

STOPPING IT BEFORE IT STARTS

Strategies to address violence in
young children's lives



Prepared by the Bernard van Leer Foundation as a contribution to the International Expert Consultation on the Prevention and Response to Violence in Early Childhood to be held in Lima, Peru on August 27th and 28th of 2012.

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If we don't measure it, it remains invisible. But getting systematic and reliable measures for all forms of violence and their effects on young children is a challenge - a challenge that researchers and advocates are overcoming around the world.

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Evidence has shown that all forms of violence in young children's lives can be prevented. Programmes focused on home visitation, family strengthening, women's economic empowerment, alcohol regulation and efforts to change social norms have all produced measured reductions making communities and homes safer for young children. However, we still have a great deal to learn about what works best under what conditions.

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Around the world, the growing number of policies and programmes targeting young children, such as parenting programmes and antenatal care, can be harnessed to prevent and protect young children from violence. However, to have the greatest impact, leaders for young children need to engage more effectively in other areas of social policy such as social protection, employment, women's rights and public security.

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Public policy can take us only so far on an issue that is so deeply rooted in social norms about children and child-rearing, family, gender, and about how we treat one another. Moreover, policy itself is made by people who often share these norms. To overcome these obstacles, we need to invest in more sophisticated communications strategies that can drive sustained public and political engagement and inspire new champions committed to preventing violence in the lives of our youngest citizens.

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1. More and better data

Over the last few decades, the world has vastly increased its understanding of how violence affects children under the age of eight.¹ Existing research links early experiences of violence – both as a direct victims and as a witnesses – with later aggression, criminal and antisocial behavior;² intimate partner violence;³ depression, anxiety⁴ and health problems⁵ in adulthood. Advances in neuroscience are helping to explain some of these relationships by showing how toxic stress in the early years – such as prolonged exposure to violence – can shape the developing brain’s architecture in ways that are difficult to ‘rewire’ in later life.⁶

When it comes to the prevalence of violence in early childhood, we know that it is a global and widespread problem, but there are still important questions about the frequency of specific types of violence, especially among children under the age of 5. Below are some examples of our current knowledge base and the associated data gaps:

- Infants and young children are more likely to suffer violence at the hands of family members or primary caregivers, but it is difficult to determine how much of this violence occurs because it often takes place in the privacy of the home.⁷
- The use of violent physical and psychological discipline continues to be widespread throughout the world, typically at rates above 50%, and young children are among those at greatest risk. The social norm or belief that such disciplinary methods are necessary consistently predicts their use across countries. Other risk factors, however – such as wealth, household size, education levels and living arrangements – do not translate consistently across borders, indicating the need for a contextually sensitive understanding of the causes of this kind of violence.⁸
- An estimated one in four pregnant women experience intimate partner violence and 275 million children experience domestic violence each year. Research consistently shows that this is more likely to take place in homes with young children, but we do not have global, age-disaggregated data. Across countries, we have observed that this kind of violence tends to co-occur with the direct victimization of children.⁹
- Approximately 300 million children under 5 are exposed to societal or community violence.¹⁰ Of this group, the experience of young children growing up in communities plagued by armed violence (but outside of official warzones) has not been frequently researched. While a minority are direct victims (e.g. hit by stray bullets, family members who are victims or aggressors in the violence), the most widespread effects are indirect and include restrictions on play, nightmares, post-traumatic stress, aggressive behaviour and health problems such as asthma.¹¹
- There are a number of categories of young children at high risk of violence that require special protective measures. However, age-disaggregated statistics on the global size of these populations is unavailable. Some of these groups include young children who are illegally procured for inter-country adoption or trafficked for

activities such as begging for food or money, those growing up in institutions of alternative care and infants in prisons with their mothers.¹²

En la casa siento miedo porque tiran piedras los cholos y le pegan al portón y un día que mi tío se fue encontramos balas afuera. Jorge, 6 años.

En mi casa un día a mi primo lo iban a balacear y haga de cuenta que entró una bala a mi casa y me iba a tocar a mí, pero yo me quité. Alma Guadalupe, 7 años. Colonia México 68.



Mi dibujo es una casa en donde unos señores se estan balaceando y aquí me pongo muy mal. Lesli Berzabé, 8 años.

- Globally, young children are spending increasing amounts of time in school, pre-school and childcare settings. These environments are central to promoting the education, healthy development and protection of young children, but can also be settings where they experience violence. Statistics on the extent of violence specific to pre-school, early primary school and childcare are rarely available.
- Globally, young girls tend to be at greater risk for sexual violence and – in some countries – young boys are at greater risk of violent discipline.¹³ More marked differences in exposure to violence often occur in societies where there is a preference for boy children through practices such as sex-selective elimination.¹⁴

Major efforts have been undertaken to fill data gaps in the areas of child maltreatment and violence against children around the world during the last two decades. However, young children – particularly those under 5 – still remain more invisible relative to older populations. There are four main reasons for this disparity.

First, national systems may either not collect relevant data, or collect it but not use it. For example, household surveys may track intimate partner violence, but not match this data against household demographics to estimate the percentage of young children who are affected. In this kind of situation, there may be an opportunity to get estimates at low-cost.

Second, data may be limited to reported incidents, but very young children’s abilities to communicate are limited. Since most children under 5 globally do not participate regularly in social services, there are fewer adults who might identify when there is a problem.¹⁵ Third, and relatedly, taboos around many forms of violence – especially those occurring in the home - make it more difficult for children or adults to report. Finally, there is a lack of age-appropriate diagnostic tools;¹⁶ older children or adults can be asked about their earliest years, but these memories may be unreliable and only provide a retrospective picture.¹⁷

Nonetheless, many promising initiatives exist, which can serve as inspiration for changes in the way societies measure the welfare of their youngest members.

Table 1: Filling the Data Gaps

Reasons for data gaps	Sample of efforts overcome measurement challenges
- Absence of data in national systems	UNICEF is implementing the Multiple Indicator Cluster Survey 4, which includes an enhanced module with questions that can be disaggregated by age for physical and psychological punishment and neglect, as well as mother’s attitudes regarding domestic violence. 47 countries have collected data.
- Dependence on self-reporting	GRADE conducted a randomized household survey of 908 homes in 3 regions of Peru looking at violence against mothers and young children in tandem. This was complemented by qualitative research with parents, children and other key informants in the community. GRADE is now working with the Peruvian Institute of Statistics to integrate the modules on family violence into national demographic and health surveys. ¹⁸
- Privacy and taboos	The Muhimbili School of Public Health in Tanzania is designing a study to measure the prevalence of violence in families with children under 8 in rural areas and exploring a combination of household surveys and techniques to involve young children. The design is currently undergoing ethical review. ¹⁹
- Lack of age-appropriate methods	The Centre for Basic Research in Uganda undertook a purposive sampling of homes with young children across four districts combining measurement of diverse forms of violence against young children, violence against their mothers and social norms associated with both. ²⁰
	Leiden University in The Netherlands has implemented a study where professionals in direct contact with children and families collect data over a three-month period through observation. The study addresses all forms of violence including neglect and exposure to intimate partner violence. ²¹
	The Health Metrics Network (HMN) is working closely with the WHO on MOVE-IT, an initiative to develop standards and tools that facilitate

recording, reporting and analysis of pregnancy, birth and death data and that support innovation in civil registration and vital statistics systems, including the use of information technologies.²²

The Igarape Institute in Brazil is in the process of designing a young child security index that will gauge violence risks and protective factors in areas with high levels of armed, urban violence. This index will draw as much as possible on personal perspectives of children themselves along with adult opinions and objectively quantifiable data to spatially map how young children are experiencing security and safety amidst new policing policies.²³

Questions for discussion:

- a. What metrics do we need to capture on a regular basis to ensure that societies have a strong understanding of the magnitude and nature of violence in the lives of children under the age of eight?
- b. How can we use the systems that countries already have in place in order to capture better information at a limited cost?
- c. In the event that existing systems cannot be easily adapted, what may need to be created to ensure better information?
- d. Would it be possible / desirable to create a composite index for the security and of young children that could serve as a barometer for our collective humanity the way that under five mortality has done for our health in the last 50 years?
- e. How do we ensure that countries take action on (a) – (d) and that information is accessible and used by advocates and policymakers?

2. Evidence that violence is preventable

Evidence from around the world continues to confirm the fact that all forms of violence in young children's lives are preventable. In a few areas, the case for specific interventions is well supported by multiple randomized controlled trials across diverse populations. In other areas, evidence is considered 'emerging'. Meanwhile, there are still some areas where evidence is still extremely thin. Table 2 summarizes the current state of evidence on the effectiveness of various interventions according to the WHO.

Table 2: Overview of the evidence for violence prevention

Overview of violence prevention interventions with some evidence of effectiveness by types of violence prevented						
Intervention	Type of violence					
	CM	IPV	SV	YV	EA	S
1. Developing safe, stable and nurturing relationships between children and their parents and caregivers						
Parent training, including nurse home visitation	●			○		
Parent-child programmes	○			○		
2. Developing life skills in children and adolescents						
Preschool enrichment programmes				○		
Social development programmes				●		
3. Reducing the availability and harmful use of alcohol						
Regulating sales of alcohol				○		
Raising alcohol prices				○		
Interventions for problem drinkers		●				
Improving drinking environments				○		
4. Reducing access to guns, knives and pesticides						
Restrictive firearm licensing and purchase policies				○		○
Enforced bans on carrying firearms in public				○		
Policies to restrict or ban toxic substances						○
5. Promoting gender equality to prevent violence against women						
School-based programmes to address gender norms and attitudes		●	○			
Microfinance combined with gender equity training		○				
Life-skills interventions		○				
6. Changing cultural and social norms that support violence						
Social marketing to modify social norms		○	○			
7. Victim identification, care and support programmes						
Screening and referral		○				
Advocacy support programmes		●				
Psychosocial interventions				○		
Protection orders		○				
KEY ● Well supported by evidence (multiple randomized controlled trials with different populations) ○ Emerging evidence CM – Child maltreatment; IPV – Intimate partner violence; SV – Sexual violence; YV – Youth violence; EA – Elder Abuse; S – Suicide and other forms of self-directed violence						

While evidence is important to guide policymaking and investment, it is also a powerful tool to help tell inspiring stories of change. Examples of some effective and promising interventions that have been well evaluated are included here.



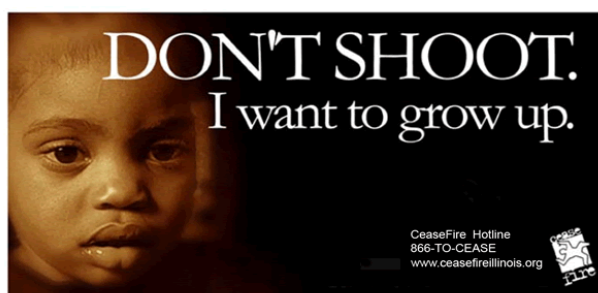
The Nurse Family Partnership (NfP) and the Triple P Positive Parenting Programme are two of the most well documented **parenting and home visitation interventions**, which have been implemented in multiple sites and countries. 2 of 3 randomized control trials of NfP have shown reductions in early maltreatment as high as 48%, as well as in health care encounters for injuries as high 56%. In South Carolina, Triple P impacts included 688 fewer cases of child maltreatment, 240 fewer out-of home placements, and 60 fewer children with injuries requiring hospitalization or emergency room treatment for every 100,000 children under age eight.²⁴

Evaluation of **programmes that address social norms around violence against women** have also shown success, especially when combined with a component of economic empowerment. In South Africa for example, IMAGE, a micro-finance and gender-training programme, demonstrated a 55% reduction in intimate partner violence in a randomized control trial study. It is now scaling up to serve 15,000 clients at a cost of USD 13 per participant and is being replicated in Tanzania.²⁵ Although no quantitative measures of benefits for the women's (young) children were included, they consistently emerged in the qualitative components of the evaluation.²⁶



Policies and programmes to reduce alcohol consumption have also shown strong potential to prevent both community violence and violence against women. In the case of Diadema, a Brazilian municipality, prohibiting access to alcohol from 11pm to 6am reduced homicides by 47% and assaults against women by 55%.²⁷ In response to the success, 120 Brazilian municipalities passed similar types of policies.²⁸

Finally, Ceasefire, a programme targeting **behavior and norm change around armed, community violence** recently had its Baltimore site evaluated by the US Center for Disease Control and found reductions in homicides of up to 56% and non-fatal shootings by up to 34%.²⁹



In its Chicago sites, where gun violence has also consistently shown reductions, young children and families are key constituencies in Peace Summits held as part of the process of community organizing and public education. The children of young parents directly involved gang violence have also been beneficiaries of the programme

through referrals to parenting and pregnancy related services and – in some cases – the decision by their parents to leave gangs altogether. Ceasefire operates in 16 US cities and in two international sites – South Africa and Iraq.³⁰

Below are some areas where analysis of these evaluations and a number of systematic reviews indicate the need to strengthen the evidence-base:

- **How to make parenting and home visitation work better in under-resourced settings.** While some research supports the efficacy parenting programmes in middle- and low-income countries,³¹ other studies indicate that home visitation and parent education have negligible effects on issues like corporal punishment unless combined with measures to reduce family stress, such as provision of childcare, employment, or cash transfers.³²
- **How to best link programmes targeting violence against women and their young children.** The evidence for home visitation programmes on intimate partner violence is also mixed with some studies indicating that benefits for children disappear or are diminished when the mother herself is a victim.³³ On the opposite side, we need more information about whether programmes targeting violence against women can be enhanced to increase impacts for their young children.
- **How to optimize benefits for young children in efforts to reduce community violence.** Programmes to address community violence are rarely assessed for their impacts on young children. This should be done more frequently. For example, a new community policing strategy in Rio de Janeiro, which reduced violence among armed gangs and police, was found to have led to young children having fewer nightmares and playing more in public spaces.³⁴ However, the police actions themselves were also found to have had a traumatic impact on young children.³⁵
- **How to best support young children already exposed to domestic violence or who have been directly victimized.** Current evidence is strongest for intensive clinical approaches such as parent-child psychotherapy and cognitive behavioural therapy that involve the mother and child.³⁶ However, both are resource intensive and more work is needed to determine how to best respond in under resourced contexts.
- **How to best support young children and families already exposed to community violence.** Research shows the importance of how caregivers react to violence, and points to addressing maternal depression and distress as likely to be important points of intervention to mitigate harm.³⁷ This would suggest that programmes targeting child maltreatment and intimate partner violence, as well as early childhood programmes more generally, could be important components of harm reduction strategies in the absence a cessation of the violence itself.³⁸

In response to gaps in the evidence, a number of impact evaluations have been initiated that will help to further strengthen knowledge about what works and under what conditions over the next 3 to 5 years. Table 3 summarizes some of the studies currently underway.

Table 3: Examples of on-going studies to strengthen the evidence base

Institution	What's being evaluated and where?
Raising Voices	Two randomized trials conducted by the London School of Tropical Hygiene on community wide organizing approaches to intimate partner violence and violence against children in Uganda. ³⁹
International Rescue Committee	3 randomized trials looking at child protection and violence against children: Burundi model combines village savings and loans with parenting groups; Thailand model provides parenting support to Burmese refugees; Liberia provides parenting support parents to young mothers with children 4 to 6. They are also conducting a trial of an intervention in Côte d'Ivoire designed to engage men in the prevention of intimate partner violence. ⁴⁰
London School of Tropical Hygiene	Adapted replication of the IMAGE South Africa trial - now in Tanzania - looking at impacts on intimate partner violence and plans to include qualitative research components to look at effects on young children. ⁴¹
Child Fund International	Quasi-experimental study in Liberia of child participation programme beginning at age 6 looking at resilience toward community violence. ⁴²
Violence and Children Evaluation Challenge Fund	9 evaluations; all either randomized trials or quasi-experimental and include measures for children under 8; interventions include combinations of parenting, childcare, child empowerment and life skills, awareness raising and housing. Countries include China, Colombia, Bangladesh, Albania, Ethiopia, South Africa, Kenya and Dominican Republic. ⁴³
Nurse Family Partnership	A five year project evaluated by the US Center for Disease Control measuring impacts on intimate partner violence and child maltreatment from pregnancy through age two; tests of NfP are also underway in the Netherlands, Canada and England. ⁴⁴
Liverpool John Moores University	The Centre for Public Health is a WHO Collaborating Centre for Violence Prevention and works with the WHO to support and develop violence prevention in the UK and internationally. In the Centre, they conduct original research, systematic literature reviews, and maintain intelligence systems for measuring and monitoring violence. ⁴⁵
Ikamva Labantu and Clowns w/out Borders	Randomized control trial conducted by the University of Capetown of a parenting programme in low-income peri-urban areas of South Africa with high levels of HIV-AIDS, intimate partner violence, violence against children and violent crime. ⁴⁶

Questions for discussion:

- a. How can we find low-cost methods to further strengthen the evidence base? For example, how can we encourage:
 - Oversampling and inclusion of metrics for young children in evaluations of interventions addressing domestic and community violence;
 - Inclusion of metrics for violence against mothers and young children in programmes for family economic strengthening;
 - Inclusion of metrics on family violence and child maltreatment in large early childhood programmes;

- Better age disaggregation in all of the above, as well as in evaluations of child protection programmes that provide services to child victims of violence and their primary caregivers?
- b. How will we make sure that the evidence about how to prevent and respond to violence in young children's lives is well known amongst those with the power to affect large scale change?

3. Policy windows to achieve impact at scale

Beyond legislation aimed directly at addressing violence against children – 33 countries worldwide have enacted a full ban in all settings including the home⁴⁷ – existing policies and services for young children can be used as entry points to mainstream attention to the issue. For example, 81 percent of pregnant women worldwide have at least one antenatal care visit, and 55 percent have at least 4 visits.⁴⁸ More than 100 countries have formal early childhood programmes targeting children under 3, and the global gross enrolment rate for pre-school is 44 per cent.⁴⁹ Such services help to strengthen families and act as entry points to identify and support young children who are at risk or have been victims of violence. However, there are four common problems with these services:

- Many do not explicitly address or measure violence reduction as an outcome area;
- Those which do explicitly discuss violence against young children, notably parenting programmes, often do not integrate the kind of practical support – such as cash transfers, help with childcare and employment opportunities – which can alleviate family stress and make it easier to tackle sensitive social norms;
- Those which address violence against young children often do not address violence against their caregivers, a responsibility which is closely related in importance but often held by a separate government department;
- The nascent early childhood workforce – often composed of largely para-professional and volunteer staff – tend to lack the capacity to identify and manage violence-related issues and may themselves need support to learn skills such as techniques of non-violent discipline.

Table 4 summarises some promising examples of addressing violence through existing policies focused on early childhood.

Table 4: The potential to address violence in young children’s lives through public policies focused on early childhood development

Country	Policy or programme	Description
Chile	Chile Crece Contigo	Universal policy from pregnancy to age 4 including health and development monitoring, home visits and parenting, childcare services and (for low-income families) cash transfers, housing subsidies and support for employment. Also includes 18 weeks of paid maternity leave, 4 days of paid paternity leave and services explicitly defined to prevent and respond to intra-family violence. ⁵⁰

Netherlands	Mandatory reporting codes	Policy to require the adoption of mandatory reporting codes for child abuse and neglect for all professionals in contact with children planned to launch in 2013. Given the near universal coverage of mother-baby health clinics and pre-school, as well as frequent use of childcare, this has the potential to benefit young children across the country. ⁵¹
Uganda	Integrated Management of Childhood Illness+	In March, 2012, The Ugandan Ministry of Health began testing a model that builds off of past training of village health workers in health and hygiene to include areas related to early learning and family violence. The programme is targeting 11,000 rural households and is complemented by village savings and loans groups and agricultural extension support to parents. ⁵²
United States	Maternal, Infant and Early Childhood Home Visiting	New funding authorized in the Affordable Care Act provides USD 1.5 billion over five years for evidence based home visiting programmes to improve parent and child health, school readiness, improve family income and reduce child maltreatment, domestic violence and crime. ⁵³
Turkey	Mother-child education programme	Parenting programme by NGO ACEV with the Ministry of Education since 1993. Reaches over 700,000 people at a cost of USD 15 per person and has shown lasting effects on a variety of areas including child discipline. Recently ACEV has piloted a father-focused programme to address violence against mothers. ⁵⁴
Philippines	Council for the Welfare of Children	Established to coordinate across sectors of social policy and has helped bring together programmes to improve health, nutrition and early learning, provide childcare (including for mothers working at night), parenting programmes addressing intra-family violence and engaging fathers in child rearing. Has specific provisions for livelihood support to single parent homes. ⁵⁵

Early childhood programmes on their own, however, cannot prevent all violence in young children's lives. Other social and economic policies are important platforms through which to address this problem, but these are rarely designed from the perspective of young children so it is a policy area that requires deliberate experimentation. Some areas where this experimentation could take place are included here.

- **Economic strengthening of families through savings groups, micro-finance, cash transfers targeting caregivers, employment programmes and initiatives to increase agricultural production among rural families.** Such policies naturally reduce the economic drivers of family stress, although they are rarely measured for their impact on reducing violence. For example, a review of 18 economic strengthening programmes targeting caregivers suggested that they were likely to make programmes targeting change to harmful social norms more effective, but in no case was violence in early childhood measured.⁵⁶ Preliminary results from work being done by the International Rescue Committee (IRC) in Burundi suggest that a family discussion programme integrated into village savings and loans groups has reduced violent discipline by over 50%. The IRC is now age-disaggregating the evaluation

results and is launching an evaluation of a parenting intervention built off of an economic development programme targeting young mothers in Liberia.⁵⁷

- **Policies designed to address intimate partner violence and promote women's empowerment, such as parental leave and childcare.** In Norway, 20 years after the introduction of subsidized childcare and paid leave for both mothers and fathers, researchers concluded that these policies – along with other measures to promote gender equality – had led to reductions in violence against women and children.⁵⁸ Colombia's Madres de Hogares Comunitarios shows that childcare at a national scale can work also in middle-income countries with large informal sectors. In a very low-income setting, the Self-Employed Women's Association (SEWA) in India has been a powerful example of how women's and children's needs can be addressed together. The organization – effectively a trade union – developed cooperatives to provide member services including banking, housing, legal support and childcare.⁵⁹
- **Policies to address community violence, such as the regulation of alcohol and firearms, infrastructure and lighting improvements, and investments in youth employment.**⁶⁰ In most cases, cities that have measurably reduced community violence – such as Bogota and Cali (Colombia) and Los Angeles (USA) – have used a number of the above policy measures as well as strategies to improve police-community relations.⁶¹ Community safety audits are one trend in this area with the potential to make the link to young children more visible.⁶² For example, the Advancement Project in Los Angeles has begun to include measures of safety and post-traumatic stress among children as part of a community scorecard designed to facilitate engagement with the city's Violence Prevention Coalition.⁶³ Similarly, UNICEF's Child Friendly Cities programme has allowed children as young as five to participate in audits of community safety in 31 cities in 9 countries.⁶⁴

Questions for discussion:

- a. How can we leverage the expansion of early childhood services (maternal and child health, childcare, home visitation, parenting, pre-school) to effectively address the different forms of violence in young children's lives?
- b. How can we make sure the early childhood workforce is prepared to handle this sensitive issue effectively as their responsibilities expand?
- c. How can we use other areas of social and economic policy as platforms to address violence in young children's lives? For example, how can we:
 - Incorporate efforts to influence norms around gender and parenting into to poverty reduction programmes like cash transfers, micro-finance, youth employment, low-income housing and food security?

- Enhance linkages between policies promoting women's empowerment and efforts to address violence in young children's lives?
 - Introduce young children's interests and voices into efforts to promote greater citizen engagement in issues of public security and, in particular, in improving police-community relationships?
- d. In addition to strategies such as those described above, what kinds of targeted policy measures are needed to reach specific groups of young children at particular risk of violence such as young children in alternative care, in prison with their mothers or at risk of different forms of trafficking?

4. Communication can accelerate progress

Better policy is possible only with political will and public support. Moreover, public policy will be much more effective if surrounded by citizen-driven efforts to change the social norms driving the problem of violence in young children's lives. Communication strategies with these goals must meet two major challenges. First, how to frame the issue when the type of violence in question is endorsed by large segments of the population (such as corporal punishment) or when the problem is shrouded in taboo (such as the case of sex abuse or sex-selective elimination). Second, the need to ground messages in concrete actions that constituents can realistically be asked to take. Providing information on its own is unlikely to affect social norms or policy without accompanying social mobilization.

The three cases below illustrate ongoing responses to these challenges:

Case study #1: "Don't hit, educate"

This campaign on corporal punishment in Brazil finds a positive frame in parents' desire to teach and support their children, which is juxtaposed with common punishment practices such as spanking, uses imagery of people from all socio-economic groups and was endorsed by public service announcements from Xuxa, a Brazilian celebrity. The campaign was supported by research showing that corporal punishment is not, in fact, a successful way of getting children to behave⁶⁵ and gives parents ideas about other options that are more effective than hitting their children. Rather than criticising parents, the campaign is founded on the assumption that they want what is best for their children.



Case study #2: Sex-selective elimination in India

Actionaid's call to "speak up for the girl child" was accompanied by a book, 'Stories of Courage', which tells true stories of men and women who have fought to uphold the rights of baby girls. The framing is positive, emphasising the virtues of courage and compassion, and suggests a practical and realistic action – saying something. When issues are as difficult as this to raise in public, merely making them explicit in popular culture can also be a successful communications strategy, as with Plan India's development of a 52-episode Hindi television soap opera called *Atmajaa* in 2005. A five-city assessment using



focus groups and audience panel feedback found that young women were most engaged, followed by older women. Men felt the challenges facing them were not fairly represented indicating the messaging strategy for that group may not have been as effective.⁶⁶

Case study #3: “Ring the Bell”

The Bell Bajao (Ring the Bell) campaign – launched in 2008 by Breakthrough TV in India and now expanding into Pakistan, Vietnam, China and Uganda – depicts scenarios in which people hear domestic violence being carried out behind a closed door and ring the doorbell; when the perpetrator appears, looking ashamed, the person who rang the bell gives an obviously spurious excuse for having done so. Again, the frame is positive – rather



than depicting perpetrators of domestic violence as irredeemably bad, the unspoken message is that deep down they know they should not be doing this. The suggested action is realistic, as people are not being asked to initiate a confrontation. An evaluation of the campaign showed promising results including changes in beliefs and knowledge on the topic and more frequent successful interventions in cases of recurrent domestic violence.⁶⁷

Each of these campaigns also implicitly understands that it is not only the message that is important, but that **the messenger is critical**; men speaking to men, the use of celebrity and popular media or ensuring that viewers see people that look like them in the visual imagery are all examples of this lesson. In the cases of “Educate, Don’t Hit” and “Ring the Bell” the strategies also involved **intensive community mobilization**, which is central to grounding messaging and creating social pressure for change.

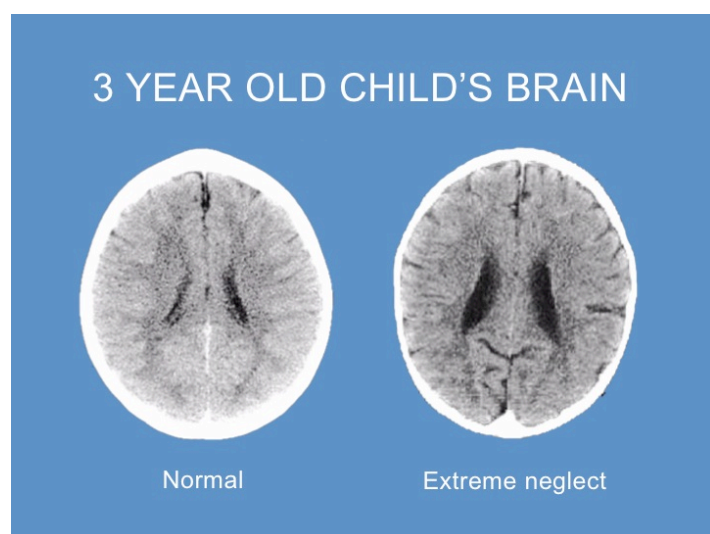
Table 5: Examples of communicating against violence in young children’s lives

Country	Institution	Description
Global	Men Engage	Men-Care, a global fatherhood campaign, has launched in South Africa and Brazil and will soon expand to a number of other Latin American and European countries, along with India. The campaign tries to challenge norms around gender and violence by depicting caring fathers as masculine role models and cultivating celebrity fathers as spokespersons for the campaign. ⁶⁸
Uganda	Raising Voices	A whole community approach addressing school and domestic violence. Core thesis is that individuals need to hear a message from multiple trusted sources before their values can be expected to change , and then need support to integrate the new values into their behaviour – being assessed through a randomized control trial. ⁶⁹

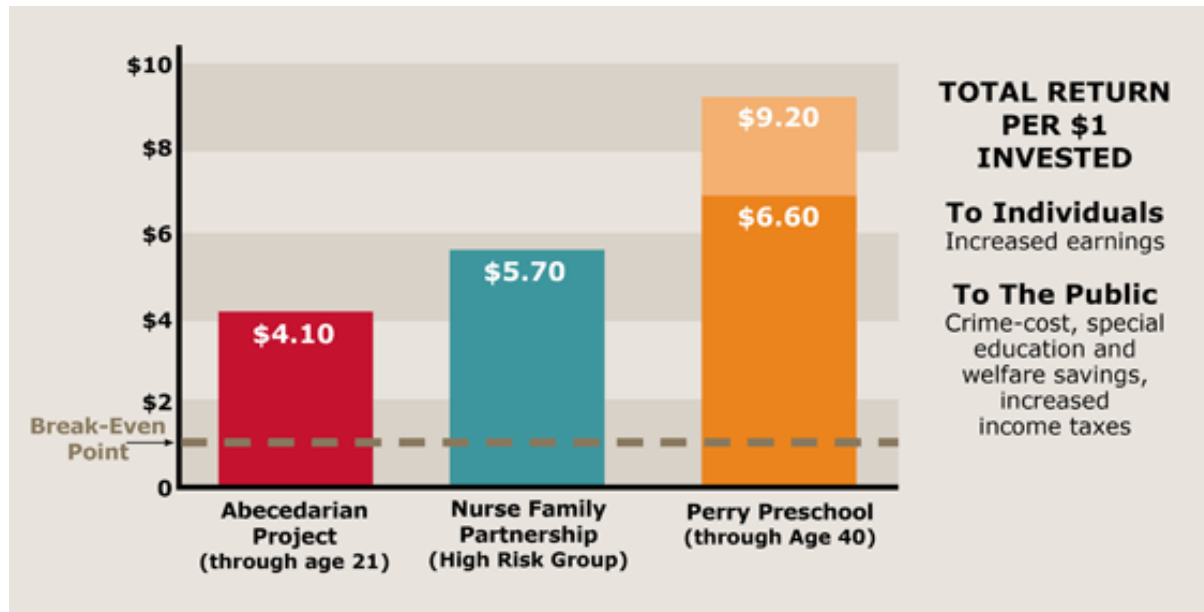
Peru	INFANT	Worked with children from 7 to 16 on baseline research on violence in families with young children in Iquitos (Peru); now leading a national campaign to pass legislation against corporal and humiliating punishment. Premised on the idea that older children can be effective messengers and advocates for the youngest ones. ⁷⁰
Global	Sesame Street	Sesame Street has used television and outreach to engage young children and parents directly with stories that exemplify living by non-violent values. They have not measured violence or violent attitudes, but have shown improved resilience and increased attitudes of respect and mutual understanding in divided societies such as Northern Ireland, Israel, Palestine and Kosovo. ⁷¹
Scotland	Violence reduction Unit	Senior policeman John Carnochan has helped establish a violence reduction unit within which he acts as a spokesman for the importance of early years interventions in tackling community violence. ⁷² His credibility with the criminal justice system is helping take the message of prevention to new constituents.
Jordan	Better Parenting Programme	UNICEF partnered with the government and trained religious leaders (and other key messengers) to promote positive parenting. Evaluations showed improved parenting knowledge, more time playing and reading books with children, using more explanations during the course of disciplining their child, and accurately perceiving behaviours that constitute child neglect. ⁷³

One frame that needs to be further developed and to which violence in early childhood lends itself are economic messages. Economic arguments about the **costs of inaction** have been used in some countries for child abuse and neglect or crime and violence more broadly.⁷⁴ This kind of argument construction could be powerful if focused on the youngest children and combined with evolving evidence around the impacts of violence on **early brain development**⁷⁵. Such arguments could model variables such as:

- Costs of protection (e.g. shelters, victim services);
- Costs to schools as a result of developmental delays and poor academic performance derived from exposure to violence;
- Health costs resulting from risky behaviors adopted by maltreated young children in later life (e.g. substance abuse, unsafe sex);
- Criminal justice costs associated with increased long-term need for policing, incarceration and rehabilitation;
- Labour market costs resulting from human capital losses associated with all of the above.



These could then be paired with evidence about **returns to investment** from studies like those in the United States that have estimated returns of USD 4 – 9 dollars per one dollar invested in quality early childhood programmes. These returns are illustrated in the graph below created by the Harvard Center on the Developing Child.⁷⁶



Questions for discussion:

- How do we frame and mobilize the public around issues like corporal and humiliating punishment that so many people see as a necessary part of parenting?
- How do we draw attention to untouchable issues such as sex abuse in early childhood or sex-selective elimination in such a way that people are willing to engage and real change can occur?
- To what extent do we need to use a 'young child' frame when communicating about this issue or is it better to simply support broader efforts to fight violence against children, domestic violence, community violence, etc.?
- How do we work more closely with groups campaigning on topics like of domestic violence, violence against women or community violence to bring the different constituents together rather than competing for attention and resources?
- How do we cultivate an expanded set of champions from unexpected walks of life to engage their peers on this issue, drive political will and change social norms?

¹ Under the age of eight is the international definition of early childhood established in General Comment 7 from the Committee on the Rights of the Child in 2005.

² Gershoff (2002).

³ ProMundo and ICRW (2012); UNICEF and The Body Shop (2006). Additional notes: WHO (2011a) briefing explains violence during pregnancy is associated with depression, anxiety and stress, lack of attachment to the child and lower rates of breastfeeding predicting children's behavioural problems up to four years later.

⁴ Sheidow et al. (2001). Young children growing up in neighbourhoods with high levels of community violence have demonstrated more difficulties developing secure and trusting relationships and, in the long-term, show higher levels of depression, anxiety and post-traumatic stress. Additional notes: Nani, Uher and Danese (2012), in a meta-analysis of 16 epidemiological studies (with 23,544 participants), found that childhood maltreatment was associated with an elevated risk of developing recurrent and persistent depressive episodes and maltreated individuals showed lower rates of responsiveness to pharmacological treatments.

⁵ Shalev et al. (2012). Found significant relationships between exposure to violence in early childhood and the shortening of telomeres, which indicate cellular aging and are predictive of adult health problems.

⁶ Harvard Center on the Developing Child (2012).

⁷ United Nations (2006), p 50.

⁸ UNICEF (2010), p. xv – xvi. Analysis of data from more than 30 low and middle-income countries found that 5 to 9 year old children were at highest risk and that rates for 2 to 4 year old children were above 50% in most countries. Additional notes: Runyan et al. (2010) surveyed 6 high, middle and low-income countries and found that use of physical punishment were 55%, but that only 16% of children experienced what was defined as harsh or potentially abusive physical discipline in the year proceeding the study.

⁹ UNICEF and The Body Shop (2006), p.5. Additional notes: Recent research by GRADE (2011) in Peru and the Centre for Basic Research (2011) in Uganda found that intimate partner violence predicted violence against young children specifically; PAHO (2000) found that that pregnant women have a 60% higher chance of being beaten and that this is higher for adolescents or unwanted pregnancies.

¹⁰ The Lancet (2011), p.7.

¹¹ Instituto Ciudadano de Estudios Sobre La Inseguridad (2009) did a national study of citizen security in Mexico and found that 6 in 10 parents responded that due to increasing crime and violence they were no longer allowing their young children to play outside. In research in low-income areas of Brazil, Rezzini (2010) and CECIP (2011) found that parents reported young children having nightmares and symptoms of post-traumatic stress associated with witnessing violence between the police and drug traffickers. On BvLF site visits to Ciudad Juarez and Medellin (2007 – 2011) teachers reported young children growing up in communities with high levels of crime and violence engaged in role-play modelling the conflict they observe around them from as young as 5. The Encyclopedia on Early Childhood Development (2012) identified multiple studies in the United States finding strong associations between exposure to community violence and asthma in young children.

¹² United Nations (2006).

¹³ UNICEF (2010). Analysis of multi-country data found that risk of physical or psychological punishment was equal for boys in girls or higher for boys depending on the country. Clinical Psychology Review (2009) estimated rates of child sex abuse at 5% to 10% for boys and 20% for girls based on 66 studies from 22 countries. More recent work by UNICEF, the US CDC, Together for Girls and the UBS Optimus Foundation has also found higher rates of sexual violence against girls compared to boys. However, these have not looked at young children specifically and depend on recall of older children.

¹⁴ United Nations (2006).

¹⁵ Innovations such as ChildHelp Line and Plan International's use of the Ushahidi platform have limited applicability for very young children as they depend on verbal (phone) reporting and SMS.

¹⁶ Many tools are based on verbal reporting or observation of 'problem' behaviours, but – according to the Encyclopedia on Early Childhood Development (2012), the younger the child, the more likely she is to internalize (as opposed to expressing symptoms outwardly) her response to violence.

¹⁷ Discussions with Dr. Jim Mercy (US Center for Disease Control, 2009), Dr. Patricia Lannen (UBS Optimus Foundation, 2010) and Dr. Chris Mikton (World Health Organization, 2012).

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- ¹⁸ GRADE (2012).
- ¹⁹ Muhimbili School of Public Health (2012).
- ²⁰ Centre for Basic Research (2011).
- ²¹ BvLF (2011a).
- ²² WHO (2012).
- ²³ Correspondence with Dr. Robert Muggah at the Igarape Institute (2012).
- ²⁴ WHO (2010a), p 15.
- ²⁵ WHO (2010b) and presentation by Dr. Charlotte Watts at BvLF (2012).
- ²⁶ Discussions with Dr. Julia Kim and Dr. Charlotte Watts regarding qualitative findings from IMAGE (2012).
- ²⁷ Dualibi et al. (2007).
- ²⁸ PAHO (2012).
- ²⁹ Webster et al. (2012).
- ³⁰ Visit to Chicago Ceasefire and discussion with staff (2012).
- ³¹ Sexual Violence Research Initiative (2011). Additional note: This is in line with the conclusions of two other recent meta-reviews of evaluations for programmes addressing child maltreatment and child protection in low and middle-income countries (Butchart and Mikton Systematic Review of Reviews (2009) and Wessels et. al (2009), as well as an on-going literature review investigating the effects of programmes targeting father involvement in early childhood by the Fatherhood Institute in the United Kingdom.
- ³² Barker and Nascimento (2010). Presentation by Jannsens at BvLF (2010). Additional note: Columbia University and the Women's Refugee Commission (2011) also suggested economic support facilitated interventions to address harmful social norms.
- ³³ WHO (2010b).
- ³⁴ CECIP (2011).
- ³⁵ Correspondence with Yvonne Bezerra de Mel of the Uere project in Rio de Janeiro (2012).
- ³⁶ The Lancet (2008) and discussion with Phyllis Glink of the Irving B Harris Foundation (2012).
- ³⁷ Encyclopedia on Early Childhood Development (2012).
- ³⁸ Dennis (2007) discussed this theory in the context of violent urban areas in the United States.
- ³⁹ Correspondence with Dr. Charlotte Watts and Dipak Nakeer (2012).
- ⁴⁰ Correspondence with Dr. Sarah Smith (2012).
- ⁴¹ Correspondence with Dr. Charlotte Watts (2012).
- ⁴² Dziewansk (2012).
- ⁴³ Violence and Children Evaluation Challenge Fund (2012).
- ⁴⁴ WHO (2010b) and correspondence with Dr. David Olds (2012).
- ⁴⁵ Liverpool John Moores University (2012).
- ⁴⁶ Correspondence with Dr. Alex Butchart (2012).
- ⁴⁷ Correspondence with Cecilia Anicama (2012).
- ⁴⁸ WHO (2011).
- ⁴⁹ UNESCO (2010).
- ⁵⁰ Valenzuela and Cordero Vega (2011).
- ⁵¹ BvLF (2012a).
- ⁵² BvLF (2011b).
- ⁵³ Correspondence with Dr. Joan Lombardi (2012).
- ⁵⁴ World Bank (2012a); Qatar Foundation (2012); UNIFEM (2012).
- ⁵⁵ World Bank (2006).
- ⁵⁶ Columbia University and The Women's Refugee Commission (2011).
- ⁵⁷ Correspondence with Dr. Sarah Smith (2012).
- ⁵⁸ United Nations (2011).
- ⁵⁹ Anandalakshmy (2011).
- ⁶⁰ WHO (2010a); United Nations (2006); ICPC (2010).

⁶¹ In Cali, homicide rates dropped from 120 to 83 per 100,000 between 1994 and 1997. In Los Angeles, homicide rates in gang hotspots dropped 50 per cent associated with the Summer Night Lights programme implemented in 2010. In Bogota, the homicide rate was reduced by a factor of four in ten years.

⁶² ICPC (2010).

⁶³ City of Los Angeles (2011).

⁶⁴ BvLF (2012b). Additional notes: The tools were used in 9 countries - Dominican Republic, The Philippines, Brazil, The Sudan, Jordan, Morocco, Italy, France and Spain. In total, 2,541 participants from 31 communities completed the Assessment, including 1,543 children, (mostly 5-12 years old), 690 parents and 308 community service providers. In Brazil, the tools were used in 200 favelas, the project was facilitated by teens and 130 children were involved.

⁶⁵ Gershoff (2002).

⁶⁶ Centre for Advocacy and Research (2005).

⁶⁷ Breakthrough TV (2012).

⁶⁸ Men Engage (2012).

⁶⁹ Nakeer (2011). Additional notes: Centre for Basic Research (2011) study in four districts has found violence against mothers with young children ranged from 28% to 74%. Exposure to physical violence against children under 8 ranged from 28% to 78%.

⁷⁰ BvLF (2012c).

⁷¹ Research and Impact presentation by Sesame Street Workshop (2012).

⁷² Violence Reduction Unit (2012).

⁷³ Al-Hassan and Lansford (2010). Additional notes: other interesting efforts in reaching out to religious leader include the World Day of Prayer and Action (2012) and Religion for Peace (2012).

⁷⁴ World Bank (2012b). The World Bank published research stating that if Jamaica were to reduce its homicide rate to the rate in Costa Rica, the country could experience a 5.4% annual increase in GDP per capita.

⁷⁵ Perry (1997). The differences in the brain image at the centre reflect an abnormal cortex development, which can lead to more impulsive behavior and decreased ability for higher level thinking and feeling.

⁷⁶ Harvard Center on the Developing Child (2012).