Preventing Violence Against Children and How This Contributes to Building Stronger Economies

PREVENTING VIOLENCE AGAINST CHILDREN

and how this contributes to building stronger economies

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About the Author

Dr. Deborah Fry is a Lecturer in Child Protection at the University of Edinburgh where she leads research on Preventing Violence in Childhood and also co-leads the Safe Inclusive Schools Network as part of the Social Justice Research Cluster. She was also the lead researcher for the 2012 systematic review on the prevalence, incidence and consequences of child maltreatment and a co-investigator on the burden of violence against children study, both for the East Asia and Pacific Region. In addition, Dr. Fry is currently the lead academic partner for the UNICEF Multi-country Study on the Drivers of Violence affecting Children and is also leading a team conducting a secondary analysis of the Multi-country Study on Men and Violence in the Asia-Pacific Region exploring factors related to parenting. Dr. Fry is further engaged in evaluating a series of school-based interventions to prevent child sexual abuse (in Switzerland and the Philippines) and recently completed a prestigious Marie Curie Fellowship from the European Commission conducting Scotland's first longitudinal study on teacher trainees and their confidence and practices in handling a range of safeguarding issues in schools. Dr. Fry is also engaged in postgraduate teaching and is co-Programme Director for the MSc in Education and led the development of the MSc in International Child Protection Research at the University of Edinburgh.

In addition to her PhD in Child Protection, Deborah has a Masters in Public Health from Columbia University and a Masters degree in International Relations from Syracuse University. Dr. Fry was a Fulbright Research Fellow at the ICDRR,B in Bangladesh from 2001-2002.

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Acronyms and abbreviations

ASEAN	Association of Southeast Asian Nations
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Survey
GDP	gross domestic product
ICT	information and communication technologies
IPV	intimate partner violence
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
NACG	National Coordination Groups to End Violence Against Children
PAF	population attributable fractions
RPA EVAC	Regional Plan of Action on the Elimination of Violence Against Children
RR	relative risk
SAARC	South Asian Association for Regional Cooperation
SAIEVAC	South Asia Institute to End Violence against Children
SDG	Sustainable Development Goal
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
VAC	violence against children
WHO	World Health Organization

Executive summary

Children's right to protection from all forms of violence is established in international law. There should be no need to justify Government action to prevent violence based on public health or economic arguments.

Nevertheless, despite progress made in the 10 years following the Secretary General's landmark report on Violence Against Children (2006),[1] violence remains a remarkably common experience in the lives of children – so much so, that it is virtually a norm. Recent estimates suggest that more than 1 billion children, or half of all the children in the world, are exposed to violence every year.[2] The greatest global burden of this violence is found in the Asia-Pacific region.

Public attention is often focused on extreme or sensationalized forms of violence, and the fact that children endure violence on a routine basis in everyday settings – within their families, at home, in schools – is frequently overlooked or ignored. Some forms of abuse may not be visible to others or even regarded as forms of violence, but the impact on the child can be equally severe or disabling as direct physical assault on the child.

Often, when violence becomes routine it is socially accepted as a normal part of growing up, and may be condoned in legislation.[3] However, a growing body of scientific research has established that experiencing or witnessing violence in childhood may have long-term consequences on the wellbeing of the individual; and given its scale, in aggregate it significantly undermines the social and economic development of communities and nations.

This research has found that:

- There is an empirical association between the experience of violence and negative outcomes into adulthood, showing long-term impacts on physical health and health risk behaviours; mental health; victimization and perpetration of violence; and education and employment.
- Children's introduction to violence typically occurs when they are young, often through enduring corporal punishment or exposure to domestic violence. With it being considered a normal way of interacting with others, this behavioural script may contribute to the intergenerational transmission of violence.

- Experience of violence may permanently impact the architecture and chemistry of the developing brain, affecting learning and undermining behavioural, social and emotional functioning as children grow into adulthood.

"Cognitive capital" – representing the complete set of intellectual skills, nurtured primarily in childhood, that determine human capabilities – drives global economies now and into the future.[4] However, the impact of violence during childhood on this capital in the Asia-Pacific region is now translating into the loss of billions of dollars each year. This burden is estimated to cost the region's economies about 2 per cent of its Gross Domestic Product (GDP).[5] Violence prevention is an investment that can bring important socio-economic returns by:

- Reducing expenditure on response services;
- Impacting positively on health;
- Improving educational outcomes; and
- Reducing intergenerational violence, adult criminality and juvenile offending.

Over the past 10 years, there has been a growing consensus from experts in a number of fields – such as child protection, public health and law enforcement – that violence against children can be substantially reduced especially when evidence-based interventions are implemented at scale, and systems of governance are well-managed. Investing in preventing violence against children is pivotal to enhancing their well-being and building productive economies.

The Sustainable Development Goals (SDGs) include ending violence against children as a distinct target. Balanced and integrated action in line with these SDGs is necessary to address the underlying risk factors driving violence in society.

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[1] Pinheiro, 2006.
[2] Hillis et al., 2016.
[3] UNICEF, 2015.
[4] Sampson, forthcoming.
[5] Fang et al., 2015a.

There are several commitments that the region's leaders can make now that will result in a massive difference. These include:

- Ensuring national laws comprehensively prohibit all forms of violence against children in all settings;
- Publically challenging the social acceptance of violence, and engaging with all levels of society on positive alternatives;

- Leading the development and implementation of a comprehensive national agenda for violence prevention; and
- Collecting data to monitor progress and deepen the understanding of the effects of violence against children.

BOX 1:
Definitions of types of violence against children

According to the United Nations Convention on the Rights of the Child (1989), 'violence against children' refers to "all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse."

Physical Violence against children includes all corporal punishment and all other forms of torture, cruel, inhuman or degrading treatment or punishment as well as physical bullying and hazing by adults or by other children. 'Corporal' (or 'physical') punishment is defined as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting ('smacking', 'slapping', 'spanking') children with the hand or with an implement – a whip, stick, belt, shoe, wooden spoon, etc. But it can also involve: kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, caning, forcing children to stay in uncomfortable positions, burning, scalding or forced ingestion.

Sexual Violence comprises any contact or non-contact sexual activities imposed by an adult on a child against which the child is entitled to protection by criminal law. This includes: a) The inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity; b) The use of children in commercial sexual exploitation; c) The use of children in audio or visual images of child sexual abuse; and d) Child prostitution, sexual slavery, sexual exploitation in travel and tourism, trafficking for purposes of sexual exploitation (within and between countries), sale of children for sexual purposes and forced marriage. Sexual activities are also considered as abuse when committed against a child by another child if the offender is significantly older than the victim or uses power, threats or other means of pressure. Consensual sexual activities between children are not considered as sexual abuse if the children are older than the age limit defined by the State Party.

Emotional Violence is often described as psychological maltreatment, mental abuse, verbal abuse and emotional abuse or neglect. This can include: a) All forms of persistent harmful interactions with a child; b) Scaring, terrorizing and threatening; exploiting and corrupting; spurning and rejecting; isolating, ignoring and favouritism; c) Denying emotional responsiveness; neglecting mental health, medical and educational needs; d) Insults, name-calling, humiliation, belittling, ridiculing and hurting a child's feelings; e) Exposure to domestic violence; f) Placement in solitary confinement, isolation or humiliating or degrading conditions of detention; and g) Psychological bullying and hazing by adults or other children, including via information and communication technologies (ICTs) such as mobile phones and the Internet (known as 'cyber-bullying').

Neglect means the failure to meet children's physical and psychological needs, protect them from danger or obtain medical, birth registration or other services when those responsible for their care have the means, knowledge and access to services to do so. It includes: a) Physical neglect: failure to protect a child from harm, including through lack of supervision, or to provide a child with basic necessities including adequate food, shelter, clothing and basic medical care; b) Psychological or emotional neglect, including lack of any emotional support and love, chronic inattention, caregivers being 'psychologically unavailable' by overlooking young children's cues and signals, and exposure to intimate partner violence or drug or alcohol abuse; c) Neglect of a child's physical or mental health: withholding essential medical care; d) Educational neglect: failure to comply with laws requiring caregivers to secure their children's education through attendance at school or otherwise; and e) Abandonment.

Source: UNICEF, 2014c.

A boy embraces his father in Papua New Guinea. UNICEF supports the involvement of the Government and partners in providing basic protection for children. © UNICEF/UNI42625/Pirozzi

1: Violence in the everyday lives of children

Experience of violence in childhood is so common and pervasive, that it is virtually a norm. Public attention is often focused only on extreme or sensationalized forms of violence, and the fact that children endure violence on a routine basis in everyday settings is often overlooked or ignored. Recently published estimates show that approximately 64 per cent of all children aged 2-17 in Asia, or over 714 million children, experienced at least one form of severe violence, including severe physical, emotional or sexual violence, bullying, or witnessing violence, in the past year *(see Figure 1)*.

If more moderate forms of violence are included – such as spanking, slapping in the face, hitting or shaking – this figure increases to some 80 per cent of children in Asia, or around 888 million children.[6]

Violent discipline is the most common form of violence against children. Globally, 8 of 10 children aged 2-14 years old are subjected to some form of violent discipline at home.[7] Around 7 in 10 experience psychological aggression, while 6 in 10 experience physical punishment. In Asia-Pacific, comparable data on violent discipline is available for 10 of the 32 countries. It reveals a pattern that reflects global prevalence estimates *(see Figure 2)*.

Figure 2: Percentage of children (2-14 years old) who experience any violent discipline (psychological aggression and/or physical punishment) in the home

Figure 1: Global past-year estimates of numbers of children (2-17 years old) exposed to at least one type of severe violence (sexual, physical or emotional violence, bullying or witnessing violence)

North America
40,200,000

Latin America & the Caribbean
58,400,000
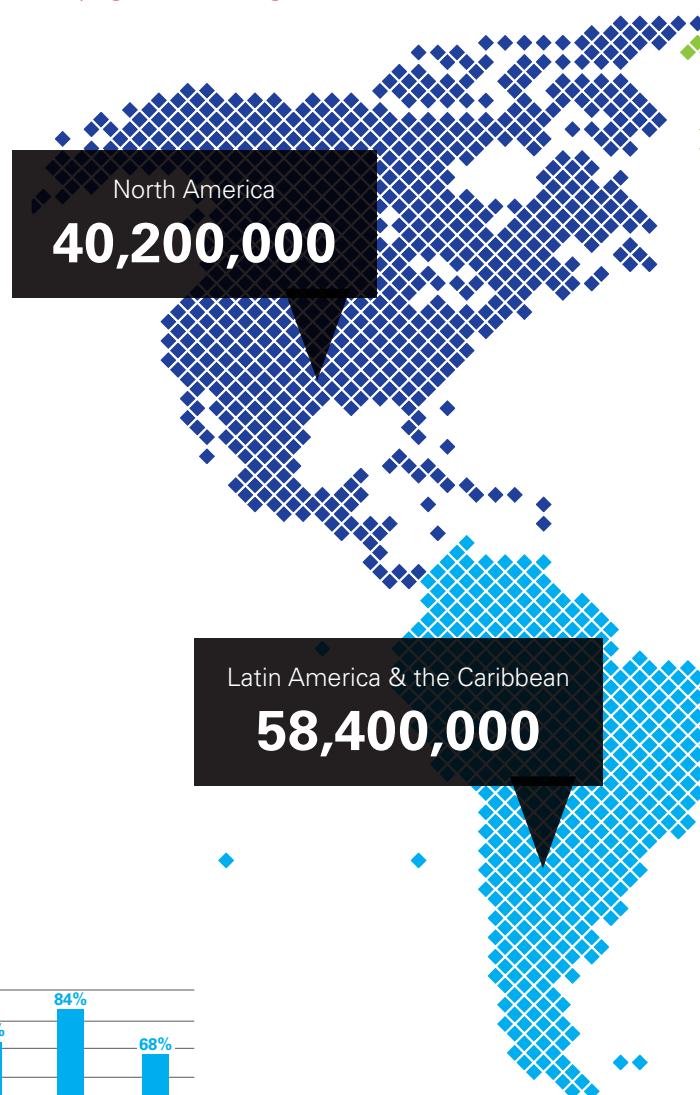
Source: MICS and DHS data where available; Fiji, Kiribati and Solomon Islands data from national baseline surveys on violence against children, various years, accessed at UNICEF's Global Database on Child Discipline: http://data.unicef.org/child-protection/violent-discipline.html

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6   Hillis et al., 2016.
7   UNICEF, 2014c.

Region	Number
Europe	15,200,000
Asia	714,600,000
Africa	229,800,000
Oceania*	640,000
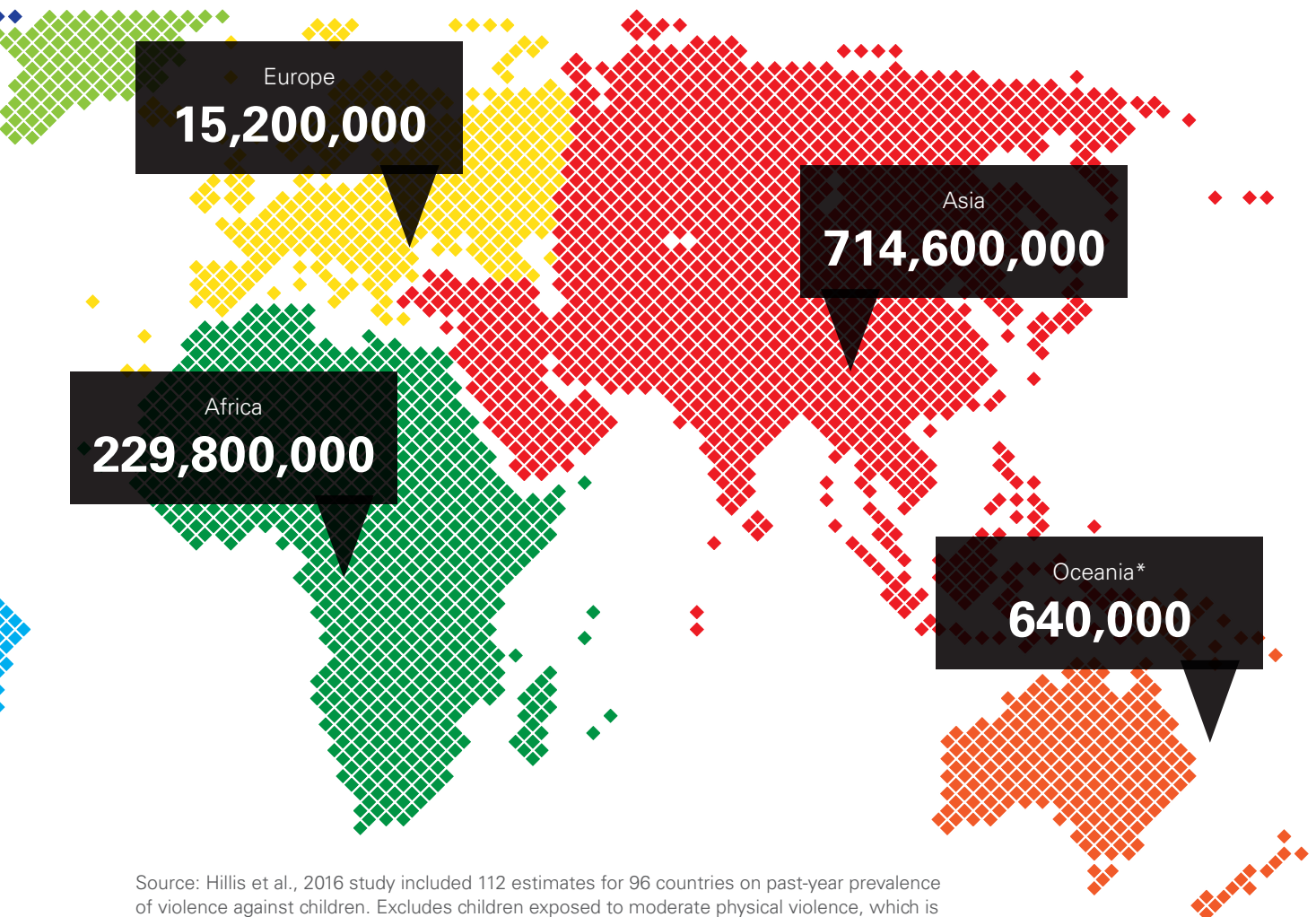
Source: Hillis et al., 2016 study included 112 estimates for 96 countries on past-year prevalence of violence against children. Excludes children exposed to moderate physical violence, which is defined as spanked, slapped in the face, hit or shook.
* No representative household surveys existed which could be included in the study from Oceania for the 2 to 14 years old age group, thus this number represents an underestimation of violence against children in that region.

When violence is routine, it is often socially accepted, and considered a normal part of growing up. Violence is learned in childhood, through the experience of corporal punishment from caregivers, witnessing violence in the family, through bullying and aggression in schoolyards and in other settings. This may have lifelong effects, as violence is internalized as a normal method of interacting with others.

A review of literature on physical punishment highlighted that the discourse around corporal punishment is that no matter how severe, it is 'normal' when done in the name of discipline because "[n]ormal parents cannot be abusive; they have a duty to punish their children, in private by administering 'loving smacks' and 'reasonable chastisement'."[8] A longitudinal study that included research in the region found that the use of corporal punishment and mothers' and fathers' belief in the necessity of corporal punishment significantly predicted the use of violent discipline.[9]

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[8] Save the Children Sweden, 2005, p.5.
[9] Lansford et al., 2015.

Many children also experience emotional violence and neglect. A meta-analysis of prevalence estimates from six countries in the Asia-Pacific[10] found that emotional violence was reported by nearly one in three girls and one in four boys *(see Figure 3)* with similarly high estimates found for neglect and witnessing domestic violence in the home (also a form of emotional violence, *see Box 1*). These estimates do not include the violent discipline statistics presented in *Figure 2*, but show that other forms of violence against children are also prevalent. Recently completed Violence Against Children Surveys from Cambodia and Lao PDR also point to the common occurrence of physical and emotional violence against children perpetrated by parents/caregivers, adults, peers and intimate partners.[11] Additional national studies on violence against children are nearly completed for the Philippines and Bhutan, and are being planned in China.

Globally, 8 out of 10 children aged 2-14 years old are subjected to some form of violent discipline at home. Around 7 in 10 experience psychological aggression, while 6 in 10 experience physical punishment.

Figure 3: Prevalence of violence against children from 14 countries in the Asia-Pacific region, meta-analysis of 122 estimates,[12] corrected for methodological factors and sample size weighted[13]
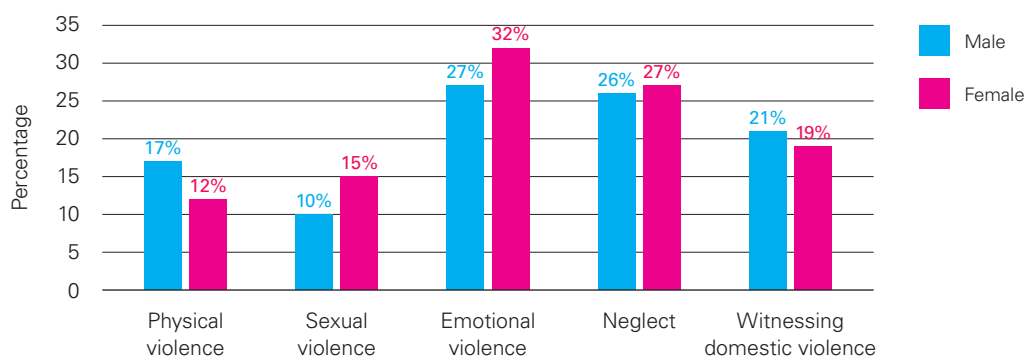
Source: Calculation done specifically for this paper using raw data from the East Asia and Pacific Regional Costing Study led by Fang, X and Fry, D. (see Fang et al., 2015a).

Neglect is an under-researched area but one that has significant implications for children's social and cognitive development. The scarcity of data is due in part to problems associated with measuring it. In contrast to other forms of violence, child neglect is committed by purposeful omission, making it difficult to observe in practice.[14] In countries where national surveillance systems are in place, neglect is typically the most common form of abuse reported to child protection agencies.[15] However, surveys that include data on neglect have been conducted in only a handful of countries in the region. Studies in China, for example, have shown that 67 per cent of parents with a 3 to 6-year-old child emotionally neglected their children in the previous year[16] and that 28 per cent of 3 to 6-year-olds in 25 Chinese cities experienced neglect.[17]

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[10] China, Japan, Republic of Korea, Philippines, Thailand and Viet Nam.
[11] See: Ministry of Women's Affairs, UNICEF Cambodia and CDC, 2014; Lao Statistics Bureau, NCMC and UNICEF, 2016.
[12] Calculations based on published data from 2000-2012 on physical violence (40 studies), sexual violence (40 studies), emotional violence (14 studies), neglect (12 studies) and witnessing domestic violence (16 studies). Data from the following countries are included: Cambodia, China, Japan, Republic of Korea, Malaysia, Singapore, the Philippines, Thailand, Viet Nam, Northern Mariana Islands, Palau, Marshall Islands, New Caledonia and Viet Nam.
[13] Separate meta-analyses conducted for each type of violence and corrected for methodological variations that were significant at 15 per cent level (see Fang et al., 2015a for more on calculations).
[14] UNICEF, 2014c.
[15] Australian Institute of Health and Welfare, 2015; Public Health Agency of Canada, 2010.
[16] Cui et al., 2010.
[17] Pang et al., 2005.

School-based violence in the form of bullying is another common form of violence against children in the region affecting one in three children. The experience of being bullied is rarely a one-off experience, but an experience that many children endure on a routine basis throughout their school years. Data from the Global School-Based Health Surveys from 25 countries in the region highlight a median bullying prevalence estimate of 33 per cent – or, in other words, approximately one in three students in the region report experiencing bullying on at least one or more days in the past month *(see Figure 4).*

Figure 4: Percentage of students from countries in the region who were bullied on one or more days during the past 30 days

Country	Percentage
Afghanistan 2014	43%
Bangladesh 2014	25%
Beijing, China 2003	20%
Cambodia 2003	22%
Cook Islands 2010	29%
Fiji 2010	42%
Hangzhou, China 2003	32%
Indonesia 2007	50%
Kiribati 2011	37%
Lao PDR 2015	12%
Malaysia 2012	18%
Maldives 2009	37%
Mongolia 2010	25%
Myanmar 2007	19%
Nauru 2011	39%
Niue 2010	36%
Philippines 2003	36%
Samoa 2011	74%
Solomon Islands 2011	67%
Sri Lanka 2008	38%
Thailand 2008	27%
Tokelau 2014	33%
Tonga 2010	51%
Tuvalu 2013	27%
Vanuatu 2011	67%
Viet Nam 2013	23%
Wuhan, China 2003	33%
Wurumqi, China 2003	32%

Source: Global School-Based Health Surveys, various years; male only data from Niue was included.

Sexual harassment or taunting is often experienced on an everyday basis by girls. Such experiences can transform schools into hostile environments, and may interfere with girls' right to education and also negatively impact their well-being. For example, initial findings from the qualitative fieldwork for the national violence against children study in Bhutan found that there were reports of sexual harassment or unwanted sexual acts in every district visited by the research teams.[18] A regional review of violence against children in educational settings in South Asian countries also found that sexual harassment was prevalent throughout the region and was perpetrated by both educators and peers.[19]

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18 NCWC, 2015.
19 UNICEF Regional Office for South Asia (ROSA), 2016.

Members of a community laugh at a skit being performed by a drama group in a village in Bangledesh. The drama group is raising awareness of trafficking and child marriage. © UNICEF/UNI91020/Noorani

Sexual violence against boys is also prevalent. New evidence suggests that boys are affected by sexual violence at levels higher than previously thought. For example, recently completed violence against children studies in Cambodia (2014), Philippines (2016) and Lao PDR (2016) show significantly higher sexual violence prevalence amongst boys than girls.[20] This East Asian data is surprising in relation to research conducted in other parts of the world, for reasons that are unclear. But sexual violence against boys is clearly widespread across the region. The United Nations Multi-country study on Men and Violence in the Asia-Pacific region found that from 6 per cent (Indonesia-rural) to 37 per cent (Bangladesh-urban) of adult men reported experiencing sexual violence before the age of 18 (i.e., forced or coerced into sex or had their genitals/buttocks touched or were forced to touch someone else's against their will), including in the home.[21] In some parts of Afghanistan, for example, *'Bachabazi'* is practiced which is where a powerful individual keeps young boys with them for sexual exploitation.[22] Boys' experience of sexual violence is clearly an area that requires greater attention: of the 43 countries globally that collect data on sexual violence through regular Demographic and Health Surveys, only four include experience of males in this research.

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[20] Ministry of Women's Affairs, UNICEF Cambodia, US Centers for Disease Control and Prevention, 2014; and Lao Statistics Bureau, NCMC & UNICEF, 2016. This finding has also emerged in the preliminary results of the national Baseline Study on Violence against Children in the Philippines. See for example: http://www.unicef.org/philippines/VACFactsheet.pdf

[21] Fulu et al., 2013.

[22] Saramad et al., 2002.

2: The consequences of violence on children's lives: Evidence from the Asia-Pacific

A growing body of scientific research has now established the long-term, detrimental impacts of violence against children on both the individual and society. Early psychological research found that for children, early experiences of caregiver relationships – whether loving and secure or not – shaped patterns of behaviour and relationships with others later in life.[23] Thanks to rapid advances in the field of neuroscience, researchers today are looking to the field of biology to provide explanations for what had been previously understood in psychological, emotional and behavioural terms. Toxic stress caused by childhood experiences of violence, abuse and neglect, produces high levels of cortisol, causing the body to be in a constant state of high stress. This toxic stress disrupts the process of brain development and can even cause changes in brain architecture and chemical activity, that have lifelong impacts.[24]

The stress caused by childhood experiences of violence produces high levels of cortisol, causing the body to be in a constant state of high stress. This toxic stress can disrupt brain development and cause changes in brain architecture and activity, with lifelong negative impacts on learning, behaviour and health. The younger the brain, the more damaging the effects of toxic stress.

Recent studies from the region have found that all forms of violence against children – emotional,[25] sexual,[26] and physical[27] violence – have a significant negative impact on children's brain development. For example, exposure to parental verbal abuse has been found to be associated with alterations in the left side of the brain, which is important for language and speech.[28] A similar study found that the processes in the brain responsible for the regulation of energy, balance, memory, learning and motor control were significantly lower in child sexual abuse victims than other children who did not experience abuse.[29]

The younger the brain, the more damaging the effects of toxic stress. Negative stress during this period, even moderate stress, will have a broad impact, particularly on learning and memory, as evidenced in several case-control studies from the region.[30] Furthermore, the brain undergoes a new phase of development in adolescence; experience of toxic stress and trauma can cause more problems for attention span and impulse and emotional control, including of sexual behaviours, as these parts of the brain are developing rapidly during this period.[31]

[23] Bowlby 1969, 1973.
[24] UNICEF, 2014a; Coates, 2010; Child Welfare Information Gateway, 2015.
[25] Tomoda et al., 2011.
[26] Tomoda et al., 2009b; Huang et al., 2006; Allard, 2009.
[27] Tomoda et al., 2009c ; Sheu et al., 2010.
[28] Tomoda et al., 2011.
[29] Huang et al., 2006.
[30] ibid; Allard, 2009.
[31] Coates, 2010.

Experience of neglect can also disrupt the developing brain. "Serve and return" relationships between children and caregivers – that is, where a parent or caregiver is responsive to a child's signals and needs – are vital in the construction of neural circuits to build healthy brain architecture. There is substantial evidence that young children who are chronically deprived of responsive care bear the burden of a range of adverse consequences. These include subsequent cognitive delays, impairments in executive functioning, and disruptions in the body's stress response. Over time, persistent activation of these stress response systems can lead to academic struggles, difficulties in social adjustment, mental health problems, and even chronic physical disease. Such deprivation or neglect can cause more harm to a child's development than overt physical abuse.[32]

Harsh forms of corporal punishment can also cause visible harm to children's brains. In one 2009 study,[33] researchers found children who were regularly subjected to corporal punishment had less grey matter in certain areas of the prefrontal cortex – a finding that was linked to linked to depression, addiction and other mental health disorders. The more grey matter available in this decision-making, thought-processing part of the brain, the better an individual is able to evaluate rewards and consequences. Thus, the more children are physically punished for a lack of self-control, the less self-control they are likely to develop.[34]

Violence prevention is a prerequisite for building cognitive capital. The nervous system responds to threats of violence during childhood by triggering the stress response, and by directing energy and nutrients away from the brain. The high levels of stress experienced by children who endure violence undermine the body's ability to metabolize key nutrients that support healthy brain development and cognitive performance.[35] In order to restore regular brain development, the brain must detect features of a safe environment. This process, known as 'neuroception', highlights how violence depletes the cognitive capital with implications that last into adulthood.[36]

Such neuroscientific explanations correspond with empirical evidence on the association of violence with negative outcomes related to physical health and health risk behaviour; mental health; victimization and perpetration of violence; and education and employment. For example, bodily response such as increased heart rate and shortness of breath are the result of the nervous system responses to high levels of stress for extended periods of time from experiencing or witnessing violence. This constant stress, over time, becomes detrimental to the body and will become normalised even when no stress is present. This results in a situation where individuals may respond to everyday situations with aggression or anger or see aggression in others where there is none. This creates adverse chronic stress that has negative health and well-being outcomes throughout life.[37]

A meta-analysis of quality studies in East Asia and the Pacific have estimated the statistical associations between the various forms of violence and negative outcomes. While such studies cannot prove causation, the associations are nevertheless strong and compelling. Research shows that young people in the region who have experienced violence are more likely to engage in high-risk sexual behaviours, such as having more sexual partners in their lifetime, more concurrent sexual partners, and unintended pregnancies.[38] Adolescents and adults in the region who have experienced child sexual and/or physical violence have a median fourfold increased risk of suicide ideation and attempts than children without these experiences.[39] There is also a link between experiences of violence in childhood and increased mental disorders in adolescence and later adult life. Between 7-27 per cent of the proportion of mental disorders in the East Asia and Pacific region are attributed to having experienced some form of violence during childhood *(see Figure 5)*. There is also increasing and robust evidence from the region on the links between violence during childhood and subsequent intimate partner violence victimization and perpetration later in life.

[32] National Scientific Council on the Developing Child, 2012.
[33] Tomoda et al., 2009c.
[34] Maddahi et al., 2012.
[35] UNICEF, 2014a.
[36] ibid.
[37] Patel & Taylor, 2011; Tomoda et al., 2009a; Teicher & Samson, 2016.
[38] Fry, McCoy & Swales, 2012.
[39] ibid.

Figure 5: Proportion of mental disorders in the region attributable[40] to having experienced violence during childhood, by type of violence experienced and gender
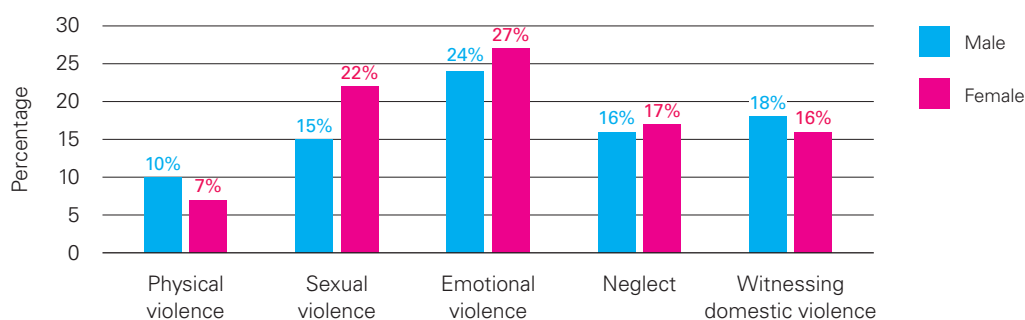
Source: Calculation done specifically for this paper using raw data from the East Asia and Pacific Regional Costing Study led by Fang, X and Fry, D. (see Fang et al., 2015a for study information and meta-analyses by World Bank and WHO sub-regions).

Studies show increased negative outcomes for children who have experienced multiple types of violence.[41] In Malaysia, for example, 22 per cent of secondary students reported multiple types of victimization, with 3 per cent experiencing all four types: physical, sexual, emotional, and neglect.[42] Global studies highlight that multiple types of victimization increase the negative outcomes for children, adolescents and adults.[43]

Around 25 per cent of mental disorders in the East Asia and Pacific region are linked to childhood experiences of emotional violence.

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[40] Calculations use population attributable fractions (PAFs), which are used to estimate the proportion of morbidity or mortality attributable to a risk factor. All PAF formulas require: 1) Relative risk (RR) estimate of a disease or outcome (e.g., mental disorder) given exposure to a risk factor (type of violence), or an odds ratio which can be converted into an approximate estimate of the RR; and 2) a measure of prevalence. These calculations are based on 47 studies from the East Asia and Pacific region, which control for methodological variation and are sample size weighted.

[41] Fry, McCoy & Swales, 2012.

[42] Choo et. al., 2011.

[43] See for example the Adverse Childhood Experiences studies: https://www.cdc.gov/violenceprevention/acestudy/resources.html

3: Prevention is an investment with important socio-economic returns

Violence against children has important social and economic consequences. Studies from the region are starting to show that if governments want to significantly impact the health and well-being of their populations and enhance economic and social development, the prevention of violence against children may be a critical step to meet global development targets.

This burden of violence against children is borne not only by affected children and their families, but also by society at large. This is reflected in related costs for medical and child protection services, out-of-home care, lost labour productivity, incarceration and treatment of offenders, law enforcement responses, those incurred through prosecution of perpetrators within the judicial system, and contributions from community volunteers and civil society organizations.[44] The burden of violence on children and adults is significant, but studies now show the potential opportunities and savings as a result of shifting the focus towards prevention.

Investments in preventing violence in childhood can bring important socio-economic returns by:

(i)   **Reducing expenditure on response services;**
(ii) **Impacting positively on health;**
(iii) **Improving learning and educational outcomes; and**
(iv) **Reducing intergenerational violence, adult criminality and juvenile offending.**

The burden of violence against children is borne not only by affected children and their families, but also by society at large.

Violence prevention reduces expenditure on response services. The handful of studies that have measured the incidence-based costs of violence against children all show the tremendous cost to public expenditure for child welfare services, special education, medical costs and psychological services.[45] The World Bank highlights that early interventions yield higher returns as a preventive measure compared with remedial services later in life. Policies that seek to remedy violence incurred during childhood are much more costly than initial preventative investments during the early years.[46] Furthermore, evidence shows that investments in strengthening child protection systems, including preventative elements, should reduce the incidence of child abuse in the intervention population and/or lower the rate at which incidence is increasing.[47]

Violence prevention impacts positively on health and productivity. Several studies have highlighted the burden of violence against children on health and well-being and additionally, how prevention could reduce health and health risk behaviours. Data from the regional costing study in East Asia and the Pacific highlight how all forms of violence – physical, sexual, and emotional violence, neglect and witnessing domestic violence – bear a large burden on the proportion of negative health outcomes seen in the region.

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[44] Fry, McCoy & Swales, 2012; Pereznieto et al., 2014.
[45] See for example, Fang et al., 2012.
[46] Woodhead, 2006.
[47] Desmond & Naicker, n.d.

Figure 6 highlights the proportion of these risk factors that could be reduced in the region if violence against children was eliminated. It shows that violence prevention could reduce teenage pregnancy for girls and sex before the age of 16 for both boys and girls by a quarter (25 per cent). Likewise, investing in violence prevention could have a significant reduction on early smoking initiation (before the age of 15) for both boys and girls by nearly 20 per cent and reduce illicit drug use by adolescence and adults by 17 per cent and problem drinking for men and women by 10 per cent.

Violence against children also impacts on the health of a nation's population. A study on the regional burden of violence in East Asia and the Pacific found that the total cost of violence against children, specifically on health and health risk behaviour outcomes costs $209 billion (in 2013 US dollars) or nearly 2 per cent of the region's GDP *(see Figure 7)*.[48] This includes costs for emotional violence ($65.9 bn), physical violence ($39.6 bn), sexual violence ($39.9 bn), neglect ($32.4 bn), and witnessing domestic violence ($31 bn).[49]

Figure 6: Proportion of risk factors that could be reduced in the region if violence against children was prevented[50]
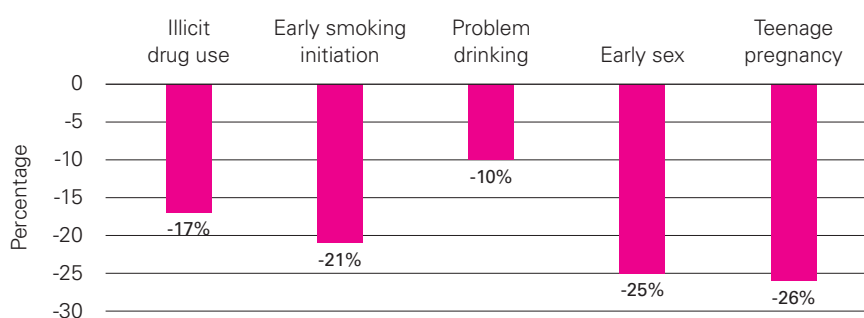
Source: Calculation done specifically for this paper using raw data from the East Asia and Pacific Regional Costing Study led by Fang, X and Fry, D.(see 2015 article published in Child Abuse and Neglect for study information and population attributable fractions (PAFs) for by World Bank and WHO sub-regions).

Figure 7: The economic cost of violence against children in East Asia and the Pacific (billion US$)
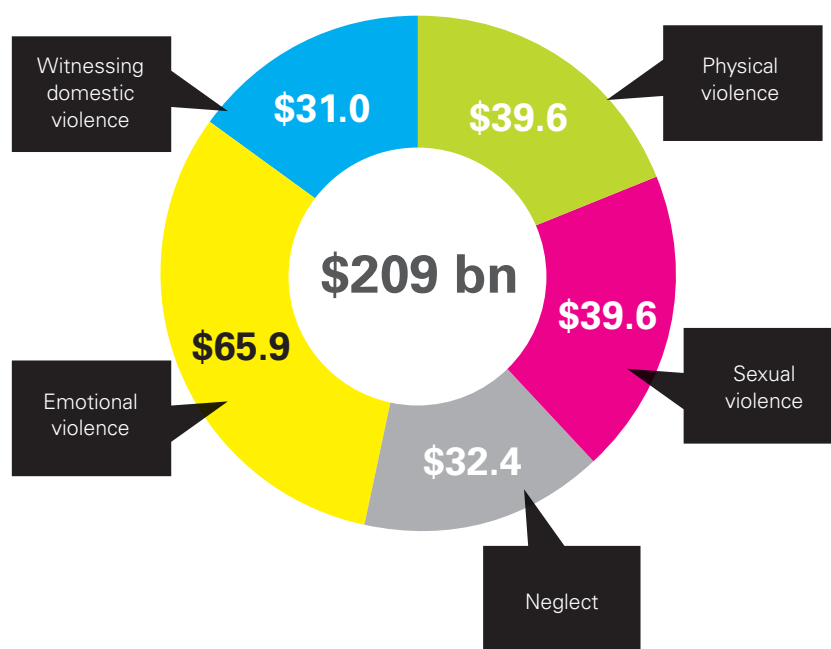
Source: Fang et al., 2015a; UNICEF EAPRO, 2014.

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[48] Fang et al., 2015a; UNICEF EAPRO, 2014.

[49] ibid.

[50] Data includes having experienced at least one form of physical, sexual and emotional violence, neglect or witnessing domestic violence. Problem drinking data is only available for physical or sexual violence or witnessing domestic violence. Early sex data is only available for sexual violence, and neglect and teenage pregnancy data is only available for girls who have experienced sexual violence or witnessed domestic violence. These calculations are based on 47 studies from the East Asia and Pacific region, which control for methodological variation and are sample size weighted.

Economic costing studies have been conducted in China and Cambodia with similar results: nearly 2 per cent of a nation's GDP can be lost through the negative health outcomes of violence alone, highlighting that violence against children has a significant national economic impact.[51]

A Vanuatu case study calculated the life-long costs of physical, sexual and emotional violence against children and neglect to amount to approximately 6.8 per cent of annual GDP.[52] This study used a different costing model taking into account direct and indirect costs (i.e. the costs of special education, juvenile justice and adult criminality) of violence against children. Studies on the cost of violence against women and girls have found similar results.[53] In Viet Nam, for instance, researchers have estimated that the persistence of violence against women and girls countrywide has resulted in a total loss of earnings equivalent to nearly 2 per cent of the GDP,[54] while in Fiji violence related costs account for an estimated 7 per cent of the GDP.[55]

Violence prevention improves learning and educational outcomes. In most countries, children spend more time in the care of adults in educational settings than anywhere else outside of their homes. The Asia-Pacific region comprises some of the world's top-performing education systems alongside some that continue to struggle to provide basic education to all children.[56] Adults who oversee and work in educational settings have a duty to provide safe and inclusive environments that support and promote children's dignity, learning and development, a significant global

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The promotion of children's dignity, learning and development is a significant global policy priority for the SDGs. Violence – whether experienced at home, in schools, or in the community – impacts on academic performance and educational outcomes.

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policy priority for the SDGs in the next 15 years. Violence – whether experienced at home, in schools, or in the community – impacts on academic performance and educational outcomes.

The experience of violence during childhood has been shown to have serious consequences for children's educational outcomes. Research has shown that exposure to violence can be a significant predictor of lower grades,[57] lower IQ test scores[58] and lower levels of educational self-efficacy,[59] which can lead to educational underachievement.[60] Children who are victims of violence anywhere are also more likely to permanently leave school[61] than their non-abused peers. This is an infringement of their rights and well-being, and has significant economic implications including the loss of cognitive capital and reinforcing poverty cycles.

Evidence shows that experiencing violence within school settings may make children afraid of going to school and interfere with their ability to concentrate and participate in school activities.[62] Data from the Young Lives longitudinal study in India and Viet Nam found that experiencing violence in schools was children's number one reason for not liking school.[63] Experiences of school violence can result in being frequently absent from school, increased grade repetition and increased school drop-out rates, directly impacting on children and young people's learning and future opportunities.

For the first time, longitudinal data from the region has also shown that children's experiences of violence also directly impacts reading and maths scores in secondary school. Those who have experienced violence have lower 'foundation skills' of reading, maths and vocabulary. Data from the Young Lives study has shown that children in two states in India and Viet Nam who reported experiencing corporal punishment in schools at age 8 have poorer cognitive outcomes and math scores, and lower self-esteem and self-efficacy than their non-abused peers.[64] Children who reported corporal punishment at age 8 also performed significantly less well in maths tests at age 12 in India and Viet Nam and the effects on vocabulary scores were also significantly lower for children in India.[65]

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[51] Fang et al., 2015b.
[52] Pollett & Gurr, 2009.
[53] UN Women, UNITE & Australian Aid, 2013.
[54] UN Women Viet Nam, 2012.
[55] UN Women, UNITE & Australian Aid, 2013.
[56] UNESCO, 2014.
[57] Huang & Mossige, 2012.
[58] Currie & Widom, 2010.
[59] Macmillan & Hagan, 2004.
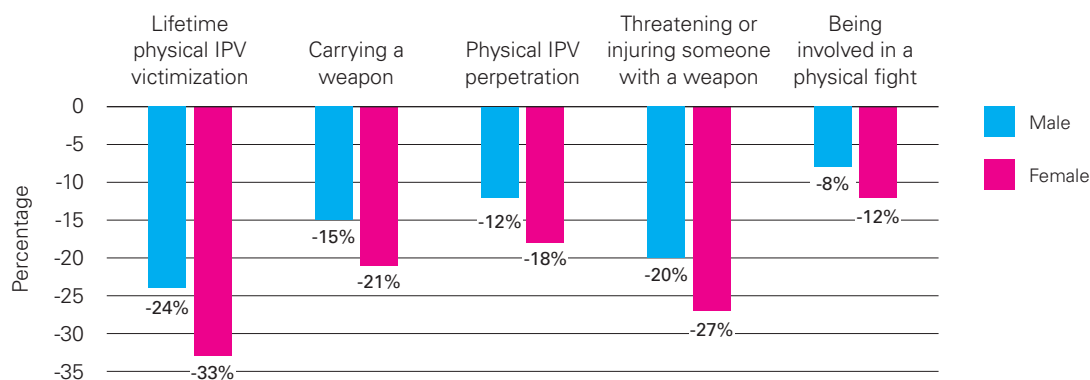[60] Gilbert et al., 2009.
[61] Duncan, 2000.
[62] Portela & Pells, 2015.
[63] ibid.
[64] ibid.
[65] ibid.

Figure 8: Proportion of other forms of violence that could be reduced in the region if sexual violence during childhood was prevented[66]

Source: Calculation done specifically for this paper using raw data from the East Asia and Pacific Regional Costing Study led by Fang, X and Fry, D.(see Fang et al., 2015a for study information and population attributable fractions (PAFs) for by World Bank and WHO sub-regions).

Violence prevention reduces intergenerational violence, adult criminality and juvenile offending. Experience of violence in childhood can increase propensity of adolescents for behavior in conflict with the law. Typical adolescent behaviour includes impulsiveness, challenging authority and adult rules, and increased risk-taking behaviour. For adolescents who have experienced violence, dysfunctional family relationships, neglect or abuse, these tendencies may be much more pronounced. Their brains may have developed to focus on survival, at the expense of more advanced thinking in the brain's cortex. This may lead to increased impulsive behaviour, as well as difficulties with tasks that require higher level thinking and feeling. There is ample evidence from longitudinal studies that children who were maltreated in their early years are much more likely to be arrested for offenses as adolescents.

Emerging evidence in the region has made strong links between violence during childhood particularly for intimate partner violence (IPV). Using data from the regional costing study,[67] *Figure 8* highlights the proportion of forms of violence that could be reduced in the region if sexual violence during childhood was prevented. The focus on sexual violence is due to the existence of strong studies exploring the associations between this particular form of violence during childhood and other forms of violence both in adolescence and adulthood.

Data shows that nearly a third of lifetime intimate partner violence victimization for females could be averted if sexual violence during childhood was prevented.

This presents important findings for linking the prevention of violence against children and the prevention of violence against women initiatives and understanding the early experiences of violence that make girls and boys more vulnerable to experiencing and perpetrating violence later in life. Data also shows that carrying a weapon and injuring or threatening someone with a weapon could both be reduced by approximately a quarter (21-27 per cent respectively) for females and by 15-20 per cent for males in the region.

This data shows that investments for the prevention of violence in childhood can bring important social and economic returns. Prevention can help reduce negative health outcomes and public expenditure for tertiary responses. Preventing violence against children can also have a beneficial impact on improving educational and learning outcomes and decreasing intergenerational violence, adult criminality and juvenile offending. Strategies for preventing violence against children must aim to reduce these underlying drivers that create risk at many interconnected levels.

The effects of toxic stress in early childhood may manifest in increased propensity for impulsive, risk-taking behaviour in adolescence.

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[66] Population attributable fractions (PAFs) measure the proportion of outcomes (forms of violence) that could be directly attributable to exposure (sexual violence during childhood). This graph represents the proportion of these forms of violence that could be reduced if sexual violence during childhood is prevented. Physical IPV perpetration, threatening or injuring someone with a weapon and being involved in a fight measure past-year prevalence, carrying a weapon is past-month prevalence. All PAFs control for significant methodological variations and are sample size weighted.

[67] Fang et al., 2015b.

4: Understanding the determinants of violence

Violence is complex and multi-faceted, and defies the identification of cause-effect relationships. Public health researchers working in this field employ the concept of "risk factor relationship" – conditions or attributes in individuals, families, communities, or the larger society that increases the probability of experiencing violence in childhood. On the other hand the protective factors help mitigate or reduce risk in families and communities when they are present. Recent work on the 'drivers' of violence refers to factors at the institutional and structural levels that create the conditions in which violence is more likely to occur.[68] While risk and protective factors reflect the likelihood of violence occurring due to characteristics most often measured at the individual, interpersonal, and community levels, the drivers refer to macro-level structural and institutional factors that influence a child's risk of violence.[69] Strategies for preventing violence against children must aim to reduce these underlying drivers that create risk at many interconnected levels.

Some common risk factors that are associated with childhood experiences of violence in the region include:[70]

- **At the individual level:** gender, age, disability of child, education level, income, mental health, unwanted pregnancy on the part of caregiver;

- **At the interpersonal level:** domestic violence, substance abuse, family stress, family structure, quality of parent-child relationships, quality of teacher-child and peer-to-peer relationships;

- **At the community level:** high levels of crime, social and gender norms, harmful cultural practices;

- **At the institutional level:** weak law enforcement, poor housing/social services, lack of social protection for economic shocks, poor school governance, harmful cultural and religious beliefs, weak child protection systems; and

- **At the structural level:** gender inequality and discrimination, class and caste structures, economic and social policies that may inadvertently increase poverty, inequality and migration, socio-political histories of violence.

Our understanding of determinants that are common in the Asia-Pacific region is improving. While it is difficult, if not impossible, to generalize given the great diversity and complexity of societies and cultures (e.g., there are over 300 ethnic groups residing in Indonesia alone), there are common risk factors presented in studies from the region. For example, cultural and social norms perpetuate the notion that violence against children is a private issue. In many countries, the relatively low status of children in societies and families means children are perceived as 'belonging or indebted to' their parents and caretakers.[71] Furthermore, victims of violence are discouraged from speaking out and obtaining external support. Violence is often not publicly discussed or reported, and thus often remains invisible and normalized.[72] This, in addition to other community and societal risk factors such as a tolerance of violence, substance abuse, gender and social inequalities, lack of services to support families, high levels of unemployment, poverty, and inadequate policies and programmes within institutions, make the occurrence of violence against children more likely.[73]

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[68] Maternowska, Potts & Fry, forthcoming.
[69] ibid.
[70] Solotaroff & Pande, 2014; Maternowska, Potts & Fry, forthcoming; University of Philippines, Manila et al., 2016.
[71] Solotaroff & Pande, 2014; University of Philippines, Manila et al., 2016.
[72] Maternowska, Potts & Fry, forthcoming; WHO, 2010.
[73] Solotaroff & Pande, 2014; Maternowska, Potts & Fry, forthcoming; University of Philippines, Manila et al., 2016; WHO & ISPCAN, 2006.

In India, sexual violence among adolescent girls increases ten-fold once they are married or in union. Seventy-seven per cent of perpetrators are the girls' current or former partners.

Particular groups of children are at higher risk of experiencing violence. Targeted efforts are required to ensure their protection. Regional research has highlighted some examples:

Children with disabilities: Data on the prevalence of violence against children with disabilities is limited, but a recent meta-analysis of 17 studies found that children with disabilities are three to four times more likely to be abused than their peers without disabilities. The meta-analysis found that 26.7 per cent of children with disabilities have experienced more than one type of violence in their lifetime. Over 20 per cent experience physical violence and nearly 14 per cent experience sexual violence.[74] A large representative sample of school-aged children in Hong Kong found that disability increased the risk of lifetime physical violence against children 1.6 times.[75]

Married girls: Often disempowered and highly dependent on husbands, child brides are much more likely to experience physical, emotional and sexual violence in the contexts of their married and domestic life. Estimates derived from the 2005 National Family Health Study in India indicate that rates of sexual violence increases among adolescent girls 10-fold once they are married or in a union. Seventy-seven per cent of perpetrators of this violence were the girls' current or former partners.[76]

Children in conflict with the law: A recent regional review in Southeast Asian states has highlighted children's exposure to violence through the different stages of contact with the justice system, often explicitly or implicitly tolerated by the law. This includes violence from law enforcement officials during arrest and apprehension; during interrogation/questioning; violent sentencing; and the use of violent discipline and restraints, and a lack of safeguards against violence in institutions.[77]

Children in out-of-home care: Few countries in the region are able to provide accurate figures on the number of children in out-of-home care, despite UNICEF's current efforts to complete a global survey on the number of children in out-of-home care. Living outside of the protective framework of their families, these children are at heightened risk of violence, exploitation and abuse by caregivers, staff and other children. Neglect is sometimes a feature in residential care institutions, which can have devastating effects on the development of younger children.[78] We know from studies conducted with children in institutions that cognitive and social development is significantly impacted, especially in the early years, compared to children who are cared for by a stable caregiver.[79]

Macro-level structural factors can influence overall rates of violence in society. In the region, there has been enormous progress in addressing these structural factors in recent decades. For example, although progress is mixed, there has been a strong move towards the rule of law in Asia-Pacific countries in recent decades. This has been accompanied by the progressive establishment of specific legal protections for children since the adoption of the CRC in 1989.[80] Asia and the Pacific led the world in the drive to achieve the Millennium Development Goals, and has seen massive strides in reducing poverty, education for all, and combatting infant mortality – all important risk factors for violence.[81] Harmful social practices such as child marriage have shown steady reductions as well, most dramatically for the marriage of girls under the age of 15 years – although this progress seems to have plateaued in some countries.[82]

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[74] UNICEF, 2015.
[75] See for example the UNDP MDG Progress Reports for Asia and the Pacific: http://www.undp.org/content/undp/en/home/librarypage/mdg/mdg-reports.html
[76] UNICEF, 2014b.
[77] Jones et al., 2012.
[78] Chan, Emery & Ip, 2014.
[79] IIPS & Macro International, 2007.
[80] UNICEF, 2015.
[81] Pinheiro, 2006.
[82] Nelson, Fox & Zeanah, 2013.

At the same time, there are new and emerging trends that are changing the nature, scope and impacts of violence against children. Government policies need to adapt to these trends. Some examples include:

The growth of information and communications technologies. While these technologies facilitate unprecedented opportunities for children to achieve their rights to learn, express themselves and participate meaningfully in communities, online access has the potential to make children vulnerable to violence, abuse and exploitation in ways that are often difficult for parents, caregivers, teachers and others to detect and respond to.[83] Perhaps the most common form of violence experienced online is cyberbullying – estimated to affect at least half of adolescent Internet users.[84] The emergence of cyberbullying is a worrying development, partially because the internet permits bullying behaviour to intrude into a child's private space. It may include spreading rumours; posting false information or nasty messages, embarrassing comments or photos; or excluding someone from online networks or other communications.[85] A major research study underway in the Philippines should shed additional light on the prevalence and forms of this behaviour. Studies have shown that cyberbullying can be very damaging, leading to anxiety, depression, and even suicide.[86]

ICTs and the internet also present myriad other forms of risk and harm, such as harmful, damaging or otherwise harmful material; child sexual abuse images; inappropriate contact, online grooming, exploitation and trafficking; self-exposure; recruitment by extremist groups; and children's involvement as victims of cyber-crime.[87]

The pace and scale of urban migration. The scale and rapid pace of urbanization throughout much of Asia has been remarkable, and now the region hosts more than half of the world's mega-cites.[88] Rapid urbanization may place children at risk where, for example, public social welfare services have not stepped in to protect children and support families. Furthermore, the care and protection of children when they are "left-behind" by migrating parents is of great concern for the protection of children.[89] It has taken on huge dimensions in China, for example, where some 69.73 million children aged 0-17, were registered in 2013 as "left behind" by migrating parents. While the impact on children may be mixed – remittances can contribute to improved access to goods and services, but prolonged parental absence can undermine children's health and education outcomes, produce psychological and social damage, and place children at higher risk of harsh discipline and abuse. More research is required to demonstrate these links.[90]

The impacts of armed conflict. While not a new phenomenon, there are a number of violent conflicts in the Asia-Pacific region that impact children – notably in Afghanistan, Myanmar and the Philippines.[91] According to the Secretary General 2015 report on children and armed conflict, there are 16 parties to conflict in these countries that have been identified as committing grave child rights violations.[92] These include violations of extreme violence – such as killing and maiming of children, grave sexual violence, recruitment and use in combat. As positive developments, in each of these situations some parties have entered into Action Plans with the United Nations to halt these violations. However, all children in conflict-affected communities grow up witnessing violence and in a context of fear. The impact of this must not be overlooked.

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[83] UNICEF, 2016.
[84] Safaria, 2016.
[85] Special Representative of the Secretary-General on Violence against Children, 2014.
[86] Goebert et al., 2011; Schneider et al., 2012.
[87] Special Representative of the Secretary-General on Violence against Children, 2014.
[88] UNESCAP & UN-Habitat, 2015.
[89] In China, children remaining in their habitual place of residence in rural areas while one or both of their parents migrate are officially registered as "left-behind" children.
[90] Garza, 2010; Mieng & Yamauchi, 2015; Mahidol University, 2016; National Bureau of Statistics in China, UNFPA & UNICEF, 2013; Edillon, 2008.
[91] UNDP, 2008.
[92] UN Secretary General, 2015.

5. A new violence prevention agenda

Unlike the Millennium Development Goals, the Sustainable Development Goals (SDGs) have specific targets that address violence against children. This is with the recognition that none of the goals for children can be met if children live in fear.[93] The SDGs thus include the protection of children from violence as a distinct and cross-cutting priority across all goals. Specifically, five goals and 11 targets address violence, abuse and exploitation.[94] Most prominently, SDG 16.2 aims to end abuse, exploitation, trafficking and all forms of violence against and torture of children. There are other goals that directly target violence, including those that aim to end violence against women and girls (SDG 5.2 and 5.3), to end the economic exploitation of children and recruitment and use of child soldiers (SDG 8.7), as well as those that aim to keep children safe in schools and communities, and to promote peace and non-violence (SDG 4.a, 4.7, 11.2 and 11.7).

The SDGs also include targets that address risk factors. In contrast with the Millennium Development Goals, the SDGs are integrated and indivisible, with interlinkages amongst different goals and targets. The achievement of targets around ending violence against children also require tackling the underlying risk factors found under other targets. For example:

- Goal 1: End poverty in all its forms everywhere. This includes targets that can also address poverty as a risk factor for violence (1.1, 1.2 and 1.3).

- Goal 3: Ensure healthy lives and promote well-being for all at all ages. The targets in this goal focus on promoting mental health and well-being (3.4), the prevention and treatment of substance abuse (3.5) and promoting universal health coverage (3.8), all factors that can also improve violence prevention, especially in the home setting.

- Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. This goal addresses the strong risk factors in the region related to lack of education, especially for girls and also addresses creating safe learning environments (a building block for prevention).

- Goal 5: Achieve gender equality and empower all women and girls. Target 5.1 includes ending discrimination against women and girls and directly addresses the social norm risk factors around son preference, gender inequality and family honour.

- Goal 10: Reduce inequality within and among countries. Targets include promoting income growth for the poorest (10.1), social, economic and political inclusion (10.2) and social protection policies including for children (10.3). These targets address the risk factors for violence related to social, economic and political manifestations of gender inequality, class structures and poverty.

- Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable. Targets 11.1 address safe and affordable housing and 11.3 includes measures on inclusive and sustainable urbanization. These targets can help address the particular vulnerabilities for children related to structural risk factors of migration and natural disasters.

- Goal 12: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels. Targets under this goal focus on promoting the rule of law, reducing illicit financial and arms flows and increasing birth registration. These directly address the institutional risk factors for violence including low birth registrations, lack of enforcement of laws to protect children as well as structural risk factors related to organised crime that impact on commercial sexual exploitation and other forms of violence against children.

Furthermore, many of the risks and factors may be shared across different types of violence (violence against children, youth violence, violence against women, etc.). Violence prevention and intervention efforts that focus on only one form of violence can be broadened to address multiple, connected forms of violence and increase impact.

But violence prevention needs a focused agenda within the SDGs. While the SDGs address many of the risk factors, acceleration of efforts to end violence against children means a coordinated system of prevention programmes and services that have demonstrated effectiveness in addressing its diverse forms and settings. It also requires an overall system of governance and financing to ensure interventions are implemented at scale; and that targets are measureable and appropriate in measuring progress. Without such a focused agenda, violence-related targets may lack integration within broader efforts to address risk factors through indirect targets.

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[93] SACG & SAIEVAC, 2016.
[94] ibid.

A global partnership to end violence against children was launched in July 2016. Its overall aim is to support efforts to achieve SDG Target 16.2: the end of abuse, exploitation, trafficking, torture and all forms of violence against children by 2030. As part of this partnership, there has been a unified effort to assemble the best available evidence to help countries and communities intensify their focus on prevention programmes and services with the greatest potential to reduce violence against children. A select group of seven strategies have been identified and assembled in a package known as INSPIRE:[95]

1. Implementation and enforcement of laws
2. Norms and values
3. Safe environments
4. Parent and caregiver support
5. Income and economic strengthening
6. Response and support services
7. Education and life skills

Strategy 1: Implementation and Enforcement of Laws

Laws prevent violence by:

- Giving a national statement that violent behaviours are wrong, which may help shift prevailing norms that tolerate violence;[96]
- Defining the scope and definition of violence against children;
- Promoting justice for children who may come into conflict with the law;
- Threatening penalties or imprisonment, which may deter potential perpetrators and disrupt notions of impunity;[97] and
- Reducing exposure to key risk factors for violence, such as alcohol and firearms.[98]

Legal protection from violence is crucial and the definitions and parameters of violence are important. For example, including and defining emotional violence within domestic legislation and ensuring these offences are classified as a criminal offence.[99]

Laws alone are not enough to prevent violence; the enforcement of laws is also a crucial part of this strategy for prevention. Developing and strengthening legal protections and policies for children must be combined with the means to enforce these protections in order to prevent violence against children. For example, the WHO Global Status Report on Violence Prevention found that while laws relating to bans on corporal punishment were reported to exist in 76 per cent of countries in the Asia-Pacific region, only 30 per cent of countries indicated the enforcement of such laws.[100] Equality in laws is also important for ensuring violence prevention, including laws that provide equal coverage to protecting both girls and boys from all forms of violence.

Global evidence has highlighted steep declines in the use of corporal punishment using trend data from countries that have banned this practice in school and in the home, particularly where complementary enforcement measures are in place. A good example of this comes from Sweden.[101] Likewise trend data is showing a decline in sexual violence in the United States and Australia, which has been hypothesized to be due in part to tougher laws and better enforcement, coupled with prevention initiatives.[102]

Positive examples from the region include Mongolia, which is the first country in the Asia-Pacific region to prohibit violence against children in all settings. Other examples include community policing models, like those found in Fiji, which include innovative elements such as involving adolescents who receive accreditation to conduct basic policing. It also includes a preventive element by working with parents to jointly secure a safe environment for children and to prevent criminality. Work surrounding laws and policies to address risk factors and prevent violence against children also include alternative care guidelines and approaches which provide children who are separated from families with safe places to go.

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[95] WHO et al., 2016.
[96] Hillis et al., 2015.
[97] Stier, Mercy & Kohn, 2007.
[98] Bellis & Hughes, 2008; WHO, 2010.
[99] UNICEF, 2015.
[100] WHO, 2014; Portella & Pells, 2015.
[101] UNICEF, 2014c.
[102] Jones, Finkelhor & Kopiec, 2001; Dunne et al., 2003.

Strategy 2: Norms and Values

Beliefs about what others do and what others think we should do are maintained by the social approval and disapproval of people important to us. These beliefs often guide a person's behaviours. If a harmful practice is social in nature, programmes that only concentrate on the education of the individual may not be enough to change the social practice.[103] Programmes may be more effective if they support the revision of social expectations or the promotion of positive social norms throughout the community of interest.[104]

Positive social norms prevent violence by changing social beliefs and expectations which condone violence. Types of norms that are particularly relevant to preventing violence against children include:

• Gender norms which define appropriate behaviours, how males and females are referred to and valued in society and cultural practices;
• Norms on the status of children; and
• Norms about parenting disciplinary practices.[105]

Studies show that individuals and communities following restrictive and harmful social norms are more likely to perpetrate physical, sexual, and emotional violence against partners and children.[106]

Community mobilization efforts to change social norms have been shown to be effective, particularly for adult sexual violence (example: Soul City in South Africa and SASA! Programme in Uganda). In addition, efforts to address child marriage and Female Genital Mutilation/Cutting (FGM/C) using social norms approaches are showing positive findings for preventing violence against girls.[107] Norms are difficult to measure, but despite this there is growing evidence of the effectiveness of these approaches in the Asia-Pacific region. All interventions should seek to create and strengthen the positive everyday networks which surround children, including the provision of appropriate information and support, which will enable these networks to prevent violence.[108]

For example, social media and social norms campaigns have been evaluated in India with globally promising evidence aimed at preventing sexual violence against children, particularly girls, by challenging social norms that sanction such violence and encouraging the reporting of suspected cases.[109] The Pacific Islands have created and implemented respected social networks with new messaging building on positive social norms, such as family cohesion and the value of children.

Strategy 3: Safe Environments

Safe environments prevent violence by:

Ensuring that built environments and public spaces eliminate risks for children;
• Creating child-friendly spaces;
• Reducing specific risk factors such as access to and harmful use of alcohol and drugs;[110]
• Reducing use and access to lethal means including firearms;[111] and
• Creating spatial modifications and urban upgrading.[112]

Evidence shows that elements in the physical environment, such as presence of conflict or risky areas linked with alcohol or drug consumption, can impact on violence.[113] Similarly, reducing access to specific risk factors, such as access to alcohol, has been shown to reduce violence in the community. The frequency and volume of alcohol consumption is strongly associated with youth violence, and the strategies that reduce the amount of alcohol consumed have been shown to reduce alcohol-related violence.[114] This particular prevention building block harmonizes well with the SDG goals of making cities and human settlements inclusive, safe, resilient and sustainable.

Initiatives on creating safer public transport for girls, for example in India, partnered with social norms and messaging campaigns are an example of this strategy. In addition, evaluations of child-friendly spaces, including in Thailand and the Philippines, have found that students

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[103] Mackie et al., 2015.
[104] Ibid.
[105] Mercy et al., 2015; WHO, 2010.
[106] Hillis et al., 2015.
[107] Alexander-Scott, Bell & Holden, 2016.
[108] Winkworth & Macarthur, 2006.
[109] Alexander-Scott, Bell & Holden, 2016.
[110] WHO, 2010.
[111] ibid.
[112] WHO, 2015.
[113] Aboelata et al., 2004.
[114] WHO, 2015.

generally feel safer and more supported in child-friendly schools, and that on average female students have more positive feelings about safety than male students.[115]

Strategy 4:
Parent and Caregiver Support

Parent and caregiver support prevents violence by enabling safe, stable and nurturing relationships and by addressing:

- The lack of parental knowledge and skills;
- Adverse ecological factors which affect parental capacity;
- Attachment between parents/caregivers and children; and
- Social isolation of parents/caregivers.[116]

Supporting the development of positive relationships between parents or caregivers and their children is a key evidence-based strategy for maltreatment prevention that may also counter the early development of violent behaviour in children.[117]

Positive parenting programmes are one of the most globally evidenced strategies for violence prevention; with home visitation programmes in the United States showing a median 39 per cent reduction in violence against children in a systematic review of over 20 studies.[118] Creating and sustaining safe, stable and nurturing relationships through parenting interventions have also been shown to reduce many types of violence in adolescence and early adulthood, such as youth, dating, sexual, and self-directed violence.[119]

For example, hospital-based positive parenting training for new mothers about the care of newborn infants by nurses in China has been shown to be effective for increasing maternal problem-solving abilities and positive parent-child interactions when compared to new mothers who did not receive the training.[120] In addition, various initiatives around positive parenting – including working with a range of organizations to incorporate positive parenting strategies into their work with families – have been initiated across the region.[121] There is a need to evalutate these approaches in terms of their impact on violence prevention.

Several interventions aimed at engaging fathers as parents and promoting non-violent masculinities, especially in South Asian countries, exist and have been found to promote healthy families and nurturing, violence-free environments for children. Emerging findings from interventions in Sri Lanka and India have found that these interventions show that they can reduce violence, increase girls' empowerment and make boys more committed to gender equity and equality.[122] These interventions have been shown to reduce violence for women and increase men's satisfaction with their relationships.

Strategy 5:
Income and Economic Strengthening

Empowering families economically prevents violence by:

- Reducing family stress linked to the lack of resources;[123]
- Improving women's access to resources which is often used for children; and
- Decreasing intimate partner violence and thus reducing children's exposure to family violence.[124]

According to a review of global evidence, there is a justified prioritization of household economic strengthening approaches such as cash transfers, group savings, and microfinance as contributing to violence prevention.[125] Strong empirical evidence links household economic circumstances to a variety of outcomes important for children, including health and safety, education, and peer and family relationships.[126] Studies have also shown that various economic indicators have a strong correlation with violence against children.[127]

[115] UNICEF, 2009.
[116] WHO, 2010.
[117] Olds et al., 2010.
[118] Bilukha et al., 2005.
[119] Mikton & Butchart, 2009.
[120] Gao et al., 2015.
[121] See SAIEVAC's work in this area: http://www.saievac.org
[122] Pulerwitz et al., 2006.
[123] Maternowska, Potts & Fry, forthcoming.
[124] Hillis et al., 2015; WHO et al., 2016.
[125] Hillis et al., 2015; WHO et al., 2016.
[126] ibid.
[127] Marcus, 2014.

A growing number of examples from the region highlight how cash transfer programmes can be linked to other initiatives to prevent violence, such as parenting programmes.[128] For example, an ongoing evaluation in the Philippines is testing an adapted version of the Sinovuyo Parenting Programme from South Africa. If successful, the plan is to deliver the intervention through the Philippines Conditional Cash Transfer programme in which parents participate in 'family development sessions' as a transfer condition.[129]

Strategy 6: Response and Support Services

Providing services to child victims of violence and their families is an essential approach to potentially preventing the cycle of violence within and between generations.[130] Treatment services prevent violence by:

1. Decreasing the recurrence of violence by providing services for children who are victims. This can then prevent involvement in violence later in life ("treatment as prevention" approach); and
2. Mitigating the negative mental health consequences of violence against children.[131]

Strong empirical evidence for the benefits of services has been demonstrated, mostly in high-income countries. For example, research on multi-agency responses have found greater law enforcement involvement, better access to medical exams for victims and more victim referrals to mental health services, as well as greater conviction rates for perpetrators of violence against children.[132]

Examples from the region include the South Asian Association for Regional Cooperation (SAARC) and the South Asia Initiative for the Elimination of Violence Against Children (SAIEVAC) Hotline initiative that aims to have the same phone number for child abuse helplines across South Asia. This serves to consolidate resources and enable multi-country promotion of the number to raise awareness of the number and better recall so children, including those that may be on the move, know how to access the services.

Other child helplines in the region are engaged in both response and preventative work, including to address child marriage – a significant risk factor for violence against girls.

Another innovative example is the National Child Protection Action Network (CPAN) in Afghanistan, which is a government-led network of governmental and non-government organizations. It aims to improve understanding and coordinate approaches across agencies for the protection of children. CPAN began in 2003 to support the child protection system that had been affected by ongoing conflict. It was originally a response to provide emergency services to children in a few regions, but has since grown into a national effort, with a nationwide CPAN, 28 provincial CPANs, and 54 district CPANs which work together to prevent and respond to violence against children. CPAN focuses on four areas: 1) information collection and monitoring; 2) advocacy; 3) policy development; and 4) programming and operational responses. In a 2011 evaluation by Zar,[133] the network was raising awareness and increasing sensitization on child rights and protection issues at the provincial level, including trainings for social workers, coordination among CPAN members and following up cases. The evaluation also identified the need for increased financial and human resources, capacity-building, and to institutionalize CPAN as a formal mechanism in government agencies. The innovative CPAN model is now recognized as an example of a systematic approach to social and behaviour change with inter-locking and coordinated child protection systems resulting in a comprehensive network of prevention and response mechanisms from the community level through to the national level.

Strategy 7: Education and Life Skills

Life skills and education prevent violence by fostering abilities for adaptive and positive behaviour that enable children to deal effectively with the demands and challenges of everyday life.[134] Life skills include cognitive, emotional, interpersonal and social skills to foster self and social awareness, positive relationships, and responsible decision-making. Furthermore, school enrolment and attendance may protect against both victimization and perpetration of childhood sexual violence, youth violence, partner violence, and child marriage.[135]

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[128] Morton, 2016; Solotaroff & Pande, 2014; Parsons & McCleary-Sills, 2014.
[129] Morton, 2016.
[130] Hillis et al., 2015; WHO et al., 2016.
[131] ibid.
[132] WHO, 2010.
[133] Zar, 2012.
[134] WHO, 2010.
[135] Hillis et al., 2015.

A 16-year-old girl survivor of sexual violence at the Campus of Hope, Samoa. The Samoa Victims' Support Group, which is supported by UNICEF, provides counselling, legal support and after-care for women and girls. © UNICEF Pacific/2016/Mepham

Pre-school enrichment and other life skills programmes have been shown to prevent aggression and reduce involvement in violence as well as increase educational outcomes.[136] Many of these interventions take place in schools or community programmes for young people, allowing them to reach large numbers of children with interventions that build skills in communication, conflict resolution and emotional regulation. Most of the research on life skills programmes has been conducted in high-income countries, particularly the United States.[137] Evidence is emerging from the Asia-Pacific region, primarily where life skills training has been combined with other prevention approaches such as economic empowerment.

Integrated approaches to reduce violence by promoting the development and skills (including financial and entrepreneurial skills) through empowerment and livelihoods programmes for girls have shown successful results across the region, particularly in South Asia (see Appendix for examples from Bangladesh and India). Other innovative skills-building examples, with fewer evaluation results, include menstrual hygiene management for girls so that they can stay in schools and school-based life skills programmes aimed at reducing school violence.

In order for these discrete strategies to work together to contribute to the common goal of ending violence, Governments need to ensure they are:

• embedded in a well-coordinated, resourced and regulated child protection system;
• overseen and supported by qualified and mandated professionals; and
• informed by systems to monitor progress and evaluation effectiveness.

For optimum impact, such policies and programmes will be multisector, spanning health, social services, education, and justice sectors.

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[136] ibid.
[137] WHO, 2010.

6: Working together through regional networks

"We may have limited resources; we may have financial challenges, limited human resources and a multitude of pressing concerns to address; however, if we are serious about protecting our most vulnerable – the same beautiful children we hold in our arms and promise to protect on the day they come into this world – then this must be a priority. All of these limitations can be overcome when we work in partnership. By pooling knowledge, expertise, resources and learning together, we are better able to come up with solutions that are sustainable."

– His Excellency the former President of the Republic of Fiji, Ratu Epeli Nailatikau[138]

Regional bodies and coordination mechanisms are actively promoting innovative South-South cooperation for violence prevention. In South Asia, Southeast Asia and the Pacific, efforts are underway to promote evidence-based practice and policies and effective sharing of lessons learned between countries.

The South Asia Initiative to End Violence against Children (SAIEVAC) is a regional intergovernmental body providing a forum for bilateral and multilateral sharing of information, experience, expertise and good practices aiming to end all forms of violence against children. Established in 2010 as an Apex body of the South Asian Association for Regional Cooperation (SAARC) with membership of all eight SAARC member states – Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. Representatives from each government as well as international agencies, civil society, and also children govern it, with both a girl and boy representative serving on the board by rotation. SAIEVAC works closely with the South Asia Coordination Group to

End Violence Against Children (SACG) which is made up of international and regional United Nations and non-governmental organizations committed to preventing and responding to violence against children. It further works with National Coordination Groups to End Violence Against Children (NACG) located in each member State and comprised primarily of local civil society organizations as well as international organizations.

SAIEVAC developed a five-year work plan, a framework to coordinate, standardize and monitor annual regional- and national-level progress on ending violence against children. The work plan details specific actions for governments on 13 strategic objectives including regional cooperation, national strategy, legislative measures, prevention, data collection, professional training and learning, education and awareness raising, and child and civil society participation. There are five 'topic' areas in the plan – early marriage, sexual abuse and exploitation, trafficking, corporal punishment and child labour. Each objective includes practical, measureable indicators for countries to report. The work plan also details the expected results on the five key issues. For example, the expected result for corporal punishment is that all States will identify action to prohibit all corporal punishment in all settings, and promoting positive parenting and classroom management programmes. SAIEVAC provides support on addressing these issues through in-country coordinators. It also works with other organizations to develop regional plans to ensure a systems approach to address violence against children with the aim of improving fragmented and reactive approaches to violence against children, and promotes advocacy and engagement.

By leading several technical consultations, SAIEVAC has successfully supported the strengthening of child protection systems and capacity building, particularly to recognize and address the protection needs of children with disabilities, and to promote legal reform around corporal punishment. It is recognized as a unique and promising initiative that evidences the effectiveness of regional dialogue and governmental and non-governmental cooperation in order to prevent violence against children.

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[138] UNICEF Office for Pacific Island Countries, 2015.

Association of Southeast Asian Nations (ASEAN) Regional Plan of Action on the Elimination of Violence Against Children (RPA EVAC) was endorsed in 2015 by the 10 Member States of ASEAN. The ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC) in its July 2011 meeting, identified Elimination of Violence against Children as one of the priority areas in its 2012 – 2016 ACWC Work Plan.[139] In 2013, the ASEAN Leaders adopted the Declaration on the Elimination of Violence against Women and the Elimination of Violence against Children with ACWC implementing the Declaration in collaboration with the Social Welfare and Development body.

The Regional Plan of Action for Eliminating Violence against Children adheres to the fundamental principles of the ASEAN community including being built upon a children's rights and gender sensitive approach. Member States have agreed to a zero tolerance policy for any form of violence against children with the ultimate goal of the plan being the elimination of all forms of violence against children in the ASEAN Member States.[140] The innovative Regional Plan of Action emphasises a multi-sectoral, multi-disciplinary, multi-dimensional and participatory response to the issue of violence against children. It calls for concerted prevention initiatives, respect for and fulfilment of children's rights at all times, including their right to be heard on issues that affect them.[141]

The priority for the first five years of the Plan of Action are to implement regional guidelines on non-violent approaches for caring for children in all settings; to raise awareness among all sectors of society about the harmful effects of violence against children; to promote the deinstitutionalization of children at the national level by strengthening the implementation of alternative family care services; and to develop preventive measures against online forms of violence.[142] The Plan of Action also calls for the development and strengthening of national systems for disaggregated data collection, analysis, sharing and dissemination on violence against children using international indicators and research protocols including survey and administrative data and to ensure that the data is regularly updated and analysed. Within this framework, the ASEAN Guidelines for a Non-Violent Approach to Nurture, Care, and Development of Children in all Settings were finalized in February 2016.

The ASEAN Regional Plan of Action also calls for the development and/or strengthening of national plans of action to eliminate all forms of violence against children, including in disaster and conflict situations, with participation of all relevant stakeholders, including children, at all stages of the process and ensure there is a coordinating mechanism for its implementation.[143] These plans also allow for learning across countries for the development of these national action plans.

The 2015 Pacific Islands Conference on Ending Violence against Children included high-level government officials, child protection experts and donors from 13 Pacific Island countries including Cook Islands, Fiji, Kiribati, Nauru, Niue, the Federated States of Micronesia, Papua New Guinea, the Republic of the Marshall Islands, Samoa, Solomon Islands, Tokelau, Tonga and Vanuatu, who met in Fiji to review and share good practices for the prevention of violence against children among the Pacific Islands. Regional partners also participated, including the South Pacific Community, the Regional Rights Resource Team, the Pacific Island Forum Secretariat and the Department of Foreign Affairs and Trade of Australia.[144]

In addition to sharing good practice and engaging in learning from each other, countries also drafted and agreed to act upon country plans to end violence against children thus building capacity and understanding of the issues among local constituents. The conference also secured renewed commitment from Pacific leaders to ratify, implement and enforce international human rights instruments such as the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography; ban corporal punishment in the home, schools and community; and contribute to the global call to end violence against children and for governments to place children at the heart of the SDGs.[145]

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[139] ASEAN, 2015.
[140] ibid.
[141] ibid.
[142] ibid.
[143] ibid.
[144] UNICEF Office for Pacific Island Countries, 2015.
[145] ibid.

7: Priority actions to leverage change

This paper has highlighted how frequently occurring forms of violence against children are socially accepted and condoned but yet have well documented long term impacts on brain development, and on the creation of cognitive and human capital. Investing in preventing violence against children is pivotal. The following represent some of the high impact evidence-based actions that can leverage change in order to enhance children's educational and health outcomes and to build healthier economies.

End any legalized violence against children, by introducing a comprehensive ban on corporal punishment in all settings. From a child rights perspective, all forms of violence against children, however light, are unacceptable. Frequency, severity of harm and intent to harm are not prerequisites for definitions of violence.[146] Even mild forms of physical and verbal violence committed in the guise of "discipline" by parents or teachers can have lifelong detrimental impacts. The enactment and enforcement of laws is a key first step in changing social norms around violence. The SDGs will also require States to measure prevalence of violent discipline and show progress towards its elimination.

Mongolia has now joined the 48 other States around the world that have prohibited corporal punishment in all settings – including the home – and is the first in the Asia-Pacific region with other countries, such as Nepal, currently preparing legislation to the same effect. In addition, at least 54 more States have expressed a commitment to full prohibition including Afghanistan, Pakistan, India, Thailand, the Philippines, and Papua New Guinea in the Asia-Pacific region.[147]

Mongolia has now joined 48 other States that have prohibited corporal punishment in all settings – including the home – and is the first in the Asia-Pacfic region.

Lead and sustain a communications initiative to challenge the social acceptance of violence against children, targeting all levels of society. National efforts to prevent violence against children will not succeed where discussion of this phenomenon is inhibited and where the structural factors and environment enable/condone violence against children. Governments have a key role to play in creating an environment of open public dialogue on difficult and sensitive child protection issues. Such a communications strategy should consist of coordinated public education efforts for parents and caregivers on positive, non-violent child rearing; and in providing accurate, accessible and age-appropriate information to children on life skills, self-protection and specific risks, including those relating to ICTs, developing healthy relationships and combating bullying.

Design and implement a comprehensive national agenda for violence prevention and elimination, based upon the "seven strategies". Despite universal abhorrence of violence against children, clear evidence of its individual, social and economic costs, and a growing array of tested strategies to prevent and reduce it, concerted national action is rarely prioritized in national agendas in the region, and barely visible in national budgets. Experiences with "National Plans of Action" have been mixed, as they have often lacked links with the overall development policy, programmes, budget and coordinating mechanisms.[148] To ensure a whole government approach and commitment, high level inter-ministerial oversight should be established for the design and implementation of this national agenda. Such an agenda should be informed by the "seven strategies" and regional evidence of effective programmes; and include a national coordinating framework; sufficient human and technical resources, and robust mechanisms for monitoring and accountability. The agenda should be cognizant of resource realities and funding sources for implementation clearly identified, including public resources.

Monitor progress through the regular collection of data on key violence indicators. Assessment of progress in preventing and reducing of violence against children has long been hampered by gaps in measurement. Data collection on children's experience of violence carries with it a myriad of methodological and ethical challenges. Nevertheless, the availability of comparable data on certain forms of violence has improved, and the possibility of including key indicators in regular household survey programmes has been demonstrated and can be increased.

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146 UN Convention on the Rights of the Child, General Comment 13.
147 See for example endcorporalpunishment.org
148 UN Convention on the Rights of the Child, General Comment 13.

SDG target 16.2 requires the measurement of violent discipline and sexual violence. In the region, 10 of 32 countries currently include the measurement of violent discipline through their participation in international survey programmes.[149] Likewise, of the 43 countries globally that currently collect data on sexual violence through Demographic and Health Surveys, only five are in the Asia-Pacific region – and none collect data relating to boys. Other data on violence against children is often not disaggregated by sex, age, disability or geographic location.

Deepen the understanding of the incidence, prevalence, circumstances and risk factors for violence against children through a dedicated research agenda. Such an agenda could comprise three components or options. One is a population-based national VAC survey. Dedicated surveys on violence that involve the specialized training of interviewers and employ questionnaires that enable interviewers to establish a rapport with respondents have proved effective in facilitating the disclosure of violence. So far, of the 19 countries that are conducting comprehensive national surveys, six are in the Asia-Pacific region (Bhutan, Indonesia, the Philippines, Cambodia, China, Lao PDR). Where these surveys have been implemented, national ownership of the process has been sustained, and the surveys have led to robust national action plans.

Secondly, many countries are establishing surveillance systems based on administrative data provided to agencies that offer services to children affected by violence. Such systems equip decision makers with information on what mandated agencies are addressing the problem, at what scale, and what they are doing about it. It allows Governments with allocated resources to better respond. Tracking the increase in the number of children who are identified through agencies helps indicate the reach of child protection systems.

Thirdly, understanding the risk and protective factors related to why violence happens, and how these risk factors and drivers operationalize in a given context is an important component of targeting the "seven strategies" effectively. This can include primary or secondary research using quantitative or qualitative

Preventing violence against children is an effective investment that will yield many social and economic returns – both for this generation and for generations to come.

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[149] Such as UNICEF's Multi Cluster Indicator Surveys (MICS) and the United States Government supported Demographic and Health Surveys.

References

Aboelata, M. J., Mikkelsen, L., Cohen, L., Fernandes, S., Silver, M., Parks, L. F., DuLong, J. (2004). The built environment and health: 11 profiles of neighborhood transformation. Oakland, CA: Prevention Institute.

Alexander-Scott, M., Bell, E., & Holden, J. (2016). DFID guidance note: Shifting social norms to tackle violence against women and girls (VAWG). London: VAWG Helpdesk.

Allard, C. (2009). Prevalence and sequelae of betrayal trauma in a Japanese student sample. Psychological Trauma: Theory, Research, Practice and Policy, 1(1): 65-77.

Association of Southeast Asian Nations (ASEAN). (2015). ASEAN regional plan of action on elimination of violence against children (ASEAN RPA on EVAC). Jakarta: ASEAN. Retrieved from: http://srsg.violenceagainstchildren.org/sites/default/files/regions/asean_regional_plan_of_action_on_elimination_ of_violence_against_children_adopted.pdf

Australian Institute of Health and Welfare (AIHW). (2015). Child Protection Australia 2013-14. Child welfare series no. 61. Cat. no. CWS 52. Canberra: AIHW.

Bellis, M. A., & K. Hughes. (2008). Comprehensive strategies to prevent alcohol-related violence. IPC Review, 2: 137-68.

Bilukha, O., Hahn, R.A., Crosby, A., Fullilove, M.T., Liberman, A., Moscicki, E., Snyder, S., Tuma, F., Corso, P., Schofield, A., & Briss, P. A. (2005). The effectiveness of early childhood home visitation in preventing violence: A systematic review. American Journal of Preventive Medicine, 28(2S1): 11-39.

Bowlby, J. (1973). Attachment and loss. Vol. II. Separation: anxiety and anger. London: Penguin Books.

Bowlby, J. (1969). Attachment and loss. Vol. I: Attachment. London: Penguin Books.

Chan, K. L., Emery, C. R., & Ip, P. (2014). Children with disability are more at risk of violence victimization: Evidence from a study of school-aged Chinese children, Journal of Interpersonal Violence, 31(6): 1026-46.

Child Welfare Information Gateway. (2015). Understanding the effects of maltreatment on brain development. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from: https://www. childwelfare.gov/pubs/issue-briefs/brain-development/

Choo, W-Y. , Dunne, M. P., Marret, M. J., Fleming, M., Wong, Y-L. (2011). Victimization experiences of adolescents in Malaysia. Journal of Adolescent Health, 49(6): 627-634.

Coates, D. (2010). Impact of childhood abuse: Biopsychosocial pathways through which adult mental health is compromised. Australian Social Work, 63(4): 391-403.

Cui, L. H., Pang, S. L., Du, W. R., Xue, L., Ren, Q., Wang, W.X. et al. (2010). Prevalence of physical and emotional maltreatment by parents in preschool children. Chinese Journal of Public Health, 26(4): 486-7.

Currie, J., & Widom, C. S. (2010). Long-term consequences of child violence and neglect on adult economic well-being. Child Maltreatment, 15(2): 111-120.

Department of Social Development. (2013). Comprehensive National Strategy Aimed at Securing the Provision of Prevention and Early intervention Programmes to Families, Parents, Caregivers and Children Across the Republic of South Africa. National Strategic Draft Plan 2013/14-2018/19. Pretoria: DSD.

Desmond, C., & Naicker, S. (n.d). The Cost of a Failure to Protect: A framework for advocacy. New York: UNICEF.

Duncan, R. D. (2000). Childhood maltreatment and college drop-out rates implications for child abuse researchers. Journal of Interpersonal Violence, 15(9): 987-995.

Dunne, M. P., Purdie, D. M., Cook, M. D., Boyle, F .M., & Najman, J. M. (2003). Is child sexual abuse declining? Evidence from a population-based survey of men and women in Australia. Child Abuse & Neglect, 27(2): 141-152. Edillon, R. (2008). The effects of parent's migration on the rights of children left behind. New York: Asia-Pacific Policy Center and UNICEF.

Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. Child Abuse & Neglect, 36, 156-165.

Fang, X., Fry, D.A., Brown, D.S., Mercy, J.A., Dunne, M.P., Butchart, A.R., Corso, P.S., Maynzyuk, K., Dzhygyr, Y., Chen, Y., McCoy, A., & Swales, D.M. (2015a). The burden of child maltreatment in the East Asia and Pacific region, Child Abuse & Neglect, 42, 146-162.

Fang, X., Fry, D. A., Ji, K., Finkelhor, D., Chen, J., Lannen, P., & Dunne, M. P. (2015b). The burden of child maltreatment in China: a systematic review. Bulletin of the World Health Organization, 93, 176C-185C.

Fry, D. A., McCoy, A., & Swales, D. (2012). The consequences of maltreatment on children's lives: A systematic review of data from the East Asia and Pacific region. Trauma, Violence & Abuse, 13, 209-233.

Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T., & Lang, J. (2013). Why do some men use violence against women and how can we prevent it? Quantitative findings from the United Nations Multi-Country Study on Men and Violence in Asia and the Pacific. Bangkok: United Nations Development Programme, United Nations Population Fund, United Nations Women and United Nations Volunteers.

Garza, R. (2010). Migration, development and children left behind: A Multidimensional Approach. New York: UNICEF.

Gao, L., Xie, W., Yang, X., & Chan, S. (2015). Effects of an interpersonal-psychotherapy-oriented postnatal programme for Chinese first-time mothers: A randomized controlled trial. International Journal of Nursing Studies, 52: 22-29.

Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. The Lancet, 373(9657): 68-81.

Goebert, D., Else, I., Matsu, C., Chung-Do, J., & Chang, J. Y. (2011). The impact of cyberbullying on substance use and mental health in a multiethnic sample. Maternal Child Health Journal, 15, 1282-1286.

Hillis, S. D., Mercy, J. A., Amobi, A., & Kress, H. (2016). Global prevalence of past-year violence against children: A systematic review and minimum estimates. Pediatrics, 137(3): e20154079.

Hillis, S. D., Mercy, J. A., Saul, J., Gleckel, J., Abad, N., & Kress, H. (2015). THRIVES: A Global Technical Package to Prevent Violence Against Children. Atlanta, GA: Centers for Disease Control and Prevention.

Huang, L., & Mossige, S. (2012). Academic achievement in Norwegian secondary schools: The impact of violence during childhood. Social Psychology of Education, 15(2), 147-164.

Huang, G., Zhang, Y., Zou, S., Shen, J., Xiang, H., & Zhao, L. (2006). Plasma Neuropeptide-Y and cognitive function in female inmates with childhood sexual abuse. Chinese Journal of Psychiatry, 39(1): 12-15.

International Institute for Population Sciences (IIPS), & Macro International. (2007). National Family Health Survey (NFHS-3), 2005–06: India: Volume I. Mumbai: IIPS.

Jones, L., Bellis, M. A., Wood, S., Hughes, K., Mccoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T., & Officer, A. (2012). Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies, The Lancet, 380(9845): 899-907.

Jones, L. M., Finkelhor, D., Kopiec, K. (2001). Why is sexual abuse declining? A survey of state child protection administrators. Child Abuse & Neglect, 25(9): 1139-1158.

Lansford, J. E., Godwin, J. G., Uribe Tirado, L. M., Zelli, A., Al-Hassan, S. M…& Alampay, L.P. (2015). Individual, family, and culture level contributions to child physical abuse and neglect: A longitudinal study in nine countries. Development and Psychopathology, 27(4pt2): 1417-1428.

Lao Statistics Bureau, National Commission for Mothers and Children (NCMC), and United Nations Children's Fund (UNICEF). (2016). Violence against children survey in Lao PDR: Preliminary report. Vientiane Capital: Lao Statistics Bureau, NCMC and UNICEF. Retrieved from: http://www.unicef.org/laos/VAC_preliminary_report_ENG_FINAL_-_30_May_2016(1).pdf

Mackie, G., Moneti, F., Shakya, H., & Denny, E. (2015). What are social norms? How are they measured? UNICEF & University of California, San Diego Center on Global Justice. Retrieved from: http://www.unicef.org/protection/files/4_09_30_Whole_What_are_Social_Norms.pdf

Macmillan, R., & Hagan, J. (2004). Violence in the transition to adulthood: Adolescent victimization, education and socioeconomic attainment in later life. Journal of Research on Adolescence, 14(2): 127-158.

Maddahi, M. E., Javidi, N., Samadzadeh, M., & Amini, M. (2012). The study of relationship between parenting styles and personality dimensions in sample of college students. Indian Journal of Science and Technology, 5(9): 3332-3336.

Mahidol University. (2016). The impact of internal migration on early childhood well-being and development: Baseline results of quantitative and qualitative surveys, Bangkok: Institute for Population and Social Research.

Marcus, R. (2014). Child protection violations and poverty in low- and middle-income countries: Background note. London: Overseas Development Institute.

Maternowska, M.C., Potts, A., & Fry, D. (forthcoming) The Multi-country Study on the Drivers of Violence Affecting Children, Synthesis of Key Findings. UNICEF Office of Research-Innocenti Discussion Paper.

Mercy, J. (2015). Mobilizing action to end violence against children: Lessons from around the world. Keynote presentation at the British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN) Conference. Edinburgh, Scotland.

Mercy, J. A., Hillis, S. D., Butchart, A., Bellis, M. A., Ward, C., & Fang, X., & Rosenberg, M. (2015). Interpersonal violence: Global impact and paths to prevention. In D. Jamison, H. Gelband, S. Horton, P. Jha, R. Laxminarayan, and R. Nugent (eds.), Disease Control Priorities in Developing Countries (3rd Ed.), Retrieved from: http://dcp-3.org/chapter/1219/interpersonal-violence-global-impact-and-paths-prevention

Mieng, X., & Yamauchi, C. (2015). Children of migrants: The impact of parental migration on their children's health and education outcomes. IZA Discussion Paper no. 9165. Bonn: Institute for the Study of Labor (IZA).

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

Ministry of Women's Affairs, UNICEF Cambodia, US Centers for Disease Control and Prevention. (2014). Findings from Cambodia's violence against children survey 2013. Cambodia: Ministry of Women's Affairs.

Morton, M. (2016). 'Can social protection play a role in reducing childhood violence?' Know Violence in Childhood blog post. Retrieved from: http://www.knowviolenceinchildhood.org/blog/can-social-protection-play-a-role-in-reducing-childhood-violence/

National Bureau of Statistics in China, United Nations Population Fund (UNFPA), & United Nations Children's Fund (UNICEF). (2013). What census data can tell us about children in China: Facts and figures. Beijing: National Bureau of Statistics in China, UNFPA and UNICEF.

Nelson, C. A., Fox, N. A., & Zeanah, C. H. (2013). Anguish of the abandoned child: The plight of orphaned Romanian children reveals the psychic and physical scars from first years spent without a loving, responsive caregiver. Scientific American, 308(4): 62-67.

National Commission for Women and Children (NCWC). (2015). Violence against children in Bhutan: Findings of a qualitative research. Thimphu: NCWC.

National Scientific Council on the Developing Child. (2012). The science of neglect: The persistent absence of responsive care disrupts the developing brain. Working Paper 12. Retrieved from: http://www.developingchild. harvard.edu

Olds, D. L., Kitzman, H. J., Cole, R. E., Hanks, C. A., Arcoleo, K. J., Anson, E. A., Luckey, D. W., Knudtson, M. D., Henderson C. R., Bondy, J., Stevenson, A. J. (2010). Enduring effects of prenatal and infancy home visiting by nurses on maternal life course and government spending: Follow-up of a randomized trial among children at age 12 years. Archives of Pediatrics & Adolescent Medicine 164(5): 419-24.

Pang, J. P., Yang, Z. N., Ren, X. H., Wang, G .X., Wang, H. S., Xi, W. P…& Li, H. Q. (2005). Study on the current situation and influential factors of child neglect among aged 3-6 year-olds in the urban areas of China. Chinese Journal of Epidemiology, 26(4): 258-62.

Parsons, J., & McCleary-Sills, J. (2014). Preventing child marriage: Lessons from World Bank Group gender impact evaluations. enGender Impact: the World Bank's Gender Impact Evaluation Database. Washington, DC: World Bank Group. Retrieved from: http://documents.worldbank.org/curated/en/ 224441468147543361/ Preventing-child-marriage-lessons-from-World-Bank-Group-gender-impact-evaluations

Patel, D. M., & Taylor, R. M. (2011). Social and economic costs of violence: Workshop summary. Forum on Global Violence Prevention. Washington, DC: National Academy of Sciences.

Pereznieto, P., Montes, A., Routier, S., & Langston, L. (2014). Report: The costs and economic impact of violence against children. New York: Overseas Development Institute & Child Fund Alliance. Retrieved from: https://www. odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9177.pdf

Pinheiro, P. S. (2006). UN Secretary General's World Report on Violence Against Children. Geneva: United Nations.

Pollett, J. and Gurr, S. (2009). Lifting the financial burden of child abuse: A Vanuatu Case Study. UNICEF Pacific.

Portela, M. J. O., & Pells, K. (2015). Corporal Punishment in Schools - Longitudinal Evidence from Ethiopia, India, Peru and Viet Nam, Innocenti Discussion Papers. Florence: UNICEF Office of Research – Innocenti.

Public Health Agency of Canada. (2010). Canadian Incidence Study of Reported Child Abuse and Neglect – 2008: Major Findings. Ottawa: Public Health Agency of Canada.

Pulerwitz, J., Barker, G., Segundo, M., & Nascimento, M. (2006). Promoting gender-equity among young Brazilian men as an HIV prevention strategy: Horizons research summary. Washington, DC: Population Council.

Safaria, T. (2016). Prevalence and impact of cyberbullying in a sample of Indonesian junior high school students. TOJET: The Turkish Online Journal of Educational Technology, 15(1): 82-91.

Sampson, M. (forthcoming). Social Protection in the Asia-Pacific Region.

Saramad, M. H., Abid, A., Alavi, M. J., Waziri, B., Babrakzai, N., & Sultani L. (2002). The causes and consequences of cachabazi in Afghanistan (National inquiry report). Kabul: Afghanistan Independent Human Rights Commission.

Save the Children Sweden. (2005). Discipline and punishment of children: A rights-based review of laws, attitudes and practices in East Asia and the Pacific. Regional submission to the UN Secretary General's Global Study on Violence against Children by Save the Children Sweden Southeast Asia and the Pacific. Bangkok: Save the Children Sweden Southeast Asia and the Pacific.

Schneider, S. K., O'Donnell, L., Stueve, A., & Coulter, R. W. S. (2012). Cyberbullying, school bullying, and psychological distress: A regional census of high school students. American Journal of Public Health, 102(1): 171-177.

Sheu, Y., Polcari, A., Anderson, C. M., &Teicher, M. H. (2010). Harsh corporal punishment is associated with increased T2 relaxation time in dopamine-rich regions. NeuroImage, 53: 412-419.

Solotarff, J. L., & Pande, R. P. (2014). Violence against women and girls: Lessons from South Asia. Washington, DC: World Bank.

South Asia Coordinating Group on Action against Violence against Children (SACG), & South Asia Initiative to End Violence Against Children (SAIEVAC). (2016). Implementation of the Sustainable Development Goals relating to violence against children in South Asia: Background document. Colombo, Sri Lanka: SAIEVAC.

Special Representative of the Secretary-General on Violence against Children. (2014). Releasing children's potential and minimizing risks: ICTs, the Internet and violence against children. New York: SRSG on Violence against Children. Retrieved from: http://srsg.violenceagainstchildren.org/sites/default/files/publications_final/icts/releasing_children_ potential_and_minimizing_risks_icts_the_internet_and_violence_against_children.pdf

Stier, D. D., Mercy, J. A., & Kohn, M. (2007). Injury prevention. In R. A. Goodman, R. E. Homan, W. Lopez, G. W. Matthews, M. A. Rothstein, & K. L. Foster (eds.), Law in Public Health Practice (2nd Edition), 506-27. New York: Oxford.

Teicher, M. H., & Samson, J. A. (2016). Annual Research Review: Enduring neurobiological effects of childhood abuse and neglect. Journal of Child Psychology and Psychiatry, 57(3): 241–266.

Tomoda, A., Kawatani, J., Joudoi, T., Hamada, A., & Miike, T. (2009a). Metabolic dysfunction and circadian rhythm abnormalities in adolescents with sleep disturbance. NeuroImage, 47: T21–T26.

Tomoda, A., Navalta, C. P., Polcari, A., Sadato, N., & Teicher, M. H. (2009b). Childhood sexual abuse is associated with reduced gray matter volume in visual cortex of young women. Biological Psychiatry, 66: 642-648.

Tomoda, A., Suzuki, H., Rabi, K., Sheu, Y., Polcari, A., & Teicher, M.H. (2009c). Reduced prefrontal cortical gray matter volume in young adults exposed to harsh corporal punishment. NeuroImage, 47: T66–T71.

Tomoda, A., Sheu, Y., Rabi, K., Suzuki, H., Navalta, C. P., Polcari, A., & Teicher, M.H. (2011). Exposure to parental verbal abuse is associated with increased gray matter volume in superior temporal gyrus. NeuroImage, 54: S280-S286.

United Nations Children's Fund (UNICEF). (2016). Child protection in the digital age: National responses to online child sexual abuse and exploitation in ASEAN Member States. Bangkok: UNICEF EAPRO. Retrieved from: http://www.unicef.org/eapro/Child_Protection_in_the_Digital_Age.pdf

United Nations Children's Fund (UNICEF). (2015). Legal protection from violence: Analysis of domestic laws related to violence against children in ASEAN member States. Bangkok: UNICEF EAPRO.

United Nations Children's Fund (UNICEF). (2014a). Building better brains: New frontiers in early childhood development. New York: UNICEF.

United Nations Children's Fund (UNICEF). (2014b). Ending child marriage: Progress and prospects. New York: UNICEF.

United Nations Children's Fund (UNICEF). (2014c). Hidden in plain sight: A statistical analysis of violence against children. New York: UNICEF.

United Nations Children's Fund (UNICEF). (2009). Child friendly schools programming: Global evaluation report. New York: UNICEF.

United Nations Children's Fund East Asia and Pacific Regional Office (UNICEF EAPRO). (2014). Estimating the Economic Burden of Violence Against Children in East Asia and the Pacific. Bangkok: UNICEF EAPRO.

United Nations Children's Fund Office for Pacific Island Countries. (2015). Report on the Pacific Conference on Ending Violence Against Children, 18–20 May 2015. Nadi, Fiji: UNICEF Office for Pacific Island Countries. Retrieved from: http://www.unicef.org/pacificislands/150910_UNICEF_Pacific_EVAC_Preview.pdf

United Nations Children's Fund Regional Office for South Asia (ROSA). (2016). Violence against children in education settings in South Asia: A desk review. Kathmandu: UNICEF ROSA.

United Nations Committee on the Rights of the Child. (2011). General comment No. 13 (2011): The right of the child to freedom from all forms of violence. CRC/C/GC/13. New York: United Nations.

United Nations Development Programme (UNDP). (2008). Armed violence in Asia and the Pacific: An overview of the causes, costs and consequences. New York: UNDP. Retrieved from: http://www.genevadeclaration.org/fileadmin/docs/regional-publications/Causes-Costs-and-Consequences-Armed-Violence-Asia-Pacific.pdf

United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), & United Nations Human Settlements Programme (UN-Habitat). (2015). The state of Asian and Pacific cities 2015: Urban transformations shifting from quantity to quality. Retrieved from: http://www.unescap.org/resources/state-asian-and-pacific-cities-2015-urban-transformations-shifting-quantity-quality

United Nations Economic and Social Commission (UNESCO). (2014). Regional report on progress towards Education for All in Asia and the Pacific. Bangkok: UNESCO.

United Nations General Assembly. (1989). Convention on the Rights of the Child, Geneva: United Nations.

United Nations Secretary General. (2015). Report on children and armed conflict. General Assembly Security Council, A/69/926–S/2015/409.

University of the Philippines Manila, The University of Edinburgh, Child Protection Network Foundation, & UNICEF Philippines. (2016). A systematic review of the drivers of violence affecting children in the Philippines. Manila: UNICEF Philippines.

UN Women, UNITE, & Australian Aid. (2013). Understanding the costs of violence against women and girls and its response: Selected findings and lessons learned from Asia and the Pacific. Bangkok: United Nations Entity for Gender Equality and the Empowerment of Women, Regional Office for Asia and the Pacific. Retrieved from: http://asiapacific.unwomen.org/~/media/Field%20Office%20ESEAsia/Docs/Publications/   2014/1/UNW_The_Costs_of_Violence_FINAL%20pdf.pdf

UN Women Viet Nam. (2012). Estimating the costs of domestic violence against women in Viet Nam. Hanoi: United Nations. Retrieved from http://www. unwomen.org/en/digital-library/publications/2013/2/estimating-the- cost-of-domestic-violence-against-women-in-viet-nam.

Winkworth, G., & McArthur, M. (2006). Being "child centred" in child protection: What does it mean? Children Australia, 31(4): 13-21.

Woodhead, M. (2006). Changing perspectives on early childhood: theory, research and policy. International Journal of Equity and Innovation in Early Childhood, 4(2): 1-43.

World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), Global Partnership to End Violence Against Children, Pan American Health Organization (PAHO), President's Emergency Plan for AIDS Relief (PEPFAR), Together for Girls, United Nations Children's Fund (UNICEF), United Nations Office on Drugs and Crime (UNODC), United States Agency for International Development (USAID), & the World Bank. (2016). INSPIRE: Seven strategies for ending violence against children. Geneva: WHO.

World Health Organization (WHO). (2015). Preventing youth violence: An overview of the evidence. Geneva: WHO. Retrieved from: http://apps.who.int/iris/bitstream/10665/181008/1/ 9789241509251_eng.pdf?ua=1&ua=1&ua=1

World Health Organization (WHO). (2014). WHO global status report on violence prevention 2014. Geneva: WHO.

World Health Organization (WHO). (2010). Violence prevention the evidence: Series of briefings on violence prevention. Geneva: WHO.

World Health Organization (WHO), & International Society for Prevention of Child Abuse and Neglect (ISPCAN). (2006). Preventing child maltreatment: A guide to taking action and generating evidence. Geneva: WHO. Retrieved from: http://apps.who.int/iris/bitstream/10665/43499/1/9241594365_eng.pdf

Zar. (2012). A study on functionality and effectiveness of Child Protection Action Network at national, provincial and district levels in Afghanistan. Kabul: Zar and UNICEF Afghanistan.

Appendix
Effective strategies for prevention, evaluated interventions

This appendix contains information about interventions in the Asia-Pacific region that have been evaluated and where the results of the evaluation have been published. This is not an exhaustive list but it meant to showcase the variety of prevention interventions undertaken according to the "Seven Strategies" in the region.

Bibliographic information	Programme name and country	Key components	Evaluation design	Key findings
Implementation and Enforcement of Laws *Indicative Global Evidence*				
Bussmann, K. D., Erthal, C., and Schroth, A. (2009). Effects of banning corporal punishment in Europe – a five-nation comparison. Joan, E. Durrant/Smith, Anne (Hg.): Global pathways to abolishing physical punishment, 299-322.	Multi-country study on legislative prohibition of corporal punishment. Sweden, Austria, Germany, Spain, France	The study compared parent attitudes toward corporal punishment in countries where it was banned (Sweden, Austria, Germany) and countries where it had not been banned (Spain, France).	Interviews with parents on knowledge, attitudes and frequency of corporal punishment; knowledge of the law and information campaigns; acceptance of prohibition of corporal punishment; and definitions of violence. Multivariate analyses were conducted to compare results between countries with and without a legal ban on corporal punishment.	Attitudes toward corporal punishment and frequency and severity of using corporal punishment are lower in countries that have legally prohibited its use. The extent to which this can be attributed to legislation is uncertain, however.
Implementation and Enforcement of Laws *Evidence from the Asia – Pacific Region*				
Srinivasan, S., and Bedi, A. (2010). "Daughter Elimination: Cradle Baby Scheme in Tamil Nadu." Economic and Political Weekly, June 5.	Various schemes to address female infanticide. India	From 1992 to present, the state of Tamil Nadu created a number of schemes and policies to tackle female infanticide, which have been evaluated together as a packet of interventions. These are the Cradle Baby Scheme; law enforcement; cash transfer scheme; community awareness; birth registration, and; a death audit to investigate infant deaths.	Policy changes before and after 2001 were used to measure the female-to-male ratio of infant mortality rates, which was used to estimate female infanticide.	Comparisons between 1996-99 and 2003 show a decrease of 46 per cent in the female-to-male ratio of infant mortality rates.

Bibliographic information	Programme name and country	Key components	Evaluation design	Key findings
Implementation and Enforcement of Laws *Evidence from the Asia – Pacific Region (continued)*				
Dialectics. (2014). "Evaluation of Let Girls Be Born Project of Plan India." Draft, Plan India internal document, received through personal communication with Plan India programme staff.	Let A Girl Be Born India	The campaign initiated in 2010 aimed to improve implementation of the PCPNDT Act, which seeks to decrease sex-selective abortion and female infanticide; and to improve the social status of women. Activities included community-based advocacy groups, support to newly married couples against pressure to bear sons, and media and other means to raise awareness.	There was no baseline. Evaluation involved a qualitative assessment of intervention and control sites and a quantitative survey with government and NGO personnel.	Participants recognized changes in increased spaces for women's concerns, recognition of the need for gender equality, and attention to girls' and women's education and health needs. Key problems for sustainability included maintaining community interest, engaging men and boys, and engaging couples.
MDG (Millennium Development Goals) Achievement Fund. (2013). "Final Evaluation: Bangladesh, Gender Equality and Women's Empowerment." Retrieved from http://www.mdgfund.org/sites /default/files/Bangladesh%20-%20Gender%20-%20Final%20Evaluation%20Report.pdf.	Joint UN Programe to Address Violence Against Women in Bangladesh Bangladesh	The programme addressed violence against women, including domestic violence, by aiming to strengthen policy and legal implementation, raising awareness to change community attitudes, and providing and improving services to survivors.	Quantitative and qualitative assessments	The programme increased awareness of gaps in laws and of forms of violence such as workplace harassment and violence against sex workers.
Government of Bangladesh and IOM (International Organization for Migration). (2008). "Counter-Trafficking Interventions in Prevention Protection and Prosecution for Victims of Trafficking in Persons in Bangladesh." End Project Evaluation Report, IOM, Dhaka.	Counter-Trafficking Interventions Bangladesh	The program was implemented in 18 districts from 2005-2008. Activities included capacity building of law enforcement officials, lawyers and immigration officials. It also provided legal, medical, and psychosocial support to trafficking victims, as well as vocational training and business support.	Interviews with key informants and stakeholders	There was a reported decline in trafficking, which the report attributed to increased awareness and engagement. Uptake by local councils is seen through trafficking-related issues now being discussed in monthly meetings in all project districts. Police and the local administration have been more supportive of trafficking victims, and a legal aid clinic was also established to provide support to victims.

Bibliographic information	Programme name and country	Key components	Evaluation design	Key findings
Dutta, M., B. Zutshi, and A. Vajpeyi. (2010). "UNIFEM Regional Anti-Trafficking Programme in South Asia (2000–2009)." Evaluation Report, UNIFEM, India.	Regional Anti-Trafficking Programme in South Asia Bangladesh, India, Nepal, Sri Lanka	Comprehensive programme involving research, regional collaboration, policy and advocacy with governments, legal assistance and counselling for refugees, as well as community-based prevention and response activities. The programme also engaged the South Asian Association for Regional Cooperation to implement the Convention on Trafficking of Women and Children.	Interviews with key informants, field visits, case studies, a desk review, as was a quantitative community survey.	There were improvements in government engagement and regional collaboration, increased awareness and community involvement, changes in attitudes toward trafficked persons, and improved shelter services. Legal support was still not widely available or easily accessible.
Norms and Values *Indicative Global Evidence*				
Miller, E., Tancredi, D. J., McCauley, H. L., Decker, M. R., Virata, M. C. D., Anderson, H. A., … and Silverman, J. G. (2012). "Coaching boys into men": A cluster-randomized controlled trial of a dating violence prevention programme. Journal of Adolescent Health, 51(5), 431-438.	Coaching Boys into Men South Africa	Programme to prevent perpetration of dating violence among coaches and high school male athletes. The intervention was delivered by coaches, who were briefly trained by a violence prevention advocate. They were given a Coaches Kit, which includes strategies to have conversations with athletes about violence against women, as well as training cards to lead short weekly discussion about respect and dating violence prevention throughout the season.	16 schools participated in the intervention with 2,006 athletes over three months. Through a randomized controlled trial, primary outcomes were intentions to intervene, recognition of abusive behaviours, and gender-equitable attitudes. Secondary outcomes explored bystander behaviours and abuse perpetration. Regression models for clustered, longitudinal data assessed between-arm differences in over-time changes in mean levels of continuous outcomes in 1,798 athletes followed up at three months.	Sixty per cent of coaches implemented the programme as designed. When the programme was implemented at full-intensity, athletes demonstrated improvements in intentions to intervene, recognition of abusive behaviours, and positive bystander intervention compared to the control group.

Bibliographic information	Programme name and country	Key components	Evaluation design	Key findings
Watts, C., Abramsky, T., Devries, K., Kiss, L., Nakuti, J., Kyegombe, N., Starmann, E., … and Michau, L. (2014). Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. BMC medicine, 12(1), 1.	SASA! Uganda	SASA! sought to reduce the social acceptability of violence against women, to reduce intimate partner violence and improve community response toward violence. It utilized existing community structures, such as faith communities, refugee camps and villages to empower participants to be agents of change within their communities.	A cluster randomized controlled trial (CRT) was conducted in four intervention and four control communities in Kampala, Uganda. Cross-sectional surveys of a random sample of 18- to 49-years old were conducted at baseline in 2007 (n = 1,583) and in 2012 (n = 2,532). Six primary outcomes related to HIV and violence were measured. Results were analysed to compare outcomes in intervention and control communities at follow-up.	Men and women aged 18-49 who participated in SASA! experienced 52 per cent less physical violence and lower levels of past-year sexual IPV. They also reported decreased social acceptance of IPV perpetration, and increased acceptance that a woman can refuse sex.
Norms and Values *Evidence from the Asia – Pacific Region*				
Daniel, E. and Nanda, R. (2012). The Effect of Reproductive Health Communication Interventions on Age of Marriage and First Birth in Rural Bihar, India: a Retrospective Study. Research and Evaluation Working Paper. Watertown: Pathfinder International.	Prachar India	Implemented between 2001 and 2012, the Prachar programme targeted unmarried adolescents, young couples, their guardians and community leaders in three districts in India. It aimed to improve reproductive health outcomes, including increasing girls' age at marriage and delaying the first birth. The project used a behaviour change approach that involved a number of community-based activities that included interpersonal and group communication on reproductive health issues, visits to young married women by community workers who discussed the benefits of child spacing, community awareness on marriage and pregnancy timing as well as meetings with in-laws and influential community members.	Pre- and post-intervention assessments in a quasi-experiment	The median age at marriage was between 2.6-2.8 years higher among those in the intervention group compared to those in the comparison. The risk of marriage in 2012 was 44 per cent lower among females and 26 per cent lower among males in the intervention group compared to those in the comparison.

Bibliographic information	Programme name and country	Key components	Evaluation design	Key findings
Norms and Values *Evidence from the Asia – Pacific Region (continued)*				
Croll, E. (2001). The Girl Child Shield Project Pakistan: Assessment Report. London: School of Oriental and African Studies, University of London.	Girl Child Shield Project Pakistan	The project was implemented in 800 schools in rural and urban areas across the country from 1997-2001. It targeted girls aged 11-16 years and awarded girls with badges related to knowledge about rights of girls, health, education, and survival.	Evaluation involved observation, interviews with key informants and a desk review.	Participants showed high awareness of discriminatory attitudes and behaviour against girls. Some tried to negotiate their rights with their parents, and there was also some change in parental and community perceptions of girls.
Gandhi, K., and Krijnen, J. (2006). "Evaluation of Community-Based Rural Livelihoods Programme in Badakhshan, Afghanistan." Commissioned by Oxfam Great Britain, Oxford, UK.	Community-based rural livelihoods program Afghanistan	This community-based programme ran from 2003 to 2006 and challenged gender norms through training women to be community health workers, veterinarians, and traditional birth attendants. Male and female community councils were also established to discuss and raise awareness about gender issues, girls' education, and early marriage.	Project records, field visits, interviews with staff, and discussions with project participants after the intervention.	Those who participated in the community councils were more likely to understand the negative consequences of early marriage and were able to link early marriage with pregnancy complications. Some women also reported that they had stopped early marriages in their villages.
Pulerwitz, J., Barker, G., Segundo, M. and Nascimento, N. (2006). "Promoting More Gender-Equitable Norms and Behaviors among Young Men as an HIV/AIDS Prevention Strategy." Population Council, New York. Retrieved from http://www.popcouncil.org/pdfs/horizons/brgendernorms.pdf	Program H India	Program H aimed to promote equitable gender norms and behaviours regarding violence, sexual and reproductive health, substance use and fatherhood. The awareness and education campaign involved interactive group education, videos, social marketing campaigns, focus group discussions with young people, and a community-level mass-media campaign.	Quantitative pre-and post-intervention evaluation.	A significantly smaller proportion of respondents supported inequitable gender norms post-intervention compared to baseline, and changes were maintained at the one-year follow-up in both intervention sites.
Verma, R., Pulerwitz, J., Mahendra, V., Khandekar, S., Singh, A.K., Das, S. et al. (2008). Promoting gender equity as a strategy to reduce HIV risk and gender-based violence among young men in India. Horizons Final Report. Washington, D.C.: Population Council.	Yaari-Dosti India	An adaptation of Program H, this intervention attempted to stimulate critical thinking about gender norms and to support young men to promote gender equitable norms.	Quasi-experiment	Participants reported less support for inequitable gender norms than control groups. Self-reported violence against a partner decreased in the intervention sites.

Bibliographic information	Programme name and country	Key components	Evaluation design	Key findings
Safe Environments *Indicative Global Evidence*				
Devries, K. M., Knight, L., Child, J. C., Mirembe, A., Nakuti, J., Jones, R., … and Walakira, E. (2015). The Good School Toolkit for reducing physical violence from school staff to primary school students: a cluster-randomised controlled trial in Uganda. The Lancet Global Health, 3(7), e378-e386.	Good School Toolkit Uganda	Behavioural intervention designed by Uganda NGO, Raising Voices, with the aim of reducing physical violence from school staff to primary school children. The toolkit includes six steps, each of which contains a number of activities that involve staff, students and administration. Techniques to create behaviour change include setting school-wide goals, training on non-violent discipline and creating a better school environment, such as painting wall murals or hanging codes of conduct in visible places. Achieved goals are rewarded by school celebrations. It was designed to be flexible as schools were able to choose which activities to participate in.	The evaluation randomly selected 42 primary schools with more than 50 primary students: 21 schools received the toolkit and 21 schools were control. The primary outcome measured to assess effectiveness of the intervention was past-week prevalence of physical violence from a school staff member at baseline (September 2012) and follow-up (April 2014).	At follow-up, prevalence of physical violence was lower in intervention schools (31 per cent) compared to control schools (48.7 per cent). Among the intervention schools, there was a 42 per cent reduction in risk of physical violence from staff. Students reported improved feelings' of wellbeing and safety at school, suggesting toolkit is effective in changing the school environment. The toolkit did not affect mental health or educational test scores.
Safe Environments *Evidence from the Asia – Pacific Region*				
UNICEF. (2009). Child Friendly Schools Programming. Global Evaluation report. Evaluation Office. New York: NY http://www.unicef.org/evaluation/files/Global_CFS_Evaluation_Report_Uploaded_Version.pdf	Child Friendly Schools Thailand and Philippines, among other countries	The child-friendly school framework emphasises child-focused teaching and learning and the goals of sustainable development, including protection from harm. These schools focused on making schools safe and inclusive environments for students.	An evaluation of the Child Friendly School global portfolio, including 150 child-friendly schools in six countries (including Philippines and Thailand) was conducted in 2009, through site visits and qualitative and quantitative interviews with randomly selected teachers, students and families.	The evaluation found that students generally feel safer and more supported in child-friendly schools, and that on average female students have more positive feelings about safety than male students. Students also felt safer in schools that had high levels of family and community participation.
Gautam, I. P. (2012). "Final Evaluation of Safer Environment for Girls (TOLI) in Kaski and Tanahun District." Save the Children, Nepal Country Office, Kathmandu.	Safer Environment for Girls Nepal	This project running from 2001 to 2011 focused on protecting children, especially girls, from sexual violence. Child networks and protection committees were established in schools and communities, and school infrastructure was improved, such as providing drinking water and building toilets for girls.	Qualitative participatory evaluation	Children's awareness of good touch and bad touch increased at the end of the intervention. Anecdotal evidence suggested that girls felt empowered and confident through participating child clubs.

Bibliographic information	Programme name and country	Key components	Evaluation design	Key findings
Transition International. (2014a). *Girl Power Programme Mid-Term Evaluation. Country Report- Bangladesh.* Girl Power Alliance: The Netherlands. Transition International. (2014b). *Girl Power Programme Mid-Term Evaluation. Country Report-Nepal.* Girl Power Alliance: The Netherlands. Transition International. (2014c). *Girl Power Programme Mid-Term Evaluation. Country Report-Pakistan.* Girl Power Alliance: The Netherlands.	Girl Power Program (GPP) Bangladesh, Nepal, and Pakistan	Running from 2011-2015, GPP included a range of prevention and response activities from girls' schooling and child clubs to helplines and legal aid, seeking to increase awareness and capacity to empower girl children and adolescents and to address violence against them.	Mixed methods midterm evaluation	In all countries, girls and adolescents were more empowered to say "no", and victims of violence were more likely to seek help via helplines and legal aid. Religious and other community leaders supported the intervention, and there was reportedly a strong sense of ownership in participating communities. Partner organization capacity was also improved, which was reported to be promising for sustainability. At midterm evaluation, there was no decline in the prevalence of violence against girls.
Parent and Caregiver Support *Indicative Global Evidence*				
Olds, D. L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., … and Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial. Jama, 278(8), 637-643.	Nurse-Family Partnership United States	In the Nurse Family Partnership programme, nurses visited the homes of pregnant women in a semirural area of New York to improve the health and well-being of first-time parents and their children, promoting health behaviours during pregnancy and early childhood, care provided to children, and maternal life-course development. Eligibility criteria dictated that participants had at least one of the following characteristics: young age (under the age of 19), unmarried or low socioeconomic status. Women received a mean of 9 home visits during pregnancy and 23 visits from the child's birth to 2 years old.	Women were randomized into four treatments arms, including a comparison group. Of the 400 women enrolled at baseline, 324 participated in the follow up when their children were 15 years old. Women self-reported use of welfare, number of subsequent children and arrests and convictions. Reports of child abuse and neglect were gathered from state records.	At the 15-year follow-up, participants were 48 per cent less likely to be perpetrators of child maltreatment than the control group. In terms of child outcomes, adolescents whose mothers received home visits during pregnancy and in the first two years of their child's life reported fewer arrests, convictions and violations of probation and problem substance use.

Bibliographic information	Programme name and country	Key components	Evaluation design	Key findings
Parent and Caregiver Support *Evidence from the Asia – Pacific Region*				
Gao, L., Xie, W., Yang, X and Chan, S. (2015). Effects of an interpersonal-psychotherapy-oriented postnatal programme for Chinese first-time mothers: A randomized controlled trial. International Journal of Nursing Studies, 52: 22-29.	Hospital-based programme for mothers (No specific programme name) China	This programme used 'psycho-education' to help mother with children who were 2-3 days old to transition to motherhood. The programme was delivered by a midwife over two sessions, one before being discharged from hospital and the follow up within two weeks. It used a psychotherapy-oriented approach to education, aiming to improve social support, maternal caregiving competence and health-related.	Women were recruited in a postnatal unit at a hospital: 90 women participated in the treatment group and 90 were in the control. Outcomes were levels of social support, maternal role competence and depressive symptoms, measured by standardized tools at six weeks postpartum.	Women in the treatment group had significantly fewer depressive symptoms, higher level of social support, and better maternal role competence compared with those who received routine postnatal care.
Sanders, M.R. (2012). Development, Evaluation and Multinational Dissemination of the Triple P-Positive Parenting Program. Annual Review of Clinical Psychology. 8: 345-379.	Review of Triple P-Parenting Programs China (Hong Kong), Japan and Iran	Triple P has been implemented in many countries and aims to prevent severe behavioural, emotional and developmental problems in children by improving the knowledge, skills and confidence of parents. There are five levels of increasing strength for parents and children from birth to 16 years.	Narrative review of evidence-base of Triple P programmes (rather than meta-analysis or systematic review). Interventions included in the review had all undergone a randomized controlled trial to evaluate its effectiveness.	The review found that Triple P programmes have seen increases in positive parenting and reductions in problem behaviours, including in Hong Kong, Japan and Iran.
Income and Economic Strengthening *Indicative Global Evidence*				
Gupta, J., Falb, K. L., Lehmann, H., Kpebo, D., Xuan, Z., Hossain, M., … and Annan, J. (2013). Gender norms and economic empowerment intervention to reduce intimate partner violence against women in rural Côte d'Ivoire: a randomized controlled pilot study. BMC international health and human rights, 13(1), 1.	Group savings and loans associations with gender norm/equity training (No specific programme name) Cote d'Ivoire	This initiative promoted economic empowerment and gender equality through a group savings and loans programme. It targeted Ivorian women and their partners to participate in a gender dialogue group which met eight times from 2010 to 2012.	A randomized-controlled trial compared those who participated in a gender dialogue group (treatment) to those who were involved only in the savings and loan programme (control). 934 women participated at both baseline and endline. The primary trial outcome measure was past-year physical and/or sexual IPV. Past year physical IPV, sexual IPV, and economic abuse were also separately assessed, as were attitudes towards justification of wife beating and a woman's ability to refuse sex with her husband.	Of those women who participated with their male partners in more than 75 per cent of the intervention sessions, past year physical IPV was reduced by over 50 per cent. Women in the treatment group were significantly less likely to report economic abuse than those in the control group. Acceptance of wife beating was also significantly reduced among the treatment group.

Bibliographic information	Programme name and country	Key components	Evaluation design	Key findings
Hallfors, D., Cho, H., Rusakaniko, S., Iritani, B., Mapfumo, J., and Halpern, C. (2011). Supporting adolescent orphan girls to stay in school as HIV risk prevention: evidence from a randomized controlled trial in Zimbabwe. American Journal of Public Health. 101(6): 1082-1088.	Supporting in-school orphan adolescent girls (No specific programme name) Zimbabwe	This 2007 project targeted orphan girls in Grade 6 in 25 primary schools in Zimbabwe. All schools received a daily feeding programme, while intervention participants also received fees, uniforms, health and hygiene supplies, and a helper at school to monitor attendance and resolve problems.	The 25 primary schools were randomized into either treatment or control. Annual surveys with 329 participants collected information on school dropout, marriage, and pregnancy rates. Analyses controlled for school and age at baseline.	After two years, the school dropout rates decreased by 82 per cent and rates of early marriage by 63 per cent. Those who received stipends and other assistance reported more equitable gender attitudes, and more concerns about the consequences of sex than control group.
Income and Economic Strengthening *Evidence from the Asia – Pacific Region*				
UNICEF. (2016). Cash transfers as an earthquake emergency response for vulnerable groups in Nepal: Independent assessment summary report. Retrieved from http://unicef.org.np/uploads/files/90181612557566757-16-03-08-etctp-ia-summary.pdf	Emergency Top-up Cash Transfer Programme (ETCTP) Nepal	Emergency cash benefits were provided to beneficiaries of government social assistance programmes in the most earthquake-affected districts as a top-up to regular payments. ETCTP aimed to meet immediate household expenditure needs and to increase household resilience by reducing the use of negative coping mechanisms and behaviours.	Quantiative surveys were administered to 880 eligible individuals were randomly sampled from benefit lists in 44 Village Development Committees and Municipalities across 11 districts. 22 focus group discussions with 47 key informants were also conducted.	93 per cent of intended beneficiaries received a cash top-up and the cash was most commonly used to meet basic daily needs such as food, medicine, clothing and other household essentials.
World Bank. (2008). "Female Secondary School Assistance Project II. Implementation Completion and Results Report (IDA-36140-BD)." World Bank, Washington, DC. Schurmann, A. T. (2009). "Review of the Bangladesh Female Secondary School Stipend Project Using a Social Exclusion Framework." Journal of Health, Population, and Nutrition 27 (4): 505–17.	Female Secondary School Stipend Program Bangladesh	Initiated in 1993-1994, the programme paid tuition fees and provided monthly stipends for unmarried rural girls up to grade 10 who attended formal schools, remained unmarried, maintained at least 75 per cent attendance, and passed annual examinations. In 2002, the programme was extended to high school students, aiming to delay marriage and childbearing by increasing school enrollment and retention.	Quantitative and qualitative outcome evaluation.	The proportion of girls married between ages 13-15 declined from 29 per cent to 14 per cent; for ages 16-18, from 79 per cent to 64 per cent. Qualitative data suggested the stipend did affect parental decisions on marriage. There were significant increases in girls' secondary schooling, but the poorest may not have equally benefited. The presence of numerous other initiatives to increase secondary schooling and delay marriage make it difficult to attribute changes to this specific programme.

Bibliographic information	Programme name and country	Key components	Evaluation design	Key findings
Response and Support Services *Indicative Global Evidence*				
Wethington, H.R., Hahn, R.A., Fuqua-Whitley, D.S., Sipe, T.A., Crosby, A.E., Johnson, R.L., Liberman, A.M., Moscicki, E., Price, L.N., Tuma, F.K., Kalr,a G., and Chattopadhyay, S.K. (2008). The effectiveness of interventions to reduce psychological harm from traumatic events among children and adolescents: systematic review. American Journal of Preventative Medicine. 35(3): 287-313.	Systematic review of various interventions to reduce psychological harm among children exposed to trauma, including abuse.

Various countries | This systematic review evaluated interventions commonly used to reduce psychological harm among children and adolescents exposed to traumatic events. | Meta-analysis of evaluated interventions in high-income countries.

The seven evaluated interventions included various therapies to improve psychological outcomes after exposure to trauma. | Individual and group cognitive-behavioural therapy were found to be effective in decreasing psychological harm among adolescents exposed to trauma, including physical and sexual abuse, during childhood. |
| **Response and Support Services** *Evidence from the Asia – Pacific Region* | | | | |
| RENEW (Respect, Educate, Nurture, and Empower Women) and UNFPA (United Nations Population Fund). (2011). Community Based Support System (CBSS) Program Assessment. Thimphu: RENEW. | Respect Educate Nurture and Empower Women (RENEW)

Bhutan | This is a multi-faceted, community-based programme that began in 2005 and relies primarily on volunteers. It networks with local authorities and advocates for prevention of domestic violence through campaigns and rallies. The programme also provides a range of response activities including counselling, shelters, and legal aid, and provides information on alcohol and drug abuse and laws for divorce, inheritance, and child custody. | Conducted field visits, stakeholder interviews and a desk review. | The project successfully engaged men, with more than 50 per cent of participating volunteers being men. It also helped people in remote areas reach preventive services they were unable to access before. |

Bibliographic information	Programme name and country	Key components	Evaluation design	Key findings
Education and Life Skills *Indicative Global Evidence*				
Sarnquist, C., Omondi, B., Sinclair, J., Gitau, C., Paiva, L., Mulinge, M., … and Maldonado, Y. (2014). Rape prevention through empowerment of adolescent girls. Pediatrics, 133(5), e1226-e1232.	'No Means No' IMpower programme Kenya	The programme aimed to empower adolescent girls through self-defense and de-escalation skills. 1,978 girls from four neighbourhoods near Nairobi participated in programme. Girls in the intervention received six two-hour sessions and standard-of-care group received a life skills class.	Baseline and follow-up at 10 ½ months data were gathered by self-reports, asking about experiences of sexual assault, including disclosure.	Disclosure of sexual violence increased significantly among the intervention group by about 34 per cent and annual sexual assault rates declined significantly by 38 per cent. In the control group, there was no significant change in sexual assault rates, and the disclosure rate remained the same at baseline and follow-up. Over half of adolescents (52.3 per cent) in the intervention group reported using skills learned to stop an assault.
Education and Life Skills *Evidence from the Asia – Pacific Region*				
Kabir, M. M., Afroze, R., and Aldeen, M. (2007). Impact Assessment of Adolescent Development Programme (ADP) of BRAC. Dhaka: BRAC Research Report.	Adolescent Development Program (ADP) Bangladesh	The programme, which began in 1993 and is still ongoing, aims to empower girls to participate in life decisions such as marriage, and to create an enabling environment for adolescent development at home and in the community. ADP created reading centres to be safe spaces in the community where life-skills training was provided.	Quantitative and qualitative surveys were conducted after participating in the intervention. No baseline data was collected.	Girls participating in the programme had greater knowledge about risks of early marriage and of legal marrying age compared to the control group.
Shahnaz, R., and Karim, R. (2008). Providing Microfinance and Social Space to Empower Adolescent Girls: An Evaluation of BRAC's ELA Centres. Dhaka: BRAC Research and Evaluation Division Working Paper No. 3, BRAC.	Employment and Livelihood for Adolescents (ELA) Centers Bangladesh	This program, which started in 2005 and is still ongoing, started Employment and Livelihood for Adolescents (ELA) centers within preexisting adolescent centers (ADP centres). It targeted girls and provided a combination of life skills, safe spaces, financial literacy, and access to income through microcredit.	Quantitative and qualitative surveys comparing outcomes between intervention and control groups.	Participants were more likely to stay in school, take part in income generating activities, and have better communication with parents about life choices. ELA centres have been replicated in six countries in Asia, Africa, and Central America.

Bibliographic information	Programme name and country	Key components	Evaluation design	Key findings
Education and Life Skills *Evidence from the Asia – Pacific Region*				
Warner A., Stoebenau K., and Glinski A.M. (2014). More Power to Her: How Empowering Girls can Help End Child Marriage, International Center for Research on Women, Washington DC	SoFEA Bangladesh	SoFea targeted 11-21 year olds to deliver social and financial training through peer-education in five districts in Bangladesh over five years. It builds off the Adolescent Development Program (ADP) and the Employment for Livelihoods for Adolescents (ELA) programme. Participants met 3-5 times per week and received life skills training (discussions on child marriage, GBV, etc.); livelihood training (skills and support to engage in income generating activities such as dairy cow raising or tailoring); financial education (information on savings and access to loans); and 'edu-tainment' (opportunities for socializing with peers through dancing and singing).	Qualitative and quantitative surveys.	Participants were better equipped to identify the risks of early marriage, had improved attitudes toward gender equality and married at a later age than those who did not participate in the project.
United Nations Educational, Scientific and Cultural Organisation. (2015). *Promising Education for All Practices in the Asia-Pacific Region: the Philippines (Kariton Klasrum) case study*. Retrieved from http://www.unescodoc.unesco.org/images/0023/002339/233992E.pdf	Education for All policy/Kariton Klasrum initiative/ Dynamic Teen Company Philippines	Target population of street children and out-of-school youth. It provided an alternative to street gangs, created a mobile classroom to bring teaching materials to street children. It also included a mobile medical clinic and canteen.	Qualitative assessments from participants, staff and volunteer educators.	Participants report that they acquired or improved literacy and numeracy skills, better reading and drawing skills. Staff and volunteers reported that learners showed increased politeness and respect for others, increased interest in learning, less disruptive behaviour and better observance of rules.
Pande, R., Kurz, K., Walia, S., MacQuarrie, K. and Jain, S. (2006). Improving the Reproductive Health of Married and Unmarried Youth in India: Evidence of Effectiveness and Costs from Community-Based Interventions. Final Report of the Adolescent Reproductive Health Program in India. Washington, DC: International Center for	Maharashtra Life Skills Program India	This programme ran from 1998-1999 and aimed to improve the social and health status of adolescent girls, promote self-esteem, and increase the age at marriage. Unmarried adolescent girls ages 12-18 were enrolled in an intensive life skills course taught by trained village women. The course met each weekday for one hour for one year. There were also monthly meetings for parents.	Annual data on age at marriage was used to measure time trends, and analysed in conjunction with data collected through the programme.	In the treatment area, the proportion of married girls aged 11-17 years decreased from 80.7 per cent in 1997 to 61.8 per cent in 2001. No change occurred in the control area. Girls who fully attended the life skills course were four times less likely to marry before age 18 compared to those in the control villages.

Bibliographic information	Programme name and country	Key components	Evaluation design	Key findings
CEDPA (Centre for Development and Population Activities). (2001). Adolescent Girls in India Choose a Better Future: An Impact Assessment. India: CEDPA.	Better Life Options Program (BLP) India	Running from 1996-1999, BLP aimed to improve the economic and social empowerment of adolescent girls. The multi-faceted programme involved a combination of life skills development, with literacy and vocational training, support to enroll in and stay in school, family life education, and leadership training.	Assessment conducted after intervention comparing control and treatment groups. Analyses controlled for girls' education and parents' education and occupation.	A significantly higher percentage of participants married after the legal age of marriage 37 per cent) compared to the control group (26 per cent). Married participants also reported to have had a say in the selecting their husbands.
Madrid, B., Dans, L. F., Fry, D., Duka-Pante, F. G. H., and Muyot, A. T. (Forthcoming). Safe Schools for Teens: Preventing Sexual Abuse for Urban Poor Teens.	Safe Schools for Teens: Preventing Sexual Abuse for Urban Poor Teens Philippines	This 2-phase project seeks to improve teachers' knowledge, skills and attitudes on reporting and detecting sexual abuse among adolescent students. It trains teachers and school staff to recognize, record, report and refer child abuse cases, establishes a referral structure, and develops and implements modules for adolescents to help prevent sexual abuse by peers.	Pre- and post-tests will be conducted to document improvement in the knowledge, skills and attitudes of the teachers and school staff who received training for the identification and reporting of child sexual abuse cases. This will be assessed through a test on what they would do given a mock scenario. A secondary outcome will be comparing the number of reports of potential and actual child sexual abuse cases pre- and post-intervention.	Currently under evaluation – Phase 2 to take place 2016-2017