Reducing school violence in Africa: learning from Uganda

Violence pervades the lives of children around the world. For too long, society has ignored child violence and failed to hold adult guardians to account for their traumatising actions towards children. The right to be protected from violence is guaranteed by the United Nations Convention on the Rights of the Child, and yet children in many countries are routinely exposed to physical attacks as victims or as bystanders. Moreover, even though children spend more time in school than in any other setting, robust evidence on the prevention of violence in schools outside North America is scarce.

The community trial by Karen Devries and colleagues in *The Lancet Global Health* is therefore a bold and important initiative in the field of paediatric violence. The trial evaluated a complex behavioural intervention—the Good School Toolkit, designed by non-profit organisation Raising Voices—in 42 Ugandan schools. The need for such an intervention is stark. According to a recent UNICEF report on violence, Uganda’s child homicide rate is 10 per 100,000 annually—one of the highest in the world—with 36% of 13-15-year-olds having been in a physical fight during the past year and 54% of 15-19-year-olds having experienced physical violence since age 15 years. Anecdotal reports suggest that most students have experienced physical punishment at school at the hands of school staff, including caning and slapping. Such experiences are shared equally between boys and girls and track strongly into adult life in experiences involving forced sexual acts and attitudes towards intimate partner violence and using physical discipline with children.

This randomised trial of the Good School Toolkit is important not only because of its aim—to reduce physical violence from school staff enacted on primary school children—but also because of its novelty and quality. It represents one of the few cluster-randomised controlled trials of its kind in any setting. Its objectives, study population, and methods were clear and transparent. Devries and colleagues carefully considered threats to both internal and external validity within their design and interpretation, as well as the implications of the trial findings for public health. The reach of the intervention and cooperation of the school communities, staff members, and student bodies were both excellent. Methods of follow-up and assessment conformed to the highest possible standards. Indeed, the study represents a model in terms of the conduct of a community-based trial in a school-based setting and sets a new standard for evidence in support of school-based interventions.

Still, despite its impressive findings—a significantly lower rate of violence was reported in intervention schools relative to controls after 18 months (595/1921 [31.0%] vs 924/1899 [48.7%]; odds ratio 0.40, 95% CI 0.26–0.64, p<0.0001), with no apparent adverse effects of the intervention—an astute reader will observe that the total efficacy of the intervention is modest. Even after this rigorous school-based intervention, almost a third of primary school children in the intervention group of the trial still reported one or more episodes of physical violence in the past week. This is violence perpetrated by school staff—acts that in other jurisdictions and countries could lead to severe reprimands, dismissal, or even incarceration. 434 children were referred to child protective services over the course of the trial, representing one in nine trial participants. Another caveat is that, although the efficacy of the intervention is clear, its broader and long-term effects on acts of corporal punishment and other forms of violence within and outside of the school system remain unknown. Hopefully, further follow-up will show a sustained decline in reported physical violence in all settings among students assigned to the intervention, but this remains to be seen.

Violence against children represents a quiet epidemic, and schools offer researchers a natural laboratory in which to measure and study its prevalence and many consequences for mental and physical health and academic outcomes. However, schools are just one context in which children are victimised. Interventions that are conducted over a short-term period might affect school cultures and experiences, but both their immediate and sustained impacts on violence in homes, workplaces, and neighborhoods remain uncertain and need further study. It is important to recognise that social and structural determinants of violence—poverty, gender discrimination and racism, socioeconomic inequalities, political unrest, untreated mental health problems, addictions, and other root causes—will persist despite the best efforts of schools to counteract them.
The need remains for further research that focuses more broadly on such fundamental determinants. Still, Devries and colleagues are to be commended for their very courageous and timely work. With the resources and political will needed to include such programmes in education curricula, schools in Uganda and elsewhere are ideally situated for laying the roots of broader social change towards the elimination of violence against children. Efforts to address such acts and to change societal norms are needed not only to prevent unnecessary deaths and trauma in vulnerable populations, but also to buttress the social and economic development of entire nations.

*William Pickett, Frank J Elgar*
Department of Public Health Sciences, Queen’s University, Kingston, ON K7L 3N6, Canada (WP); and Institute for Health and Social Policy, and Douglas Mental Health University Institute, McGill University, Montreal, QC, Canada (FJE)
will.pickett@queensu.ca

We declare no competing interests.

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