be understood in the context of recognizing that child protection is political and driven by larger agendas of the government and donors.

Reflections: Evaluations are often made where effectiveness is assessed in an input- or process-oriented manner, with little outcome- or impact-oriented work. According to this report, effectiveness needs to move beyond simply meeting project milestones or implementing the recommended mechanisms. However, effectiveness is really about “*actual implementation and results of given measures and establishes a causality between the measures used and the outcomes and impact*” (p.3) or implementation fidelity, which is limited in the literature.

UNICEF, 2011. *Promoting Gender Equality through UNICEF-Supported Programming in Child Protection*. New York, UNICEF.

Type: UN report.

Aim: This report covers how to integrate gender across child protection issues, including entry points for promoting gender equality through child-protection programming.

Findings: Keeping in line with the goals of this review, only findings for child maltreatment are presented. For children without parental care, the report notes that a gender response must include an analysis of the risks for girls and boys through a gendered lens. For separated and unaccompanied children, the report advocates for developing sex-specific local protocols and policies. Moreover, for all violence against children, gender response should include training of both male and female police on gender sensitivity, recruiting female officers and counsellors, and helping boys overcome gender norms that may prohibit them from disclosing abuse. Some entry points for promoting gender equality in CP programming are: working with boys and men as agents of change, focusing on girls’ leadership and skills building (e.g., UNICEF’s safe spaces program in the DRC), working with local and religious leaders to help change social norms, using a rights-based approach to change social norms, focusing on equal participation, integrating gender into community leadership and advocacy activities, and training key actors in the health, legal, psychosocial and justice sectors on gender-based violence prevention and response. The report also highlights that in emergencies, special considerations need to be taken. Moreover, the report states that often poor programming is a result of gender-blind approaches that assume that men, women, boys and girls have the same needs, are vulnerable to the same abuses, and have the same responsibilities and decision-making opportunities.

During programme design phase, the report states that it is essential develop a clear strategy around how to integrate and promote gender equality from the start, which include establishing clear benchmarks and gender-disaggregated indicators. During implementation phase, have a strong feedback loop to check whether goals of gender equality and gender integration are being met.

Reflection: This report highlights that effective gender-sensitive programming views all outcomes from a gendered lens and ensuring that gender-sensitive indicators are capturing gender-related changes in society over time.

Mikton, C. and Butchart, A., 2009. “Child maltreatment prevention: A systematic review of reviews.” *Bulletin of the World Health Organization*, 87(5), pp.353-361.

Type: Peer-reviewed article (systematic review)

Aim: In this article, the authors synthesized evidence from systematic and comprehensive reviews on the effectiveness of universal and selective child maltreatment prevention interventions.

Findings: The authors examined 26 reviews. Of all seven types of interventions, the results indicated that home-visiting, parent education, abusive head trauma prevention (also known as referred to as shaken baby syndrome, shaken infant syndrome and inflicted traumatic brain injury), and multi-component interventions were effective in preventing actual child maltreatment. The evidence for child sexual abuse prevention, media-based interventions and social support and mutual aid groups is mixed or inconclusive. Of the entire evidence base, evaluations of child maltreatment prevention interventions from LMICs only make up 0.6% of the total evidence base.

Reflections: The lack of evidence on prevention from LMICs is concerning since much of the global estimates on child maltreatment show high prevalence in LMICs. Moreover, evidence for successful interventions found that many programmes have poor internal validity – 15% of the studies failed to include a control group – making it a challenge to make any causal inferences.

Lilleston, P.S., Goldmann, L., Verma, R.K. and McCleary-Sills, J., 2017. “Understanding social norms and violence in childhood: Theoretical underpinnings and strategies for intervention.” *Psychology, Health & Medicine*, 22(sup1), pp.122-134.

Type: Peer-reviewed article

Aim: In this article, Lilleston and colleagues conducted a rapid review of peer-reviewed and grey literature based on experts' knowledge of the literature and a search of scholarly databases to explain how social norms prevent or perpetuate violence in childhood.

Findings: Social norms can be either descriptive (perceptions about what members of social groups do) or injunctive (perceptions about what members of a social group think others ought and ought not to do) and are driven by larger, macrolevel factors such as culture, religion, policy and regulation, and economic conditions. Interventions that target both descriptive norms and injunctive norms were shown to be effective. Based on the theory of Diffusion of Innovations, examples of programmes that target both descriptive and injunctive norms are Green Dot Campaign in USA against sexual violence, Good School Toolkit in Uganda against violence in school and corporal punishment, Tostan's Community Empowerment Program in Senegal against female genital cutting, Program H in Brazil for reducing violence against adolescent girls and *Bachpan Bachao Andolan* in India to eradicate child labour and trafficking. Another effective strategy identified was to shift people's attitudes by introducing people to the harmful effects of a given behaviour and the benefits of avoiding that behaviour. Examples of programmatic approaches that target attitudes to shift social norms Gender Equity Movement in Schools in India to shift students' attitudes and beliefs related to gender-roles, violence, and health, Sikhula Ndawonye in Africa as a parenting programme for new mothers, Soul City in South Africa to reduce GBV among adults and adolescents and MTV's A Thin Line campaign in the USA against digital violence. The third strategy stated that effective interventions attempted to change the structural context by shifting costs, policies, or the built environment to make behaviours more or less easy to perform. Examples were *Apni Beta Apna Dhan* (ABAD) Conditional Cash Transfer Program in India, which changed behaviours by delaying marriage and getting girls educated until grade 8, but found no change in perceived value of girls and in some cases the cash received encouraged dowry practices. Examples of policies included Child Protection and Welfare Act of 2010 in Pakistan that criminalized violence against children and abolished corporal punishment and the 1994 Hindu succession act in India that ensured that daughters have equal inheritance of property as sons.

Reflections: The authors posit recommendations learnt from their review of successful interventions. They found that effective strategies should: incorporate bystander training, mobilize community values, deliver a combination of prevention strategies (such as intervene at legal and family level), involve stakeholders, plan for long-term engagement, prepare for backlash and boomerang effect, help improve gender-disaggregated data on VAC, and make context-specific recommendations for change.

Peltonen, K. and Punamäki, R.L., 2010. “Preventive interventions among children exposed to trauma of armed conflict: A literature review.” *Aggressive Behaviour*, 36(2), pp.95-116.

Type: Peer-reviewed article (meta-analysis)

Aim: In this article, the focus was on children affected by armed conflicts (war, military violence, terrorism and refugee). The authors evaluated effectiveness of preventive interventions in preventing emotional distress and impairment and promoting optimal emotional cognitive and social development.

Findings: Their search yielded 19 studies conducted between 1980 and 2008. The majority of the studies were conducted in former Yugoslavia with Croatian and Bosnian children, followed by studies in Africa,

Middle-East, and Asia. Most studies involved children as participants, though a few had parent participants for psychoeducation about how to respond to trauma. However only 4 interventions used a robust experimental design to calculate effect sizes. Results showed that all 4 interventions had a strong impact on PTSD symptoms, depression, anxiety, behavioural problems. Adolescent girls in group psychotherapy showed significant decrease in depressive symptoms in one intervention. Family-based interventions had a marginal impact on improving children's cognitive outcomes. Positive outcomes (e.g., self-esteem, resilience) are also important to explore among traumatized children. Most interventions focused on negative emotions and few focused on improvement of social support.

Reflections: The authors note that longitudinal follow-up for such contexts are crucial but are missing from the interventions. It is also important to take into account culturally sensitive models for therapy since applying Western models of cognitive behaviour therapy may not be appropriate and effective.

Role of parenting programmes in linking IPV and violence against children

Desai, C.C., Reece, J.A. and Shakespeare-Pellington, S., 2017. "The prevention of violence in childhood through parenting programmes: A global review." *Psychology, Health & Medicine*, 22(sup1), pp.166-186.

Type: Peer-reviewed article (systematic review)

Aim: In this article, the authors conducted a systematic review of reviews, meta-analyses, comprehensive reviews that included evaluations that measured child maltreatment outcomes and had interventions that targeted child maltreatment between the year 2000-2016.

Findings: The final sample included 28 articles of which two had data from LMICs. The results indicated that postnatal home visiting reduced depression, anxiety/stress, anger, guilt, self-esteem, and improved partner relationships of mothers who received the programme only until the first six months post intervention. The review also found that home visits were not effective to reduce IPV directly, but somewhat effective in reducing child maltreatment in homes where IPV exists though the Nurse–Family Partnership (NFP) was shown to reduce IPV. In terms of child maltreatment outcomes, the review indicated both positive evidence of parenting programmes as well as mixed or no evidence. Part of the reason given for this mixed evidence was the variation in the way child maltreatment was measured, with some studies relying on parent reports and others collecting data from official sources. In terms of positive outcomes, the study found that home visits were related to fewer neglectful behaviours at two years post intervention but disappeared by 4 years. In one study, follow up 15 years post intervention also found significantly lower maltreatment rates for the intervention group. However, there are too few long term follow up studies. Meta-analyses indicated that parenting interventions had reduced levels of child maltreatment, including harsh parenting and rates of child injuries and hospital visits, though in other meta-analyses, this was shown to be true for mothers of low-income households only. In one review of parenting programmes in LMICs, the review indicated that intervention groups used harsh punishments less often than the comparison groups.

Reflections: In conclusion the authors noted that outcomes were not standard across studies and definitions of child maltreatment vary. The authors also did not find studies on child maltreatment and children witnessing IPV, or the role of parenting programmes in preventing sexual abuse. There was also a major gap in finding studies in LMICs. The authors argued that in LMICs, shifting resources from child protection services for children who have experienced abuse and trauma to child maltreatment prevention services will need evidence to show its positive impact. Additionally, given that parenting programmes themselves have high costs, finding evidence that preventative services are cheaper than child protection-based services should be researched. Moreover, a lack of randomized controlled trials in LMICs due to their costly nature meant that strong evidence is lacking. Thus, Desai et al cite Ward et al (2015) to suggest that propensity score matching, or regression continuity designs should be used in contexts where RCTs are unavailable. There was also a lack of evidence on whether programmes should be universal or targeted in LMICs and the authors suggested that a multi-faceted approach like the Triple P programme in HIC should be utilized.

Bacchus, L.J., Colombini, M., Contreras Urbina, M., Howarth, E., Gardner, F., Annan, J., Ashburn, K., Madrid, B., Levtov, R. and Watts, C., 2017. "Exploring opportunities for coordinated responses to intimate partner violence and child maltreatment in low and middle-income countries: a scoping review." *Psychology, Health & Medicine*, 22(sup1), pp.135-165.

Type: Peer-review article

Aim: In this review, Bacchus and colleagues examined the few interventions that bridge IPV and child maltreatment outcomes together. Using systematic review principles, the authors examined 9 databases and stated that they "looked specifically for programme content which engaged participants in exploring gender norms and values in the context of parenting, decision-making and violence against women and children" (p.139).

Findings: The authors found 6 studies between 2013-2016; 2 from South Africa, 2 from Uganda, 1 from Liberia, and 1 from Thailand. REAL Fathers' in Uganda (implemented by the Institute for Reproductive Health) targeted young fathers and the results found that there was a significant reduction in the use of physical punishment to discipline children at longer term follow up. There was also reduction in IPV at 4 months and at the long-term assessments. The qualitative component of this programme indicated that there was some positive impact, especially as a result of reduced alcohol use, but this was not always sustained over time. 'SASA!' in Uganda, implemented by Raising Voices, targeted gender norms that contribute to violence using a community mobilisation approach, engaging key stakeholders in the community. The 4 year follow up found that the intervention decreased acceptance of IPV, improved acceptance of women's choice in refusing unwanted sex, and stopped instances of physical, sexual, emotional, controlling behavioural violence where it used to occur. This was in turn related to reduced number of children witnessing violence at home and improved parent-child relationships as a result of improved parenting and discipline practices. 'Parents Make the Difference' in Liberia, implemented by the International Rescue Committee and Duke University, used a randomized control trial that there was a decrease in use of physical and psychological punishment. The intervention also had an unintended positive impact on IPV by improving the couple's relationship, reducing alcohol use by men, and having fathers spend more time with the family. 'Building Happy Families', implemented by the International Rescue Committee in Thailand showed reduced levels of harsh parenting. Moreover, an unintended consequence of learning communication skills was a positive impact on parent marital relationship and caregiver well-being, and reduced alcohol use by the father. The 'Sinovuyo Caring Families', implemented by Oxford University in South Africa targeted older children suspected of behavioural problems or history of abuse there was an improvement in positive parenting and reduction in violent discipline. In terms of IPV, parents and adolescents had reduced acceptance of gender and sexual violence. The 'One Man Can' (OMC) Fatherhood Programme implemented by Sonke Gender Justice in South Africa showed that men reported improved communication with partners and children that avoided violence.

Reflections: In conclusion, the authors noted that consequences of parenting programme that improve communication between partners and teach collaborative problem solving also showed reduced IPV. Reduced alcohol use was also an unintended and important consequence of parenting programmes that led to lower levels of IPV. Moreover, the authors found that targeting male caregivers may be more important in some ways than solely targeting female caregivers. Programmes should also focus on adolescents since most programming was for younger children. The authors also noted that CM and IPV programming can take place outside of parenting contexts as SASA! did, focusing on asking men to reflect on consequences of violence and including influential members of the community. Bacchus and colleagues cautioned that there are risks to integrating CM and IPV programming that include the tendency to prioritize children's rights over women's rights. They noted that interventions, policies, and allocation of resources must be accountable to ensuring safety of both children and mothers.

Scourfield, J., 2014. “Improving work with fathers to prevent child maltreatment. *Child Abuse & Neglect.*” 38(6), pp.974-981.

Type: Peer-reviewed article (advocacy)

Aim: This article argues for the importance of working with fathers in cases of child maltreatment.

Findings: Working with fathers is a complex phenomenon and requires a gendered stance. Several arguments are presented. Father can mean any man who parents a child (including mother’s boyfriend). All fathers should not be viewed as either good or bad. Fathers themselves can be reluctant to participate due to cultural definitions of fatherhood. In some instances, mothers may object to father participation as well. The evidence base on family welfare interventions for fathers is small. Most evaluations do not include fathers. Systematic reviews are unable to make conclusions since no RCTs include fathers and the few studies report father-specific results. From the author’s experience of working with fathers, he notes that there are several challenges that come with working with fathers: personal disclosure is more difficult and ensuring that the father is present in sessions requires more work

Reflections: Working with fathers is a fundamental way in which programming on violence against children becomes gender-sensitive. There are a few examples of parenting programmes that include fathers (covered in the next section).

Landers, A.L., McLuckie, A., Cann, R., Shapiro, V., Visintini, S., MacLaurin, B., Trocme, N., Saini, M. and Carrey, N.J., 2017. “A scoping review of evidence-based interventions available to parents of maltreated children ages 0-5 involved with child welfare services.” *Child Abuse & Neglect.*

Type: Peer-reviewed article (systematic review)

Aim: In this article, the authors conducted a systematic review to describe the landscape of the studies of interventions for parents of children ages 0-5 years involved with the child welfare system.

Findings: Interventions in the final sample were from USA, Australia, UK, Spain, and Canada. The majority of the interventions were measured via case study and quasi-experimental designs, with randomized control trials (RCTs) making up only 26.2% of all included study designs. Interventions aimed to improve parenting practices, the relationship between parent and child, and/or attachment security, along with reducing child abuse and/or neglect. They took place at home, in clinical settings, mixture of both, or a residential/in-patient setting, though no intervention assessed the effectiveness of delivering programmes in different settings. Skill-based interventions aimed to teaching parents new skills, often regarding child care and management, Relational interventions targeted maternal sensitivity to child cues, reflective capacity, and attachment. Risk factors for parents who inflicted CM included: Parent’s own history of abuse, low educational attainment, substance abuse and mental illness, though the majority of the interventions only reported on a few of these risk factors (if at all). Barriers to success of interventions included: methodological barriers, client engagement strategies, client clinical factors, intervention factors, and lack of instrumental support. Moreover, few studies measured child maltreatment recurrence as an outcome.

Reflections: The authors note that parents who have been referred to child welfare systems are vulnerable to several chronic risk factors including violence, substance abuse, mental health concerns, and poverty. Thus, interventions targeting such families are especially important.

Role of school programmes in preventing violence against children

Lynas, J. and Hawkins, R., 2017. “Fidelity in school-based child sexual abuse prevention programs: A systematic review.” *Child Abuse & Neglect*, 72, pp.10-21.

Type: Peer-reviewed article (systematic review)

Aim: The aim of this study was to systematically review and evaluate the quality of the school-based child sexual abuse prevention education research in terms of implementation fidelity (the degree to which the core components of an intervention are delivered as intended in the intervention protocol).

Findings: Implementation fidelity quality was assessed across the domains of: Intervention Design, Training Providers, Intervention Delivery, Intervention Receipt and Enactment of Skills, using the National Institute of Health Behavioral Change Consortium (NIHBCC) Fidelity Checklist (in the US). The final sample included 17 articles in US, Taiwan, Turkey, Germany, China, and Malaysia. Majority of the participants were female across the studies. None of the studies included had high fidelity and the average level of fidelity was 45% across the studies. Only 5 reported including measures or processes to monitor implementation fidelity and only 1 study had a measurement for the facilitator to report on program adherence immediately following delivery.

Reflections: The authors call for future studies to include fidelity monitoring in school-based child sexual abuse prevention research. This can be done via “*use of audiotapes and checklists for retrospective assessment of consistent program delivery, notes and ratings by direct observers, checklists administered by research assistants, checklists completed by a workshop facilitator or an independent observer, and video footage to check reliability of the presenter’s self-reported program adherence*” (p.19). The authors note that despite increasing costs of programmes, it is important to include such assessments as a necessary precursor to improving the quality of the intervention. Examples of effective standards for reporting evaluation of school-based interventions on child sexual abuse include CONSORT Statement and the TREND Statement.

Ttofi, M.M. and Farrington, D.P., 2011. “Effectiveness of school-based programs to reduce bullying: A systematic and meta-analytic review.” *Journal of Experimental Criminology*, 7(1), pp.27-56.

Type: Peer-review article (systematic review)

Aim: This article presents a systematic review and meta-analysis of the effectiveness of anti-bullying programs in schools.

Findings: 89 reports which covered 53 evaluations were included. The meta-analysis of these 44 evaluations showed that, overall, school-based anti-bullying programs are effective: on average, bullying decreased by 20–23% and victimization decreased by 17–20%. The most important program elements that were associated with a decrease in bullying were parent training/meetings, improved playground supervision, disciplinary methods, classroom management, teacher training, classroom rules, a whole school anti-bullying policy, school conferences, information for parents, and cooperative group work. Working in an intensive program for children and teachers was found to be effective. Programs with older children were more effective in Norway and Europe.

Reflections: The authors note that policy implications include integrating research into policy making – for instance peers are not shown to be effective in reducing bullying, programs should target children older than 11 years. Authors also posit that cost-benefit analyses of anti-bullying programs should be carried out. Both bullying and victimization should be clearly defined since different techniques are shown to be effective with bullying (e.g., whole school bullying programs) that are not effective with victimization.

Pearce, N., Cross, D., Monks, H., Waters, S. and Falconer, S., 2011. “Current evidence of best practice in whole-school bullying intervention and its potential to inform cyberbullying interventions.” *Journal of Psychologists and Counsellors in Schools*, 21(1), pp.1-21.

Type: Peer-reviewed article (meta-analysis)

Aim: Given that of bullying is a complex phenomenon, multidisciplinary whole-school interventions are the most effective ways to prevent and manage non-digital bullying behaviour. In 2004, the Validated Guidelines for School-Based Bullying Prevention and Management presented guidelines on how to use evidence-based strategies to reduce bullying behaviours in schools. Since the study of cyberbullying is relatively new, this article attempts to update the 2004 guidelines for cyberbullying by conducting a meta-analysis of bullying studies (including cyberbullying).

Findings: Results found that schools are unable to implement evidence-based strategies to prevent bullying due to lack of capacity, particularly in schools in poor socio-economic neighbourhoods. Programs if implemented have insufficient fidelity to ensure success and are not sustainable. Programs where schools had adequate resources and organisational support were successful. Moreover, a positive classroom climate, engaging peers, involving parents and communities were effective strategies. Having clear formal policies and procedures in place to address bullying were also found to be an integral part of effective strategies. Finally, identifying bullying ‘hot spots’ and improving supervision were found to decrease bullying. A specific cyberbullying program in the US called *Cyber Friendly Schools* was found to reduce and manage all forms of bullying, but particularly cyberbullying.

Reflections: Cyberbullying’s specific nature (i.e., anonymity, greater access to a large audience, lack of authority in the digital space, 24-hour access to technology) require a more nuanced approach to prevention. There is no clear understanding on the role of cyber safety education in preventing and reducing cyberbullying.

Service response to violence against children

Gilbert, R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D. and MacMillan, H.L., 2009. “Recognising and responding to child maltreatment.” *The Lancet*, 373(9658), pp.167-180.

Type: Peer-reviewed article

Aim: This literature review provides an evidence based review of the factors underlying under-reporting of child maltreatment globally, though the evidence is most predominantly from high income countries.

Findings: Reports come mostly from schools, followed by law enforcement agencies, social services, and then medical professionals. For medical professionals, barriers to reporting child maltreatment include personally knowing the family, perceptions that reporting to child protection services will lead to negative outcomes, and the belief that working with the family will be more beneficial. Other barriers at institutional level were that child protection services have a high threshold for suspicion. In contexts where mandatory reporting exists, there are disadvantages such as the number of cases that substantiate child maltreatment are low because of lack of sufficient evidence, failure of the family to cooperate, lack of commitment to comply with services, or inability of the agency to investigate because of personnel constraints. Screening tools that question parents directly about maltreatment and assess occurrence of intimate partner violence were suggested as a good way forward, but the authors cautioned that will overwhelm and burden the CP system which must be strengthened at all levels to deal with increased case load. Coordination among all sectors (e.g., schools and medical staff) were noted as important to improve the recognition and response to CM. Family courts were suggested as an avenue to account for IPV and CM before making decisions on where the child lives after separation or divorce in family violence cases. In terms of policy response, the authors noted that in HIC, there are two types of responses: a child and family welfare approach and a

child-safety approach. In child and family welfare policy (e.g. New Zealand and several European countries), child-welfare agencies are responsible for CM referrals along with other CP issues for children that get referred to relevant practical and therapeutic services in home and out-of-home care. In a child-safety policy (e.g., USA, Canada), agencies respond solely to CM issues and if there is no evidence of CM, then children get referred to other services. A crude analysis shows higher rates of service provision in countries with a child and family welfare policy, but this needs further work. Often focus on child-safety policy's need for substantiation gets linked with blame, punishment, and criminalisation of child maltreatment which reduces potential for CM recognition.

Reflections: The authors recognize that within health services, research has addressed challenges in service provision within paediatric services more than anywhere else. Moreover, learning from policy systems in HIC, the authors note that *"international comparisons emphasise the need for an approach that combines a focus on child safety with the broader benefits of a focus on child and family welfare"* (p.177).

Gevers, A. and Dartnall, E., 2014. "The role of mental health in primary prevention of sexual and gender-based violence." *Global Health Action*, 7(1), p.24741.

Type: Peer-review article

Aim: This short review article argued that sexual and gender-based violence (SGBV) has a lifelong impact on the mental health of its victims (e.g., children who witness IPV, children who face violence are at-risk for depression, anxiety, PTSD).

Findings: The authors described that there are a range of mental health interventions that have shown to reduce, at least in short term, the negative psychological consequences of SGBV, particularly PTSD, via counselling and rehabilitation for victims, perpetrators and for any other affected family member. SGBV primary prevention is relatively new and promotes *"building gender equality and challenging hegemonic masculinities, challenging the widespread acceptance of violence, improving conflict resolution and communication skills, developing relationship-building skills, reducing substance abuse, and improving gun control"* (p.2). While mental health integration in primary care is growing, there was little information on how to provide mental health services for SGBV survivors in resource-poor settings. Interventions look at violence prevention as a way to prevent mental health and not the other way around. Gevers and Dartnall suggested that for mental health to be part of primary interventions, efforts should try to understand and strengthen individual mental health, coping skills, and social skills, that include empathy, compassion, self-esteem, and coping with stress. Another important component needed to support primary prevention goal was to support the healthy functioning of nurturing family relationships. Moreover, recognizing underlying psychological causes for why individuals hold onto social and gender norms could help strategize ways to change them. Finally, SGBV intervention facilitators often need similar skills as those of mental health practitioners, given that SGBV programmes address sensitive topics that may evoke anxiety and other emotions. Thus, expanding the capacity of intervention facilitators and including mental health professionals on SGBV primary prevention was an important recommendation.

Reflections: While this article was focused on gender-based violence, the call for integrating mental health into primary prevention can be extended to all forms of violence against children, where the psychological effects of physical, emotional abuse and neglect can last across the lifetime.

Roelen, K., Long, S., and Edström, J., 2012. *Pathways to protection – Referral Mechanisms and Case Management for Vulnerable Children in Eastern and Southern Africa: Lessons Learned and Ways Forward*. Brighton, UK: Centre for Social Protection, Institute of Development Studies.

Type: NGO-report

Aim: Based on the results of a regional study in the Eastern and Southern Africa region (ESAR), this report described the authors understanding and practice with respect to referral mechanisms and case management for children. Methodologies used for this report were desk reviews using literature on other

vulnerable children (OVCs) and social protection responses in the region that specifically referred to case management and referral systems, interviews with key informants, and country visits to Tanzania, Mozambique, and Namibia.

Findings: The results found that there was a good system for identification of vulnerable children and referral mechanisms, but the most vulnerable children continued to slip through the cracks. Issues of equity and universality were most important in referral and case management systems in ESAR which was more response oriented than prevention oriented. There was a growing interest in case management in the region, but the study found that the definition of referral and case management were varied, and often too entrenched in Western ideas of what these terms should mean. The desire to gain a cultural and collective understanding of what these terms mean was found in across the region, with the 'community case management' term being used more frequently. There was also a recognition that VAWG required sensitive referral mechanisms – one that took confidentiality and safety into account. Some limitations also existed. A general lack of systems approach that clearly identified protocols and roles of various sectors was shown to be missing. There was also a need for a cost-benefit analysis to argue for investment in referral mechanisms and case management though investment is strongly needed in quality services and trained human resources which is also unavailable for the most part in the region. Finally, a lack of good monitoring systems, both to track vulnerable children as well as to ensure high standard of the referral and case management system was lacking.

Reflections: Keeping these findings in mind, the authors suggested several ways to translate policy into practice: promote cross sectoral coordination via peer meetings in informal settings (example in Tanzania's child protection coordination team), place community initiatives at the centre of referrals and case management for vulnerable children in ESAR (example in Mozambique's Child Protection Community Committees), create a 'focal' person responsible for linking all actors for the child's wellbeing and in the same light, introduce para social workers to help ease the burden of social workers (examples of community and case workers as focal persons in Malawi, Namibia, and Tanzania), recognize the overburdened volunteer sector and make a clear mandate on minimum standards of training and support, and finally, ensure child and family participation in all stages of the case management process.

Wessells, M.G., Lamin, D.F., King, D., Kostelny, K., Stark, L. and Lilley, S., 2012. "The disconnect between community-based child protection mechanisms and the formal child protection system in rural Sierra Leone: Challenges to building an effective national child protection system." *Vulnerable Children and Youth Studies*, 7(3), pp.211-227.

Type: Peer-reviewed article (qualitative ethnography)

Aim: This article focuses on the disconnect between informal and formal CPS and attempts to explain why community-based CP mechanisms are favoured in Sierra Leone.

Findings: Using several qualitative methods (key informant interviews, body mapping, participant observation, in-depth interviews, group discussions), the authors identified four major forms of VAC: teenage pregnancy out of wedlock, out of school children, heavy labour, and maltreatment of children who do not live with their biological parents. For all, despite having formal child protection systems in place, the majority of the participants chose to respond to violence through endogenous family and customary law systems. For maltreatment of children who did not live with their biological parents, the pathway of response started with disclosure to head male relative, then investigation of situation which led to three outcomes: bring child back home and seek a different placement, settle the matter to the satisfaction of the male head of household, or advise the child to 'bear' treatment so he/she can continue in school. Most of the sample viewed formal systems are ineffective, as being too far away in towns. Key informants reported that Child Welfare Committees (CWCs) lacked trained personnel, relied too much on volunteers, lacked unity amongst other CWCs. Family support units, despite being active in supporting and prosecuting perpetrators of criminal offenses against children, were also not accessed due to being far away in towns, being expensive, and perceived to be of no benefit since cases often got stalled in courts. A small portion of the sample also reported feeling fearful of the police.

Reflections: The article indicates that the male head of the household is the first point of disclosure in an informal system but often disclosure is hindered because parents may themselves be perpetrators of abuse. While the authors did not offer any gender analysis, other studies have shown that social and gender norms generally consider talking to males about sex as taboo. Moreover, norms around masculinity often constrain boys from sharing due to feeling emasculated. As a result, it is likely that social norms hinder disclosure even in informal settings.

Disclosure among children who experience violence

McElvaney, R., 2015. “Disclosure of Child Sexual Abuse: Delays, Non-disclosure and Partial Disclosure. What the Research Tells Us and Implications for Practice.” *Child Abuse Review*, 24(3), pp.159-169.

Type: Peer-reviewed article (literature review)

Aim: This article reviews the research on disclosure of child sexual abuse with specific reference to delays in disclosing, non-disclosure, and partial disclosure of experiences of child sexual abuse.

Findings: Literature (mostly from HIC) shows that many victims of childhood sexual abuse do not disclose until adulthood. Delays are longer when abuser is within the family. The questioning style often is integral in getting children to disclose incidents of abuse. Protocols that emphasize the use of prompts that elicit free narrative are most effective. In some cases, disclosure in informal settings are also helpful with children who are less cooperative in disclosing. Factors that underlie non-disclosure include: younger age, being male, perpetrator being a family member, fear of consequence of disclosing. Mixed evidence for factors that lead to disclosure in some cases and lack of disclosure in others are: quality of relationship with parent, severity of act (e.g., penetration), and duration of abuse. Implications of these findings are many and in interrelated contexts. For legal action and child protection and therapeutic contexts, clear disclosure is often needed but given multiple factors that make it difficult for children to provide credible and clear accounts, these systems need to be revisited.

Reflections: Some key messages for practitioners are that children typically delay disclosing experiences of abuse but asking children questions about their wellbeing gives them the opportunity to tell when they are ready. The challenge is to find the right questions at the right time. Peers are an important avenue through which questions can be asked. It is also important for adolescents to know about how to ask and what to do after disclosure.

Fontes, L, & Plummer, C 2010, “Cultural Issues in Disclosures of Child Sexual Abuse.” *Journal of Child Sexual Abuse*, 19(5), pp. 491-518. Education Research Complete, EBSCOhost.

Type: Peer-reviewed article (literature review)

Aim: This article explores cultural issues in the disclosure of CSA and ways to facilitate disclosures by being culturally sensitive.

Findings: Cultural definitions and structural factors such as shame, fear, taboos, modesty, women and girl's status in the patriarchy, honour, respect, value placed on virginity are all important elements that need to be considered when working with victims of childhood sexual abuse. Gendered scripts that define masculinity as virility and femininity as fulfilling men's wishes and demands often get internalized and children are either unable to distinguish right and wrong or find it difficult to disclose the incident given the normative discourse. This also makes it difficult for boys to disclose since in some cultures desiring sex is considered masculine and those who “report” it might feel emasculated. Shame around losing a girl's virginity in contexts where virginity is valued and a prerequisite for marriage may also hinder disclosure. Moreover, in societies where societal validation is central to maintaining one's status, even if children disclose to their parents, they may not be taken to the appropriate medico-legal services. Informal routes to disclose childhood sexual abuse is often considered the normal response strategy in many contexts.

Reflections: The authors note that being culturally competent is challenging for professionals and sometimes being culturally sensitive can lead to stereotyping of a certain group. Thus, “*professionals need to engage in an ongoing process of self-reflection regarding their responses and possible biases with each family with whom they work*” (p.509).

Meinck, F., Cluver, L., Loening-Voysey, H., Bray, R., Doubt, J., Casale, M. and Sherr, L., 2017. “Disclosure of physical, emotional and sexual child abuse, help-seeking and access to abuse response services in two South African Provinces.” *Psychology, Health & Medicine*, 22(sup1), pp.94-106.

Type: Peer-reviewed article

Aim: This article aims to describe whether South African children are aware of where to seek help in case of abuse (physical, emotional, or sexual), whether they seek help, and what results after seeking help.

Findings: On a sample of more than 3,000 children, the authors found almost all (98%) of children could name at least one suitable formal service or confidante for abuse disclosure. Police were thought to be the most commonly named disclosure source. However, only 20% sought help and they went first to caregiver, then teachers, other family members, friends, siblings because there is a perception that formal services are inaccessible or ineffective. Of those who sought help, 86% of abused children received no help due to a combination of non-disclosure and inactivity of services. Other perceived barriers were logistical and practical obstacles, such as transport or money. Only 2% were assisted by police and 2% by medical or social services. Of those who sought help or disclosed abuse, 7% received assistance from the community (e.g., perpetrator chased away by the community, financial compensation for victim). Gender (i.e., being a girl), having experienced sexual abuse and emotional abuse were all associated with increased help seeking.

Reflections: The authors note that international research is limited on disclosure rates of physical and emotional abuse. They call for more research on how to make services more child and gender sensitive and why families prefer community action as a response.

Lev-Wiesel, R., First, M., Gottfried, R. and Eisikovits, Z., 2017. “Reluctance versus urge to disclose child maltreatment: The impact of multi-type maltreatment.” *Journal of Interpersonal Violence*, p.0886260516672938.

Type: Peer-reviewed article

Aim: In this article, an Israeli population was examined to understand the factors underlying disclosure of child maltreatment.

Findings: In a sample of more than 6,000 Arab and Jewish children, half of whom had experienced at least one instance of child maltreatment. Girls experienced CM more than boys, but boys experienced multiple CM more than girls. Boys were more exposed to physical abuse and neglect and less to psychological abuse compared to girls. Females and older adolescents were more reluctant to disclose incident. Moreover, those who had high levels of emotional reactions and greater exposure to CM were more reluctant to disclose than those who had lower levels of emotional reactions. If adolescents fail to receive help after the first CM incident, then subsequent disclosure decreases.

Reflections: This study highlights that poly-victimization is detrimental to disclosure for this sample and there is a gender difference in the rates of disclosure. While the study provides gender differences, it does not discuss underlying norms that may be driving the varying pattern of disclosure between boys and girls.

Murove, T., Forbes, B., Kean, S., Wamimbi, R. and Germann, S., 2010. “A discussion of perceptions of community facilitators from Swaziland, Kenya, Mozambique and Ghana: Cultural practices and child protection.” *Vulnerable Children and Youth Studies*, 5(sup1), pp.55-62.

Type: Peer-reviewed article

Aim: Using qualitative methods on 287 community development facilitators, the authors aimed to understand what types of cultural practices are risks for children and create challenges to child protection work in Swaziland, Kenya, Mozambique, and Ghana.

Findings: Four types of cultural practices were identified as barriers: marriage practices, rites of passage or rituals, family secrets, and religious or spiritual practices. Of importance for this review, family secrets that tend to conceal child abuse and hinder disclosure were identified as a cultural practice that hinders effectiveness of CPS. Cultural explanations for keeping such abuse as a secret were that when the abuser is the father, the imprisonment of the father will create more obstacles for the family due to the loss of the primary breadwinner of the household. Another cultural practice identified was that of religious practices which dictate that children are often ‘healed’ by traditional healers rather than health practitioners – leading to further vulnerability both in terms of sexual abuse and health.

Reflections: The authors make several important conclusions. First, they highlight that children who are isolated due to harmful cultural practices must be targeted by CP interventions. Second, they note that since cultural issues are sensitive, positive components of cultural practices must be used as entry points to target the harmful practices. While these issues are not about gender specifically, they are applicable to gender-transformative approaches given that often cultural issues are rooted in gender norms.

GOVERNMENT SYSTEMS RESPONSE TO VIOLENCE AGAINST CHILDREN

Children's participation in child protection systems

Collins, T.M., 2017. "A child's right to participate: Implications for international child protection." *The International Journal of Human Rights*, 21(1), pp.14-46.

Type: Peer review article (literature review)

Aim: In this literature review article, Collins described the state of child participation in international and national development.

Findings: Collins found that international human rights framework has made good progress in promoting child participation, especially in the CRC. Yet, the CRC is not "final win" given that article 12 in the CRC states that an adult decides on a child capacity to express views and the adult chooses to decide if those views hold weight. With respect to academic literature, there were challenges as well since literature on child participation tended to call for more participation without addressing limitations in current practice and promoted generalization of all children as a single homogenous group. In international child protection, participation has been seen as a process and children are seen as agents of change, though challenges persist with children seen only as victims, where participation is a token without any influence on decisions, and there is no feedback give to children. Examples of laws and policies that have been developed to specifically promote participation included Uganda's National Child Participation Guide and Liberia's Children's Law, the National Commission of Child Protection in Tajikistan. In Ghana and Gambia, research found that young people's voice was taken into consideration for policy related to education, work, and livelihoods. In Nepal, the first democratic constitution in 2006 and the National Framework for Child-Friendly Local Governance ensured child participation. Impact of child participation is well known (e.g., Out of the Shadows' summit of 54 sexually exploited young people ensured that the term "juvenile prostitute" is no longer used and is replaced by "children exploited in the sex trade"). However, barriers such as restricted understandings of children and their capacities, adults' exercise of their power and/or authority over children, and bureaucratic barriers at institutional level persist. As a result, Collins argued that "child participation in international child protection reflects rhetoric rather than practice" (p.21).

Reflections: Collins notes that the "*dyadic positioning of the child rights to participate and protection in practice is problematic. While seemingly contradictory, a child has both agency and vulnerability, which must be recognised and advanced*" (p. 34). This is possible only by improving discourse around how a culture views a child and emphasising the role of a "partnership" which can counter marginalisation and avoid exploitation and manipulation. An intergenerational partnership thus, will move the conversation away from helping or saving children.

Bijleveld, G.G., Dedding, C.W. and Bunders-Aelen, J.F., 2015. "Children's and young people's participation within child welfare and child protection services: A state-of-the-art review." *Child & Family Social Work*, 20(2), pp.129-138.

Type: Peer-reviewed article (literature review)

Aim: This article describes what is known about barriers and factors facilitating child participation within the child protection and child welfare services from both children's and social workers' perspectives.

Findings: Participation in CP systems is not defined in a standardized way. Similarly, the meaning of maturity, the need to balance children's safety while allowing children to give information on their own terms, the challenge of giving children too much information that would burden them in a context where they need

protection are all barriers for social workers and case managers in ensuring participation in CPS. Results found that all the studies were from HIC, with only two studies on a family system service approach. Children and youth felt that they had limited opportunities to participate in the decision-making process, they were uninformed about the process that the CPS was undertaking. Some studies report that children felt that social workers were willing to listen but that children could not make big decisions (such as where to live). Children could not choose their social workers or attend case conferences where many decisions about their case are made. From social workers perspectives, there was great variation in what child participation meant and the extent to which social workers believed children should have decision making powers. Barriers facilitating participation include case content that includes abuse or neglect, socio-cultural image of children, and relationship between the child and the social worker.

Reflections: Children want to be seen as making decisions that are important to them and not just ones that are important to social workers and policy makers. The authors note that as of now, *“there has not yet been a study asking children what they feel about the level of protection that they receive and whether they think they are overprotected”* (p.135) suggesting that more child-centred approaches are needed.

Kennan, D., Brady, B., and Forkan, C., 2016. *Exploring the Effectiveness of Structures and Procedures Intended to Support Children’s Participation in Child Welfare, Child Protection and Alternative Care Services: A Systematic Literature Review*. Galway: The UNESCO Child and Family Research Centre, The National University of Ireland, Galway.

Type: UN report (systematic review).

Aim: This report aimed to assess the barriers and facilitators to children’s participation in CP systems.

Findings: All the studies included in this literature review focused on the participation of children aged 7–18. All studies were in HIC: UK, Ireland, Northern Ireland, Germany, Belgium, Sweden, Norway, Canada, and Australia. The review found that children’s individual participation primarily focuses on three areas of practice: child protection meetings, Family Welfare Conferences, and care planning and review meetings. Having a trusting relationship with case worker was found to be important precursor to increased participation. There was no evidence on whether one to one meetings were effective in increasing participation. The evidence on written submission as a way to ensure child participation had mixed results. There is some evidence that a child’s attendance at a meeting is more likely to result in their involvement in the decisions being made. Moreover, RCTs in Germany showed that performing case conferences without the child or their caregiver being present may have the consequence of excluding the child from decision-making. Yet some evidence also exists that family welfare conferences can help children engage more since they feel more prepared for the meeting, even though a few studies show that children do not report feeling that their voices are influential. Having an advocate on behalf of the child is also an effective way to enable children’s engagement in making decisions. Research evaluating the effectiveness of collective participation are limited, even in HIC. One example is in the UK, where the government ensured that every local authority would establish youth advisory councils that would have direct links to the Director for Children’s Services and provide a forum for children to express their views. Evaluation of this initiative showed that even though young people experienced positive development by being part of the councils, their influence was limited given that decision making leaders were not responsive to the views of young representatives.

Reflections: There are several effective ways in which children, adolescents, and youth can participate in CPS. Moving forward, it is important to have a strong M&E framework that guides ways to measure children’s participation.

Effective frameworks for address violence against children

Jones, N. and Holmes, R., 2011. “Why is social protection gender-blind? The politics of gender and social protection.” *IDS Bulletin*, 42(6), pp.45-52.

Type: Peer-reviewed article.

Aim: This article examines how social protection schemes in have affected gender relation at the individual, intra-household and community levels and argues that social protection schemes have largely remained gender blind.

Findings: The authors make conclusions in this article by drawing on empirical evidence from a multi-country study in Ghana, Peru, Ethiopia, India, Vietnam, Indonesia, and Mexico that include social assistance such as cash transfers, asset transfers, public works programmes, and subsidies of food and basic services. The authors note that there are several ways to ensure that social protection agendas contribute to a transformation of gender relations at the individual, intra-household and community levels. First, any assessments done to inform programme design must be disaggregated by gender and age. Second, it is important to create strong linkages across health and reproductive health services, social development and rights awareness training, credit access and employment training, and school allowances and elderly benefits. Third, raising community awareness and capacity of the community can enhance understanding of and demand for gender-related social protection programme provisions. Fourth, schemes must increase gender-sensitivity training for programme implementers and male and female programme participants alike on gender-related programme objectives. Fifth, ensure that M&E is also disaggregated by age and sex by indicators such as impacts on girls' health, nutrition and education, women's income, labour market participation, mobility, decision-making power, control over resources and, participation in programme governance structures. Finally, improve women and girl's representation and participation in governance. It is also important to consider that political elites, bureaucratic agencies, and civil society actors all have varying interests and it is important to critically assess their agendas for opportunities and barriers they present for integrating gender.

Reflections: For children, social protection and child protection often intersect, with social protection agendas often targeting the drivers underlying violence against children. Ensuring that insights around gender and development are truly mainstreamed into social protection debates, policy and practice is thus an important and necessary step to make child protection systems gender-transformative.

Mikton, C., Power, M., Raleva, M., Makoe, M., Al Eissa, M., Cheah, I., Cardia, N., Choo, C. and Almuneef, M., 2013. “The assessment of the readiness of five countries to implement child maltreatment prevention programs on a large scale.” *Child Abuse & Neglect*, 37(12), pp.1237-1251.

Type: Peer-reviewed article

Aim: This study aimed to systematically assess the readiness of five countries – Brazil, the Former Yugoslav Republic of Macedonia, Malaysia, Saudi Arabia, and South Africa – to implement evidence-based child maltreatment prevention programs on a large scale.

Findings: 5 important research discoveries have led to improvements in child protection services and child maltreatment prevention: better understanding of the consequences of CM on children's physical and mental health, that only a few CM cases come to the attention of child protective services (CPS), that CM occurs in LMICs at a higher rate than in HICs, preventing CM is cost-effective, and reduction in childhood mortality have led to prevention in childhood adversities. Readiness is understood as the State's awareness of the problem, its willingness to take action, and non-material and material resources. Using the Readiness Assessment for the Prevention of Child Maltreatment (RAP-CM) which has over 100 items and is conducted on several key informants who had significant influence on, and decision-making power over, child maltreatment prevention in a country. Findings showed that Brazil had the lowest level of readiness to implement child maltreatment prevention programs on a large scale and the Former Yugoslav Republic of

Macedonia had the highest score. Malaysia was ranked 2nd, Saudi Arabia was ranked 3rd, and South Africa was ranked 4th. While knowledge scores were generally high, scores on human and technical resources and material resources were low across all countries. Only 1/3rd of key informants thought that there were budgets dedicated to CM in government.

Reflections: The authors note that proponents of child maltreatment prevention in the USA have repeatedly overstated prevention's potential and rhetoric around prevention has outpaced research and evidence. Given the low evidence base in LMICs on CM prevention and low state of readiness of LMICs, there is a need to increase the amount of research and evidence to inform the discourse which is relevant to specific contexts.

UNICEF, 2016. *Building National Frameworks for Child Protection: Key Findings.* New York, NY: UNICEF.

Type: UN short report.

Aim: The aim of this short report is to document progress in strengthening national child protection frameworks in Indonesia, Kenya, Senegal, and the United Republic of Tanzania.

Findings: Using desk reviews, consultations with stakeholders, and costing assessments, the report finds that the vast majority of child protection work takes place at the community level. However, commitment to child protection as part of the national development agenda is strongest in Indonesia, Ghana, and the United Republic of Tanzania, where capacity building of social welfare officers and other CP workers are well underway. The study finds that Ghana's entry point for a system for protecting children is through the recent National Child Protection Policy (2014); Senegal has outlined a National Child Protection Strategy (2013); Indonesia's and the United Republic of Tanzania's national child protection laws and accompanying regulations and guidelines are seen as the overarching child protection framework; and Kenya uses the National Response Plan to Violence against Children (2013-2018). The report also found that gender issues are being mainstreamed into national frameworks for child protection (e.g., in Ghana the Ministry of Gender, Children and Social Protection has drafted a Gender Policy that seeks to advance gender equality for women and girls, in Indonesia, a President's decree mandated government agencies to mainstream gender programmes, policies and budgets to eliminate gender discrimination, in Senegal, the national plan of action (2010-2015) aims to eliminate FGM/C). The report notes that all five countries demonstrated good progress in translating international standards into national legislative frameworks (e.g., Indonesia's 2014 Child Protection Law; Kenya's amendment of the Children's Act). In terms of service delivery, Senegal and the United Republic of Tanzania have strong examples of how targeted programmes can provide a testing ground for scaling up local action. Indonesia has undertaken national reform of residential care facilities. Despite good progress, none of these countries have child protection goals comprehensively costed in national medium-term budgets due to factors such as "structural weaknesses in public financial institutions; inadequate budgetary processes; a 'disconnect' between national allocation decisions and local-level disbursement procedures, especially in highly decentralized systems like Indonesia; lack of knowledge by key decision makers on how to cost national policies; and the hidden, unaccounted costs of child protection services (such as those provided through NGOs and other civil society partners)" (p.9). Moreover, coordination among stakeholders remains weak in Kenya, Indonesia, and Senegal.

Reflections: The report highlights that it is important to examine legislation, policies, coordination, capacity-building and budgeting link to the child protection or social service workforce at the community level. Moreover, it is essential that key decision makers agree on what constitutes a CPS and what steps are required to initiate long-term, sustainable solutions. There is also a need to develop an overarching framework for child protection, especially when countries have several action plans related to aspects of CP.

**Government of Bhutan, 2011. *Bhutan's Child Care and Protection Act 2011*.
Thimphu: Bhutan.**

Type: National Policy.

Aim: Bhutan's Child Care and Protection Act 2011 is an example of an inclusive and comprehensive child protection plan.

Findings: The Act focused on all children (defined as being under 18 years), and in particular on children in difficult circumstances and children who need justice services. An important component was that it describes the role of different child protection actors in preventing and responding to child protection issues including governments, justice service providers, education institutions, the media, communities, and families. The act called for respect for the child in all steps of response. There were detailed references to several child protection issues: assault and cruelty, child battery, corporal punishment, employment of a child for begging, invasion of a child's privacy, engagement of a child for the commission of a crime, sale of children, child prostitution and pornography, trafficking of a child, serving alcoholic beverages to children, and providing children with narcotic drugs, psychotropic or chemical substances. For child protection issues not listed, the Act refers to the Penal Code for guidance, including the penalties involved. Child justice issues, including ensuring quality child homes (aftercare, special homes) were given considerable attention. Eight of fourteen principles and seven of the ten objectives outlined in the Act relate specifically to child justice issues. For children in difficult circumstances, the act outlined steps for determining who can be categorized as being in difficult circumstances and stated what the role of the police and the child welfare officers were for such children.

Deloitte, 2011. *Evaluation of Gender Sensitization and People Friendly Police Initiative, Karnataka*. New Delhi, India: UNICEF India.

Type: Evaluation report.

Aim: The aim of this report is to evaluate the Gender Sensitive and People Friendly Police Project (GSPP) undertaken in Karnataka which was a joint collaboration between the Karnataka State Police (KSP) and United Nations Children's Fund (UNICEF).

Findings: GSPP was a three-day intensive training workshop for police personnel on issues related to violence against women and children with a focus on attitudinal and behavioural change of the police through an understanding of gender and underlying power relations. The evaluation found that more than 24% of the police force had undergone training. There was a unanimous agreement that there is a strong need for this type of training, though duration of training and the lack of refresher trainings were raised as concerns. In terms of outcomes, significant differences in change in attitude regarding physical violence, child labour, and dowry were noted, especially among the younger personnel. Trained personnel demonstrated higher level of knowledge about laws and policies to protect children and women and were significantly more likely to work in a consultation with their peers than in isolation. There are also more help desks for women and children, displays of informative posters, monthly review of cases, and high quality first information report (FIR) produced. There were also efforts made towards institutionalizing the program, such as making it part of the formal curriculum for all members of the police academy. The program also had an impact on the perception of the community about the police, though some procedural challenges remained (such as delay in response and corruption within police systems) that led to the community's reaction being neutralized.

Reflections: A cost-benefit analysis of this program indicated that there was a positive case for continuing with the program and scaling up and increasing coverage. However, without refresher trainings, ways to reduce bottlenecks in procedures, and a way to ensure that there is no political pressure on police personnel, the impacts of this program will be short-term. With limited budgets, lessons learnt could be that it will be necessary to prioritize coverage of select personnel who directly handle women and children issues.

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We strive to advance children's rights and equality for girls all over the world. We recognise the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it's girls who are most affected. As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children's rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 80 years we have been building powerful partnerships for children, and we are active in over 75 countries.

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