

A large yellow abstract shape at the top of the page, with several red lines of varying lengths extending downwards from its bottom edge. The lines are positioned above the word 'RESPECT'.

R E S P E C T

W O M E N

S T R A T E G Y
S U M M A R Y

**Child and adolescent
abuse prevented**

Child and adolescent abuse prevented

OBJECTIVE OF STRATEGY: Establish nurturing family relationships, prohibit corporal punishment, reduce harsh parenting practices and create positive parent-child relationships.

Rationale

Globally, over half of all children aged 2-17 have experienced some form of abuse in the past year.¹ However, in many contexts the scale of child and adolescent abuse is likely much higher due to large-scale underreporting.

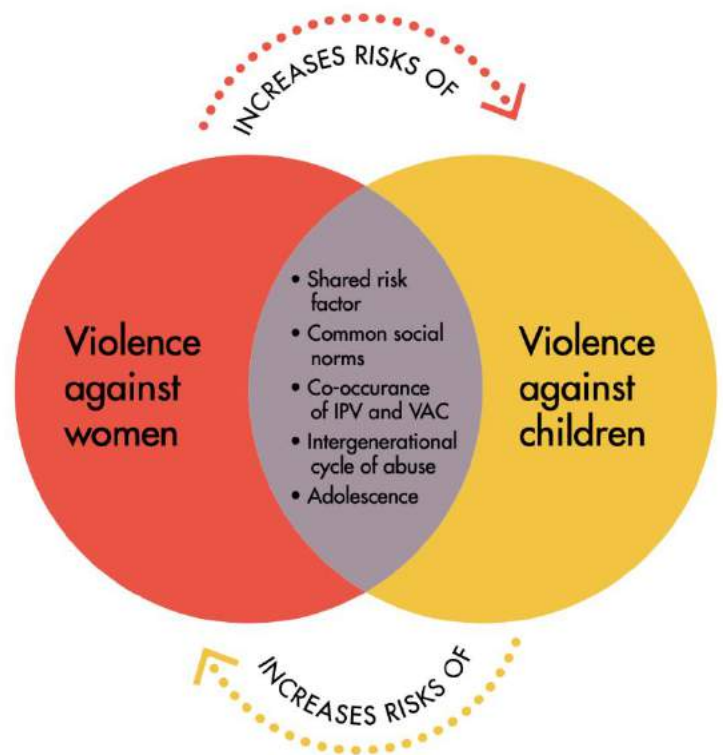
Violence against children (VAC)² can take multiple forms, including child maltreatment, bullying, youth violence, intimate partner violence (IPV), sexual violence, or emotional violence, with certain forms occurring at different stages in a child's development.³

VAC and violence against women (VAW) are closely related, with strong evidence demonstrating the multiple links between the two, including shared risks, common consequences and overlaps (see figure 1).

- **Partner violence and child abuse/maltreatment often occur in the same households.**⁴ Children living in households where the mother is being abused are also more likely to experience violent discipline.⁵ This is particularly the case where rigid patriarchal structures normalise and justify the use of violence. For example, research in Afghanistan found that women who had experienced physical IPV in the last 12 months were more likely to report beating their child, than women who had not.⁶
- These patriarchal structures are **sustained by harmful social norms**, including norms that limit reporting of violence, condone violent discipline (wife beating and corporal punishment), prioritise family reputation and blame survivors, and support gender inequality.⁷
- VAC and VAW often **overlap during adolescence** (ages 10-19). It is a time when some forms of violence are first experienced and perpetrated, such as IPV, and when there are increased risks of abuse. One in three adolescent girls aged 15 to 19 who are in an intimate relationship reported having ever experienced emotional, physical or sexual violence,³ reaching over 50% in some parts of Sub-Saharan Africa.⁸ However adolescence can also be a window of opportunity for prevention.⁹
- VAC has been associated with an **intergenerational cycle of abuse**. Violence in childhood increases the risk of future experience and perpetration of IPV. There is also evidence between childhood trauma, IPV and harsh parenting.¹⁰

The pervasive links between IPV and VAC calls for more efforts to address the shared risk factors and intersections, with greater communication and collaboration between the VAC and VAW prevention fields.

Figure 1: Links between VAW and VAC



Source: Adapted from Fulu et al (2017)¹

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The [INSPIRE framework](#) includes seven strategies for ending violence against children. Each letter of the word INSPIRE represents one of the strategies that have been shown to prevent different types of violence against children. Table 2 shows some of the links between the RESPECT and INSPIRE frameworks.

Table 1: How do INSPIRE and RESPECT frameworks compare?¹¹

2 How do INSPIRE and RESPECT frameworks compare?	
INSPIRE: End violence against children	RESPECT: Prevent violence against women
Implementation and enforcement of laws	<i>Put in place and facilitate enforcement of laws and policies*</i>
Norms and values	Transformed attitudes, beliefs, and norms
Safe environments	Environments made safe
Parent and caregiver support	Child and adolescent abuse prevented
Income and economic strengthening	Poverty reduced
	Empowerment of women
Response and support services	Services ensured
Education and life skills	Relationships skills strengthened
<i>Multi-sectoral collaboration***</i>	<i>Coordination and partnership across sectors**</i>
<i>Monitoring and evaluation***</i>	<i>Strengthen monitoring and evaluation systems**</i>
<small>*Component of "enabling environment", ** "Guiding principle for effective programming", *** "Cross-cutting strategy"</small>	

Risk and protective factors

This strategy aims to prevent the multiple forms of violence against children and adolescents. It focuses on integrated approaches which intentionally seek to reduce the shared risk factors and stop the intergenerational cycle of violence and abuse in households and communities.^{12,13}

The strategy includes approaches aimed at preventing violence against adolescents, including forms of bullying, peer and dating violence, and sexual exploitation experienced in school settings.

Whole-school approaches are included under the **Environments Made Safe RESPECT Strategy Summary**. Life skills approaches focused on empowering adolescent girls are included under the **Empowerment of Women Strategy Summary**.

This strategy aims to address the following factors that can increase or decrease children's and adolescents' risks of violence:

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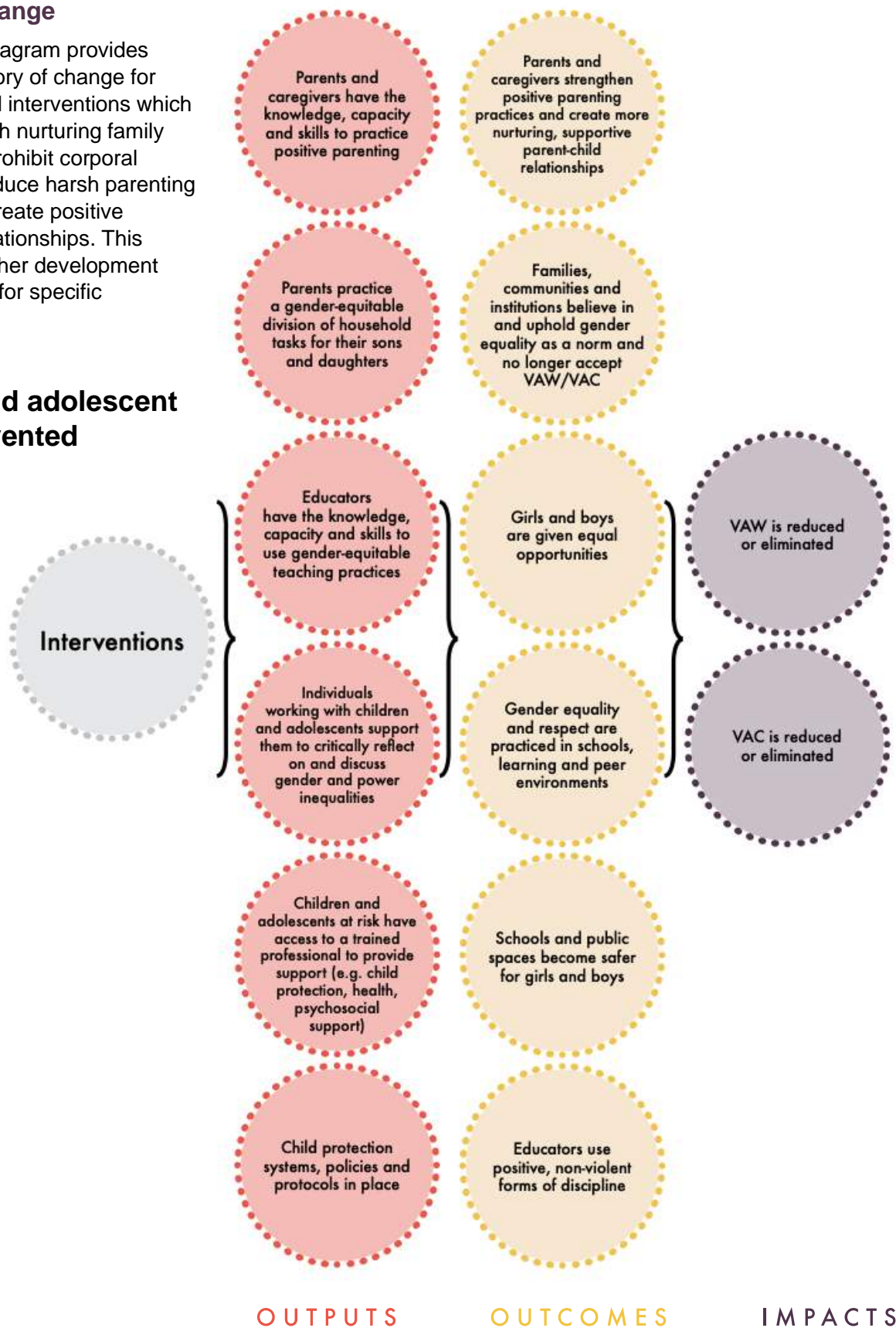
Level	Risk factors	Protective factors
Individual	<p>Childhood experience of violence and/or exposure to violence in the family (men and women)</p> <p>Low education level (men and women)</p> <p>Harmful use of drugs and alcohol (men and women)</p> <p>Psychological dysfunction / Poor emotional regulation (men)</p> <p>Attitudes condoning or justifying violence as normal or acceptable (men and women)</p>	<p>Childhood experience of non-violent means of communication + conflict resolution (men and women)</p> <p>Education and literacy (men and women)</p> <p>High self-efficacy and self-esteem (men and women)</p> <p>Gender-equitable attitudes and practices (men and women)</p>
Interpersonal	<p>Poor/negative parenting practices</p> <p>Marital conflict and family breakdown</p> <p>Poor communication, ineffective conflict resolution and problem-solving skills</p> <p>Peers that engage in violence</p>	<p>Positive parenting practices</p> <p>Relationship skills to mitigate triggers of violence (e.g. conflict resolution, communication)</p>
Community	<p>Harmful gender norms that uphold male privilege and limit women's autonomy</p> <p>Corporal punishment widely practiced in schools</p> <p>Community institutions that tolerate / fail to respond to violence</p>	<p>Norms that support non-violence, respect for diversity and gender equality, and promote women's empowerment</p> <p>School environments which promote child-friendly and gender-equitable curricula and teaching</p>

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Theory of change

The following diagram provides a simplified theory of change for evidence-based interventions which seek to establish nurturing family relationships, prohibit corporal punishment, reduce harsh parenting practices and create positive parent-child relationships. This would need further development and adaptation for specific programmes.





C: Child and adolescent abuse prevented



Types of interventions

A number of different interventions have been implemented in different country contexts which aim to tackle both VAC and VAW, with positive parenting interventions among the most promising approaches. There is more limited evidence for other types of interventions, in particular evidence from low- and middle-income countries (LMICs).

The following table outlines the key types of interventions featured in the RESPECT framework and provides a brief overview of the current evidence base and example programmes. Programme examples from LMICs have been prioritised, where these are available.

Intervention type	Description	Evidence of effectiveness	Example programmes
Parenting interventions addressing IPV and child maltreatment	<p>The most promising approach under this strategy are interventions or services aimed at improving caregiver-child relationships and discipline practices, as well as intentionally promoting gender equality and challenging restrictive gender norms, roles and relationships</p> <p>These programmes target fathers and couples, and focus on parent-child communication and violent discipline against children, promoting reflection, dialogue and action. Parenting interventions typically include individual counselling or group discussions, positive role modelling, and structured play between parents and their children.¹⁴</p>	<p> H</p> <p> L</p>	<p>Bandeberho (Rwanda)</p> <p>Real Fathers (Uganda)</p> <p>Parenting for Lifelong Health (South Africa)</p> <p>Parents Make the Difference (Liberia)</p> <p>Building Happy Families (Thailand)</p>
Life skills/ school-based curriculum, including rape and dating	<p>This includes curriculum-based approaches to promoting gender equality and addressing peer and relationship violence among adolescents both in school and in out-of-school settings.</p>	<p> H</p> <p> L</p>	<p>Prepare (South Africa)</p> <p>Right to Play (Pakistan)</p>

Intervention type	Description	Evidence of effectiveness	Example programmes
violence prevention training		<p>More evidence is needed on the effectiveness of this intervention type in reducing violence in LMICs.</p> <p>In addition, there is good evidence that college-based self-defence interventions are effective in HICs, but conflicting evidence that self-defence interventions are effective in reducing dating violence in schools in LMICs.</p>	<p>Ujamaa/ No Means No Empowerment Transformation Training (Kenya)</p>
Home visitation and health worker outreach	<p>These interventions include home visits, usually by nurses or community health workers, targeting mothers at risk of or experiencing IPV, and households at risk of child abuse. These programmes typically work with mothers, including pregnant mothers and mothers of children of all ages, and seek to strengthen parenting skills.¹⁶</p>	<p>H</p> <p>There is evidence from HICs that home visitation and health worker outreach programmes that include multiple sessions is a promising approach to reduce levels of violence experienced by women and their children.</p> <p>L</p> <p>More evidence is needed from LMICs on whether these interventions can reduce levels of IPV and child maltreatment, including follow-up studies to test whether positive impacts are sustainable.¹⁷</p>	<p>Nurse-Family Partnership (US)</p> <p>VoorZorg (Netherlands)</p> <p>The Infants programme (South Africa)</p>
Psychological support interventions for children who experience violence and who witness IPV	<p>This set of psychological interventions aims to address the mental health and trauma outcomes associated with childhood experience or witnessing of violence as secondary prevention approaches to ending cycles of violence. These interventions can be important to improve children’s wellbeing and to stop the intergenerational cycle of violence.</p>	<p>H</p> <p>There is promising evidence from HICs that these types of interventions can lead to reductions in levels of VAW and VAC.</p> <p>L</p> <p>Available evidence from LMICs suggests that programmes which target both mothers and their children, both in separate sessions and sessions together, may be particularly beneficial in addressing the psychosocial impacts of violence.¹⁸ However, more evidence is needed from LMICs on whether these types of approaches can help to prevent future child abuse, as well as IPV in the home.</p>	<p>WHO Guidelines for Mental Health (mh-GAP) (Global)</p> <p>VEGA Family Violence Project (Canada)</p>

Example programmes

The following table summarises three different programmes which have been shown to deliver reductions in VAC and VAW prevalence within programmatic timeframes. The table should be reviewed alongside the **design and implementation checklist** on page 9, as well as the **guiding principles of effective programming** provided in the RESPECT framework when adapting any of these methodologies. More detailed information on each programme are provided in the **programme summaries**.

Programme	Description	Location	Target population	Core activities	Duration	Evaluation and Impact
Bandebereho, MenCare+, Rwanda Men’s Resource Center (RWAMREC)	A couples’ intervention to promote positive fatherhood and gender equality amongst fathers and their partners, to shift gender-power imbalances and reduce IPV and violent discipline against children	Implemented in four districts of Rwanda - Karongi, Musanze, Nyaruguru and Rwamagana	Men aged 21-35, married or cohabitating, who are expectant fathers and fathers of under 5s and their partners	Participatory, small group sessions for men and their partners, including 15 sessions for men and 8 sessions for their partners. The sessions aimed to promote critical reflection and dialogue on gender and power, fatherhood, caregiving, child development, couple communication and decision-making. The curriculum was adapted from MenCare+’s Program P for engaging men in maternal and child health.	1 year	Evaluation type: Randomised controlled trial (RCT) Impact: 21 months post-baseline there were significant reductions in women’s experiences of physical IPV and sexual IPV. Women and men in the intervention also reported significantly less physical punishment of children. ¹⁹

Programme	Description	Location	Target population	Core activities	Duration	Evaluation and Impact
<p>PREPARE, Western Cape Department of Health, the City of Cape Town Health Department, the Desmond Tutu HIV Foundation; Centre for Justice and Crime Prevention (CJCP)²⁰</p>	<p>Multi-component, school-based HIV and IPV prevention programme for adolescents</p>	<p>Implemented in 42 high schools in Western Cape, South Africa</p>	<p>Grade 8 students aged between 13 and 14</p>	<p>21 sessions of up to 25 participants delivered by trained facilitators who had been screened for positive gender norms and comfort with sexuality education. Sessions cover communication, relationships, gender power inequities and IPV. The education component is complemented with school health service and school safety programme, including training and mapping of unsafe physical spaces.</p>	<p>12 months</p>	<p>Evaluation type: RCT Impact: A reduction in experience of dating violence as experienced by girls 12 months post-baseline.²¹</p>
<p><u>Right to Play</u> Right to Play Pakistan (RTP) and the Aga Khan Foundation</p>	<p>A play and sport-based programme to reduce peer violence in schools</p>	<p>Hyderabad, Sindh Province, Pakistan</p>	<p>Grade 6 students average age 12</p>	<p>Twice-weekly 40 minute structured and interactive play-based learning activities were integrated into the school schedule. Activities were focused on developing essential life skills including critical thinking skills to challenge violence and gender inequality. The school-based intervention also engaged parents and the wider community through tournaments, events and regular thematic 'Play Days' (e.g. focused on the theme 'Stop Violence').²²</p>	<p>2 years</p>	<p>Evaluation type: RCT Impact: Significant reductions in peer violence, significant reductions in corporal punishment in schools and at home, and a significant reduction in prevalence of reports of witnessing domestic violence at home from boys and girls. Gender equitable attitudes also improved for both boys and girls.²³</p>

Design and Implementation Checklist

Common elements and principles of effective approaches to prevent child and adolescent abuse include:^{24,25}

Programme design and adaptation

- 1. Design programmes which address risk factors for both VAC and VAW.** Evidence suggests programmes which seek only to address child abuse have limited impact with children who continue to witness IPV against their mothers.²⁶ Programmes which focus on eliminating common risk factors for both VAC and VAW have more potential to reduce both forms of violence. For example, a study of the SASA! intervention in Uganda identified the potential for more joined-up programming to prevent all forms of violence in households.²⁷
- 2. Focus on critical reflection around gender and power, including within households.**²⁸ Programmes which help model how gender norms are taught to children and support them to change and unlearn their behaviour such as the Bandedereho couples intervention in Rwanda have shown promise at reducing both VAC and VAW.²⁹
- 3. Focus on building relationship and parenting skills, rather than simply raising awareness.**³⁰ Interventions which actively seek to develop relationship skills, including through opportunities to practise those skills in safe spaces, have proven to be successful in preventing violence.³¹ This includes developing positive discipline skills amongst parents, helping parents to manage difficult emotions such as anger and frustration, and positive communication skills between intimate partners.³²
- 4. Approaches must be adapted and tailored to the local context.** Programme adaptation can help address recruitment and retention barriers, particularly in engaging fathers. In addition, programmes need to work to address norms beyond the target group to create an enabling environment that can sustain individual level changes. For example, by engaging different actors (community and religious leaders, health workers, teachers, members of parent school

management boards, early childhood education services) through other strategies like social and behavioural campaigns.

Implementation and scale-up

- 5. Include multiple sessions for parents and caregivers reinforcing key concepts and learning over months rather than weeks.**^{33,34} One-off sessions do not appear to be effective. Shifting harmful social norms which drive and sustain VAW and VAC requires reinforcement of learning and repetition of key messages over time. Multiple sessions which allow for both single sex and mixed-sex groups have been a critical success factor for several programmes.³⁵
- 6. Ensure facilitators are well-trained, supervised and monitored**^{36,37} and have access to guidance and support. Evidence on home visitation programmes shows that these factors were associated with positive programme outcomes, including around child maltreatment.³⁸
- 7. Include both small group and individual sessions in parenting interventions,** offering participants opportunities to discuss gender norms and power with others, practice and model new attitudes and behaviours in a safe space, and share individual concerns with mentors.³⁹
- 8. Consider how to reach families who are at high risk of violence.** Home visitation is particularly useful to reach families who may not engage with regular services, including those most at risk of experiencing violence within the home.⁴⁰
- 9. Use participatory and play-based approaches.**⁴¹ Interactive, curriculum-based approaches that are fully integrated into the school day have been highlighted as particularly important to engage children and young people.⁴² For example, Right to Play's [Positive Youth Development programme](#) in Pakistan



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involved a set of curriculum and play-based school activities allowing children to understand and reflect on social norms, including thematic play days for parents and the local community.⁴³

- 10. Ensure child-friendly and gender-sensitive reporting and referral mechanisms are in place, including coordinating with child protection actors** before implementation begins and ensure implementers are aware of these mechanisms.⁴⁴ This is an essential part of safeguarding and “do no harm” programming, and programmes need to be prepared to respond appropriately to both VAW and VAC (which may often require working with different stakeholders).

In settings where mandatory reporting is in place, service providers are required to report cases of physical or sexual abuse to authorities. The ethical and safety considerations of mandatory reporting are discussed in Good Practice Statement 7 of the World Health Organisation’s clinical guidelines on [Responding to children and adolescents who have been sexually abused](#).

- 11. Strengthening systems and institutions is crucial for scale-up**, particularly child protection systems, such as case management, referrals, and psychosocial support, with an adequate cadre of trained social workers.

Entry points

Approaches to addressing child and adolescent abuse can be integrated into multiple settings and sectors to maximise impact. Building on ongoing initiatives can be effective to increase the reach of prevention programming and has the potential to generate additional positive outcomes for the initiatives themselves. The following table highlights key entry points for this strategy, including programme examples.

Entry point	Rationale
<p>Social protection and economic empowerment interventions</p> <ul style="list-style-type: none"> • Cash transfers • Village Savings and Loans Associations (VSLAs) combined with gender norms training • Microfinance combined with gender norms training • Youth employment programmes 	<p>Income and economic strengthening programmes provide opportunities to address VAC and VAW, both directly and indirectly, through focusing on risk factors. Programmes providing economic opportunities to families and women alongside gender norms training have been shown to be successful in reducing violence.⁴⁵ For adolescents, multi-layered long-term interventions are more effective.⁴⁶</p> <p>For example, the <i>Empowerment and Livelihood for Adolescents (ELA) programme</i> in Afghanistan and Uganda reduced instances of rape by 50%. It supports adolescent girls with mentoring, life skills and microfinance training at adolescent clubs. The programme is run by peer mentors and includes raising awareness around gender norms and sexual and reproductive health.⁴⁷</p> <p>Social safety nets, including cash transfers, can have protective effects on VAW and VAC.⁴⁸ The most promising evidence relates to sexual violence against female adolescents in Africa. For example, an evaluation of Kenya’s Cash Transfer for Orphans and Vulnerable Children found reductions in transactional sex among female adolescents.⁴⁹ Research also shows that cash transfers can reduce child maltreatment by 10% and increase pro-social behaviour among adolescent boys.⁵⁰ However, further research is needed to explore the design features that are more likely to protect children and women from violence, as well as how to mitigate any potential adverse impacts.⁵¹ For further information, see the RESPECT strategy on ‘Poverty Reduced’.</p>

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Education

- Life skills and awareness raising
- Comprehensive sexuality education
- Sports and play
- Early childhood development

Schools are particularly useful settings in which to implement VAC and VAW prevention programming as they reach large numbers of children at an age before gender norms around violence are internalised. These programmes tend to teach children about violence and often develop their skills to reduce their risk of exposure to violence, either by adults or other children.

For example, *Right to Play* in Pakistan used sport and play to change social norms in support of gender equality and non-violence. Endline research showed significant reductions in corporal punishment both at home and at school, peer violence at school and witnessing domestic violence at home.^{52,53}

Health

- Sexual, reproductive health programming, particularly antenatal care
- Community health worker outreach

Experience of violence, particularly violence in the home, is often first picked up in the health sector. Entry points include antenatal check-ups, and health worker home visits which are able to target those who may not be included in other types of community-based programming.

For example, *Parenting for Lifelong Health (PLH) programme* includes both antenatal and adolescent parenting approaches. The *Infants* programme is delivered by community health workers starting whilst mothers are pregnant and continuing until their babies are 6 months old. The programme uses a counselling approach combined with methods to build positive infant care and parent-infant relationships.^{54,55} The *PLH for parents and teens* programme uses a similar approach with parents and children age 10-17. Studies of both programmes in South Africa have found long-term intervention effects for reduced abuse and corporal punishment, and improved positive parenting.

Useful Resources

Understanding child abuse and its links with violence against women

[Bridging the gaps: a global review of intersections of violence against women and violence against children](#), Guedes, A. Bott, S., García-Moreno, C. and M. Colombini. *Global Health Action*, vol. 9, no. 10. 2016

Presents a narrative review of evidence on intersections between VAC and VAW - including sexual violence by non-partners, with an emphasis on low- and middle-income countries.

[Intersections of violence against women and violence against children](#). Fulu, E., McCook, S. and K. Falb. What Works Evidence Review Cape Town: South Africa. 2017

Provides an overview of the evidence on the links between VAC and VAW, including shared risk factors, common social norms, co-occurrence and the intergenerational cycle of abuse.

[Global prevalence of past-year violence against children: a systematic review and minimum estimates](#) Hillis, S., Mercy, J., Amobi, A., et al. *Pediatrics*, vol. 137; no. 3. 2016

Provides the most robust and recent global prevalence estimates for past-year violence against children.

[Hidden in plain sight: a statistical analysis of violence against children](#), New York: UNICEF. 2014.

Provides data on the prevalence of different forms of violence against children, with global figures and data from 190 countries.

[What works to prevent sexual violence against children: Evidence Review](#). Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. Together for Girls. 2019

Presents a user-friendly summary of the existing evidence of what works to prevent sexual violence against children and adolescents.

Understanding the scale of VAC and response

[Violence Against Children Surveys \(VACS\)](#). US Centers for Disease Control and Prevention (CDC).

VAC surveys are led by the CDC under Together for Girls and measure physical, emotional, and sexual violence against girls and boys. Surveys have been done in multiple LMICs and analysis is available on the website.

The Economist [Out of the Shadows index](#) a 60-country benchmarking index examines how countries are responding to the threat of sexual violence against children.

International frameworks and guidelines

[United Nations Convention on the Rights of the Child \(UNCRC\)](#), 1992

International statement on child rights including 54 articles and the most widely-ratified international human rights treaty in history.

[INSPIRE: Seven strategies for Ending Violence Against Children](#), Geneva: World Health Organization (WHO); 2016

An evidence-based resource for those involved in preventing and responding to violence against children and adolescents, including government, grassroots, civil society and the private sector.

[INSPIRE Handbook: action for implementing the seven strategies for ending violence against children](#), New York: UNICEF; 2018

Aims to help policymakers, planners, practitioners, funders, and advocates operationalise the seven INSPIRE strategies in their country or setting.

[INSPIRE Indicator Guidance and Results Framework](#), New York: UNICEF; 2018

Designed to help governments and NGOs monitor progress and track change over time across the seven INSPIRE strategies. The document includes a results framework and core set of indicators, alongside detailed guidance on how to use them.

[Preventing and responding to violence against children: Theory of Change](#), New York: UNICEF; 2017

Presents an overarching, multisectoral theory of change to guide UNICEF's work on preventing and responding to violence against girls, boys and adolescents.

[Global Guidance on Addressing School-related Gender-based Violence](#), Paris and New York: UNESCO and UN Women; 2016

Provides a comprehensive, one-stop resource on school-related gender-based violence (SRGBV).

Endnotes

- ¹ Hillis, S., Mercy, J., Amobi, A., and Kress, H (2016) [Global prevalence of past-year violence against children: a systematic review and minimum estimates](#). *Pediatrics*;137(3):e20154079.
- ² Violence against any person under 18 years of age.
- ³ Both girls and boys can experience child and adolescent abuse, with girls particularly vulnerable to sexual abuse, while boys are more likely to be victims and perpetrators of homicide. Adolescence (ages 10-19) is a time of increased risk of violence, with one in three adolescent girls aged 15 to 19 who are in an intimate relationship reporting to have ever experienced emotional, physical or sexual violence, reaching over 50% in some parts of Sub-Saharan Africa. Adolescence is also a time when perpetration (by boys) of sexual violence often starts but it can also be a window of opportunity for prevention. See: Stoltenborgh, MA., van Ijzendoorn MH, Euser, E., Bakerman-Kranenburg, MJ (2011) [A global perspective on child sexual abuse: Meta-analysis of prevalence around the world](#). *Child Maltreatment*. 16:79–101; WHO (2015) [Preventing Youth Violence: An Overview of the Evidence](#). Geneva: World Health Organization;
- ⁴ Guedes, A. Bott, S., García-Moreno, C. and M. Colombini (2016) [Bridging the gaps: a global review of intersections of violence against women and violence against children](#), *Global Health Action*, vol. 9, no. 10.
- ⁵ Guedes, A. Bott, S., García-Moreno, C. and M. Colombini (2016) *Ibid*.
- ⁶ Fulu E, McCook S, Falb K (2017) [What Works Evidence Review: Intersections of violence against women and violence against children](#)
- ⁷ Kenny, L., Cislighi, B. et al. (2019) [Addressing Social Norms at the VAW/VAC Intersection Learning Group on Social Norms and Gender-related Harmful Practices](#) Convened by the Gender, Violence and Health Centre (GVHC) of the London School of Hygiene & Tropical Medicine (LSHTM).
- ⁸ UNICEF (2014) [A Statistical Snapshot of Violence against Adolescent Girls](#). New York: United Nations Children's Fund
- ⁹ Guedes, A. Bott, S., García-Moreno, C. and M. Colombini (2016) *Ibid*; Fulu E, McCook S, Falb K (2017) [Ibid](#).
- ¹⁰ Fulu E, McCook S, Falb K (2017) [Ibid](#).
- ¹¹ Guedes, A. (2020) Personal communication - table shared for forthcoming paper
- ¹² Guedes, A. Bott, S., García-Moreno, C. and M. Colombini (2016) *Ibid*.
- ¹³ Fulu E, McCook S, Falb K (2017) *Ibid*.
- ¹⁴ Kerr Wilson A, Gibbs A, McAslan Fraser E, Ramsoomar L, Parke A, Khuwaja H and Jewkes R (2020) [What Works to Prevent Violence against Women and Girls? A Rigorous Global Evidence Review of Interventions to Prevent Violence against Women and Girls](#), South Africa; What Works to Prevent VAWG
- ¹⁵ To note that this categorisation has been updated since the RESPECT Framework was launched, based on evidence from DFID's What Works to Prevent VAWG programme. Please see Ker Wilson et al (2020) for more information on the evidence of positive parenting interventions.
- ¹⁶ WHO (2013) [Preventing Violence: Evaluating Outcomes of Parenting Programmes](#). Geneva: World Health Organization.
- ¹⁷ Prosman, GJ., Lo Fo Wong, SH., van der Wouden, JC., Lagro-Janssen, AL (2015) [Effectiveness of home visiting in reducing partner violence for families experiencing abuse: a systematic review](#), *Family Practice*. 32(3):247-56.
- ¹⁸ Anderson, K, & van Ee, E (2018) [Mothers and Children Exposed to Intimate Partner Violence: A Review of Treatment Interventions](#), *International journal of environmental research and public health*, 15(9), 1955.
- ¹⁹ Doyle, K., Levto, RG., Barker, G., Bastian, GG., Bingenheimer, JB., Kazimbaya, S & Shattuck D (2018) [Gender-transformative Bandebereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda](#): Findings from a randomized controlled trial. *PloS One*, 13(4), e0192756
- ²⁰ Mathews, C., Eggers, SM., Townsend, L., Aarø LE, de Vries, PJ., Mason-Jones, AJ & Wubs, A (2016) [Effects of PREPARE, a multi-component, school-based HIV and intimate partner violence \(IPV\) prevention Programme on adolescent sexual risk behaviour and IPV: Cluster randomised controlled trial](#). *AIDS and Behavior*, 20(9), 1821-1840.
- ²¹ Mathews et al., (2016) *Ibid*.
- ²² McFarlane, J., Karmalian, R. et al (2017) [Preventing Peer Violence Against Children: Methods and Baseline Data of a Cluster Randomized Controlled Trial in Pakistan](#), *Global Health: Science and Practice*, 5(1): 115-137.
- ²³ What Works (2018) [Right to Play: Preventing violence among and against children in schools in Hyderabad, Pakistan](#). Evidence Brief
- ²⁴ Kerr Wilson, A et al (2020) *Ibid*.
- ²⁵ UNICEF (2020) [What works to prevent online and offline child sexual abuse and exploitation. A review of national education policies in East Asia and the Pacific](#). Bangkok.
- ²⁶ Eckenrode J, Ganzel B, Henderson CR Jr et al. Preventing child abuse and neglect with a program of nurse home visitation: the limiting effects of domestic violence. *JAMA* 2000; 284: 1385–91, cited in Prosman, GJ., Lo Fo Wong, SH., van der Wouden, JC., Lagro-Janssen, AL (2015) [Effectiveness of home visiting in reducing partner violence for families experiencing abuse: a systematic review](#), *Family Practice*. 32(3):247-56.
- ²⁷ [Kyegombe, N., Abramsky, T., Devries, K., Michau, L., Nakuti, J., Starmann, E., Musuya, T., Heise, L. & Watts, C. \(2015\) What is the potential for interventions designed to prevent violence against women to reduce children's exposure to violence? Findings from the SASA! study, Kampala, Uganda. *Child abuse & neglect*, 50. pp. 128-140.](#)
- ²⁸ Kerr Wilson et al (2020) *Ibid*.
- ²⁹ Doyle K et al (2018) *Ibid*.
- ³⁰ Kerr Wilson et al (2020) *Ibid*.

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- ³¹ Jewkes, R., Willan, S., Heise, L., Washington, L., Shai, N., Kerr-Wilson, A., Christofides, N. (2020) [Effective design and implementation elements in interventions to prevent violence against women and girls](#). What Works To Prevent VAWG? Global Programme Synthesis Product Series. South African Medical Research Council, Pretoria; Kerr Wilson et al (2020) *Ibid*.
- ³² Prevention Collaborative (2019) [Evidence Review: Parenting and caregiver support programmes to prevent and respond to violence in the home](#).
- ³³ Kerr Wilson et al (2020) *Ibid*.
- ³⁴ WHO (2009) [Violence Prevention: The Evidence. Promoting gender equality to prevent violence against women](#). Geneva: WHO
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Suggested citation: UN Women and Social Development Direct (2020) Child and Adolescent Abuse Prevented, RESPECT: Preventing Violence against Women Strategy Summary.