From Research to Action: Advancing Prevention and Response to Violence against Children: Report on the Global Violence against Children Meeting

Ezulwini, Swaziland | 28 – 30 May 2014

If you want to go fast, go alone. If you want to go far, go together.
– African proverb

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CBT	Cognitive-based Therapy
CDC	United States Centers for Disease Control and Prevention
EU	European Union
GDP	Gross domestic product
HIV	Human Immunodeficiency Virus
IDR	Indonesia Rupiah
Ksh	Kenyan shillings
MST	Multi-Symptom Therapy
NGO	Non-governmental organization
OVC	Orphans and vulnerable children
PCIT	Parent-Child Interaction Therapy
PEPFAR	United States President's Emergency Plan for AIDS Relief
PTSD	Post-Traumatic Stress Syndrome
STI	Sexually-transmitted infection
TfG	Together for Girls Partnership
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
US	United States
USD	United States dollars
UN	United Nations
VACS	Violence against Children Surveys
WHO	World Health Organization

ACKNOWLEDGMENTS

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1. INTRODUCTION

1.1 Rationale and overview

Growing evidence indicates that large proportions of children around the world experience physical, sexual and emotional violence every year, with enormous implications for human rights, public health and economic and social development.[1] Over the last five years, national governments and Together for Girls – a global public-private partnership comprising UNICEF, other United Nations (UN) agencies, the United States (US) Government and various private sector agencies – have worked to mobilize and sustain a global movement to end violence against children, with a focus on sexual violence against girls.[2] The actions of this partnership are based on three pillars of work:

> *Daily, everywhere, children suffer the devastating impact of violence. Children at risk of violence cut across all boundaries of age, gender, religion, ethnic origin, disability and socio-economic status… The impact of violence, whatever the type is deep and can be life-long. It is even passed from generation to generation – the victim can become the perpetrator.*
>
> *– Susan Bissell, UNICEF*

1. National household surveys on the magnitude, nature and impact of violence against children
2. Coordinated programme actions in response to the data on violence against children
3. Global advocacy and awareness-raising to draw attention and promote evidence-based solutions to the problem of violence against children.

In May 2014, at the invitation of the Government of Swaziland, with support from UNICEF and Together for Girls partners, an international meeting was held in Ezulwini, Swaziland, entitled the '*Global Violence against Children Meeting: From Research to Action: Advancing Prevention and Response to Violence against Children'.* The aim of the meeting was to foster the exchange of knowledge about using research to action for mobilizing an effective policy and programme response to violence against children at the national and international levels.

The Global Meeting brought together more than 180 participants from 20 countries across Africa, Asia and the Caribbean to share evidence and practices on prevention and response to violence against children. The meeting included government-led country teams with representatives from social welfare, health, national statistics agencies, justice and education. Participants also included international experts and representatives from civil society institutions, development partners, international organizations and research institutions. Participants came from many different sectors and fields of work, including public health, child protection and violence against women.

The Prime Minister of Swaziland opened the meeting and reiterated the concern of the Government of Swaziland about violence against children. In 2007, Swaziland was the first country to implement a National Violence against Children Survey, and their willingness to host this meeting illustrates their ongoing commitment to addressing the problem. A local Swazi organizing committee carried out all the logistics, comprised of government, UNICEF and other partners.

1.2 The agenda of the Global Meeting and the structure of this report

This report summarizes the rich content and recommendations that emerged from the Global Meeting on Violence against Children in Ezulwini, Swaziland. The structure of this report roughly follows the meeting agenda, which can be found in the Appendix and which provides more detailed information about specific sessions and speakers. Following the opening ceremonies and a global overview of violence against children and efforts to address violence, teams from six countries that have completed Violence against Children Surveys (VACS) shared their experience conducting the surveys and planning and/or implementing a multi-sector response. These included teams from Cambodia, Haiti, Kenya, Swaziland, Tanzania and Zimbabwe. At the end of the first day, meeting participants gathered with their country teams in working groups to share lessons learned.

The second day was devoted to state-of-the-art practices in preventing and responding to violence and reviewing evidence of effectiveness. The morning included a review of global evidence about what works to prevent and respond to violence against children, as well as evidence about factors associated with male perpetration of violence against women and girls in Asia and the Pacific. This was followed by presentations on three broad sets of interventions that together represent a holistic response to violence against children, namely: strengthening systems and services, family/parent-based interventions, and community and school-based strategies. The day closed with a 'meet the experts' session, which allowed participants to engage directly with experts and explore topics of interest in greater depth in small groups.

Day three was dedicated to sharing knowledge and experiences about implementing and monitoring multi-sector responses, including: integrating violence prevention and response into ongoing programmes and platforms; tracking progress on outcomes, policies and programmes over time; incorporating monitoring and evaluation into national action plans, and developing sustainable financing mechanisms for national plans and programmes. International experts and country teams shared examples from their own experiences of planning, monitoring, evaluating, financing and coordinating the work – locally, nationally and internationally. During the final afternoon, countries returned to their working groups to identify key priorities moving forward and messages for governments and global partners.

2. FROM RESEARCH TO ACTION: MOBILIZING A POLICY AND PROGRAMME RESPONSE TO VIOLENCE AGAINST CHILDREN

2.1 Global overview of efforts to address violence against children

Twenty-five years ago, when the Convention on the Rights of the Child was adopted, relatively little had been done at the global level to prevent and respond to children at risk of violence, and public policies addressing violence against children were generally weak or non-existent. The Convention ushered in a new era of attention to child protection by policy makers and programmers, as it obligated states to take measures to prevent and respond to violence. Since then, governments have strengthened legal protections for children and community-based programmes to address violence against children. International political will to protect children has never been stronger.

The knowledge base about what works to prevent violence and to improve the lives of survivors has grown substantially. Based on this evidence, UNICEF has developed an approach to guide work on preventing and responding to violence against children by strengthening child protection systems and addressing social factors and norms that contribute to the persistence of violence.[3] The approach includes six broad strategies that have been shown to deliver results:

1. Supporting parents, caregivers and families;
2. Helping children and adolescents manage risks and challenges;
3. Changing attitudes and social norms that encourage violence and discrimination;
4. Promoting and providing support services for children;
5. Implementing laws and policies that protect children; and
6. Carrying out data collection and research.

The importance of these general strategies were supported by experiences and evidence shared by presenters throughout the course of the Global Meeting in Swaziland, as described throughout this report.

2.2 Violence against Children Surveys (VACS)

While evidence about violence against children has grown in recent years, the magnitude of and risk factors for violence are still not well understood in many settings, particularly in low-income countries. To address these gaps, a growing number of governments have collaborated with Together for Girls international partners to carry out Violence against Children Surveys (VACS). VACS are population-based household surveys among females and males[1] aged 13-24. They collect nationally representative data on prevalence, risk factors, consequences and help-seeking for emotional, physical and sexual violence against children. Countries use VACS data to foster political engagement from government and civil society and to mobilize national, multi-sector policy and programme responses to violence against children, with a particular focus on sexual violence against girls.

Swaziland was the first country to implement a VACS in 2007, motivated by reasons such as those highlighted in Box 1. Since then, VACS have been carried out in Cambodia (2013), Haiti (2012), Indonesia (2013), Kenya (2010), Malawi (2013), Tanzania (2009) and Zimbabwe (2011). Additional VACS are being planned or implemented in Botswana, Cote d'Ivoire, Laos PDR, Mozambique, Nigeria, Rwanda, Uganda and Zambia.

Box 1. Rationale for the VACS: example from Swaziland, as described by their country team:
1. High levels of media publicity around violence against children but low levels of reporting to formal structures.
2. General scepticism among the Swazi people about the extent of the problem of violence against children due to limited reliable data.
3. Lack of scientific data, which prevented informed programmatic and policy decisions on violence against children.

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[1] The 2007 Swaziland VACS interviewed only females – all subsequent VACS interviewed both females and males.

Designed by the CDC, VACS are implemented under the leadership of country governments with participation from in-country partners and support from UNICEF and other Together for Girls partners. Surveys use extensive measures to protect child respondents, including training interviewers, selecting only one respondent per household, ensuring privacy and confidentiality and providing referral services. With some variations by surveys, VACS define violence against children as any of the following acts experienced before age 18:

1. **Emotional violence:** Called bad names (e.g. stupid or useless), told or made to feel they were unwanted or unloved, threatened with abandonment.
2. **Physical violence:** Punched, kicked, whipped, beat with an object, choked, smothered, tried to drown or intentionally burned, used or threatened to use a gun, knife or other weapon.
3. **Sexual violence:** Unwanted sexual touching, attempted unwanted intercourse, coerced intercourse, physically forced intercourse.

2.3 Selected VACS findings

Prevalence and patterns

All VACS to date have found that emotional, physical and sexual violence against children is common, though prevalence varies by country and by type (Figures 1-3).[4-7] Physical violence is the most prevalent type in all countries to date, experienced by more than half of girls and boys in most countries. Sexual and emotional violence are also widespread, though levels vary widely by country. Most
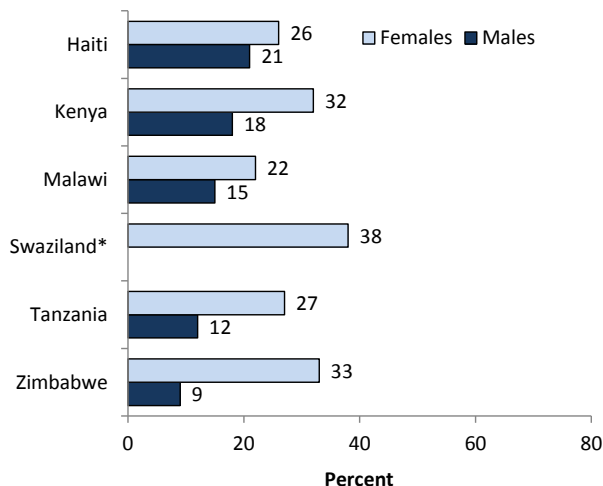
Figure 1. Percentage of females and males aged 18-24 who reported experiencing sexual violence before age 18, selected VACS (2007-2013) *(Swaziland VACS did not interview boys).*

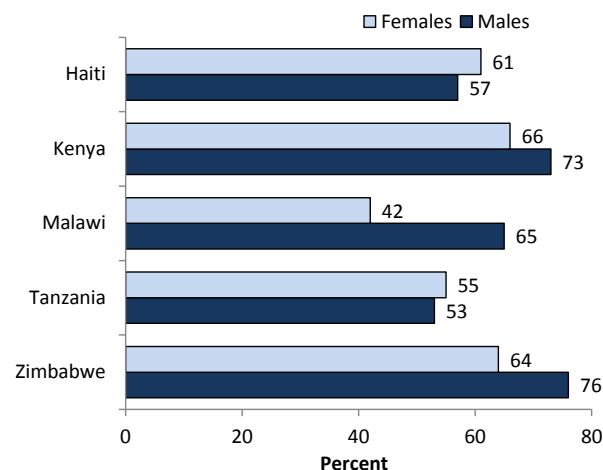**Figure 2.** Percentage of females and males aged 18-24 who reported physical violence by parents, adult caregivers, and authority figures before age 18 (2009-2013)
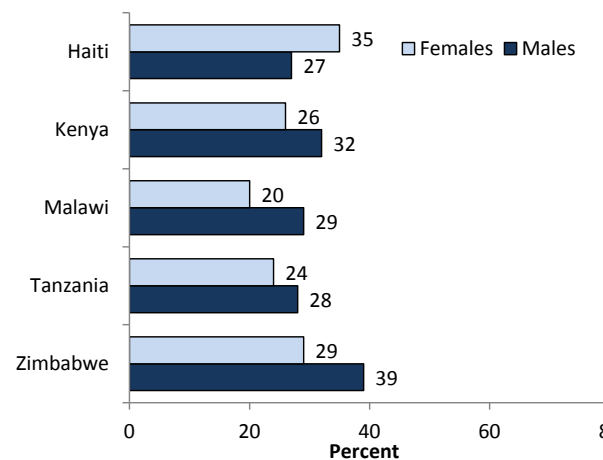

Figure 3. Percentage of females and males aged 18-24 who reported emotional violence by a parent, adult caretaker or relative before age 18, selected VACS (2009-2013)

4

children who experience any violence report more than one type.

Higher proportions of girls than boys report sexual violence, but levels of sexual violence against boys are substantial nonetheless. Conversely, in most but not all countries, boys report higher levels of physical violence than girls. Children who lose or live away from parents or who are displaced are at heightened risk to violence compared with those who are not. Children generally know the perpetrators, and a large proportion of sexual violence before age 18 is perpetrated by romantic/intimate partners.[8]

Consequences of sexual violence against children

Violence against children has serious negative health consequences, both short and long term, direct and indirect. In the Swaziland VACS, sexual violence against girls was associated with increased risk for HIV, unwanted and complicated pregnancy, mental health disorders and substance use.[9] In the Kenya, Swaziland, Tanzania and Zimbabwe VACS, sexual and physical violence in childhood was linked to increased sexual risk-taking later in life, such as inconsistent condom use and increased number of sexual partners.[5, 8] Among men aged 18-24 in Kenya, a history of sexual violence in childhood was associated with a higher likelihood of sexually-transmitted infection (STI) symptoms and ever having received money or goods for sex. In addition, sexual violence often leads to pregnancy, as illustrated in the Kenya VACS, where 30% of girls who experienced physically forced or coerced sex before age 18 became pregnant as a result.

Help-seeking

VACS findings indicate that children are not getting the help they need. In Kenya, less than half of the children who experienced sexual violence told anyone; less than one-fourth sought services for sexual violence; and even fewer (less than 4% of girls and 1% of boys) ultimately received services (Figure 4). VACS findings in all countries indicate that children face many barriers to getting help, including fear of retaliation or abandonment by the perpetrator, not knowing it is a crime and not knowing to whom they could report.
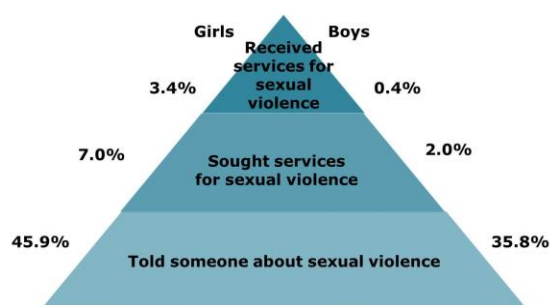
Figure 4. Distribution of girls and boys aged 18-24 who experienced sexual violence according to whether they told someone, sought services or received services for sexual violence, 2010 Kenya VACS

2.4 Using VACS surveys to mobilize and inform a policy and programme response

As illustrated in Figure 5 (below), the vision behind the VACS is to produce data that will foster political engagement and mobilize a national policy and programme response to violence against children.

"…*our study was done in 2010 but not released until 2012. We could not launch the survey [results] until we could show what we were doing about it. We did not want… alarming information out there without, as a government, being able to show how we were responding.*"

- Judy Ndungu, Kenya
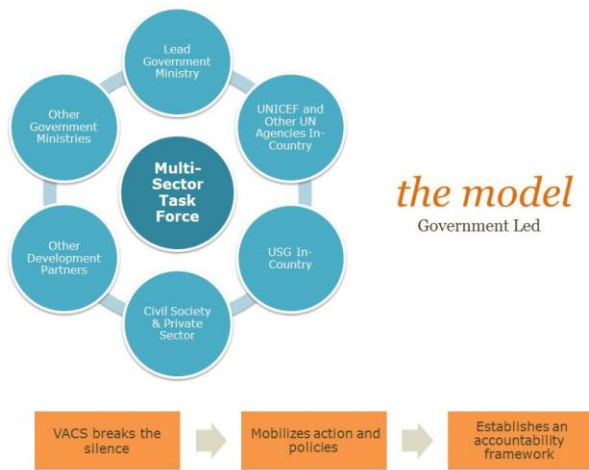
Figure 5. Conceptual model of using VACS research to catalyse action.

Country teams from Cambodia, Kenya, Haiti, Swaziland, Tanzania and Zimbabwe described their lessons learned from using their VACS to move from research to action, including the following:

- **Country teams should begin to mobilize commitment by government and civil society to address violence against children as early as possible in the VACS process.** Teams from Cambodia and Zimbabwe recommended fostering political engagement and planning the response to VACS as early as possible, ideally long before the survey is complete. This may help prevent delays in publishing findings and mobilizing a response to VACS at the national level.

- **Moving from research to action requires a series of steps such as mapping existing services, getting commitments from governmental and civil society organizations, launching study results and developing national action plans.** Several country teams described similar processes for moving from research to action, as illustrated by the graphic in Figure 6 from Cambodia.

- **Develop a multi-sector strategy for preventing and responding to violence against children.** No sector can effectively address prevention and response to violence against children in isolation. As illustrated by the example from Tanzania (see Box 2), countries have used the VACS to catalyse a comprehensive, multi-sector national response.

Figure 6. Steps for moving from research (VACS survey) to action (the National Action Plan) in Cambodia.
Source: Cambodia team, Global Meeting presentation.

Box 2. Multi-sector response catalysed by the VACS – Tanzania's National plan of action to prevent and respond to violence against children:

In response to high levels of violence against children documented by the Tanzania VACS, the Government of Tanzania developed a National Plan of Action on the Prevention and Response to Violence against Children, with implementation monitored by a Multi-Sectoral Task Force, incorporating all sectors including education, social welfare, legal, justice, public health and community initiatives. This plan led to the launch of many new programmes and policies, including:

Multi Sector National Plan of Action to Prevent and Respond to Violence against Children
July 2013-June 2016

1. *Legal reform and enforcement:* Ensure that professionals from all sectors are trained to carry out their obligations under the Law of the Child Act (2009) and the Children's Act (2011), related Regulations and Juvenile Court Rules are adopted, and Gender and Children's Desks with trained staff are set up in all police stations.
2. *National guidelines and plans of action:* These include: a national plan of action to address violence against children, a national plan of action for most vulnerable children, a 5-year Child Justice Strategy, a national plan for rolling out police gender and children's desks; national guidelines for Child Protection Systems for government ministries; guidelines for budgeting for child protection at the local government level, child protection guidelines for schools, and a revised national code of conduct for teachers.
3. *Comprehensive, multi-sector and community response programmes:* These include a scalable district level child protection system to address child violence focusing on prevention and response services that bring together social welfare, health, police, judiciary, community development and civil society organizations. This includes the establishment of eight one-stop centres[2] and 21 district and sub-district child protection systems. A national child helpline is now being piloted in 6 districts.

- *Ensure media coverage of the VACS findings for greater impact.* Data on the magnitude of violence against children can be used to raise awareness of the problem. Media coverage of the study findings is an important way to raise awareness of violence against children among the general population who cannot be reached with other types of data dissemination strategies.

Gaps and challenges: Country teams also described gaps and challenges in the process of mobilizing a national response, including the following:

- *Be prepared for changes in leadership within governments due to elections and other governmental reorganizations.* As described by teams from Haiti and Kenya, mobilizing

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[2] A one-stop centre is a facility that provides multiple (ideally comprehensive) services for survivors of violence in one location, often including access to health care, counselling, referrals and police in one site.

an effective national response to VAC requires planning for and adapting to possible changes in governments.

- ***Lack of resources and institutional capacity is an ongoing problem in many countries:*** including human resources, institutional capacity and financial resources.

- ***Better coordination and collaboration between all sectors and groups (government, civil society and international partners) is an ongoing challenge.***

- ***Address social norms related to violence against children.*** Several country teams, including those from Swaziland and Tanzania, noted that changing norms and attitudes about violence against children is both a challenge and a high priority in many settings.

- ***Each country may have unique, specific programme gaps that need to be addressed.*** For example, the Zimbabwe team noted that while many policy and programme responses to violence against children are already underway, they identified a gap in efforts to address the specific needs of adolescent girls, which they are working to correct. The Girls and Young Women Empowerment Framework, developed as part of this effort, is described in section 4.3

3. GLOBAL STATE OF THE ART IN VIOLENCE AGAINST CHILDREN PREVENTION AND RESPONSE

3.1 State of the global evidence about violence prevention and response

UNICEF commissioned a review of evidence from the scientific published and grey literature (2000-2014) to examine what is known about interventions that are effective or at least promising in preventing and responding to child abuse and exploitation.[10] The review found that the evidence on effectiveness comes predominantly from high-income countries rather than low- or middle-income settings. Many strategies evaluated have focused on individual interventions rather than changes to whole institutions or systems. There are other important gaps in the evidence as well. For example, sexual violence against children is under-researched relative to other forms of violence. Finally, the evidence base is fragmented, often within four areas (gender-based violence/violence against women and girls; HIV and sexual health; economic development; and child protection), and it does not adequately address the need or evidence of impact for integrated, multi-sector programmes.

> *If we are holistic in our analysis we recognize that the social seeds of change – the political will and leadership, and the familial and communal aspirations for a different and better life – are at the heart of everything good that happens and is sustained.*
>
> **– Susan Bissell, UNICEF**

The review rated programmes using a five category rating of evidence (effective, promising, emerging promising, pioneering and low). Programmes were considered effective if the evidence came from replicable and rigorously evaluated experimental designs. The review found that the evidence for the effectiveness of:

1. ***National system responses:*** ranges from emerging promising to low/harmful; more is known about what does not work than what does work.

2. ***Prevention:*** includes programmes with the strongest evidence of effectiveness; this is the only category with programmes receiving the highest rating ("effective").
3. ***Identification and protection:*** ranges from emerging/promising to low/harmful.
4. ***Recovery and reintegration:*** includes programmes rated as high as promising (second only to prevention programmes).

During the discussion, it was noted that certain types of national (e.g. legal reform or communication for social change) and system-wide initiatives are difficult or impossible to evaluate with experimental designs. If experimental designs remain the standard for effectiveness, these strategies will never move beyond 'promising'. There is, therefore, a need for developing new rigorous methods for evaluating national, system-wide and multi-level strategies for preventing and responding to violence against children.

> *There is a lack of evidence in some areas and gaps, but this is not an excuse for inaction. There is plenty of evidence to build on as countries develop response.*
>
> **–Lorraine Radford, University of Central Lancashire**

In terms of messages for countries developing national action plans, the review highlighted several relevant messages, most notably that while social change is complex, we have enough information to move ahead in many areas. We also know what does not work, such as poor coordination, lack of outcome-focused planning, lack of monitoring, poor participation, lack of leadership and inadequate resources.

3.2 Evidence about men's use of violence against women and girls

One important area of research investigates what factors are associated with perpetration of violence – evidence that is important for understanding which prevention strategies may be effective. One study that addressed this question was the 2013 UN Multi-Country Study on Men and Violence in Asia and the Pacific.[11] This study explored what underlying factors were associated with male perpetration of violence against women and girls, with the aim of helping to identify opportunities for prevention. Researchers interviewed over 10,000 men and 3,000 women in six countries (Bangladesh, Cambodia, China, Indonesia, Papua New Guinea and Sri Lanka) through population-based household surveys. The study was designed to produce cross-country comparisons rather than nationally representative data. Samples were drawn from one urban and one rural site in most countries (exception for Cambodia, which used a nationally representative sample). Researchers used iPod Touch devices with pre-recorded questions to gather anonymous data about perpetration of sexual violence.

Key findings from the Asia Pacific study include:

Men reported high levels of emotional, physical and sexual and emotional violence in childhood – often higher levels than those reported by women, with wide variations by country. In almost all sites, men reported levels of sexual abuse as children that were even higher than levels reported by women. These findings contrast with research from other regions, such as those in sub-Saharan Africa. Whether higher reported rates of sexual abuse of boys versus girls reflects differences in disclosure rather than prevalence is an important question, but other studies from the Asian region have produced similar findings, and evidence suggests that men and boys face barriers to disclosure that are as high (if not higher) than those faced by women and girls.

Multiple forms of abuse in childhood were common. In fact, respondents rarely reported experiencing physical violence in childhood without emotional abuse. Women reported using higher levels of harsh physical discipline of children (possibly because of greater childcare responsibilities).

Men who reported experiencing physical, sexual and/or emotional violence in childhood were more likely to perpetrate violence against women later in life. Childhood emotional abuse or neglect was a particularly important factor associated with male perpetration of intimate partner violence, as illustrated by Figure 7. Perpetration begins at a young age, and half of all men who reported perpetrating rape did so as teenagers (younger than age 20).

Figure 7. Relative importance of factors associated with male perpetration of intimate partner violence, UN Multi-country study on Men and Violence in Asia and the Pacific.

Implications for programmes

This study has important implications for programmes that aim to prevent violence against children and women, including evidence that:

- Violence against children, including boys, is inextricably linked with violence against women and girls. Reducing abuse in childhood against boys, including harsh physical punishment as well as emotional abuse and neglect, may prevent boys and men from perpetrating sexual and intimate partner violence later in life.

- There is a need for programmes to address boys and men, ideally with strategies that have shown promise or effectiveness in preventing violence, including:
    - Promote nonviolent, caring ways to be a man, such as through school- or sports-based education programmes.
    - Address child abuse and promote healthy families, for example through parenting programmes.
    - End impunity for men who use violence against women through legal reform.
    - Reduce the acceptability of violence against women and address the subordination of women through community mobilization and engagement with cultural influences.
    - Educate young people about consent, healthy sexuality and respectful relationships.

To build on the findings of this research and expand the knowledge base about violence prevention, a global consortium led by the Medical Research Council of South Africa, in partnership with the London School of Hygiene and Tropical Medicine has developed a global programme entitled *'What Works to Prevent Violence'*. This programme is funding innovative violence prevention efforts accompanied by rigorous evaluation research.

4. EXAMPLES OF STATE-OF-THE-ART STRATEGIES TO ADDRESS VIOLENCE AGAINST CHILDREN

On the second day of the meeting, speakers presented information on what is known about how to prevent and respond to violence against children around the world, drawing on both the international research literature and their own programme experiences and evaluations. These programmes have been identified as 'state-of-the-art' because evaluations suggest they are effective or at least promising. While they represent a small glimpse into a large and growing field, they illustrate the wide variety of efforts underway, grouped into three categories that are all considered essential for a comprehensive approach to addressing violence against children, namely: efforts to strengthen systems and services; family or parent-based interventions; and community or school-based strategies.

4.1 Strengthening systems and services

Systems of Care: Linking Justice, Health, Social Welfare in Malawi
Government of Malawi
www.unicef.org/malawi/resources_10553.html

Malawi has carried out a host of efforts to promote children's access to care, protection and justice in the country, as part of the country's 2012- 2016 Child Protection Strategy.[12] They have established 300 community victim support units, 101 police victim support units, four one-stop centres, 14 child justice courts, a Child Helpline, Community and District Child Protection Committees and other child protection programmes. In 2013, Malawi conducted a VACS, and are working on mobilizing a national response. Among other achievements to date, the country has developed, funded and begun implementing the *Child Care, Protection and Justice Act* (2010). They have also increased reporting of child abuse cases, strengthened the capacities of key institutions and (in some cases) the willingness of communities to adopt child protection behaviours and attitudes. They have developed a Child Protection Management Information System and increased engagement with media on issues related to violence against children. Many challenges remain, however, including increasing poverty at the household level, social norms that facilitate violence, harmful cultural practices, resource constraints and fragmented services for children. Next steps forward include a host of strategies, such as raising awareness about the rights of the child, developing laws to protect children from all forms of vulnerability, increasing the number of child protection committees and strengthening their capacities to protect children, and developing/reviewing policy, regulatory and coordination frameworks at all levels.

PEPFAR Strengthening Social Welfare Workforce Initiative in sub-Saharan Africa
PEPFAR (the US President's Emergency Plan for AIDS Relief) *in partnership with governments, non-governmental organizations (NGOs) and international and community-based organizations*
www.pepfar.gov/about/index.htm

PEPFAR is a US Government initiative to help save the lives of those suffering from HIV/AIDS around the world. In recent years, PEPFAR has partnered with governments, NGOs and community-based organizations to strengthen the social service workforce in sub-Saharan countries. The social welfare workforce includes those who staff the social service system and contribute to the care and protection of vulnerable children and families, including for example:

social workers, home visitors and child protection officers. In many parts of sub-Saharan Africa, the effectiveness of the social welfare workforce is compromised by challenges such as funding constraints, lack of educational programmes, inadequate numbers of professionals, poor working conditions, high burnout rates and high turnover.[13]

While formal evaluation of these PEPFAR supported efforts are limited, evidence suggests that the individual impact of even a single high quality social service worker can be great. Country level progress to date includes the following examples:

1. In Mozambique, PEPFAR and UNICEF supported the translation into Portuguese of a Certificate-level training programme on child protection for community workers, endorsed by the Ministry of Social Action and approved by the National Accreditation Board.
2. In South Africa, with the support of PEPFAR, the South African Treasury is investing 36 billion rand (US$444 million based on the 2013 conversion rate) over five years for the Department of Social Development to train and deploy 10,000 community-based child and youth care workers through a programme developed by the National Association of Child and Youth Care Workers called *Isibindi.* In addition, PEPFAR supported the *Thogomelo Project*, which designed an accredited Psychosocial Skills Development Programme to equip supervisors to support the psychosocial needs of community caregivers who work with vulnerable children and families.
3. In Tanzania, PEPFAR-supported advocacy encouraged governmental agencies to create a new cadre of 'Social Welfare Assistants', to increase funding for vulnerable children and families and to hire more district Social Welfare officers. PEPFAR partners have also worked with the Tanzanian Institute of Social Work to train more than 4,000 Para Social Workers and a number of Social Welfare Assistants.

Thuthuzela Care Centres, South Africa
South Africa National Prosecuting Authority's Sexual Offences and Community Affairs Unit
www.npa.gov.za/ReadContent412.aspx

Thuthuzela Care Centres are one-stop facilities for rape survivors developed by the South Africa National Prosecuting Authority's Sexual Offences and Community Affairs Unit. *Thuthuzela* means survivor in Xhosa. The 51 centres link rape survivors with services from investigating officers, health professionals, counsellors and victim assistance officers. Some sites have specially trained child-friendly nurses or caregivers for children who have experienced violence. The Centres aim to eliminate secondary trauma, improve conviction rates and reduce the length of time required to finalise cases. Despite challenges such as a drop in the number of dedicated courts for sexual offenses, high vacancies of prosecutor posts and high caseloads, the programme has documented a number of achievements. For example, between 2011 and 2013, the project documented increases in the number of cases reported, the number of cases finalised at court, the average conviction rate and the percentage of cases referred to court for prosecution.

4.2 Family/Parent based interventions

PreVAiL review of the evidence: What parenting interventions are effective?
PreVAiL (Preventing Violence Across the Lifespan) www.prevailresearch.ca/

PreVAiL (Preventing Violence Across the Lifespan) is an international research collaboration of researchers and partners around the world that has reviewed the global evidence about the effectiveness of interventions to prevent and respond to child maltreatment, including parenting programmes.[14] Parenting programmes are amenable to evaluation through randomised controlled trials, considered the most rigorous type of experimental evidence. This review defined child maltreatment as physical, sexual or emotional abuse, neglect or exposure to intimate partner violence, but not bullying, peer-to-peer, 'youth violence' or 'dating violence'. Findings of the review related to parenting interventions included the following:

Primary prevention: Evidence suggests that home-visiting programmes such as the Nurse-Family Partnership (from the US) may be effective in preventing physical abuse and neglect of children.[15] These programmes are expensive, one-on-one interventions that require highly trained professionals however, and they may not always be feasible for scaling up in low-income countries. There is less evidence about whether these types of programmes can prevent sexual or emotional abuse or exposure to intimate partner violence, especially in resource-constrained settings.

Preventing re-exposure and impairment: A host of programmes have demonstrated effectiveness or at least promise for preventing re-exposure and impairment, including:
- Physical abuse and/or neglect: Programmes such as *Parent-Child Interaction Therapy (*PCIT), group parenting programmes and *SafeCare*, an evidence-based home visitation programme.[16]
- Sexual abuse: Mental health interventions such as *Cognitive Based Therapy* (CBT) and *Trauma Focused CBT* may improve mental health outcomes. *Multi-Systemic Therapy* (MST) may reduce adolescent offenders' recidivism, though more evaluation is needed.
- Emotional abuse and exposure to intimate partner violence: Group-based CBT for parents; mother-child therapy after exposure to intimate partner violence; Trauma Focused CBT may also reduce post-traumatic stress disorder (PTSD) and anxiety symptoms.
- Child maltreatment: Foster care and training/support for foster parents.

One challenge is that some parenting programmes found to be effective are proprietary and expensive to replicate – a gap that PreVAil is working to address. The PReVAiL review also concluded that while there is adequate evidence about determinants of violence globally, there is a need for more studies about risk and protective factors in specific geographic setting to help inform evidence-driven programmes tailored to particular contexts, one important contribution of the VACS surveys.

Strengthening parenting programmes in Africa
Parenting in Africa Network (PAN) www.parentinginafrica.org/en/

PAN is a network of more than 100 member organisations that work on parenting issues in Africa, including parenting in low resource settings, child headed households, children living with disabilities, fathers, foster parents, parenting in childcare institutions, children living on the streets and grandparents raising children. The Network focuses on advocacy, education and

training, developing and disseminating materials and toolkits, research, and the design and testing of parenting programmes.
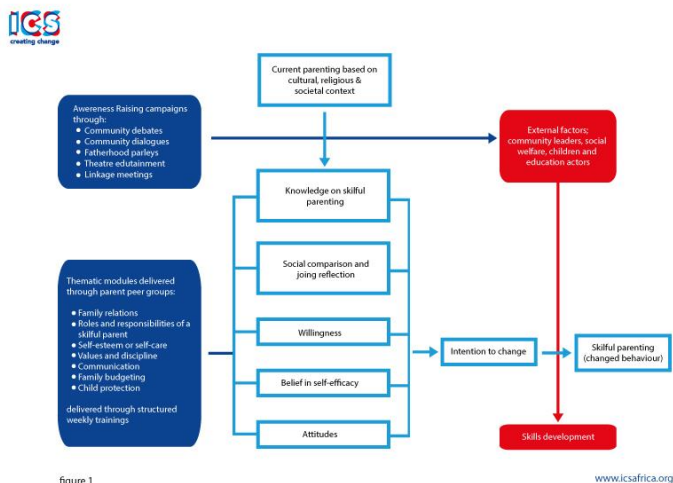

Figure 8. ICS Skillful Parenting Model
Source: International Child Support, Africa

Case study: The Skillful Parenting Programme was developed by International Child Support, Africa, a PAN founding member (www.icsafrica.org). The programme aims to strengthen parenting skills and prevent violence against children and among parents. Based on evidence that poverty is a stressor, they provide economic support programmes for families. In addition, peer groups of 18-24 members cover thematic modules on family relations, responsibilities of a skillful parent, self-esteem, values and discipline, communication, family budgeting and children protection. The programme also raises awareness though community debates, dialogues and theatre. A 2013 evaluation used focus groups and participant observation among 80 households and found evidence that the programme had: a) improved family relations and reduced conflict that could lead to violence; b) changed participants' approach to parenting so they were more focused on attachment, discipline versus punishment and moulding children's behaviour through role modelling; and c) significantly increased parents' positive reaction to child behaviour. Children reported that as a result of the programme, parents were "calmer", less intimidating, and more supportive, approachable and loving.

Key lessons learned about supporting parents in the African region:

- Poverty is a stressor for parents, which is a reason to integrate parenting and economic support.
- On the other hand, simply increasing household income does not always strengthen families, and can sometimes lead to family disintegration.
- Extra effort and strategies are needed to ensure male/father involvement.
- The choice of parent educators is critical and usually determines the success of the programme.
- Parent peer groups are the preferred approach; they can be very powerful.
- Parenting programmes must adapt their content and approach to the local context.

Promising economic strategies: the Kenya Cash Transfer programme
Government of Kenya and other partners

In 2004, the Government of Kenya and other partners began a cash transfer programme designed to encourage families to care for orphans and vulnerable children (OVC) within their family and community environment, as a way to prevent an influx of children to the street, where

they would be at heightened risk of violence. Out of a total population of approximately 40 million, Kenya has an estimated 2.6 million orphans living in more than 1.3 million households. Most OVCs live in poor households with elderly caregivers such as grandparents, while others live in child-headed households.

Specific objectives of the Cash Transfer Programme are: to increase primary school enrolment, attendance and retention for 6-17 year olds; to reduce mortality and morbidity among 0-5 year olds through immunizations, growth monitoring and vitamin A supplements; to encourage caregivers to obtain Birth Certificates for children and Death Certificates for deceased parents; and to strengthen coordination with other Ministries and partners to help OVCs access complementary services. Families are means tested using a community-based approach and currently receive 4,000 Kenyan shillings (Kshs)--about $47 US dollars (USD)--bi-monthly. The programme began with 500 households and is expected to reach 254,000 household by the end of July 2014. Evaluation studies[17] have documented important programme effects among involved households, including:

- Poverty reduced by 13% and dietary diversity increased by 15%.
- Child labour reduced by 3.3% (in 2009) and by 12% in the 2011 follow up survey.
- Increased secondary school enrolment of 6.6%.
- Increased access to health care by 13%.
- Reduced early sexual debut and reduced spread of HIV.

Many challenges remain. The high cost of living reduces households' purchasing power. Paying all households an equal amount irrespective of size reduces the benefit of the transfer in larger households. The programme still covers small numbers relative to the need, and many poor households are not reached. The programme requires more funding to cover the remaining poor households with orphans and vulnerable children.

Strengthening parents' and caregivers' skills to prevent and respond to violence against children in sub-Saharan Africa: *Families Matter!*
CDC in partnership with governments, community and faith-based groups
www.cdc.gov/globalaids/resources/default.html

Families Matter! is a programme designed to enhance the parenting and communication skills of parents and caregivers of 9-12 year olds.[18] The programme delivers 3-hour weekly interactive sessions to groups of 12-18 parents/caretakers, by male-female pairs of local facilitators at community venues. The *Families Matter!* programme aims to model alternatives to physical and emotional violence by reframing risk as vulnerability, encouraging parents to identify with the challenges and pressures their children face, and reframing discipline as less about punishment and more about building a strong relationship with children to keep them safe. Participants role-play positive communication, focusing on problem solving. In 2013, the programme added a module on parents' role in preventing and responding to sexual abuse. It also revamped the curriculum to integrate attention to gender issues and gender-based violence.

Developed by the CDC and translated into 15 languages, the programme was adapted from a programme called *Parents Matter!*, which demonstrated the potential to improve parent-child communication in the US through a randomised controlled trial.[19] Local government, community and faith-based partners have implemented the programme in eight sub-Saharan African countries, including Botswana, Cote d'Ivoire, Kenya, Mozambique, South Africa, Tanzania, Zambia and Zimbabwe, reaching an estimated 400,000 families. In 2014-2015, an outcome

evaluation will assess the impact of the programme in Zimbabwe across a range of measures related to emotional, physical and sexual violence.

4.3 Community and school-based strategies

One Man Can Campaign: a community-based awareness and male engagement programme, Eastern Cape, South Africa
Sonke Gender Justice www.genderjustice.org.za

Sonke Gender Justice is a South African NGO that works to promote gender equality, prevent domestic and sexual violence, and reduce the spread and impact of HIV/AIDS. From 2007-2009, Sonke carried out the 'One Man Can' Campaign in two rural communities in the Eastern Cape, South Africa. This project used community education and mobilization to increase men's parenting skills and involvement in children's lives. The campaign was informed by evidence that men were not playing a large enough role in supporting children and that women were carrying a disproportionate burden of care.

The 'One Man Can' campaign was externally evaluated through in-depth interviewers with participants about masculinities, gender relations, rights, violence, alcohol and parenting.[20] The evaluation found that workshops had improved parenting and contributed to more involved and responsible fathering.[21] The evaluation documented a self-reported decline in violence towards children, greater demonstration of affection for children and involvement in their lives, more equitable sharing of parenting, greater support for women and children's rights, and changes in lifestyle (e.g. reduced alcohol consumption). In addition, lessons learned included:

"I was previously a very strict man and a disciplinarian. In being strict, I have to admit that I was also rough in a way, but those young men at Sonke taught us different ways of disciplining children."
– 54-year old, father of five children

"*My relationship with her [daughter] is much stronger, 'One Man Can' taught us to show the love and affection we have for our children instead of seeing ourselves as providers.*"

– 33 year old father of one daughter

- Masculinity is not solely defined in relation to femininity;
- Programmes should consider how men practise masculinity in front of other men.
- Parents and leaders need to listen to children
- Gender transformative programming should view fathers as critical points of intervention.

'One Man Can' led to the *MenCare* campaign, a multilevel programme that includes parenting groups, communication and policy advocacy strategies. Sonke's experience echoes the findings of the Promundo review of male involvement programmes,[22] which found that more than half of the 57 male-involvement initiatives reviewed had produced evidence of effectiveness or at least promise, including many programmes focused on changing harmful gender attitudes and behaviours.

The Good School Toolkit
Raising Voices, Uganda http://raisingvoices.org/good-school/

Raising Voices is a Ugandan NGO that works on violence prevention in Uganda and other parts of Africa. They created the *Good School Toolkit*, a six-step programme to help educators, community members and students in low resource settings explore what makes a good, healthy school and then create one. The Toolkit address questions such as: What is a Good School? How do you give children a voice in school? How do you introduce positive discipline? The Toolkit deliberately focuses activities that do not require financial resources—just commitment, imagination and perseverance—and is currently used in 500 Ugandan Schools.

The Toolkit was developed to respond to evidence that violence against children in Uganda, including corporal punishment in schools, is widespread.[23] Uganda introduced free universal primary education in 1997 and more than doubled the population of school children by 2003, but the system has been beset by high dropout rates and low achievement. Evidence suggests that violence against children is one factor that contributes to poor educational outcomes in the country.[24]

Raising Voices and the London School of Hygiene and Tropical Medicine are carrying out a randomised controlled trial in 42 schools to evaluate the effectiveness of the Toolkit in terms of achieving outcomes related to physical violence, mental health and educational performance. While results of that trial are not yet available, smaller studies and ongoing monitoring suggest that the approach has potential to reduce violence. For example, they have documented lessons learned such as:

- Acceptance of corporal punishment is deeply entrenched in the way that adults relate with children in Uganda, so a phased approach to attitude change is critical.
- Dialogue and engagement with communities to explore alternate ways of relating to children is more effective that telling people what to do.
- Talking about girls in isolation from boys sometime causes resentment – it is best to address the needs of both girls and boys.
- Focus on the challenging nature of relationships rather than blame.
- There is a strong link between reducing violence and promoting good learning.

Swaziland's Case: Building Social Assets to protect girls from violence: Girls Empowerment Clubs
Swaziland Action Group Against Abuse *(SWAGAA)* www.swagaa.org.sz

SWAGAA is an NGO that works to prevent violence, to help survivors of abuse access care, support and justice, and to advocate for legal/ policy reform and institutional development. Violence against children, including sexual violence against girls, is common in Swaziland. For example, the 2007 VACS found that 10% of female children reported having experienced violence in school, in some cases by teachers. Other school-based research found that 44% of girls reported not feeling safe at school.

> *"More than transforming lives... Saving lives!"*
>
> **- Cebile Manzini-Henwood SWAGAA Executive Director**

In 2008, through a partnership with Crossroads International, SWAGAA has created the Girls Empowerment Clubs to prevent gender-based violence against girls, to increase girls'

knowledge and to increase reporting of violence. To date, there are 46 clubs in urban and rural primary and high schools. Participants include school girls aged 6-18 (and older in some rural areas), many of whom live in child-headed households, have been orphaned or have survived violence. Trained community mentors and focal teachers use a 'safe spaces' approach and provide girls with access to comprehensive information on gender-based violence, HIV, human trafficking, sexual and reproductive health, leadership skills and self-esteem. The clubs build social assets for girls, friends, sisters, mentors, etc., and they link girls to community support.

Between 2012 and 2013, through support from the Population Council (SIDA NORAD) Africa Regional Network on SGBV, the programme was evaluated using a pre and post intervention survey in three schools, along with key informant interviews and focus group discussions among respondents aged 16 and above. The evaluation documented substantial changes in attitude; for example the percentage of girls who supported women's equal rights with men increased from 39% to 73%. Willingness to report sexual violence rose and support for male relatives' and teachers' right to demand sex from girls fell. The programme also documented a reduction in teen pregnancy, an increase in high school attendance, improvements in academic performance, greater access to support services for orphaned girls and an increase in girls' willingness to speak out against violence.

Girls and Young Women's Empowerment Framework, Zimbabwe
Government of Zimbabwe

The Government of Zimbabwe has developed a *Girl and Young Women's Empowerment Framework* as a national commitment for protecting and empowering girls and young women in Zimbabwe, based on evidence that adolescents need a dedicated response. They developed the Framework through consultative process with girls and key stakeholders. The Framework provides a guide for programming for girls and young women, as well as an action plan for a range of activities including girls' clubs similar to the ones described by SWAGAA.

The vision of the Framework is to empower girls and young women to actively, effectively and meaningfully participate at all levels of social, economic and political life in Zimbabwe and to empower girls along five dimensions, each of which has a responsible ministry and a strategic goal, including (by 2020):

- *Education:* To increase the effective participation of girls and young women and achieve parity in education and training enrolment at all levels.
- *Economic empowerment:* To increase girls' and young women's knowledge of economic issues and their participation in the economy of Zimbabwe.
- *Safety and protection:* To increase reporting by girls who experience violence from 3% to 50%.
- *Sexual and reproductive health:* To increase the percent of girls and young women who know where to go to access sexual and reproductive health services.
- *Decision-making and leadership:* To increase girls' and young women's self confidence in participating in decision-making in policy dialogues at community and national levels.
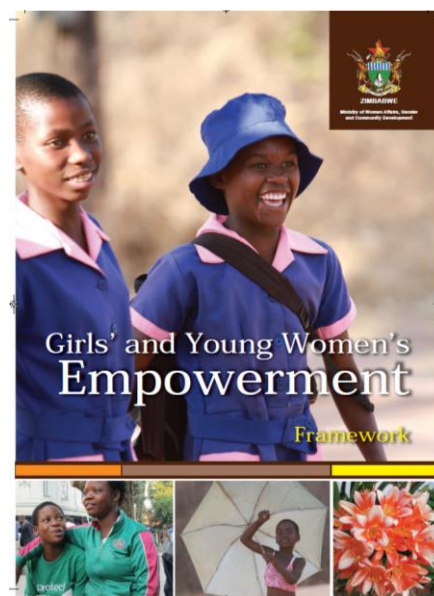
Next steps include establishing an Adolescent Empowerment Desk run by young people, implementing promising empowerment initiatives, and evaluating and scaling up successful programmes.

Community based mental health care

Violence against children often has serious, long-term mental health consequences, including depression, suicidal and homicidal thoughts, post-traumatic stress, poor social development and higher risk of future victimization or perpetration. Early intervention is key to mitigating the effects of violence and to reducing future vulnerability. While the burden is huge, community mental health care for child survivors of violence is often lacking in low income countries, including many parts of sub-Saharan Africa. Nonetheless, it is possible to expand mental health care treatment for children in the face of severe resource constraints, and preliminary evidence suggests that such approaches can be effective in mitigating the impact of violence on children's mental health.[25] Specific mental health care approaches that have shown promise for child survivors of violence include non-directive play/ drama/ art/ movement therapies, 'Children's accelerated trauma treatment', 'Narrative exposure therapy', 'Trauma-focused Cognitive behavioural therapy' and Group Interpersonal Therapy.

Lessons learned: providing mental health care for children who experience violence in sub-Saharan Africa:

- Engage communities in identifying needs.
- Understand the cultural context, power dynamics and attitudes towards violence.
- Promote helpful traditional/spiritual/cultural practices.
- Promote local capacity to provide culturally appropriate mental health care.
- Work within existing national policy and institutional frameworks.
- Integrate mental health indicators into monitoring and evaluation systems.
- Integrate services into existing care frameworks, e.g. community health centres.
- Engage and link with specialist mental health services for training, supervision and guidance.
- Provide care that targets individuals, families, communities and schools simultaneously.

In addition, it is possible to do more harm than good through poor quality counselling, inadequate training and supervision.[26] One unanswered question is whether community-based mental health therapies in low-income settings can or should be taken to scale.

5. MANAGING AND IMPLEMENTING MULTI-SECTOR RESPONSES TO VIOLENCE AGAINST CHILDREN

The meeting also included presentations about how to integrate attention to violence against children into existing platforms and programmes; how to manage and implement national, multi-sector responses to violence against children with participation from different sectors and coordination among local, national and international partners; and how to increase and sustain investment in addressing violence against children.
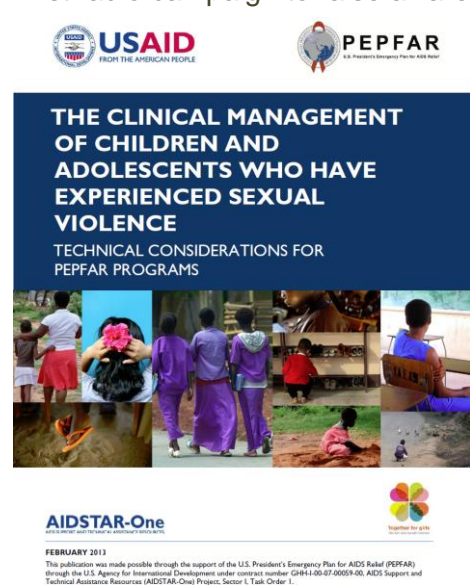
5.1 Integrating attention to violence against children within multi-sectoral programming: examples from HIV/AIDS and gender-based violence programming

Because violence against children has links to many sectors and platforms, including child protection, violence against women and HIV, ideally, these programmes would integrate attention to violence against children into their work. In recent years, PEPFAR has supported this type of integration, through its Orphans and Vulnerable Children (OVC) Platform and its work on violence against women, as described below.

Integrating attention to violence against children within HIV/AIDS, programmes for orphans and vulnerable children, and violence against women programming
PEPFAR supported programmes in collaboration with local and national partners

Recent work by PEPFAR illustrates ways in which attention to violence against children can be integrated into programming for HIV/AIDS, orphans and vulnerable children, and violence against women. For example, the PEPFAR Orphans and Vulnerable Children Platform aims to mitigate the social, emotional and economic impacts of HIV/AIDS on children and to reduce their vulnerability, to increase their resilience and prevent infection. Evidence indicates that children affected by HIV/AIDS are at greater risk of certain types of violence than their peers, including physical violence, emotional abuse and sexual exploitation/transactional sex.[27, 28] To respond to the link between HIV and violence against children, PEPFAR has supported a number of initiatives through partner organizations and governments, including the *Children First* radio campaign to raise awareness about violence among children aged 6-17 and caregivers in Zimbabwe[3]; a helpline in Tanzania to report child abuse (which received 1,146 calls in the first three months); a programme to improve post-rape care for children in Swaziland; collaboration with UNICEF in Mozambique to place 6,000 vulnerable children in families at the district level; and the initiative to strengthen the social welfare workforce in sub-Saharan Africa described earlier.

Strong evidence also links violence against children with violence against women, including shared risk factors, co-occurrence, intergenerational effects and similar consequences. Moreover, many strategies appear to contribute to the prevention of violence against both women and children, including safe schools initiatives, parenting programmes and community dialogue on corporal punishment and other forms of violence within the home. One way that programmes have integrated attention to violence against both women and children has been to adapt tools originally designed to improve care for women who experienced violence to meet the needs of children, as illustrated by guidelines on the clinical management of children and adolescents who experienced sexual violence.[29]

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[3] http://www.childrenfirst.worlded.org/Action/child_rights.htm

5.2 Multi-sector prevention and response systems: Developing National and District Child Protection Systems in the United Republic of Tanzania

Tanzania's experience offers an example of how to develop and sustain national and district level Child Protection Systems. At the national level, the system includes: changes to the legal framework, regulations and guidelines; national plans of action, prevention and response services, including a child friendly justice system, coordination among governmental agencies and NGOs; measures to improve the child protection workforce; and children's participation.

At the district level, the Child Protection System has built greater commitment from District senior management, including human and financial resource allocation, coordination from district to village/*shehia* level (via Most Vulnerable Children Committees and Child Protection Teams) have improved capacity of social welfare, police, justice, health and education officers, improved referral mechanisms (including those within schools), and data collection through the Child Protection Management Information System. Importantly, the system has also engaged community leader, parents and children to address social norms around violence against children, including child discipline practices. A number of challenges remain, including inadequate numbers of social welfare officers, limited budgets, limited capacity of service providers, and social norms and traditional practices that condone violence against children.

> "*I will start by telling you something about doing the VACS [survey]. It's not easy… to tell people that this is happening to children in their own country… but we reached the point where we could no longer stay silent… and do nothing. We had seen that programmes for children on the ground were not really targeting violence. So we started thinking about developing a child protection system and learned a lot. Now we are scaling up.*"
>
> **— Jeanne K. Ndyetabura Assistant Commissioner, Department of Social Welfare, Zanzibar, Tanzania.**

5.2 Financing prevention and response to violence against children: Indonesia's funding model

Indonesia offers an example of one way to finance prevention and response to violence against children. While the results of the Indonesia VACS survey are not yet available, existing evidence indicates that millions of children in Indonesia are in need of special protection due to neglect, violence, trafficking or other vulnerabilities.[30] As a result, child protection has been included as a priority in the country's Five Year Development Plan 2010-2015 – budgeted within Indonesia's "Poverty Programme". The central government has made increased investment in vulnerable children in a myriad of ways, including:

- *The Family Hope Programme*: This is a cash transfer programme for vulnerable families, funded by the central government. Between 2007 and 2014, funding rose from 845 billion Indonesian Rupiah (IDR) to 5 trillion IDR (approximately $67.6 million to $400 million USD based on September 2014 rates).

- *Support for child social welfare institutions:* These included social services for children such as shelters, a helpline, rapid response units, social workers, etc. Between 2007 and 2014, funding from the central government, partly distributed through local governments, rose from IDR 271 to 304 billion (approximately $21.7 to $24.3 million USD).

Indonesia faces a number of challenges in the effort to improve child protection. First, budget allocation for child protection is lower than other types of poverty alleviation programmes. Second, most data on violence against children are based on cases reported to authorities. The release of the VACS survey findings should help to mobilize a greater response. Another area that could be improved is coordination among different ministries that work on child protection, as well as coordination between government and international partner and national NGOs, including community-based organisations.

5.3 National-International Partnerships: experiences from Nigeria

Nigeria formed a multi-sector Technical Working Group to oversee their VACS (currently in development) and to move from research to action. Working Group Members include key government ministries, the Nigerian Police Force, the National Human Rights Commission, international partners such as UNICEF, USAID, CDC Nigeria and UNODC, and NGOs such as Save the Children and Catholic Relief Services. Terms of reference include overseeing the VACS survey and participating in national programming, fundraising and mobilizing programme and policy responses using the VACS findings. The Nigerian experience illustrates a myriad of ways that countries can collaborate with international partnerships to address violence against children. For example:

- International partners such as the CDC, UNICEF and UNODC provided funding for the VACS survey. UN Women and the World Health Organization provided technical support.

- As part of PEPFAR, USAID has provided a 5-year umbrella grant to Save the Children and Catholic Relief Services to strengthen child protection systems at the community level in ten states; and the CDC has developed cooperative agreements with nine NGOs covering ten states to improve clinical work, the workforce, curriculum development and social norms.

- The Nigerian government and international partners (UNICEF/UNODC/EU) are collaborating to develop action plans for four states to strengthen linkages between health, social welfare and justice sectors, including strengthening family courts.

Given that less than 1% of Nigeria's gross domestic product (GDP) comes from international development assistance, addressing violence against children will require investment by the Nigerian central and State governments. In fact, given the decentralised structure of governmental institutions, the issue of violence against children needs to be included in plans and programmes at the State level, such as State economic development plans and the 'Subsidy Reinvestment and Empowerment Programme'.

6. MONITORING AND EVALUATION, MEASUREMENT, TARGET SETTING & PLANNING

On the third day of the meeting, presenters returned to the issue of collecting data for planning, monitoring, evaluation and advocacy, addressing the following questions:

- How can researchers monitor changes in levels and responses to violence at the global level?
- Why is monitoring and evaluation essential?
- How can researchers measure changes in the prevalence of violence at national and subnational levels over time?
- How can countries track changes in violence-related outcomes, policy and programmes over time?
- How can countries integrate indicators on violence against children into national data collection systems? And,
- How have national action plans integrated monitoring and evaluation activities?

## 6.1 Monitoring changes in the level and responses to violence at the global level

Monitoring changes in the level of violence against children at the global level is currently hampered by a lack of comparable, population based data across different countries.[31] VACS surveys produce highly comparable data by country, but currently are relatively few in number and not yet repeated in any country. Presenters and participants discussed the potential of including indicators related to violence against children in the MDG 2015 as one way to encourage countries and researchers to increase the global evidence base on violence against children. A number of data sources provide a global overview of programmes and policies to address violence against children, including the planned World Health Organization Global Report that will document what countries around the world are doing to prevent and respond to all kinds of violence, including violence against children (see Box 3 below).

Box 3. *World Health Organization, Global Status Report on Violence Prevention*
www.who.int/violence_injury_prevention/violence/status_report/en/

In December 2013 the World Health Organization (WHO) launched a survey of governments about their work on all types of violence, including violence against children. WHO expects that the final report will include information from about 130 countries, available in late 2014. The report aims to provide a global overview of countries' progress on violence prevention, including information on national plans, capacity for data collection, primary prevention efforts and responses from health, social service, legal and other sectors. WHO hopes to repeat the survey every four years.

6.2 Tracking levels of violence against children at national and subnational levels

Once countries have made a sustained investment in preventing and responding to violence against children, the next step is to track levels of violence over time in order to monitor progress and to refine and (re)direct efforts.
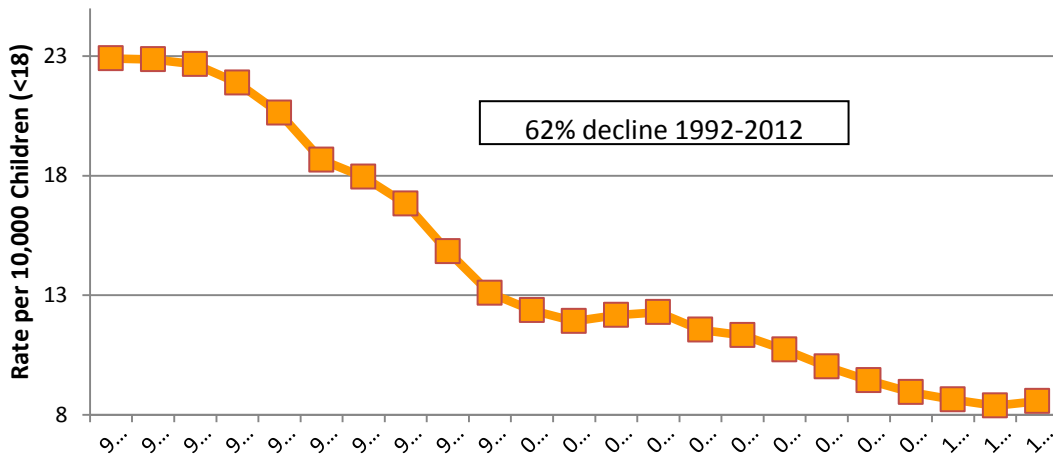

Figure 9. Rate of substantiated cases of sexual abuse per 10,000 children under 18, United States 1992-2012 based on data from the US National Child Abuse and Neglect Data system.[32]

As illustrated in Figure 8, researchers in the United States have documented evidence of decline in the rate of child sexual abuse cases between 1992 and 2012 (Figure 8).[32] Data in Figure 8 come from the US National Child Abuse and Neglect Data system, which is an *administrative* database of substantiated cases of child abuse reported to state child protection agencies. Trends documented with this type of administrative data are sometimes considered less reliable than those documented with population-based surveys (such as the VACS) because they

> *"We need good epidemiological data to see the location of the child abuse problem and also to be able to track and monitor its response to our efforts."*
>
> **- David Finkelhor, cited by Alexander Butchart**

can be influenced by factors such as changing standards for investigation, decreased reporting to agencies, reduced funding, staffing levels and caseloads.[33] Nonetheless, in the case of evidence about levels of child sexual abuse (and other types of violence against children) in the United States, this decline has been supported by other evidence, including self-report surveys such as National Crime Victimization Surveys.[34]

In other settings, however, especially where child protection systems have changed in recent years, data from administrative sources may not be a reliable measure of trends in prevalence. For example, Figures 9 and 10 (below) show greater numbers of reported cases per month for certain types of violence in Swaziland for 2013 compared with 2011, which may well reflect increased willingness of families and victims to report cases to the authorities rather than an increase in prevalence.
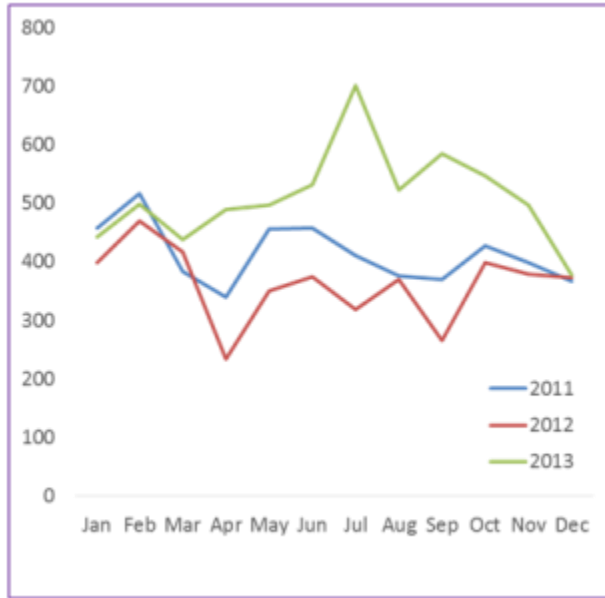
Figure 10. Number of reported cases per month, 2011-13, Swaziland
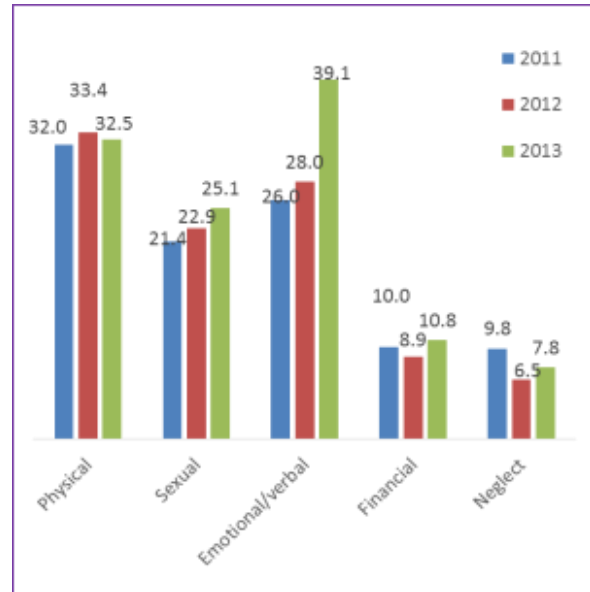
Figure 11. Percentage of reported cases by type, 2011-13, Swaziland

Source: Swazi Government's National Surveillance System on Violence. Presented by the Swaziland team at the Global Meeting.

Generally, however, reliable trend data on levels of violence against children in resource-constrained settings is sparse or even non-existent. Tracking levels of violence against children in and within countries cross-sectionally and over time is an emerging area of work, and a number of recommendations emerged from the meeting:

- ***Countries need sub-national as well as national prevalence data, because levels of violence often vary greatly by location within an individual county.*** A survey that measures levels of violence against children at the national level only may not reveal differences within a single country. Though small samples sizes can be a challenge when national data sets are broken down into smaller regions, sub-national variations in levels of violence can be substantial. Data on these subnational variations in levels of violence are important for developing an evidence-based policy and programme response, because they can help to prioritise geographic areas of interventions and to tailor responses to the needs of specific sites.

- ***To measure changes in the prevalence of violence against children over time, researchers need to repeat population based surveys (such as the VACS) at multiple points in time.*** VACS surveys could provide trend data in the future if countries repeated these surveys over time. To date, however, VACS surveys have been conducted only once in each country, though a few countries are considering repeating them.

- ***To measure change, researchers need to use the same measures over time.*** When researchers change measures of violence from one survey to another, apparent changes in levels of violence may reflect changing definitions rather than changing prevalence levels. Measuring change thus requires keeping indicator definitions the same over time.

- ***Countries should consider all sources of data on violence against children – not just the VACS.*** While VACS surveys are almost always the only national survey focusing specifically on violence against children, many countries have data from other surveys on certain types of violence, albeit usually in more limited form. Examples include:
  - Demographic and Health Surveys (DHS) with a domestic violence module typically gather information on a few indicators of violence in childhood.
  - Multiple Indicator Surveys (MICS) often gather some data related to violence, such as caregiver reported practices of and attitudes about violent discipline.
  - Surveys focused on other topics: Often countries repeat national surveys on other topics, e.g. related to economic or social wellbeing of the population. These surveys sometimes gather data related to violence.
  - Other surveys on violence. In some countries, researchers have carried out other studies on violence against children or violence against women and girls, typically on a small scale.

- ***It is highly recommended that countries conduct an inventory of available data.*** Taking stock of what data already exists in a country can be a lot of work, but is worth the effort. Recommendations about how to conduct an inventory of available data include:
  - Communicate directly with the original researchers who gathered the data.
  - Update the inventory of available data on violence against children regularly, as data quickly becomes out of date.

- ***If repeating the VACS is not feasible, countries should consider incorporating questions on violence against children into other population-based surveys (such as DHS surveys with a violence module).*** In considering how best to integrate such questions into long-term surveillance, there are challenges in measuring violence against children using a small module rather than a dedicated survey. For example, DHS surveys typically do not interview girls below age 15 and do not always interview boys. In addition, ethical considerations may limit the questions that researchers incorporate in such modules. Nonetheless, incorporating questions or a module on violence against children into a larger survey is recommended if another VACS survey is not feasible.

- ***Large surveys that document changes in prevalence do not necessarily explain why change occurred.*** To explain the documented decline in substantiated cases of child sexual abuse in the United States (Figure 8), Finkelhor and colleagues (2006) concluded that the most compelling evidence pointed to economic growth, better capacity for social intervention (e.g. child protection professionals) and advances in pharmacological treatments for depression and anxiety.[33] But the evidence to support these explanations came from other sources – not prevalence studies.

- ***Be careful to distinguish between the level of violence reported by children ever and the level of violence experienced in the past year.*** Small differences in the way that indicators are constructed can greatly change the levels of violence measured. The percentage of children who have ever experienced violence at any time in their life is, by definition, going to be higher than the percentage of children who experienced violence in the past year. As a result, it is essential to remember that violence ever is not comparable to violence in the past year. Similarly important differences can be found

when changing the age range of the denominator, e.g. young people aged 13-17 versus aged 18-24 who experienced violence before age 18.

- ***Collect qualitative data to complement the quantitative data.*** It is important not to collect numbers (quantitative data) alone. Qualitative data is important for helping to understand what the numbers mean. For example, teams from countries that have implemented the VACS described how important qualitative data collection was for analysing the quantitative portion of the VACS.

- ***Countries should invest in data systems that collection routine administrative or surveillance data on violence against children despite their limitations as markers of prevalence.*** Finally, presenters argued that while routine administrative data such as police or social service records may not provide accurate or valid measures of prevalence, these data can provide essential information for monitoring the response to violence against children, both in terms of how many children have been reached and for evaluating the quality of the response. Sources of administrative data include: police and court records, health system records, education system records, welfare records and reports to the UN committee on rights of the child, among others. In fact, presenters suggested that levels of intervention coverage can be used as a valuable intermediate indicator (beyond training and before change in prevalence) to track progress.

6.3 Translating global frameworks into a country monitoring and evaluation process

South Africa has developed a monitoring and evaluation strategy for child rights and wellbeing. Key elements include using a 'theory of change' as a framework for monitoring and evaluation and to communicate their work more clearly to other partners; using a human rights approach; and using a participatory approach that involves children and adult citizens. Their theory of change describes several dimensions, including changes in:

- Children's wellbeing over time, measured in part through **statistical trends** in children's wellbeing over time, including indicators such as the child homicide rate.
- The government's **programmatic performance** in realising the rights of children, including changes in policies, laws and resource allocations and the attitudes, values and practices of duty bearers.
- Changes in participation and how people themselves experience changes in their everyday lives, including changes described through **the voices and experiences of children** and their families. This includes self-reported data on experiences of violence and feedback from those who have received services.

7. CONCLUSIONS AND RECOMMENDATIONS

On the final day of the meeting, country teams met in small groups to discuss their recommendations going forward. The following summarizes the findings and recommendations that emerged from those discussions.

7.1 Key findings and outcomes

Violence against children should be a national priority for all countries, with commitment from leaders at the highest level.
Countries left with a commitment to place violence prevention on national agendas and seek multi-sectoral leadership at the highest levels to invest in programmes to end violence against children.

> *"For all of us gathered here in Swaziland for these timely and strategic deliberations, we have the morality, capacity and the power to act. That is proven in the work that you have already done. What we need now is sustained commitment and a renewed sense of urgency."*
>
> **– Susan Bissell, UNICEF**

Countries with a VACS have successfully used the research to action approach to mobilize national, multi-sector action.
Carrying out a VACS and using the data to mobilize national programmes has been a successful research to action model, and builds capacity and a strong constituency on the ground to move the work forward.

Countries with a VACS are seeking to scale up interventions and to strengthen multi-sector responses.
Countries with a completed VACS are focused on bringing programmes to scale, improving coordination, mobilizing support and investments, and strengthening monitoring and evaluation.

Many countries without a VACS are interested in carrying out a national survey and using the VACS research to action model to mobilize a stronger response to violence against children.
Strong interest was generated around the process of collecting national data on violence, in particular for those countries which have not undertaken a VAC Survey.

7.2 Key Recommendations from participants

Given the success of the VACS and resounding endorsement of the VACS model for moving from research to action, there is a need to expand the work beyond Africa and South East Asia.
Identify donors who would support replicating the VACS research to action approach in other regions such as South Asia, Eastern Europe, Latin America, the Middle East and North Africa

Countries in various stages of carrying out VACS could benefit from stronger south-south networks and cross-country learning.
Encourage sharing of evidence and support dissemination among countries, create platforms for shared learning and regional/global exchange; support mentorship.

There is enough evidence about what works to prevent and respond to violence against children to move ahead in many areas of the work, but there are additional gaps that need to be filled.

Invest and scale-up prevention and response strategies with evidence of effectiveness, paired with evaluation. Examples include support for parenting and families, safe schools, one stop-centres and programmes that build girls' assets. Meanwhile, invest in evaluating efforts to strengthen child protection systems, change social norms, prevention programmes targeting younger adolescent boys and identifying abuse in younger children.

Emerging data on boys vulnerability to violence, childhood risk factors and early age of perpetration, highlight the need for more investment in approaches to boys.

Identify interventions that work to engage boys, both in prevention and response, particularly for younger boys. Explore whether promising asset-based models for girls can be effective for boys.

Programmes devoted to issues such as HIV and violence against women should integrate attention to violence against children for more effective violence prevention and response.

Given evidence that violence against children is closely linked to other health and human rights issues, including HIV/AIDS and violence against women, there is a need to bring these areas of work closer together. More coordination and integrated platforms for action are needed among programmes working on these linked issues –.

Countries need repeated population-based data collection on violence against children using standardised indicators in order to measure changes in levels of violence over time.

To track changes over time, and continue to mobilize action on violence, countries can consider repeating the VACS. If this is not feasible, they can encourage other repeating surveys (such as DHS and MICS surveys) to incorporate key questions/standardised indicators about violence against children into their questionnaires. In addition, it would be ideal to include a target on the elimination of violence against children in the post 2015 agenda.

In addition to population-based surveys, countries need other types of data collection on violence against children, including qualitative research and routine administrative/surveillance systems.

In addition to survey data, other types of research and data systems are important for policy making and programming, including: qualitative studies to understand the context of violence and explore questions raised by survey findings in more depth, and routine administrative and surveillance data for monitoring the coverage of services and the response to violence against children. There is also a need for countries to keep an up-to-date inventory of existing data on violence against children in their setting.

Recommendations for Together for Girls partners include the following:

- Continue supporting the VACS model of research to action, and expand the VACS to new countries.
- Strengthen the available technical assistance, including for newer areas of work such as mental health, monitoring systems, sustainable financing and evaluation.
- Identify and scale up effective interventions with boys.
- Promote models that integrate girl's empowerment approaches.

- Support efforts to increase the availability of one-stop centres and other promising service for responding to violence against children.
- Create and maintain a community of practice for leaders in the work that includes inter-country visits, and a forum for sharing shared tools; consider the role of regional institutions.
- Consider innovations in the VACS, such as data collection beyond households, biomarkers and other types of rapid data collection for interim monitoring; support additional secondary analysis of VACS data to better inform actions; and take advantage of other national and global data collection efforts.
- Advocate globally for greater attention to prevention and response to violence against children through all available channels, including the post-2015 agenda.

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