

INSPIRE Handbook

Action for implementing the seven strategies for ending violence against children



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INSPIRE Handbook: action for implementing the seven strategies for ending violence against children

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Foreword

It is estimated that globally up to 1 billion children are subject to violence each year. Violence against children has strong, long-lasting effects on brain function, mental health, health risk behaviours, noncommunicable diseases, infectious diseases such as HIV and sexually transmitted diseases, and social functioning. The direct and indirect economic costs of these effects are substantial, and violence against children undermines the potential of both individuals and societies.

In 2016, 10 global agencies collaborated to produce *INSPIRE: Seven strategies for ending violence against children*, the first-ever global technical package for preventing and responding to violence against children. The INSPIRE package is anchored by the recognition in the Convention on the Rights of the Child (CRC) that all children have the right to be free from all forms of violence, and sets out evidence that clearly shows that preventing violence against children is critical to ensuring sound neurological development, enhancing early childhood development, interrupting the intergenerational cycle of violence, reducing crime, and laying the foundations for lifelong health, well-being and productivity.

The *INSPIRE technical package* reinforces the protections guaranteed in the CRC, which oblige States Parties to take all appropriate legislative, administrative, social and education measures to prevent violence against children, and to protect them from violence while in the care of parents, legal guardians or other caregivers. Furthermore, the 2030 Agenda for Sustainable Development includes Target 16.2 to end all forms of violence against children. Decision-makers and practitioners in social services, health, justice and education sectors have stepped up efforts to intensify evidence-based prevention and response strategies, governments and civil society organizations are increasingly committed to working together to achieve the target, and there is a growing public consensus that violence against children will no longer be tolerated.

As noted in the preface of the *INSPIRE technical package*, violence against children can be prevented if the global community acts now, acts wisely and acts together. The preface also acknowledged that the *INSPIRE technical package* was focused on what countries can do, and promised a follow-up resource containing information on how to implement the package contents.

This follow-up resource – *INSPIRE Handbook: action for implementing the seven strategies for ending violence against children* (hereafter referred to as the *INSPIRE Handbook*) – is now in your hands, and it explains in detail how to choose and implement interventions that will fit your needs and context. Following an overview, the seven strategy-specific chapters address the Implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services; and Education and life skills. The handbook concludes with a summary of INSPIRE's implementation and impact indicators, drawn from the companion *INSPIRE Indicator guidance and results framework*.

This handbook provides everyone committed to ending violence against children with the best possible information on how to implement INSPIRE. The more we work together to implement the interventions described within it, and to measure the effectiveness of new interventions, the greater the number of children that will enjoy lives free from violence. We urge all of you to implement as many of the interventions as resources will allow, and to do so without delay. Let us act now, act wisely and act together.

¹ See INSPIRE: Seven strategies for ending violence against children. Geneva: World Health Organization; 2016, p.15.



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Abbreviations

CDC: United States Centers for Disease Control and Prevention

CSEA: Child sexual exploitation and abuse

CBT: Cognitive behavioural therapy

CPC: Care and Protection of Children Learning Network

CRC: (UN) Convention on the Rights of the Child

DHS: Demographic and Health Survey

DALY: Disability-adjusted life year

EBT: Evidence-based treatment

ECD: Early childhood development

GBV: Gender-based violence

GKO: Global Kids Online

HIV: Human Immunodeficiency Virus

IES: Income and economic strengthening

IPV: Intimate partner violence

LGBTQ: Lesbian, gay, bisexual, transgender and questioning

M&E: Monitoring and evaluation

PAHO: Pan American Health Organization

PEPFAR: President's Emergency Plan for AIDS Relief

PTSD: Post-traumatic stress disorder

SRGBV: School-related gender-based violence

SRH: Sexual and reproductive health

STI: Sexually transmitted infection

TfG: Together for Girls

TIC: Trauma-informed care

UNICEF: United Nations Children's Fund

UNODC: United Nations Office on Drugs and Crime

USAID: United States Agency for International Development

VACS: Violence Against Children Survey

VAW: Violence against women

WHO: World Health Organization

Introduction

Introduction

In July 2016, 10 agencies with a long history of working to prevent and respond to violence launched INSPIRE: Seven strategies for ending violence against children – a technical package of “selected strategies based on the best available evidence to help countries and communities intensify their focus on the prevention programmes and services with the greatest potential to reduce violence against children¹.”

The *INSPIRE technical package* consists of seven complementary and mutually reinforcing strategies, and two cross-cutting activities to help connect interventions across sectors and assess progress.

Seven strategies



Implementation and enforcement of laws



Norms and values



Safe environments



Parent and caregiver support



Income and economic strengthening



Response and support services



Education and life skills

The INSPIRE Handbook builds on the INSPIRE technical package to help policy-makers, planners, practitioners, funders, and advocates operationalize the seven strategies in their country or setting.

Cross-cutting activities

- Multisectoral actions and coordination
- Monitoring and evaluation

The *INSPIRE Handbook* aligns with the *INSPIRE technical package* in that it:

- is informed by the social ecological model, highlighting the role of prevention at individual, family, community and society levels;
- promotes cross-sector collaboration;
- reflects best available evidence of effective, prudent and promising practice, recognizing that although our knowledge is incomplete we have some evidence for what does and does not work, and that these practices can - with care - be applied

¹INSPIRE: Seven strategies for ending violence against children. Geneva: World Health Organization; 2016; 8.

In addition, the *INSPIRE Handbook*:

- draws on resources and expertise from implementers (see Box 1 for a definition of what this handbook means by “violence against children”);
- describes in more detail the approaches and programmes included in *INSPIRE* that showed evidence of reducing violence against children or its risk factors;
- refers users to additional sources of information and support for implementation.

Box 1

How do we define “children”?

The *INSPIRE* partner agencies recognize that violence in different forms affects people of all ages, across their lifespan. The *INSPIRE technical package* focuses on children from birth to age 18 years, a range that includes infancy, childhood, and adolescence.

Following the United Nations Convention on the Rights of the Child (CRC), all individuals under 18 years are “children” in terms of legal status. “Child” means any person aged under 18 years, including child victims, witnesses, and perpetrators of violence. At the same time, many interventions and programmes to address violence differ for young children and adolescents. The handbook refers to all individuals under 18 years as children when relevant to their legal status and distinguishes between children and adolescents when helpful for describing interventions.

What is included in the *INSPIRE* technical package and the *INSPIRE Handbook*?

This handbook explores in more detail the approaches and programmes described in the *INSPIRE technical package*, all of which:

- meet the criteria for effective, promising, or prudent practice (see pages 22-23 of the *INSPIRE technical package* for more detail); and
- have the potential to be available at low or no cost.

Much of what we know about what works to prevent and respond to violence against children is based on evidence from high-income countries. However, 75% of interventions featured in the *INSPIRE technical package* were developed or implemented in low- or middle-income countries.

Neither the *INSPIRE technical package* nor this handbook is intended to be an exhaustive review of all the evidence in this field. The handbook provides users with additional information and insight for planning implementation of the approaches and programmes featured in the *INSPIRE technical package*, and does not attempt to repeat or update the evidence described there.

How was the handbook developed?

The content of the *INSPIRE Handbook* draws on multiple sources, including the *INSPIRE technical package* and the evidence reviews that informed it, and a consultative process involving over 100 experts representing a wide range of sectors. These included programme directors, subject matter experts, violence prevention advisers from civil society organizations (CSOs), and governmental decision-makers. The process included:

- over 60 in-depth interviews with practitioners in the field of violence prevention and response and the seven *INSPIRE* strategies;
- over 25 detailed questionnaires completed by developers and implementers of the programmes featured in the handbook;
- a two-day consultation with 30 experts in social services, health and justice systems responses to violence against children, convened by UNICEF;
- an online survey of over 50 potential users, and observational testing of the handbook structure and design with nine representative users.

The input and experience shared by these experts and practitioners informed every aspect of the *INSPIRE Handbook*, particularly the “Why,” “Works best when...” and “Implementation notes” sections of the strategy chapters and approach descriptions.

Who is this handbook for?

The *INSPIRE Handbook* is a resource for all stakeholders working to end violence against children. Specifically, it is intended for:

- **policy-makers and legislators**, to help build the supportive environment and commitment needed for comprehensive, multisectoral action;
- **planners and technical staff** within ministries, service sectors or civil society, to inform national plans of action to address violence against children;
- **practitioners and implementers** of violence prevention and response policies, programmes and services, to apply evidence-supported guidance for effective action and good practice;
- **funders** of social, economic, humanitarian, and civil society initiatives, to develop portfolios that include violence prevention and response strategies that are mutually reinforcing, evidence-supported and cost-effective over the long term;
- **advocates**, to build support for funded, multisectoral commitments to protecting children.

Violence against children is an acute problem that requires urgent action. We do not know everything about what works to prevent and respond. However, focusing on evidence-supported policies, practices and programmes can help balance the need to act with the need to implement thoughtful, cost-effective interventions.

How to use the INSPIRE Handbook

The *INSPIRE Handbook* has eight chapters designed to help you select and integrate strategies, approaches and programmes to address violence against children in your setting.

Chapter 1, *Implementing the INSPIRE Package*, lays the foundation for the rest of the handbook. ***It is important to review this chapter as it contains information that applies to all seven strategies, including the following elements:***

- Important concepts and suggestions for developing national and local plans.
- Brief discussions of implementation considerations that apply to multiple strategies, such as:
 - » adapting programmes to local contexts while keeping effective core components;
 - » funding and resource mobilisation;
 - » scaling-up successful initiatives;
 - » child participation;
 - » estimating costs.
- Two cross-cutting activities:
 - » multisectoral collaboration;
 - » monitoring and evaluation, including recommended actions and indicators.

Chapters 2 to 8 provide guidance for implementing each of the seven INSPIRE strategies. These chapters are designed to help you understand the strategies, identify approaches suited to your context and goals, and begin planning for implementation.

In each strategy chapter you will find:	Use this to:
An overview of the strategy	Find out how this strategy works in practice
Links to other strategies	See how the strategy interacts with other INSPIRE strategies or approaches
“Works best when...” and “Considerations for implementation” sections	Gain insight from evidence and experience of implementing the strategy
Humanitarian actions section	Understand how the strategy has been or can be implemented in emergency, conflict, or recovery settings
A focus exercise	Focus your planning on local context and needs
Approaches at-a-glance	Quickly compare key elements of the approaches within the strategy
Approach pages, programme summaries, and programme briefs	Learn what is needed to implement the strategy through evidence-supported approaches and programme examples
Implementation worksheet	Identify resources and action steps to create a plan for implementation
Resources section	Link to tools and resources to help you plan and implement your strategy

You do not have to read every strategy chapter from start to finish. The overview sections contain useful background information and helpful insight, and you may want to refer back to them after you have browsed through the approach pages, programme summaries, and programme briefs (see Box 2 for more information on these).

Box 2

How to use approach pages, programme summaries, and programme briefs

With a few exceptions, the *INSPIRE Handbook* maintains the structure and language of the *INSPIRE technical package*. Each strategy describes a number of approaches to prevent and respond to violence against children. These approaches are illustrated by evidence-based, prudent or promising policies, practices, or programmes. This is summarized in each chapter’s *approaches at-a-glance* chart.

In some chapters, the chart is immediately followed by **programme summaries** and **programme briefs**, which provide more details about, and resources for, the specific evidence-based programmes within the approach. The heading at the top of these sections tells you the strategy and approach of which they are a part.

In other chapters, some approaches are more general, or have fewer example programmes to illustrate how they work. In those cases, **approach pages** provide an overview, potential outcomes, information about cost and cost-effectiveness, and implementation considerations for the approach overall, rather than for specific programmes.

The **implementation worksheet** helps you combine information in the handbook with information from outside resources and what you already know about your setting to create a plan for implementing a strategy or strategies. You should adapt the worksheet and the process to suit your needs.

What information will you find in the handbook?

The seven INSPIRE strategies are based on policies, practices or programmes that are considered effective, prudent, or promising in addressing violence against children. The handbook includes available information about these policies, practices and programmes to guide selection and implementation planning, such as:

- potential outcomes, both primary (with a direct impact on violence or risk factors for violence) and secondary (other positive health or social benefits);
- appropriate populations and settings;
- theory of change and core components of the programme;
- cost and cost-effectiveness, if available, or elements that go into determining cost;
- inputs needed, such as human resources, training, infrastructure and system support;
- where the approach or programme has been implemented, and lessons learned from scale-up, if available;
- what materials or implementation support are available, and at what cost, if any;
- implementation considerations;
- links to additional information, resources, or contacts.

Implementing INSPIRE in humanitarian settings

Throughout the handbook you will find special sections that focus on applying each strategy in emergency, conflict or recovery settings. Resources specific to humanitarian actions appear in the *Humanitarian* part of the *Resources* section at the end of each chapter.

How to get the most out the handbook

It is helpful to start with an understanding of definitions of violence, risk and protective factors for violence, the dynamics of violence against children in your setting, and the multiple levels at which violence prevention functions. If you are working as a group, make sure this understanding is shared by all the members (see *Implementing INSPIRE as a package: Starting on common ground* section).

The handbook is meant to be interactive. If you are using the printed version, use the spaces provided for your notes. If you are using the PDF version on a computer, take advantage of the active links to move through the document, or to access external resources.

The *INSPIRE Handbook* refers to many other resources and tools to help your planning process. Some resources you may want to use in addition to the handbook include:

- the *INSPIRE technical package*, which describes the rationale and evidence base for the seven strategies;
- the *INSPIRE Indicator guidance and results framework*², which contains the core indicators and sample survey questions to measure implementation and uptake of the seven strategies, as well as guidance for monitoring and evaluation;
- survey data, administrative data, or other research on violence against children in your setting;
- specific guidelines and resources on violence prevention and response from international agencies, which are referenced in the strategy chapters;
- tools for multi-sectoral planning and coordination, such as the Violence Against Children Survey (VACS) Data to Action Tool (in press, see Box 3).

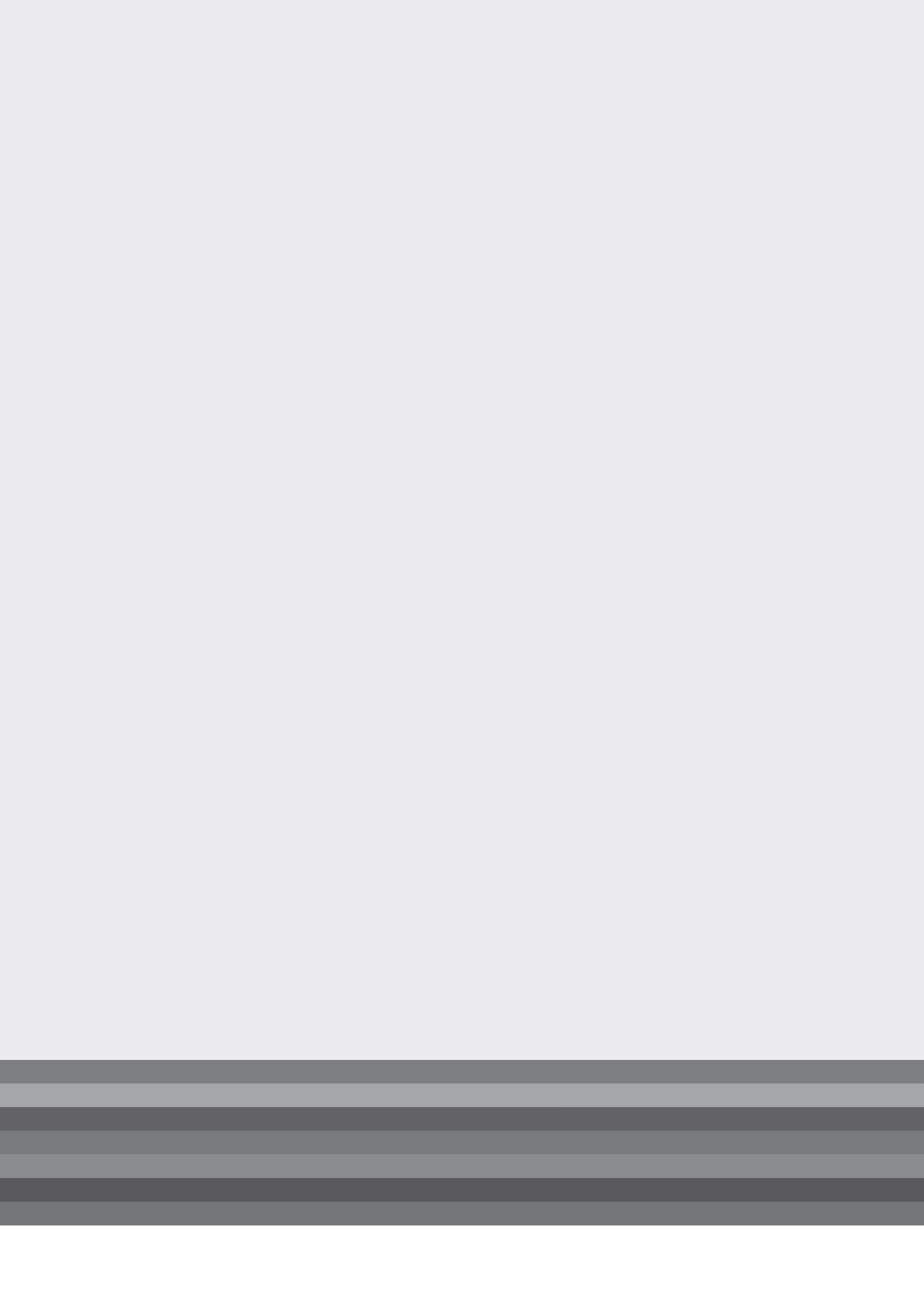
²INSPIRE Indicator guidance and results framework. New York: UNICEF; 2018.

The VACS Data to Action Tool

The Violence Against Children Survey (VACS) Data to Action Tool helps governments and other stakeholders apply data from VACS to identify priorities and develop national action plans to prevent and respond to violence against children. While the tool was developed for use in national data-to-action workshops, the discussions and exercises could be adapted to different types of planning processes, using the best available survey and/or administrative data in a country, district or city.

What the INSPIRE Handbook does not do

- **Repeat the evidence from the *INSPIRE technical package*.** The evidence base for the seven selected strategies and the approaches and programmes within them is described in the *INSPIRE technical package*.
- **Address all recognized forms of violence against children.** Specific considerations for prevention of self-directed violence, collective violence such as war and terrorism, human trafficking, and female genital mutilation/cutting are not addressed in the *INSPIRE technical package* or this handbook. However, holistic efforts to reduce violence, protect children, change norms and support families can potentially reduce the risks and impacts of these types of violence.
- **Provide complete guidance for implementation.** While recognizing the need for a comprehensive, system-wide approach to prevent and respond to violence against children, the handbook offers information to help you focus on a set of appropriate interventions for your setting. Annotated resource lists and links point you to more complete information for implementation.
- **Include all evidence-supported interventions and innovations globally underway.** Evidence-based approaches and programmes are being adapted and implemented in many places. The *INSPIRE Handbook* does not attempt to describe all of them. It focuses on those that had evidence of effectiveness at the time the *INSPIRE technical package* was written. It is anticipated that both the *INSPIRE technical package* and the *INSPIRE Handbook* will be updated regularly to reflect emerging evidence and experience.



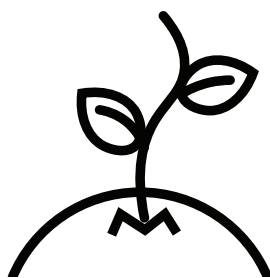
Implementing **INSPIRE** as a package

Action for implementing the seven
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What you will find in this section



Starting on common ground

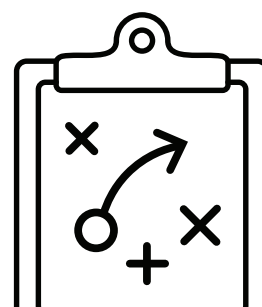
Defining violence against
children

The social ecological model

Links between IPV and violence
against children

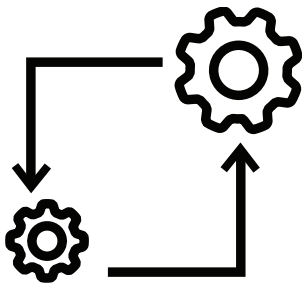
Whole system strengthening

p. 14



Using INSPIRE to inform actionable plans

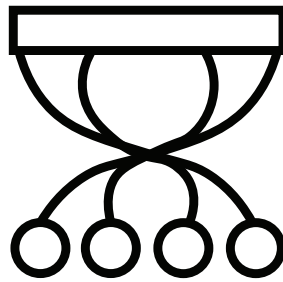
p. 16



Implementation considerations across strategies

- Scaling-up
- Adapting evidence-based programmes
- Children's participation
- Estimating costs
- Identifying sources of support
- Impact and sustainability

p. 18



Cross-cutting activities

- Multisectoral collaboration
- Monitoring and evaluation using INSPIRE indicators

p. 21

Implementing INSPIRE as a package

INSPIRE's seven strategies for ending violence against children are not a new, stand-alone initiative — many countries and governments already use these strategies to address a range of issues. Rather, the seven interlinked and mutually reinforcing INSPIRE strategies are intended to help revitalize, focus and expand current efforts to prevent and respond to violence against children (7). Drawing on existing knowledge and experience, INSPIRE provides a framework for a *holistic, evidence-supported, multi-sectoral commitment to ensuring children can achieve their full potential free from violence*.

Together the strategies can be part of a comprehensive, system-wide approach to preventing and responding to violence against children.

Starting on common ground

Many stakeholders involved in implementing INSPIRE are experts in violence prevention; others may have less experience or the issue may be new to them. It is important to have a shared understanding of the serious and far-reaching consequences of violence against children, as well as the definitions and concepts used in discussing violence against children in INSPIRE.

Defining violence against children

The *INSPIRE technical package* and *INSPIRE Handbook* refer to different types of violence¹ against children from birth to age 18 years. Most violence against children involves at least one of six main types of interpersonal violence that tend to occur at different stages in a child's development.

Maltreatment (including violent punishment) involves physical, sexual and psychological/emotional violence; and neglect of infants, children and adolescents by parents, caregivers and other authority figures, most often in the home but also in settings such as schools and orphanages.

Bullying (including cyberbullying) is unwanted aggressive behaviour by another child or group of children who are neither siblings nor in a romantic relationship with the victim. It involves repeated physical, psychological or social harm, and often takes place in schools and other settings where children gather, and online.

Youth violence is concentrated among those aged 10–29 years, occurs most often in community settings between acquaintances and strangers, includes physical assault with weapons (such as guns and knives) or without weapons, and may involve gang violence.

Intimate partner violence (or domestic violence or dating violence) involves violence by an intimate partner or ex-partner. Although males can also be victims, intimate partner violence disproportionately affects females. It commonly occurs against girls within child and early and /or forced marriages. Among romantically involved but unmarried adolescents it is sometimes called “dating violence”.

Sexual violence includes non-consensual completed or attempted sexual contact; non-consensual acts of a sexual nature not involving contact (such as voyeurism or sexual harassment); acts of sexual trafficking committed against someone who is unable to consent or refuse, and online exploitation.

Emotional or psychological violence and witnessing violence includes restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment. Witnessing violence can involve forcing a child to observe an act of violence, or the incidental witnessing of violence between two or more other persons.

Any of these types of violence may also be directed towards girls and boys because of their sexual orientation and gender identity.

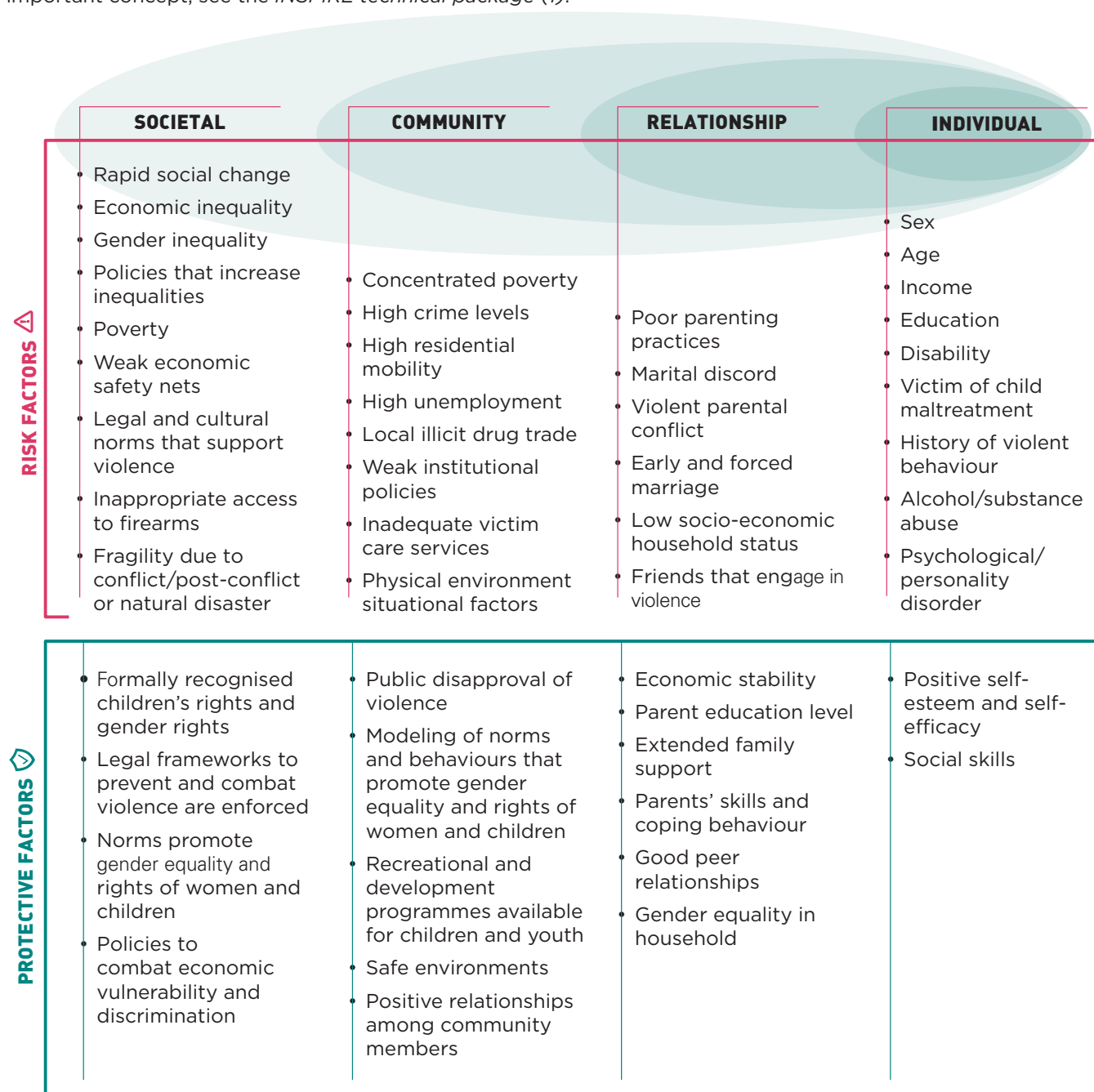
¹Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in — or has a high likelihood of — resulting in injury, death, psychological harm, maldevelopment or deprivation.

The social ecological model

A key theme of the *INSPIRE technical package* and this handbook is the importance of prevention. Priority is often (and understandably) placed on responding to the immediate consequences of violence. INSPIRE helps demonstrate how primary prevention efforts can promote non-violence, reduce perpetration and change the circumstances that contribute to violence.

Violence is a complex problem with no single cause and no single solution. The **social ecological model** helps show how social, economic, and cultural factors can either help protect children or increase their risk of violence (see Figure 1). These factors operate at multiple levels: individual, close relationships like family, within communities and institutions, or through society as a whole. Their impact is not limited to violence, and have a range of potentially positive or negative effects.

The INSPIRE strategies interact with and reinforce each other, and interventions can serve more than one strategy. Likewise, the effectiveness of interventions in one strategy often depends on implementation of other strategies. For example, many evidence-supported approaches aimed at individuals or families are enabled or strengthened at the societal level by legal frameworks, policy mandates, and structures and institutions with adequate staff and resources to implement them. For this reason, it is important to consider the social ecological framework and the multiple levels at which interventions function when implementing the INSPIRE package. The *INSPIRE Handbook* regularly refers to risk and protective factors for violence. For more information about this important concept, see the *INSPIRE technical package (1)*.



Source: Adapted from (2, 3)

Links between intimate partner violence and violence against children

There is growing evidence of the intersections between intimate partner violence (IPV) and violence against children. These types of violence share risk factors, such as family stress related to poverty or unemployment, high levels of community violence, social isolation, mental health and substance abuse issues (4). They have similar negative health and psychological outcomes for victims. Both are influenced by social and gender norms that condone violence and violent punishment of children, and reinforce gender inequality (5).

IPV and violence against children often co-occur in families, and the behaviour can be passed on through generations. Witnessing IPV or experiencing maltreatment as a child increases a person's risk of future perpetration or victimization. Recognising these interactions offers opportunities to address these issues together for more effective and efficient interventions (6). Some programmes that address IPV are featured in INSPIRE, such as SASA!, Soul City, IMAGE, and Stepping Stones. Some parent and caregiver support interventions also work to improve parents' communication and relationships. Identifying cases of IPV and offering resources and referrals within health services can be part of response and support efforts.

Whole system strengthening

Whole system strengthening considers the effective functioning of all components in relevant state and non-state sectors and at all levels of the system in order to prevent and respond to violence against children. Whole system and whole institution strengthening, combined with multi-sectoral collaboration, is almost always more effective than narrow policy changes, short-term projects and vertical programming. Interventions that are developed wholly outside the system, or in sectoral isolation, may struggle to achieve scale-up and sustainability and have limited reach (7, 8). This handbook promotes the implementation of INSPIRE strategies, approaches and programmes within a comprehensive, multisectoral system for prevention and response to violence against children. Whole system strengthening can enable effective implementation of the INSPIRE strategies.

Using INSPIRE to inform actionable plans

An increasing number of countries have developed *national action plans* (see Box 4) to scale-up a comprehensive, multisectoral response to violence against children. Some plans are specific to the issue of violence against children; others are linked to broader efforts such as gender-based violence or children's vulnerability, or to advancing progress toward the Sustainable Development Goals (SDGs). The process brings together relevant stakeholders including government, civil society, and international partners to create costed, time-bound action plans with clear lines of responsibility for implementation. In many countries, the planning process is moving to district and local levels, with guidance and coordination from the national plan and implementing bodies.

Characteristics of national action plans

National action plans to prevent and respond to violence against children may be more effective when they are:

Data-informed

Research and analysis help focus strategies on the magnitude, types, scope, and specific contexts of violence. Data can come from national surveys, administrative data or qualitative research.

Immediate and aspirational

Balance “easy wins” and actions that have short-term results with the need for longer term, sustained commitment. Big changes come from incremental steps. Communicate about early successes to build support for a long-term vision.

Cost-effective

Cost-effective does not necessarily mean low cost. It means that the investment averts higher costs over the long term. INSPIRE strategies benefit children and families beyond violence prevention. Several approaches or programmes can be integrated into ongoing initiatives, creating more impact for little additional cost. Work with donors, across sectors, and with communities and CSOs to find and use these opportunities.

Strengths-based

Look for opportunities in what exists. What systems have the reach and capacity to deliver programmes and services? What existing positive norms can be reinforced? What protective mechanisms already exist in communities that can be strengthened? How can violence prevention and response be added to large-scale programming or funding streams?

Synergistic

INSPIRE strategies interact with and reinforce each other. Some approaches readily support each other, such as Education and life skills programmes that promote gender-equitable norms, or efforts that address IPV and violence against children.

Guided by (and contributing to) to the evidence base

Evidence should inform action, but there are significant gaps in our knowledge of what works, why, and how to bring evidence into practice. It is important for the field of violence prevention to balance evidence and innovation. In developing implementation plans, commit to drawing not only on available evidence but also the relevant experiences and collective knowledge of experts and practitioners. Include plans to document, evaluate, report and share your efforts, impact, and lessons learned, and to participate in the collective global effort to understand and end violence against children.

The implementation worksheets and *Resources* sections at the end of each strategy chapter can help stakeholders develop actionable plans for implementing INSPIRE strategies.

Implementation considerations across strategies

While INSPIRE includes a wide range of approaches and programmes, several of them share important considerations for implementation.

Scaling-up successful programmes

A critical challenge to evidence-based programming is scaling-up. The contexts in which successful programmes generate evidence of effectiveness, such as pilots or trials, may differ from “real world” conditions.

Good practice for scaling-up evidence-based programmes includes the following activities (9, 10).

- Developing a strategy for scale-up at the early stages of programme design and implementation (see Box 5 for mechanisms for scaling-up).
- Maintaining fidelity to core principles, including the theory of change underpinning the intervention.
- Assessing the capacity of systems and implementing organizations, and allocating time and resources for strengthening as needed.
- Engaging programme developers in strategies for adaptation and scale-up.
- Building in mechanisms for monitoring programme fidelity and implementation throughout scale-up, and being prepared to adjust the approach.

Where available, this handbook includes considerations for and experiences of scale-up of approaches and programmes. WHO and Expand Net have developed helpful planning tools as well (see *Resources* section for more information).

Adapting evidence-based programmes: balancing fidelity and context

Fidelity means that a programme is implemented with all of the characteristics and components that made it successful in the first place. This usually includes the theory or model of change behind the programme, the core content of the programme, the learning methods used, and the way in which the programme is delivered.

Meanwhile, in order to reach more people, evidence-based programmes usually need to be adapted to new settings, circumstances and participants. Adapting programmes to make them more culturally relevant and feasible is also essential to a programme’s success. Implementers need to find the right balance between fidelity to original evidence-based programmes and adaptation to new circumstances.

Here are some general guidelines:

- Begin with a thorough understanding of the evidence base for the original programme, and formative research or local insight about the community or population for which you want to adapt it.
- Understand and follow the logic model or the theory of change on which the programme is based.
- Seek original materials and guidance from programme developers, and use fidelity tools developed specifically for the programme whenever possible.

Box 5

Mechanisms for scaling-up

Scaling-up includes increasing the number of people reached, and the strength and sustainability of the intervention, and can be described in the following ways (11).

Horizontal: expanding the geographic range or numbers of people reached by the intervention. It can include replication of the programme in similar settings, or adaptation for implementation in different settings or contexts.

Vertical: integrating the intervention into policies or systems.

Functional, or diversification: adding components to an existing package, or expanding the scope of the implementing organization or system.

Spontaneous: passive dissemination of innovation or ideas.

- Areas that can generally be adapted include:
 - » using locally relevant vocabulary, terminology or analogies;
 - » adapting the way information is delivered to reflect participants' literacy or access to technology;
 - » re-creating images and graphics to resemble local people, places and customs.
- The “essential components” should be preserved, or adapted only with careful consideration of the context. Essential components might include:
 - » specific content or skills taught;
 - » intensity and duration of the intervention;
 - » skills of programme staff.
- Involve the local community in the adaptation process as this can improve the outcome and generate buy-in for the programme before it starts.
- Pre-test an adapted programme, even if it requires additional time and budget.

Children’s participation

Children themselves play a role as agents of transformation. Children have the right to be heard, to express opinions on matters that affect them, and to access information, while respecting the roles and responsibilities of parents and others in authority. When children learn to communicate opinions, take responsibility and make decisions, they are prepared for improved academic performance and good citizenship.

Many of the approaches in INSPIRE promote child and youth participation and agency including in the following ways.

Education and life skills. Students help determine how to create safe and enabling school environments.

Response and support. Children who experience violence can provide input and make choices in their care, safety, and access to justice.

Norms and values. Successful programmes tap into the experiences of children in the community to adapt effectively.

Children and adolescents can also be integral parts of broader planning and advocacy efforts to address violence. It is important to pay special attention to ways of involving marginalized children, children with disabilities, and children living in institutional care (see *Resources* section for more on methods for engaging children and youth).

Estimating costs

The *INSPIRE technical package* highlights the importance of estimating costs as a component of the implementation cycle. Analysis of data on the costs of implementing the specific strategies can help managers develop programme packages that are both affordable and sustainable. Donors and governments are interested in cost-effective interventions, and particularly in interventions that can demonstrate a beneficial impact in the short-term (e.g. within six to 12 months). Many evidence-based programmes are attractive because they have the potential to show moderate improvement in outcomes for certain problems or populations of interest within a given timeframe.

However, a problem as complex as violence against children cannot be solved only through short-term, project-based funding. In developing estimates for implementing the comprehensive, multisectoral vision of INSPIRE, costs should include the systems-strengthening investments that determine longer-term sustainability, as well as the specific programmatic efforts. Additionally, including costs of monitoring and evaluation in implementation estimates may allow programme planners and managers to assess the impact of evidence-supported approaches on preventing and responding to violence against children.

Identifying sources of support

Perhaps one of the largest barriers to the implementation and scale-up of INSPIRE strategies is aligning resources. There are a number of ways governments can support the implementation of INSPIRE, which may include the following options.

- Allocating human and financial resources in line with evidence and best practice for violence prevention and response
 - » *Example: Consider supporting enhanced foster or kinship care in lieu of institutional care*
- Adding violence prevention and response components into existing service delivery or interventions, including community-based interventions and civil society-supported programmes
 - » *Example: Add child-friendly first-line response to violence to pre-service and in-service training for social service, health, and justice personnel*
- Integrating violence prevention into the agenda of larger-scale initiatives
 - » *Examples:*
 - » *The DREAMS partnership funds evidence-based violence prevention programmes as part of its mission to reduce adolescent girls' vulnerability to HIV in 10 African countries*
 - » *Apply Crime Prevention through Environmental Design (CPTED) and Safe environments principles in infrastructure and urban renewal projects*

These options assume that systems for prevention and response exist and function effectively.

Impact and sustainability considerations

Donors, bilateral and multilateral agencies can often drive trends in development and humanitarian programming. Focusing on evidence and cost-effectiveness can enhance impact if these concepts — and their limitations — are well understood.

INSPIRE offers donors an opportunity to respond to the complex and interacting factors associated with violence against children. They can consider alternatives to time-bound or issue-specific funding models and address the holistic, multisectoral nature of the seven strategies. “Cost-effectiveness” as measured by per capita expenditure to achieve a given outcome is useful for comparing options and planning programmes. But it can limit understanding of the cumulative impacts of multiple interventions over time.

Many of the evidence-based programmes in this handbook were developed and are being implemented by non-governmental organizations (NGOs) or academic institutions. Good planning can enhance the expansion and sustainability of effective programmes and interventions. For donors and funders, this planning may include taking into account the costs faced by programme developers in providing technical and other support for adapting and replicating evidence-based programmes. It also includes planning for whether and how governments will become involved in supporting, implementing or expanding programmes that are shown to be effective in their setting.

Cross-cutting activity: Multi-sectoral collaboration

What: Every sector has an important role in violence prevention and response.

Why: Multisectoral collaboration may:

- multiply potential impact;
- ensure a full range of perspectives, skills and resources are represented and used;
- improve the ability to analyse, understand and address complex interactions of risk and protective factors;
- support cost-effective use of resources;
- signify the seriousness of the problem and the commitment to addressing it;
- improve outcomes for children and families who experience or are at risk of violence.

Box 6

Sectors involved in INSPIRE implementation

- Social services, family and child welfare, social protection
- Health
- Justice and law enforcement
- Education
- Gender, women
- International and national NGO's
- Civil society, community- and faith-based organizations
- Human rights institutions and ombudspersons for children
- Researchers and academia
- Culture, sports
- Information, media
- Interior, infrastructure, public works and planning
- Finance, budget, economic development
- Private sector

National governments often provide leadership for multisectoral collaboration. However, involvement of both state and non-state actors is important (see Box 6 for sectors involved in INSPIRE implementation). The exact role and readiness of each sector involved in implementing INSPIRE will vary by country. A key consideration for national governments is which parts of the prevention and response system and services they manage and deliver directly; which they commission NGO's to deliver; and which they will only coordinate and monitor.

Core components

Effective multisectoral collaboration on violence against children benefits from:

- clearly defined roles, responsibilities and core capacities of the sectors involved;
- designated coordinating body, with enough influence and resources to make decisions, implement action steps, and hold coordinating agencies accountable;
- mechanisms to encourage and incentivize collaboration, such as:
 - » designating senior-level focal point persons within each sector, ministry, or other body;
 - » articulating common goals and commitment to implementing the same strategies;
 - » mapping existing efforts, roles and responsibilities to assess and address barriers and gaps;
 - » sharing information through regular meetings, workshops, webinars, etc.;
 - » adding indicators to measure collaboration and data-collection efforts;
 - » developing violence prevention expertise that survives funding or political cycles within ministries and institutions. This includes cultivating “cadres” (groups with specialized focus) rather than individual “champions”.
 - » resources available for coordination — sometimes sectors with larger budgets can contribute to the cost of coordination or participation for other entities. For example, it may be feasible to provide grants or stipends for NGOs to participate in collaboration efforts.

Costs and cost-effectiveness

Costs involved in coordination include:

- staff time for leadership of coordination efforts
- percentage of staff time for participation in coordination
- costs associated with planning, communication and meetings
- costs for data collection and analysis.

Coordination has the potential to generate cost-savings if it avoids duplication of sector-specific activities.

Cross-cutting activity: Monitoring and evaluation

What: Systems for collecting, analysing and sharing relevant and comparable data on violence against children and the impact of and lessons learned from interventions

Why: Systematic and rigorous monitoring and evaluation help stakeholders plan, evaluate and improve interventions to prevent and respond to violence against children

Two kinds of quantitative data help stakeholders understand and monitor violence against children: **survey data** and **administrative data**.

Data from nationally representative surveys show how many children experience different types of violence, at certain ages and across their lifetimes, and under what circumstances. These surveys can inform national-level priorities for violence prevention and response, and provide baseline data for monitoring changes in exposure to violence over time (see Box 7).

Administrative data include the records or reports routinely used by public programmes or agencies. While these data do not reflect the magnitude of violence (due to under-reporting) they can be used to identify service and response needs and gaps at the local level, assess trends in reporting of violence, and inform local-level training, awareness-raising, and outreach.

Core components: INSPIRE indicators

The INSPIRE partnership has developed a list of **core indicators**³ to monitor implementation and uptake of the INSPIRE strategies in ways that are comparable across settings. They include:

- indicators specific to each strategy
- indicators that measure progress toward the **broader goal of INSPIRE**

These indicators draw on both survey and administrative data. Some indicators also measure progress towards the SDGs.

Impact or goal indicators measure the prevalence of violence against children or children's exposure to violence. They include:

- 1.1 Violent punishment by caregivers, past month (SDG indicator 16.2.1)
- 1.2 Physical violence by teachers, past 12 months
- 1.3 Lifetime sexual violence in childhood by any perpetrator (SDG indicator 16.2.3)
- 1.4 Past year sexual violence in childhood by any perpetrator
- 1.5 Physical and/or sexual violence by an intimate partner against ever-partnered adolescent girls, past 12 months (SDG indicator 5.2.1 sub-indicator 4)
- 1.6 Physical and/or sexual violence against adolescents by a romantic partner, past 12 months
- 1.7 Peer violence —bullying victimization, past 12 months
- 1.8 Physical attack against adolescents, past 12 months
- 1.9 Child homicide rate (SDG indicator 16.1.1)
- 1.10 Child exposure to households affected by partner violence against women

INSPIRE also establishes goals for strengthening capacity for monitoring and evaluation.

- 2.1 National prevalence estimates for key forms of violence against children
- 2.2 Administrative data systems that track and report data related to violence against children

Strategy-level indicators appear at the end of each strategy chapter. All indicators, along with sample survey questions, are listed in *Appendices A and B*. The *INSPIRE Indicator guidance and results framework* contains more information about using these indicators to monitor implementation and uptake of the seven strategies.

³The core indicators were developed through a participatory process, led by UNICEF, during 2016 and 2017. The *INSPIRE Indicator guidance and results framework* (see *Resources*) sets out the criteria for inclusion of indicators.

Considerations for implementation

Why evaluate interventions?

Evaluation of interventions creates the evidence base and implementation lessons for *INSPIRE*'s approaches and programmes. Growing this evidence base, particularly for interventions in low- and middle-income countries is essential to preventing and responding to violence against children.

Rigorous evaluation, and particularly studies designed to capture interactive, cumulative, or long-term impacts of interventions, takes investment of financial and human resources. As with interventions themselves, good planning and coordination of evaluation efforts can lead to more efficient use of resources. Partnerships with UN agencies, academic and non-profit research entities can help sustain evaluation efforts.

How can you ethically and safely collect data on violence against children?

All research that collects data from people is bound by ethical principles. These include ensuring that:

- the rights of participants are respected and protected;
- participation is voluntary;
- overall benefits of the research outweigh potential risks;
- participants are selected fairly.

Research protocols need to be approved by an Ethics Review Committee to make sure they meet these ethical requirements. Any research with children requires extra care, and research on violence in particular needs to build in special protection mechanisms. These include:

- methods for obtaining informed consent or assent from the child and permission from the parent or guardian, including ways to recognize and respond to potential issues or risks this may cause the child;
- crafting survey questions that are sensitive, age- and developmentally appropriate;
- protecting children who disclose violence from re-traumatization or reprisal;
- maintaining privacy and confidentiality for child respondents;
- procedures for responding to and following up with support for children who report experiencing or being at risk for violence;
- selecting, training, and monitoring interviewers to ensure they are able to interact sensitively and reliably follow established protocols.

The *INSPIRE Indicator guidance and results framework* offers more detailed information about the research ethics and on violence against children.

Box 7

How can data help you understand violence against children in your setting?

Ideally, *survey data* and *administrative data* should be analysed together, along with *qualitative data* and *stakeholder input* that can provide nuanced insight into the attitudes, norms, perceptions and other factors that influence violent, protective, and help-seeking behaviour. This multi-layered analysis, called triangulation (12) contributes to a more complete and accurate understanding of the complex interactions that drive both violence against children and a community's or society's ability to protect them.

INSPIRE GOAL:

All* children, including adolescents, grow up with greater freedom from all forms of violence; and those who do experience violence benefit from more appropriate care, support and access to justice needed to ensure physical, mental and social well-being.

*Including children in situations of vulnerability.

Resources

General

INSPIRE: Seven strategies for ending violence against children. Geneva: World Health Organization; 2016 (http://www.who.int/violence_injury_prevention/violence/inspire/en/, accessed 24 March 2018).

An evidence-based framework of seven complementary and mutually reinforcing strategies to prevent and respond to violence against children.

Preventing and responding to violence against children and adolescents: theory of change. New York: UNICEF; 2017 (https://www.unicef.org/protection/files/UNICEF_VAC_ToC_WEB_271117.pdf, accessed 24 March 2018).

An overarching, multisectoral theory of change that describes pathways of change, integrates evidence-based strategies, and articulates a chain of results to prevent and respond to violence against girls, boys and adolescents.

National action plans

Integrated strategy against violence: policy guidelines on integrated national strategies for the protection of children from violence. Strasbourg: Council of Europe; 2009 (<https://rm.coe.int/168046d3a0>, accessed 24 March 2018).

Widely used policy guidelines to help inform national strategies and action plans for preventing and responding to violence against children.

Considerations for developing comprehensive national actions to prevent and respond to violence against children. Washington (DC): Together for Girls; 2015 (<http://www.togetherforgirls.org/wp-content/uploads/2017/10/Considerations-for-Developing-Comprehensive-National-Actions-June-2015.pdf>, accessed 24 March 2018).

Principles and key elements for a national, multisectoral approach to developing action plans and guidance for ensuring an inclusive and well-coordinated process.

Estimating costs

Child rights toolkit module 6: child-responsive budgeting. New York: UNICEF; 2014 (<https://www.unicef.org/myanmar/Child-Rights-Toolkit-Web-Links.pdf>, accessed 24 March 2018).

Child-responsive budgeting principles and processes and contains tools for implementation.

Scaling-up

Beginning with the end in mind: planning pilot projects and other programmatic research for successful scaling-up. Geneva: World Health Organization; 2011 (http://www.who.int/reproductivehealth/publications/strategic_approach/9789241502320/en/, accessed 24 March 2018).

Twelve suggested steps, plus a checklist and other tools, to consider scale-up of programmes from the outset.

Nine steps for developing a scaling-up strategy. Geneva: World Health Organization; 2010 (http://www.who.int/reproductivehealth/publications/strategic_approach/9789241500319/en/, accessed 24 March 2018).

Conceptual framework for scaling-up and a nine-step process – including questions for consideration – for developing a scale-up strategy.

Scaling-up interventions to prevent and respond to gender-based violence: an analytical report. Washington (DC): USAID; 2015 (<https://www.usaid.gov/sites/default/files/documents/1865/Scaling-up-Interventions-to-Prevent-and-Respond-to-GBV.pdf>, accessed 24 March 2018).

Describes experience of scaling-up gender-based violence (GBV) programmes and features case studies of INSPIRE programmes Yaari Dosti, IMAGE, Stepping Stones, and Soul City.

On the CUSP of change: effective scaling of social norms programming for gender equality. Community for Understanding Scale-Up (CUSP) Working Group; 2017 (http://raisingvoices.org/wp-content/uploads/2013/03/CUSP.SVRIpaper.Final_.6sept2017.forWeb.pdf, accessed 24 March 2018).

Drawn from the experience of programme developers, researchers and practitioners, this document provides practical insights and advice for taking social norms programming to scale, and is applicable across many INSPIRE strategies.

Children's participation

Child and youth participation resource guide [website]. UNICEF East Asia and Pacific Regional Office (https://www.unicef.org/adolescence/cypguide/index_intro.html, accessed 24 March 2018).

A guide presenting resources on child and youth participation from Asia, Europe, North America, Latin America, Africa, Australia and the Pacific to help practitioners and managers involved in promoting child and youth participation in government, community-based organizations, child-led organizations, NGOs and UN and donor agencies.

Advocating for change for adolescents! A practical toolkit for young people to advocate for improved adolescent health and wellbeing. Geneva: World Health Organization; 2017 (http://www.who.int/pmnch/knowledge/publications/advocacy_toolkit.pdf?ua=1, accessed 24 March 2018)

A toolkit developed by young people for young people, to guide the design, implementation and monitoring of an effective national advocacy action roadmap to bring about positive, policy-specific changes to improve the health and well-being of adolescents.

Coordination

UN Women. Essential services package for women and girls subject to violence module 5: coordination and governance of coordination. New York: United Nations; 2015 (<http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2015/essential-services-package-module-5-en.pdf?la=en&vs=3759>, accessed 16 April 2018)

Offers a framework for the delivery of essential social services and guidelines for essential actions on both national and local levels.

Collaboration tools

The intersector toolkit: tools for cross-sector collaboration [website]. The Intersector Project. (<http://intersector.com/toolkit/>, accessed 24 March 2018)

Provides generic tools and questions to help guide cross-sector planning and problem-solving.

The Collaboration Multiplier [website]. Prevention Institute. (<https://www.preventioninstitute.org/tools/collaboration-multiplier>, accessed 24 March 2018).

An interactive framework and tool for analysing collaborative efforts across fields. It is designed to guide an organization to a better understanding of which partners it needs and how to engage them, or to facilitate organizations that already work together in identifying activities to achieve a common goal, identify missing sectors that can contribute to a solution, delineate partner perspectives and contributions, and leverage expertise and resources.

Davis RA, Tsao B. Multi-sector partnerships for preventing violence: a guide for using collaboration multiplier to improve safety outcomes for young people, communities and cities. Oakland CA: Prevention Institute; 2014 (<https://www.preventioninstitute.org/sites/default/files/publications/Parts%2012%20%20Multi-Sector%20Partnerships%20for%20Preventing%20Violence.pdf>, accessed 24 March 2018).

A workbook to help stakeholders assess and plan a multisectoral response to violence in their community or setting.

Research and data collection on violence, crime and criminal justice statistics

INSPIRE Indicator guidance and results framework. New York: UNICEF; 2018.

A compendium of indicators, sample survey questions and recommended methodology for monitoring implementation and impact of the seven INSPIRE strategies.

Manual on victimization surveys. Geneva: United Nations Office on Drugs and Crime, United Nations Economic Commission for Europe; 2009 (http://www.unodc.org/documents/data-and-analysis/Crime-statistics/Manual_on_Victimization_surveys_2009_web.pdf, accessed 24 March 2018).

Provides a comprehensive source of information for developing national victimization surveys to improve the comparability of victimization survey results, providing a minimum dataset of suggested key topics for inclusion in national crime victimization surveys. Available in English, French and Spanish.

Manual for the measurement of juvenile justice indicators. Vienna: United Nations Office on Drugs and Crime; 2006 (http://www.unodc.org/pdf/criminal_justice/06-55616_ebook.pdf, accessed 24 March 2018).

Describes 15 juvenile justice indicators and how their measurement contributes to the protection of children in conflict with the law through actions at both local and central level. Offers practical guidance, strategies and tools for information collection, collation and assessment of the indicators. Available in English, French and Spanish.

International classification of crime for statistical purposes (ICCS). Vienna: United Nations Office on Drugs and Crime; 2015 (<http://www.unodc.org/unodc/en/data-and-analysis/statistics/iccs.html>, accessed 24 March 2018).

Provides a comprehensive framework for producing statistics on crime and criminal justice, and a tool to understand the extent of crime and its drivers; improve quality of data on crime and criminal justice at national level; and to support national efforts to monitor SDG targets in the areas of public security and safety, trafficking, corruption, and access to justice.

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8. Bott S, Morrison, A, Ellsberg M. Preventing and responding to gender-based violence in middle and low-income countries: a global review and analysis. Policy Research Working Paper. Washington (DC): World Bank, Poverty Reduction and Economic Management Sector Unit, Gender and Development Group; 2005 (<https://openknowledge.worldbank.org/handle/10986/8210>, accessed 24 April 2018).
9. On the CUSP of change: effective scaling of social norms programming for gender equality. Community for Understanding Scale-Up (CUSP); 2017 (http://raisingvoices.org/wp-content/uploads/2013/03/CUSP.SVRIpaper.Final_6sept2017.forWeb.pdf, accessed 24 March 2018).
10. Scaling-up interventions to prevent and respond to gender-based violence: an analytical report. Washington (DC): USAID; 2015 (<https://www.usaid.gov/sites/default/files/documents/1865/Scaling-up-Interventions-to-Prevent-and-Respond-to-GBV.pdf>, accessed 24 March 2018).
11. Nine steps for developing a scaling-up strategy. Geneva: World Health Organization; 2010 (http://www.who.int/reproductivehealth/publications/strategic_approach/9789241500319/en/, accessed 24 March 2018), accessed 25 April 2018).
12. National Collaborating Centre for Methods and Tools. Public health triangulation: synthesizing multiple data sources. Ontario, Canada: McMaster University; 2012. Updated 12 September, 2017 (<http://www.nccmt.ca/knowledge-repositories/search/124>, accessed 24 March 2018).





Implementation and enforcement of laws

Objective: Ensure the implementation and enforcement of laws that prohibit and prevent violence against children, reduce excessive alcohol use, and limit youth access to firearms and other weapons.

What you will find in this section



Overview: Effective laws support efforts to end violence

Find out how this strategy works in practice

Links between INSPIRE strategies and beyond

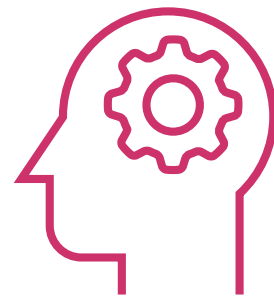
Works best when. . .

Humanitarian actions

Considerations for implementation

Indicators

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Focus exercise

Focus your planning on local context and needs

p. 38



Approaches

Learn what is needed to implement this strategy with evidence-supported approaches and examples

Approaches-at-a-glance

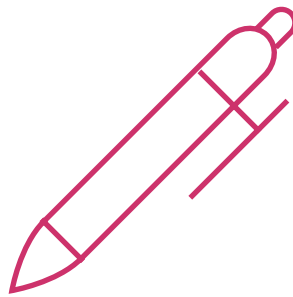
Laws banning violent punishment of children

Laws criminalizing sexual abuse and exploitation of children

Laws that prevent alcohol misuse

Laws limiting youth access to firearms and other weapons

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Implementation worksheet

Identify resources and action steps to create a plan for implementation

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Resources

Link to tools and resources to help you implement this strategy

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OVERVIEW:

Effective laws support efforts to end violence

Legislation can be a key part of preventing and responding to violence and promoting respect for children’s human rights. Effective enforcement of laws that define and prohibit all forms of violence against children may deter violence and ensure justice for victims. Different types of laws address risk factors for violence in children’s lives, such as misuse of alcohol and youth access to weapons. Laws alone do not reduce violence, but their effective implementation and enforcement supports and strengthens all INSPIRE strategies to end violence against children.

In addition to the above, legislation may provide an overarching framework for prevention, protection, response and support for victims, witnesses, and children in conflict with the law (see Box 8).¹ This legislative framework can include:

- ⊕ Strengthening systems and coordination for protection, response and support through mandates, standards, procedures and accountability mechanisms.
- ⊕ Establishing frameworks for identification, referral, investigation, treatment and follow-up for children who experience violence.
- ⊕ Establishing pathways to fair, transparent and **child-friendly justice** for all children.

These aspects are discussed further in the *Response and support* strategy.

Implementation and enforcement of laws occurs at multiple levels and involves multiple actors (see *Implementing INSPIRE as a package* section). This chapter focuses primarily on legislation and its operationalization through criminal, civil and administrative law, policies, and standards. Actions driven by sector-based institutions (including child protection, health, and justice systems, as described in the *INSPIRE technical package*) that involve interaction with children and families are discussed as part of the *Response and support* strategy.

Box 8

How do laws serve a child’s right to be protected from violence?

The right of children to be protected from all forms of violence is recognized by international and regional instruments, most notably the UN Convention on the Rights of the Child (CRC) (1). The CRC calls upon States’ Parties to review all domestic legislation and related administrative guidance relevant to violence against children (including customary, traditional and religious laws), and ensure prohibition of all forms of violence against children in all settings, with no exceptions (2, 3). In addition, States that are Parties to these treaties are called upon to adopt all appropriate legislative measures, including implementation, enforcement and budgetary measures, to give full legal effect to this right. The range of laws and policies that help ensure the rights of children and protect them from violence is detailed elsewhere and is beyond the scope of this handbook. However, this INSPIRE strategy fits within a broader effort to implement and enforce laws that protect children’s right to be free from violence and ensure compliance with international and human rights standards. A child rights’ approach, in line with the CRC, can inform this broader effort, as well as the implementation and enforcement of the specific laws included in INSPIRE (4).

For more information see the *Resources* section at the end of this chapter.

¹ In the Handbook, “children in conflict with the law” refers to children who are alleged as, accused of, or recognized as having infringed the penal law.

In the *INSPIRE technical package*, this strategy focuses on two types of laws to help protect children from violence.

- Laws prohibiting acts of violence against children, including violent punishment and sexual abuse and exploitation.
- Laws that reduce risk factors for violence by limiting access to and misuse of alcohol, and youth access to firearms and other weapons.



Links between INSPIRE strategies and beyond

Implementation and enforcement of laws supports other INSPIRE strategies, as well as efforts that extend beyond violence.

INSPIRE STRATEGIES

	Norms and values	Laws ² signal that violence against children is unacceptable
	Safe environments	Laws preventing alcohol misuse and youth access to firearms complement efforts to promote safety and use of public spaces
	Parenting and caregiver support	Parenting programmes support implementation of laws by giving parents skills and support to avoid violent punishment of children, and improving parent-child communication to help protect children from sexual abuse and exploitation
	Income and economic strengthening	These programmes support implementation of laws by reducing risk factors for violent punishment and exploitation of children
	Response and support	Laws create the framework for a multi-sectoral system to provide response services, ensure coordination and accountability, and enhance child-friendly justice (see Box 9)
	Education and life skills	Laws prohibiting violent punishment and sexual abuse and exploitation by educators contribute to student safety
BROAD HEALTH, SOCIAL, AND ECONOMIC AGENDAS		Laws help Member States meet obligations under the CRC

² “Laws” as used here refers to the types of laws highlighted in INSPIRE, and assumes implementation and effective enforcement.

What is child-friendly justice?

Part of implementation and enforcement involves ensuring that laws effectively protect all children and work in their best interest. *Child-friendly justice* is:

- accessible, speedy, and diligent;
- age- and gender-appropriate, and adapted to and focused on the needs of the child;
- respectful of the child's rights to:
 - » due process
 - » active participation in and understand of the proceedings
 - » private and family life
 - » privacy and confidentiality
 - » integrity and dignity (5).

Evidence is clear that institutionalization and deprivation of liberty for children is harmful, ineffective and costly and carries a high risk of violence against these children (6). The CRC, international standards, and UN agencies provide principles and guidelines for legal frameworks to reduce the risk of violence for children in conflict with the law. They call on states to take the following steps.

- Eliminate status offences (acts that are only criminal offences when committed by a child, not an adult) (7, 8) and offences related to morality or dress codes for girls (9).
- Bear in mind the emotional, mental and intellectual maturity of children, and in this respect to increase the lower minimum age of criminal responsibility (MACR) without exception to the age of 12 years as the absolute minimum age, and to continue to increase it to a higher age level (10, 11).
- Establish specialized juvenile justice systems (12).
- Protect children's right to liberty by providing and making use of diversion, probation, rehabilitation, restorative justice, education and support for families as alternatives to criminal proceedings and incarceration for children (13, 14).
- Use deprivation of liberty as a measure of last resort and for the shortest appropriate period of time, (15, 16) and ensure that children deprived of their liberty are separated from adults, and girls from boys (17, 18).
- Ensure that no child is subjected to torture or other cruel or degrading treatment, capital punishment, or lifetime imprisonment without possibility of release (19).

Child-friendly justice can be integrated into all levels of interaction with children, families, and communities, and is discussed further in the *Response and support* strategy.

Works best when...

Implementation and enforcement of laws to protect children may be more likely to have the intended effect when:

- ✔ they are part of a broader strategy to promote and protect children's rights, including measures to monitor and evaluate implementation;
- ✔ national and local stakeholders throughout government and civil society, including children themselves, are fully engaged in the process;
- ✔ legislation that requires infrastructure or services is costed accurately and supported by allocation of sufficient resources;
- ✔ implementation is accompanied by ongoing awareness-raising, efforts to change social norms, and professional training or other supportive programmes, such as skill-building for parents or teachers in the use of non-violent discipline.



Humanitarian actions

Emergencies, conflicts, and other crises can disrupt legal and social institutions that protect children. The *Minimum Standards for Child Protection in Humanitarian Action* lay out principles and standards based on international human rights law, humanitarian law, and refugee law that help protect children and families in crisis situations. Many of the recommended actions focus on preparedness.

The following actions support this INSPIRE strategy in humanitarian settings.

- Birth registration to assist all individuals in accessing their rights under the law even in crisis or emergency situations.
- Preparedness activities such as making an inventory of relevant laws addressing violence against children, strengthening enforcement capabilities, and developing contingency plans for the justice sector in case of crisis or emergency.
- Training, codes of conduct, vetting and oversight for all service, security and volunteer personnel interacting with children. This should include peacekeeping military and police.
- Establishment of effective and accountable law enforcement in humanitarian settings, including reporting mechanisms and access to justice for victims of physical or sexual violence.

For more information see the *Humanitarian* part of the *Resources* section at the end of this chapter.

Considerations for implementation and enforcement of laws

Who is involved in implementing and enforcing laws?

Actors involved in implementing and enforcing laws include:

- legislators and policy-makers who pass laws and allocate resources;
- ministry and government staff who translate law and policy into protocols and standards for their sector;
- members of the service workforce who carry out actions;
- civil society and the private sector who help support the community to comply with the law;
- families and individuals who change their behaviour.

How can you assess implementation needs in your setting?

There are many frameworks for understanding the process of Implementation and enforcement of laws. One of these frameworks is applied here to laws protecting children from violence. In this model, adapted from the US Centers for Disease Control and Prevention's policy process, a policy is defined as "a law, regulation, procedure, administrative action, incentive or voluntary practice of governments and other institutions" (20). The cycle moves from policy implementation, and includes continuous evaluation and stakeholder engagement and education (see Figure 2).

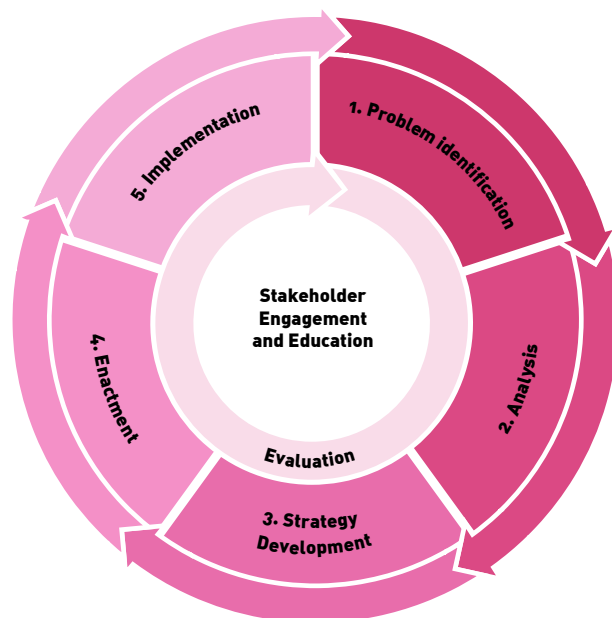


Figure 2: Policy process model

Source: Adapted from (20).

When applied to laws addressing violence against children, this framework might include the activities and information outlined in Table 1.

Table 1: Policy process applied to violence against children

Domain	Actions	Sources of information
Problem identification	<ul style="list-style-type: none"> • Assess scope and magnitude of violence against children • Assess gaps in existing laws and policies that address violence against children • Assess gaps in implementation or enforcement of laws 	Survey data Administrative data Qualitative data Stakeholder consultation Legislative assessments Gap analyses
Analysis: identify, describe, assess and score policy options	<ul style="list-style-type: none"> • Determine potential impact of different laws on priority areas for violence prevention • Cost implementation, including human resource and training needs, public education, supporting efforts, monitoring • Assess feasibility in different settings or conditions 	Literature reviews Best practices or guidelines Environmental scan Budget analysis and costing exercises SWOT analyses CDC Policy Analysis Tools (see <i>Resources</i> section)
Strategy and Policy development	<ul style="list-style-type: none"> • Clarify operational issues and support needed for those who will adopt the law, including barriers to implementation, training and public awareness • Share information through white papers, policy briefs, presentations or dialogues • Conduct additional background work if needed, including developing an agenda for additional research 	Stakeholder consultation and feedback
Enactment	<ul style="list-style-type: none"> • Identify locally relevant mechanisms for enacting law, regulation, procedure, administrative action, incentive, or voluntary practice 	
Implementation	<ul style="list-style-type: none"> • Translate the law into operational practice and define implementation standards • Implement regulations, guidelines, recommendations, directives and organizational policies • Identify indicators and metrics to evaluate implementation and impact • Coordinate resources and build capacity of personnel to implement and enforce the law • Assess implementation and ensure compliance with policy • Support post-implementation sustainability efforts 	Guidelines, standards and recommendations from international agencies working to address violence against children (see <i>Resources</i> section at the end of this chapter) <i>INSPIRE Indicator guidance and results framework</i>

Source: Adapted from (20).

Indicators

The following INSPIRE indicators measure the impact of Implementation and enforcement of laws to prevent and respond to violence against children: (see *Appendices A* and *B* for a list of INSPIRE indicators).

- 3.1 Laws protecting children from physical punishment (violent punishment)
- 3.2 Laws protecting children from sexual abuse and exploitation
- 3.3 Laws and policies protecting children from key risk factors for violence and exploitation
- 3.4 Laws and policies regarding institutional and duty bearer responses to violence against children
- 3.5 Awareness of laws banning violence against children
- 3.6 Assessment of whether legal framework aligns with international norms



Focus exercise

Before you move on to specific approaches for implementing and enforcing laws that prevent violence against children, take a moment to reflect on your setting, what is already happening, and what you wish to change.

The purpose of this exercise is to help you focus on your priorities as you read more about the approaches in this strategy. You can do this exercise individually or as a group.

- ❓ What do you see as the biggest problem(s) in your country related to violence against children?
- ❓ What laws exist to address these problems? Have these laws been assessed recently to gauge whether they give children adequate protection from violence, in all settings and circumstances? Are appropriate sanctions applied to perpetrators of violence against children?
- ❓ Are existing laws functional and operating at all levels, from legal mandates, to implementation and enforcement by relevant sectors, to application and compliance by service providers, communities, and families? If not, what do you see as the obstacles to effective implementation and enforcement?
- ❓ Are there any laws or practices that discriminate against certain groups of children?
- ❓ Are the majority of people aware of the laws relevant to violence against children? Is there widespread understanding of and agreement with the rights of children? Is there public support for implementing the types of laws that prevent violence against children?

 Use this space to take notes.



Approaches at-a-glance

These approaches from the *INSPIRE technical package* represent evidence-based, prudent or promising practice in preventing and responding to violence against children, and can be part of a comprehensive plan.

Laws banning violent punishment of children	Laws criminalizing sexual abuse and exploitation of children	Laws that prevent alcohol misuse	Laws limiting youth access to firearms and other weapons
<p>These laws specifically prohibit violent punishment of children by parents, teachers, or other caregivers or authorities</p>	<p>These laws define, criminalize, and offer mechanisms for prosecution of all acts of sexual abuse and exploitation, as well as provide for protection and support for child victims</p>	<p>These laws aim to reduce excessive alcohol consumption by increasing the price, establishing minimum age for purchase, limiting times and days of sale, and reducing the density of outlets</p>	<p>These laws provide stricter licensing requirements for firearms, combined with targeted enforcement and other measures to prevent illegal access to firearms and other weapons by children and youth</p>
<p>Potential outcomes</p> <ul style="list-style-type: none"> • Reduced use of violent punishment by parents, caregivers, teachers, and other authorities • Increased awareness and decreased acceptance of violent punishment of children in all settings 	<p>Potential outcomes</p> <ul style="list-style-type: none"> • Increased awareness and decreased acceptance of the range of acts that represent child sexual abuse and exploitation • Increased disclosure, reporting, and help-seeking • Increased investigation and prosecution • Reduced sexual abuse and exploitation 	<p>Potential outcomes</p> <ul style="list-style-type: none"> • Reduction in child maltreatment, youth violence, and IPV • Reduced risk of victimization • Reduced risk of cognitive and mental health problems associated with excessive alcohol use during adolescence, which in turn can lead to increases in violent behavior 	<p>Potential outcomes</p> <ul style="list-style-type: none"> • Reduction in firearm-related death and injury, particularly for adolescent boys and young men • Reduction in use of firearms in crime • Reduction in gun-related unintentional injuries
<p>Populations/settings</p> <p>Population-wide, all settings</p>	<p>Populations/settings</p> <p>Population-wide, all settings</p>	<p>Populations/settings</p> <p>Population-wide, all settings or focus on local areas with high alcohol consumption and related risks</p>	<p>Populations/settings</p> <p>Population-wide, focus on boys and young men in urban, high violence settings</p>
<p>Examples</p> <p>Albania, Brazil, Croatia</p>	<p>Example</p> <p>Dominican Republic</p>	<p>Example</p> <p>South Africa (Western Cape)</p>	<p>Example</p> <p>Colombia</p>



Approach: Laws banning violent punishment of children

What: Laws that clearly define and ban *violent punishment* (see Box 10) of children in all settings³

Why: These types of laws, when accompanied by education and support, signal that violent punishment of children is unacceptable, and may lead to:

- ↑ Increased recognition and decreased acceptance of violent punishment of children in all settings
- ↓ Reduced use of violent punishment by parents, caregivers, teachers and other authority figures.

Laws that prohibit behaviours such as violent punishment of children in all settings help reduce its acceptance and use (27), while public education can highlight that violent punishment has no benefits and causes multiple harms to children. Together, public education and effective Implementation and enforcement of laws send a clear message that violent punishment is unacceptable.

The key purpose of these laws is to educate, prevent and deter. Enforcement is intended to serve a child's best interest, and can include providing supportive interventions for families. Family separation or criminal prosecution is appropriate only for cases where the child's safety is threatened, when other types of abuse are also occurring, or when other interventions have failed.

Efforts to implement and enforce laws protecting children may include the following activities:

- A review to determine whether the current law (including religious, customary or traditional law) authorizes or provides legal defence for violent punishment.
- Application of protective laws across settings: home, school, community, and care and justice systems.
- Establishment of a range of escalating responses and sanctions.
- Clear direction and training for all providers of services to children and families.
- Public and professional education about the law and promotion of alternative, protective behaviour.

Box 10

What is “violent punishment” and why is it a problem?

Violent punishment refers to any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. It includes hitting, kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, or forcing children to stay in uncomfortable positions, burning, scalding or forced ingestion. It also includes non-physical forms of punishment that are cruel and degrading, such as punishment that belittles, humiliates, threatens, scares or ridicules the child. Use of violent punishment carries an inherent risk of escalation, partly because it becomes less effective over time, and partly because adults can misjudge the amount of force used. Research links experience of violent punishment in childhood with a wide range of negative health and behavioural outcomes, including poorer mental health, cognitive development and educational outcomes, and increased aggression and antisocial behaviour (22). Many of these outcomes persist into adulthood, including aggressive and criminal behaviour, acceptance and use of violence to solve conflict among peers, and experience of IPV, either as a victim or perpetrator.

³ Articles 19, 28 (para 2) and 37 of the CRC recognize children's right to protection from all forms of violence, including violent punishment. Article 39 outlines States' responsibility to take measures to promote the physical and psychological recovery and social reintegration of child victims. Member States that have ratified the CRC have obligations to implement such laws.

Costs and Cost-Effectiveness

The costs of Implementation and enforcement of laws to ban violent punishment include efforts to gather data, conduct policy assessments, convene stakeholders and assess gaps in implementation and enforcement.

Ongoing costs include:

- public outreach and behaviour-change communication;
- human resources needed to provide positive interventions and support to families;
- training for law enforcement, justice and other public service sectors on the purpose of the law and how to implement it in the best interests of children;
- data collection and technology for monitoring and evaluation.

Investment in implementation can be compared to the significant and ongoing costs associated with violence against children.

Implementation notes

For more information

Assessment of legal framework

Review national constitution, laws and regulations to determine whether violent punishment is authorized in any setting or circumstance.

Settings include: the home, alternative care, child care, schools, and in detention or other closed institutions.

Circumstances include: sentencing or disciplining children in conflict with the law (including customary and religious law), or as a legal defence for the use of violent punishment by those with authority over the child.

Consider all possible sources of relevant law, including common (case) law.

Global Initiative to End Corporal Punishment
Tools and Country Reports

Implementation handbook for the Convention on the Rights of the Child: Implementation checklists
See page 274

Assessment of implementation and enforcement

Review secondary legislation, standards, protocols and reporting mechanisms to determine whether they provide sufficient guidance to those responsible for implementing and enforcing the law.

Review survey, administrative and qualitative data for insight into where there may be gaps in Implementation and enforcement of laws.

The United Nations model strategies and practical measures: violence against children in the field of crime prevention and criminal justice: a checklist
Part one, part three



Supporting efforts

Stakeholder, community, and child participation. People need to feel ownership, especially if the law prohibits actions that are not generally recognized as criminal.

Behaviour change communication.

- Communicate the negative impact that violent punishment has on children and society.
- Clearly state that the aim of the law is educational and preventive, not punitive.
- Demonstrate empathy, not blame, for parents, teachers and caregivers for whom violent punishment has been the norm in child-rearing and education.
- Offer solutions, such as examples of positive parenting and discipline.
- Align messages with existing values, such as community responsibility for protecting and nurturing children.
- Use multiple messengers and entry points: at birth, and through neo-natal care and birth registration; through health care providers and school systems; through mass communication and “edutainment”; and through positive role models (See *Norms and values strategy*).

Policies, procedures, codes of conduct, and training. Adults in contact with children — such as teachers and school staff, child care or alternative care providers, criminal justice professionals, civil society and faith-based organizations — need skills for working with children, positive discipline and behaviour management strategies, monitoring procedures for institutions, and formal recognition of their commitment not to use violent punishment (see *Education and life skills strategy*).

Support for parents and caregivers. Parenting programmes, community networks, and social service interventions can help parents use positive discipline and alternatives to violent punishment (see *Parent and caregiver support strategy*).

See also

Norms and values Strategy

Education and life skills strategy. Approach: Safe and enabling school environments

Parent and caregiver support strategy

Case studies: Implementation of laws banning violent punishment

Albania’s Law on the Protection of the Rights of the Child established Children’s Protection Units and Children’s Rights Units to provide case management services at the local level. Albania implemented a national awareness campaign on child protection, #UneMbrojFemijet (#IProtectChildren) to increase knowledge of positive parenting methods. Campaign activities included consultations on legal changes and new policies to improve child protection.

Brazil’s law prohibiting violent punishment of children provides for a range of response measures, including warnings and referrals to family protection and guidance programmes. It also calls for training and education, including a permanent campaign called “Don’t Hit, Educate!”

In **Croatia**, multiple ministries are responsible for implementing laws prohibiting violent punishment of children, including the Ministry of the Interior, Ministry of Social Policy and Youth, Ministry of Health, and Ministry of Justice, among others. The ministries fund CSOs to carry out programmes focused on children, parents, experts, and the wider community.

For more information see *Laws banning violent punishment* in the *Resources* section at the end of this chapter.

Approach: Laws criminalizing the sexual abuse and exploitation of children



What: Implementation and enforcement of laws that clearly define and prohibit all forms of sexual abuse and exploitation, as well as provide for protection and support for child victims

Why: These laws recognize children's right to be protected from all forms of violence and exploitation, including online (see Box 11).⁴ When combined with awareness-raising and norms change efforts, the potential impact of implementation and enforcement of these laws include but are not limited to (21):

- ↑ Increased public recognition and decreased acceptance of all acts that represent child sexual abuse and exploitation
- ↑ Increased disclosure and reporting of sexual abuse and exploitation
- ↑ Increased investigation and prosecution of sexual abuse and exploitation
- ↓ Reduced sexual abuse and exploitation

Girls disproportionately experience sexual abuse and exploitation, and boys are frequently victimized too. Because sexual abuse and exploitation encompass a range of acts that are harmful, it is important that laws explicitly define and criminalize these acts. Even when such laws are in place, however, they may not be enforced or function as intended to protect children. Reasons for this include:

- **legal barriers**, if the language of the law is inadequate to guide comprehensive enforcement;
- **systemic and administrative barriers**, such as gaps or delays in the process of recognizing, reporting, investigating and prosecuting sexual abuse and exploitation; or specific difficulties of transnational cases and online child sexual exploitation and abuse;
- **environmental barriers**, such as social and gender norms and prejudices that influence how people perceive sexual abuse and exploitation and its victims (such as forced sex within intimate relationships; or when victims are male, LGBTQ, or socially and economically marginalized) .

⁴ Article 19 of the CRC recognizes children's right to protection from sexual abuse, and Article 34 and the Optional Protocol to the CRC on the sale of children, child prostitution and child pornography (OPSC) protects children from all forms of sexual abuse and exploitation, including online abuse. Article 39 of the CRC obliges States to take measures to promote the physical and psychological recovery and social reintegration of child victims. Member States that have ratified the CRC and the OPSC have obligations to protect children by criminalizing all forms sexual abuse and exploitation, implementing and enforcing laws, and providing protection and support to child victims.

Barriers may be reduced in the following ways.

Legal barriers

- Explicitly defining prohibited acts, which apply equally to males and females.
 - Addressing all forms of sexual abuse and exploitation, including online (see Box 11).
 - Establishing a minimum age of sexual consent (without criminalizing consensual sex between adolescents close in age), and ensure that all children aged 0–18 years are legally protected against sexual abuse and exploitation.
 - Ensuring that investigation and prosecution can be initiated in cases of violence against children without the victim having to file an official complaint.
-

Systemic and administrative barriers

- Establishing formal mechanisms for cross-sector and international collaboration.
 - Designating specific responsibilities within the process of investigation and prosecution to appropriate sectors. (For example, if health workers collect forensic evidence, this mandate should be clear and supported by protocols, training, and resources).
 - Ensuring that first line personnel respond appropriately to children who have experienced sexual violence, through mandatory training, and possibly specialist personnel or units (see *Response and support strategy*).
 - Strengthening social service, health and justice systems (see *Response and support strategy*).
 - Implementation of international guidelines such as *Responding to Children and Adolescents who have been sexually abused: WHO clinical guidelines* (see *Resources* section at the end of this chapter).
-

Environmental barriers

- Addressing the specific vulnerabilities and barriers to justice experienced by victims, including efforts to:
 - » raise awareness of sexual abuse and prevention
 - » change gender and social norms that perpetuate or condone abuse
 - » reduce stigma and support help-seeking.

Box 11

How can children be protected from online sexual exploitation and abuse?

As access to information and communication technology increases globally, so does children's risk of abuse and exploitation online. **Online child sexual exploitation and abuse (CSEA)** includes:

- production, accessing, possession and distribution of child sexual abuse material;
- grooming of potential child victims online with the intention of sexual abuse or exploitation;
- live streaming of child sexual exploitation and abuse.

Specific mechanisms within a broader strategy of implementing and enforcing laws to protect children from violence may address online CSEA, such as:

- legal framework to identify, investigate and prosecute offenders and protect victims;
- dedicated, trained law enforcement and international cooperation;
- legal mechanisms to report, block, and remove CSEA content;
- data collection on online CSEA;
- legal mechanisms to prevent re-offending, such as sex offender registration.

The WePROTECT Global Alliance to End Child Sexual Exploitation Online encourages countries to adopt a coordinated international and national response to protect children from CSEA, described in its model national response (see *Resources* section at the end of this chapter).



Cost and cost-effectiveness

The costs of Implementation and enforcement of laws criminalizing sexual abuse and exploitation of children include efforts to gather data, conduct policy assessments, convene stakeholders, and assess gaps in implementation and enforcement.

Ongoing costs include:

- public outreach and communication efforts to help people recognize potential sexual abuse and exploitation;
- training for first-line personnel in social services, health and justice in responding appropriately to victims of sexual abuse and exploitation (see *Response and support* strategy);
- support for specialist personnel in justice and law enforcement trained specifically in sexual abuse and exploitation cases and/or online CSEA (see *Response and support* strategy);
- data collection and technology for monitoring and evaluation.

Investment in implementation can be compared to the significant and ongoing costs associated with violence against children, including short- and long-term health and psychosocial consequences.

Implementation notes

For more information

Assessment

Relevant things to assess include the following areas.

- National Constitution and all other relevant laws and regulations to determine:
 - » Are all acts of sexual abuse and exploitation criminalized, with appropriate sanctions?
 - » Is there adequate provision for an effective system of prevention and response?
 - » Are these provisions applicable across statutory and common (case) law, as well as religious and traditional law?
- Data on incidence of sexual abuse and exploitation, and percentages of cases reported, investigated, prosecuted, and perpetrator sentenced.
- Barriers and gaps in the justice process, including protective measures for victims and witnesses.
- Barriers and gaps in other response and support services that can be addressed legislatively.

UN Model Strategies on Violence against Children in the Field of Crime Prevention and Criminal Justice: a checklist
Part one, part three

Implementation handbook for the Convention on the Rights of the Child: Implementation checklists
See page 274

Preventing and tackling child sexual exploitation and abuse (CSEA): A model national response

Terminology guidelines for the protection of children from sexual exploitation and sexual abuse

Supporting efforts

- Effective detection and reporting mechanisms.
- Coordination and accountability across all levels of law enforcement and the justice system.
- Coordination and funding at all levels of response and support for victims, including social services, health and justice.

Responding to children and adolescents who have been sexually abused: WHO Clinical Guidelines

See also
Response and support strategy

Case study: Implementing laws criminalizing sexual abuse and exploitation: Dominican Republic

Collaboration between the Attorney General's office, the Tourist Police, the National Association of Restaurants and Hotels and civil society organizations has strengthened the Dominican Republic's ability to enforce laws against sexual exploitation of children in travel and tourism. Law enforcement, hotel staff, education and health professionals, journalists and children and parents receive training to recognize and report cases of child sexual exploitation. A public campaign called No Hay Excusas (No Excuses) raises awareness and encourages reporting. The country has also increased its training and capacity to investigate online sexual exploitation and established a dedicated unit for this purpose.

For more information see UNICEF's *A Familiar Face: Violence in the Lives of Children and Adolescents* (23).

Approach: Laws that prevent alcohol misuse

What: Laws or ordinances that prevent alcohol misuse and its related harms include minimum age for purchase, location and density of outlets, times of sale, exposure to alcohol advertising, and pricing

Why: Alcohol misuse is a risk factor for child maltreatment, youth violence, and IPV. Alcohol can also affect adolescent brain development in ways that may increase the risk for future victimization and perpetration. Implementation and enforcement of laws that prevent alcohol misuse may contribute to (24, 25):

- ↓ Reduced child maltreatment, child and youth violence, and IPV;
- ↓ Reduced risk of victimization and perpetration;
- ↓ Reduced risk of cognitive and mental health disorders associated with excessive alcohol consumption during adolescence, which in turn can lead to increases in violent behaviour (21, 24).

Interventions that focus on policy and environmental influences are more likely to result in population-level impacts than stand-alone education programmes targeting individual behaviour (25).

Policies that set a minimum age for purchase, or limit density and location of alcohol sales outlets near schools, may be relevant for preventing violence against children. However, it is important for these policies to be considered part of population-wide efforts to reduce harmful alcohol use, and not stand-alone interventions. These efforts work best when support is aligned around a clearly articulated goal focusing on community health, safety and well-being (as opposed to simply restricting alcohol consumption).

Costs and cost-effectiveness

- Policies such as excise taxes, limited sale hours and reducing the density of outlets may be more easily enforced than those targeting consumers, and also tend to have a greater impact in reducing violence (26).
- A cost-effectiveness analysis estimated the costs of different policies per disability-adjusted life year (DALY) saved for three different regions, and found that population-based interventions compared favourably with the cost of treatment for disease and injury resulting from alcohol misuse (26).



Assessment

- What is the current legal and policy framework for alcohol distribution, licensing, and marketing?
- Where are there gaps?
- Are existing laws and policies effectively enforced?
 - » If not, can enforcement be strengthened?
- Are additional policy or other prevention measures needed to reduce alcohol misuse?
 - » If they are, which policies that have been assessed for reducing alcohol-related harms can fit within the existing legal framework?

WHO Global strategy to reduce the harmful use of alcohol

Addressing the harmful use of alcohol: a guide to developing effective alcohol legislation

Data and analysis

Data collection can include:

- rates and patterns of alcohol consumption among youth and adults;
- locations of alcohol sales outlets;
- mapping and analysis of alcohol marketing, particularly to young people;
- data on violence, injury, illness and mortality related to alcohol use;
- insight on norms around alcohol use and public attitudes toward policy strategies.
- Local data informs policy papers outlining evidence for how policies may contribute to violence prevention, public safety, and social well-being

Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. Lancet, 2009.

Feasibility considerations

- National and local government institutions need capacity to administer retail and excise policies and enforce laws adequately and fairly.
- It is important to involve the liquor industry and retail sector as producers, distributors, and marketers of alcoholic beverages. If the majority of alcohol manufacture and sale is outside the formal sector, it will be difficult to enforce policy changes. If policies are too restrictive, they risk increasing the informal manufacture and sale of alcohol.

Supporting efforts

- Cultivate stakeholder involvement and consultation in raising awareness about new policies.
- Laws and policies are part of a holistic approach that includes:
 - » awareness-raising and norms change around drinking;
 - » screening, brief interventions, and longer-term treatment programmes for harmful alcohol use behaviours or disorders.
- Consider how to help owners and employees of small-scale alcohol-sales outlets who will be subject to new policies.

See also

Income and economic strengthening strategy

Norms and values strategy

Case study: Western Cape Alcohol-related Harms Reduction Policy, South Africa

In examining causes behind the biggest disease burdens in South Africa, public health leaders in the Western Cape noted that alcohol misuse was a common factor in everything from violence to HIV, and from road traffic injuries to chronic disease. The province's *Violence Prevention Policy Framework* offered an opportunity to move beyond programmatic responses and make longer-lasting, sustainable change through policy. The work began by describing the problem: rates of alcohol consumption, its impact as the third leading risk factor for death and disability, and the cost to society of alcohol-related harm relative to the liquor industry's contribution to the economy.

A broad public-sector coalition put forward policy recommendations for public consultation. This input, along with a regulatory impact assessment, was compiled into a White Paper published by the Western Cape government in September 2017, and will inform policy and amendments to the Western Cape Liquor Act. Key components for success of this process included:

- framing the issue as a community health and well-being imperative that supersedes business or private interests;
- involving communities in all aspects of planning and implementation from addressing disruptions to livelihoods, to community-based prevention and treatment services, to awareness-raising and enforcement of new laws and policies.

For more information see Western Cape Government *Alcohol-related Harms Reduction Policy White Paper (27)*.



Approach: Laws to reduce youth access to firearms and other weapons

What: Laws and policies to prevent illegal possession, carrying, and use of firearms and other weapons among youth

Why: A high proportion of gun violence victims and perpetrators are children and young men aged 15–29 years. Reducing youth access to firearms may lead to the following (21):

- ↓ Reduction in firearm- and weapon-related death and injury
- ↓ Reduction in use of firearms in crime
- ↓ Reduction in unintended gun-related injuries

A number of national laws and local ordinances that address firearms and weapons access and possession may be relevant to youth, including:

- minimum ages for purchase;
- background checks that include prior arrests, mental health status, and complaints or restraining orders for domestic violence;
- zero-tolerance policies for possession of weapons in schools;
- safe storage of firearms through child access prevention (CAP) laws;
- enforcement efforts to prevent illegal circulation of firearms.

Evidence reviews note that implementing multiple policies simultaneously tends to be more effective in reducing gun-related violence (29). The most appropriate combination of laws and policies will depend on local conditions.

Cost and cost-effectiveness

Ongoing costs include:

- development and ongoing maintenance of data collection systems;
- human resource capacity to analyse, disseminate and apply data to inform implementation decisions;
- law enforcement capacity;
- public awareness-raising.

Cost-effectiveness depends on local conditions and the costs of implementing and enforcing policies compared to death and injuries averted. South Africa's gun law saved an estimated 4585 lives, with the biggest reductions in firearm-related deaths among young men aged 15–29 years (29).

Assessment

- What is the current legal framework regarding child and youth access to firearms and other weapons?
- Are current laws effectively enforced?
 - » If not, have the gaps been identified? What would strengthen enforcement?
- Are additional policy and prevention measures needed to reduce child and youth access to firearms and other weapons?
 - » If so, which effective policies that have been assessed for reducing gun-related violence among youth fit within the current legal framework?

Data and analysis

- Important data includes the following:
 - » gun- and weapon-related deaths, injury, and threats;
 - » child and youth access to firearms and other weapons;
 - » geographic concentration of firearm- and weapon-related injury and death;
 - » licensing and minimum-age purchase requirements for firearms
- Data can be collected from multiple sources, such as police reports, coroners' reports and emergency departments, and combined for a more robust picture of the dynamics of firearms- and weapons-related violence.
- Data collection, analysis, dissemination and application to policy is a comprehensive process that requires sustained commitment.

*Safe environments
strategy: Cardiff
Model*

Feasibility considerations

- Legislation in neighbouring districts or countries influences the flow of firearms and other weapons between and across jurisdictions.
- Human resource needs include the following:
 - » personnel with the appropriate skill set to analyse data and communicate effectively;
 - » possible increased need for law enforcement personnel.

Supporting efforts

- Multi-stakeholder task forces or coalitions can help interpret local data and review appropriate policies. These coalitions can include political leaders, law enforcement, community leaders, business leaders, social services, and trauma care specialists.
- Efforts to change norms around the acceptability of violence can specifically address youth at higher risk of involvement in violence.
- While the evidence is mixed, interventions to reduce gang involvement may support efforts to reduce youth access to firearms and other weapons.
- Policies that reduce alcohol misuse may work together with firearm policies for greater impact on reducing youth violence.

*Safe environments
strategy: Cure
Violence*

*Approach: Laws to
prevent misuse of
alcohol*



Case study: Effective firearm policies in Cali and Bogotá, Colombia

After a decade of rising rates of homicides, of which 80% involved firearms, the mayor of Cali established DESEPAZ — the Program for Development, Security and Peace, in 1993. A similar programme was repeated in Bogota in 1995. In Colombia, the army controls firearm sales and licensing, and only buyers who offer convincing justification for gun ownership and pass a background check are issued permits. However, widespread smuggling of guns mutes the impact of these laws. Through DESEPAZ, mayors banned firearm carrying on weekends after payday, holidays and election days. This was enforced through police checkpoints, traffic stops, and searches of patrons of bars and entertainment establishments. Police tended to focus on areas they believed to be high-risk for interpersonal violence. As a result of these policies, homicides fell by 14% in Cali and 13% in Bogota during intervention periods (30). Replication of these policies in other settings would depend on constitutional provisions for legal searches.



Implementation and enforcement of laws

Implementation worksheet

Use this worksheet to plan implementation and link your intervention to other INSPIRE strategies. Under each action are things to consider. You may want to add your own considerations to this list.

ACTION	THINGS TO CONSIDER
Assess current environment	<ul style="list-style-type: none"> ▶ Implementation and enforcement of current laws and policies addressing all forms of violence against children, through standards, protocols, and accountability mechanisms ▶ Quantitative and qualitative data on children's exposure to violence, including: <ul style="list-style-type: none"> » violent punishment, sexual abuse, exploitation, online CSEA, alcohol-, firearm- and weapons-related violence » risk factors, perpetrators ▶ Opportunities and barriers to implementing or expanding this strategy
Select interventions	<ul style="list-style-type: none"> ▶ Priorities given current legal framework, risks to children, and support from decision-makers ▶ Fit within a comprehensive plan to address violence against children ▶ Feasibility given context and available resources
Build partnerships	<ul style="list-style-type: none"> ▶ Links to related issues or other INSPIRE strategies ▶ Partnerships with other stakeholders, decision-makers, and implementers, including ministries, service sectors and providers, donors and funders ▶ How to engage communities and civil society
Determine resource needs and sources <ul style="list-style-type: none"> • Estimate cost • Human resources • Sources of financial support 	<ul style="list-style-type: none"> ▶ Systems, infrastructure, data collection, or other inputs needed ▶ All phases as needed: research, systems strengthening, technical support, communications, data collection, M&E ▶ Staff and training needs ▶ Sources of funding, how to leverage and sustain
Refine approaches and adapt programmers for local context	<ul style="list-style-type: none"> ▶ Policies, mandates, and guidance for implementers ▶ Community and stakeholder engagement and participation ▶ Resources or technical support for training personnel in implementation of laws or policies ▶ Plan for roll-out
Plan for monitoring and evaluation	<ul style="list-style-type: none"> ▶ Tools for monitoring and evaluating implementation, enforcement and compliance ▶ INSPIRE or other indicators you will use to measure impact ▶ Data collection system or process ▶ Where to get technical support for M&E
Other	<hr/> <hr/>





NOTES





(What you know now)

RESOURCES, EXPERTS, PARTNERS

(Where you can get additional information)

Create a timeline for next steps

ACTION ITEM	RESPONSIBLE PARTY	DATE	NOTES
			



Resources

General

General comments and concluding observations of the UN treaty monitoring bodies. New York: United Nations; 2008 (<http://www.ohchr.org/EN/HRBodies/Pages/TBGeneralComments.aspx>, accessed 26 April 2018).

Provides links to the general comments and recommendations of each of the United Nations Human Rights Treaty Bodies.

Implementation handbook for the Convention on the Rights of the Child: Fully revised third edition. New York: UNICEF; 2007 (https://www.unicef.org/publications/files/Implementation_Handbook_for_the_Convention_on_the_Rights_of_the_Child.pdf, accessed 26 April 2018).

Provides checklists for assessing progress in compliance with the Articles of the CRC.

Planning the implementation of the United Nations Model strategies and Practical Measures on the Elimination of Violence Against Children in the Field of Crime Prevention and Criminal Justice: a checklist. Vienna: United Nations Office on Drugs and Crime; 2015 (https://www.unodc.org/documents/justice-and-prison-reform/14-08452_Ebook.pdf, accessed 26 April 2018).

Checklist to assist governments in the review of national laws, procedures and practices addressing violence against children.

High Time to end violence against children [website]. (<https://www.endviolenceagainstchildren.org/>, accessed 26 April 2018).

The High Time initiative promotes collective action to end violence against children through governments' commitment and action, organizations and communities' engagement, and people's time and talent. The website describes actions taken by different countries, at different levels, to strengthen legal and structural protection for children.

Special Representative of the Secretary General on Violence against Children – Publications [website]. United Nations (<http://srsg.violenceagainstchildren.org/publications>, accessed 26 April 2018).

Website offering thematic reports on various forms of violence against children and contains discussions relevant to the Implementation and enforcement of laws.

CDC's Policy analytical framework and analysis tools. In: CDC Office of the Associate Director for Policy [website]. Atlanta: US Centers for Disease Control and Prevention; 2015 (<https://www.cdc.gov/policy/analysis/process/analysis.html>, accessed 26 April 2018).

Provides a framework and tools for analysing, selecting and implementing policy options.

Laws banning violent punishment of children

Global Initiative to End All Corporal Punishment Against Children [website]. London: (<http://www.endcorporalpunishment.org/>, accessed 26 April 2018).

Website providing tools, briefings, country reports and other resources to help governments assess their legal framework and learn about approaches from other countries.

Laws that criminalize sexual abuse and exploitation of children

Preventing and tackling child sexual exploitation and abuse: a model national response. London: WePROTECT Global Alliance; 2016 (<http://www.weprotect.org/the-model-national-response/>, accessed 26 April 2018).

Provides guidance and examples of good practice for a model national response to prevent and address online child sexual exploitation and abuse, and helps countries to: assess current responses and identify gaps, prioritize national efforts to fill gaps, and enhance international understanding and cooperation.



Interagency Working Group on Sexual Exploitation of Children. Terminology guidelines for the protection of children from sexual exploitation and sexual abuse. ECPAT International; 2016 (<http://luxembourgguidelines.org/>, accessed 26 April 2018).

The terminology guidelines are an initiative by 18 international partners to harmonize terms and definitions related to child protection.

Responding to children and adolescents who have been sexually abused: WHO Clinical Guidelines. Geneva: World Health Organization; 2017 (<http://www.who.int/reproductivehealth/publications/violence/clinical-response-csa/en/>, accessed 26 April 2018).

WHO's 2017 clinical guidelines for providing evidence-based, quality, trauma-informed care to child and adolescent victims of sexual abuse.

Laws that prevent alcohol misuse

Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization; 2010 (http://www.who.int/substance_abuse/publications/global_strategy_reduce_harmful_use_alcohol/en/, accessed 26 April 2018).

Provides a detailed strategy including objectives, guiding principles, national policies and measures, and implementation guidance for reducing harmful use of alcohol.

Addressing the harmful use of alcohol: a guide to developing effective alcohol legislation. Geneva: World Health Organization Western Pacific Region; 2011 (<http://www.wpro.who.int/publications/docs/Addressingtheharmfuluseofalcoholforupload.pdf>, accessed 26 April 2018).

Assists government agencies and ministries in the region to develop country-level legislation to implement, monitor and enforce effective alcohol policies.

Laws that reduce child and youth access to firearms

Preventing youth violence: an overview of the evidence. Geneva: World Health Organization; 2015 (http://www.who.int/violence_injury_prevention/violence/youth/youth_violence/en/, accessed 26 April 2018).

Presents evidence in support of 21 strategies for preventing and addressing youth violence, including policies around youth access to firearms.

Guns, knives and pesticides: reducing access to lethal means (series of briefings on violence prevention: the evidence). Geneva: World Health Organization; 2009 (http://www.who.int/mental_health/prevention/suicide/vip_pesticides.pdf, accessed 26 April 2018).

Reviews the evidence for what works to reduce youth access to firearms and other weapons as a means of preventing violence.

Humanitarian

Child Protection Working Group (CPWG). Minimum standards for child protection in humanitarian action. CPWG; 2012 (<https://rebrand.ly/CPMSresources>, accessed 26 April 2018).

Describes the common principles, good practice, and lessons learned in providing response and support services for children in humanitarian settings who have suffered violence.

Child Protection Minimum Standards Task Force (CPMS). Interagency review of justice for children in a humanitarian context (CPMS 14). International Bureau of Children's Rights (<http://www.ibcr.org/wp-content/uploads/2016/06/Interagency-review-2.pdf>, accessed 26 April 2018).

Describes current awareness and knowledge of CPMS Standard 14, lessons learned and institutional, policy, operational and funding challenges to implementing justice in humanitarian contexts. The research focused primarily on juvenile justice, with a lesser emphasis on child victims and witnesses.

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Norms and values

Objective: Strengthen norms and values that support non-violent, respectful, nurturing, positive and gender-equitable relationships for all children and adolescents.

What you will find in this section



Overview: Shifting norms can change behaviour

Find out how this strategy works in practice

Links between INSPIRE strategies and beyond

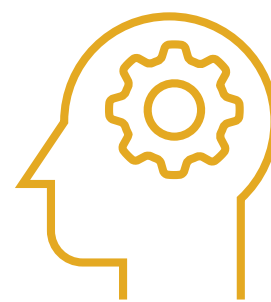
Works best when...

Humanitarian actions

Considerations for implementation

Indicators

p. 64



Focus exercise

Focus your planning on local context and needs

p. 69

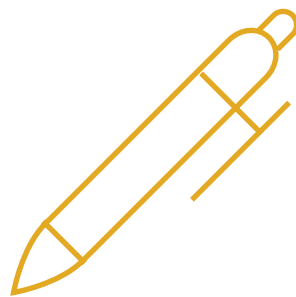


Approaches

Learn what is needed to implement this strategy with evidence-supported approaches and programme examples

- Approaches at-a-glance
- Small group programmes
- Community mobilization
- Bystander interventions

p. 70



Implementation worksheet

Identify resources and action steps to create a plan for implementation

p. 88



Resources

Links to tools and resources to help you implement this strategy

p. 91

Shifting norms can change behaviour

Norms guide attitudes and behaviour around child-rearing, gender roles, and the acceptability of violence within a group or society. Efforts to promote positive norms and values, and to reduce the impact of harmful ones, are an essential part of all INSPIRE strategies to protect children’s well-being.

Group and individual behaviour in a society are influenced by norms and values. **Values** represent general standards of what is or is not “good,” important, and worthwhile. **Social norms** are the behavioural rules, expectations and perceptions about others that are largely shared by people within a group or society. **Gender norms** reflect differences in these expectations or assigned roles based on whether someone is male or female.

Norms guide behaviour by suggesting what other group members do in a given situation, what they expect others to do, and how they anticipate others will react to a certain behaviour. Recognizing and addressing these social rewards and sanctions is a crucial part of norms-change efforts.

Norms can be harmful or protective, even when they reflect the same value (see Box 12). For example, the value that “Children should be protected” can manifest as norms that discourage violent punishment, and/or as norms that limit children’s (particularly girls’) freedom and mobility. Norms-change efforts can focus on protective values or norms that are already in place, and suggest different behaviours aligned with those norms.

Box 12

How do harmful norms influence violence?

Norms can condone violent punishment as a necessary part of child-rearing, or violence as an acceptable response to conflict in a community. Inequitable gender norms that condone wife-beating and men’s control over women’s behaviour are associated with higher levels of IPV (1). Norms also affect help-seeking for violence. For example, norms that reinforce male sexual entitlement and power, or prioritize family privacy or reputation, can lead to victim-blaming and discourage both girls and boys from disclosing violence or seeking help (2).

Many of the norms interventions included in INSPIRE challenge inequitable norms around gender, power and masculinity, and promote norms of equitable relationships, protection, and shared responsibilities.

Links between INSPIRE strategies and beyond

Efforts to promote positive norms and to change or reduce the impact of harmful ones strongly influence all of the INSPIRE strategies.

	Implementation and enforcement of laws	Promote norms and values for protecting children to support implementation of laws addressing violence
	Safe environments	Norms influence how people use and behave in public and online spaces, and the acceptability of violence within communities
	Parent and caregiver support	Promote positive norms on child-rearing, discipline, and gender roles in parenting Challenge gender norms that contribute to IPV
	Income and economic strengthening	Integrate gender norms/equity training into Income and economic strengthening (IES) programmes
	Response and support	Integrate gender norms and sensitivity into training for first-line responders Challenge norms that discourage help-seeking for violence
	Education and life skills	Positive norms around education, relationships, and gender equity help make learning environments safe and accessible
BROAD HEALTH, SOCIAL AND ECONOMIC AGENDAS		Gender equitable norms promote numerous health, development, and social outcomes



Several factors influence norms change at many levels including:

- environmental forces such as culture, religion, laws, policies and regulations, and economic conditions can help perpetuate or change norms;
- lived experience, particularly exposure (as victim or witness) to IPV or community violence can contribute to the acceptability of violence;
- individual factors, such as confidence, skill or agency, influence whether people conform to or act against norms;
- introduction of new behaviours can promote changes in norms (as well as vice versa).

The approaches and programmes included in the INSPIRE Norms and values strategy use communication, critical reflection (see Box 13), and skills-building to challenge the social and gender norms that condone violent behaviour; and to strengthen or model norms that promote non-violence, gender equity, and protective behaviours. Most of the evidence-based programmes featured in this chapter focus on gender norms. But norms change is a crucial part of Income and economic strengthening, Safe environments, Education and life skills strategies, and parenting programmes as well. The three approaches highlighted here demonstrate effective models for implementing norms-change interventions, which can address a range of issues.

- **Changing adherence to restrictive or harmful social and gender norms (through small-group programmes)**
- **Community mobilization programmes**
- **Bystander interventions**

It is important for norms interventions to be based on a theoretical model of change that describes the potential pathways and influencers leading to change.

Works best when...

Evidence and experience suggest that norms interventions may be more likely to have the intended impact when they:

- ✔ are based on theoretically grounded models of norms change;
- ✔ are based on high-quality formative research to identify:
 - » behaviours you want to promote or change
 - » norms that influence those behaviours
 - » social rewards and sanctions that keep norms in place (see *Resources* section at the end of this chapter for more about methods for assessing norms)
- ✔ create an opportunity for **critical reflection** (see Box 13) about the interaction of values, attitudes, norms and behaviour;
- ✔ reinforce messages through multiple pathways and exposures;
- ✔ use credible messengers and positive role models to offer alternative perspectives and behaviours;
- ✔ create opportunities for people to practice alternative behaviours that reflect positive norms;
- ✔ include environmental and structural changes that make it easier for people to adopt new behaviours;
- ✔ engage both collective and community approaches.

What is critical reflection?

Critical reflection is a core component of many evidence-based norms interventions. It is a facilitated process that encourages people to think about how their ideas or assumptions influence their actions, and explores and challenges that dynamic through probing questions. Dialogue based on critical reflection asks participants to apply this new understanding of past and present to actions they can take towards change.



Humanitarian actions

Humanitarian actions offer both a challenge and opportunity for work with norms. The influence of stressful economic or social conditions may cause people and communities in crisis to revert to or adopt traditional cultural norms, including harmful ones. On the other hand, experience of conflict or violence may open up helpful dialogue on consequences of all types of violence, including violence against children, or IPV.

Larger-scale community mobilization requires a longer time frame with a relatively stable population, which may be difficult in crisis settings or among populations on the move, but may be possible in refugee camps or resettled communities. The curricula for small-group programmes can usually be adapted for humanitarian settings and integrated into other programmes (see *Income and economic strengthening strategy* and *Parent and caregiver support strategy* for examples).

For more information see the *Humanitarian* part of the *Resources* section at the end of this chapter.

Considerations for implementation

Who should your interventions include?

Social norms change by its nature involves efforts across levels of communities and society. The types of interventions aimed at different audiences depend on specific goals.

Parents and educators are priority audiences for changing norms around violent punishment. Efforts to promote gender-equitable norms and reduce gender-based violence are enhanced if they include men and boys as well as women and girls, though these efforts can benefit from having same sex groups to help participants feel comfortable talking and exploring ideas. Norms change around community violence can focus on members who are at highest risk (see *Safe environments strategy: Cure Violence programme summary*).

While most norms-change efforts that have been evaluated focus on older adolescents or adults, childhood and early adolescence (10–14 years) are key periods for internalizing social and gender norms. Programmes for children at this developmental stage can shape norms that will influence behaviour in the long term (see the *CHOICES programme summary*). It is worth considering “layering in” multiple efforts to influence norms aimed at different audiences and age groups.

Norms-change efforts can also educate key influencers, such as political, community and faith leaders, and members of the media. These influencers can avoid perpetuating harmful social and gender norms and help amplify and model positive ones.

The media is also key to social norms change, not only as a medium for disseminating messages but also because entertainment content and images tend to reinforce violence against girls and women and gender inequality, rather than challenging these norms.

How can you focus on the positive?

Norms reflect what people think others like them believe and do. A violence-prevention campaign intended to raise alarms about high rates of violence may reinforce the perception that violence is a common and accepted behaviour, even among groups where prevalence is lower. An alternative approach is to emphasize positive norms linked to shared values, self-standards, and potential benefits of change. For example, reflections and messages based on the underlying concept that “caring parents like you teach their children good behaviour through positive discipline” help people connect themselves with the desirable value (parents care for children) and behaviour (using positive discipline), and recognize the benefit to them (children’s good behaviour).

How will you help people change?

Knowledge and attitudes are not enough to change behaviour if people do not know what else to do, or if the risk of acting against social or gender norms feels too high. It is important that norms interventions help move people along the continuum from knowledge to belief to action. Ways to do this include the following actions:

- **Strengthening people’s belief that their actions make a difference**, which can help offset the perceived risk and increase the perceived benefit of abandoning or adopting a norm-driven behaviour.
- **Increase self-efficacy** by offering skills and practice for alternative behaviours, such as partner communication, or bystander intervention.
- **Incorporate *positive role models*** — individuals who have visible success when acting against prevailing norms — which can help others feel safe and supported in adopting a new behaviour.
- **Create enabling environments for behaviour change**, such as supporting norms change around drinking with policies to reduce alcohol misuse and alternative youth activities in the community (see *Implementation and enforcement of laws* strategy and *Safe environments* strategy).

How can you take norms interventions to scale?

By their nature, norms interventions need to be adapted to the local context in order to be relevant. This can pose challenges for taking interventions to scale. The sections on *Adapting evidence-based programmes* and *Scaling-up effective programmes* in the *Implementing INSPIRE as a package* chapter offer guidance.

Indicators

The following INSPIRE indicators can be used to measure the impact of norms-change interventions (see *Appendices A* and *B* for a list of INSPIRE indicators and measurements).

- 4.1 Agreement with necessity of physical punishment for child-rearing
- 4.2 Support for physical punishment by teachers or administrators in schools
- 4.3 Acceptability of wife-beating
- 4.4 Attitudes about women’s right to refuse sex

Focus exercise

Before moving on to the specific approaches and programmes for implementing this strategy, take a moment to reflect on your setting, your goals, what is already happening, and what you wish to change.

The purpose of this exercise is to help you focus on your priorities as you read more about the evidence-supported approaches and programmes for this strategy. You can do this exercise individually or as a group.

- ❓ What social norms in your setting are protective of children? What norms are harmful? Are these different for girls and boys, or for other groups of people?
- ❓ *(If not named above)* What norms and values in your setting are supportive of gender equity? What norms and values in your setting promote gender inequality, and in particular violence against women and girls?
- ❓ Consider how these norms influence behaviour. What are the rewards and sanctions people experience or expect when they follow or violate these norms? How do norms influence children's willingness to seek help for violence? How do they influence people's willingness to intervene?
- ❓ Are there existing or alternative practices that can be promoted as a new norm?
- ❓ What efforts currently promote positive norms or challenge harmful ones? Do these efforts support goals to prevent violence against children? Do they reflect the evidence about what works for norms change?
- ❓ What do you see as priority areas or targets for norms-change approaches? Who do you need to influence? Who would be your allies? What additional support might you need to create behaviour change?

 Use this space to take notes.





Approaches at-a-glance

These approaches from the *INSPIRE technical package* represent evidence-based, prudent or promising practice in preventing and responding to violence against women and can be part of a comprehensive plan to address violence against children, given the links between IPV and child maltreatment. However, more work is needed to evaluate their impact on violence against children.

Small group programmes	Community mobilization	Bystander interventions
<p>Group-based facilitated discussion and activities help participants recognize how social and gender norms guide behaviour, and promote change</p>	<p>Efforts to engage individuals, groups and organizations throughout the community to collaboratively address a problem or create change, through participatory and capacity-building approaches</p>	<p>Programmes or curricula that teach skills to recognize and intervene in IPV, sexual assault or harassment, or peer violence</p>
<p>Potential outcomes</p> <ul style="list-style-type: none"> • Increase gender equitable attitudes • Decrease harmful attitudes about sexual violence • Decrease IPV 	<p>Potential outcomes</p> <ul style="list-style-type: none"> • Increase gender equitable attitudes • Increase community action to prevent violence • Decrease IPV 	<p>Potential outcomes</p> <ul style="list-style-type: none"> • Increase gender equitable attitudes • Decrease harmful attitudes about sexual violence • Increase bystander intervention in violence • Decrease IPV, sexual assault, harassment
<p>Populations/settings</p> <p>Community-based, small groups, often integrated into existing outreach or service programmes</p>	<p>Populations/settings</p> <p>Community-wide</p>	<p>Populations/settings</p> <p>Educational settings or campuses, community settings</p>
<p>Cost: \$</p> <ul style="list-style-type: none"> • Can be done in short term (1–2 years) • Additional programmes that draw on existing infrastructure • Can be supported by single grant or funding stream 	<p>Cost: \$\$-\$\$\$</p> <ul style="list-style-type: none"> • High initial investment and/or sustained funding for 3–5 years 	<p>Cost: \$</p> <ul style="list-style-type: none"> • Can be done in short term (1–2 years) • Additional outside trainer and transportation costs programmes that draw on existing infrastructure • Can be supported by single grant or funding stream • May require outside trainer and transportation costs
<p>Programme examples</p> <ul style="list-style-type: none"> • Yaari-Dosti • Coaching Boys Into Men • Choices <p>Emerging programme</p> <p>Voices, Choices, Promises</p>	<p>Programme examples</p> <ul style="list-style-type: none"> • SASA! • Soul City, Soul Buddyz and Rise 	<p>Programme examples</p> <ul style="list-style-type: none"> • Bringing in the Bystander • Green Dot <p><i>Coaching Boys into Men also has a bystander intervention component</i></p>



Yaari Dosti

Yaari Dosti (“friendship between men” in Hindi) is an intervention for young men aged between 18 and 29 years that challenges the norms and behaviours that lead to physical and sexual violence, homophobia, and the spread of HIV. It was adapted from “Programa H” in Brazil by the Population Council. Yaari Dosti was developed in low-income communities in Mumbai, India to combat harmful ideas of masculinity and support young “gender-equitable men.” Working in partnership with local organizations and gender specialists, Yaari Dosti uses education and discussion to encourage men to become more respectful partners and involved fathers, and equips them to share parenting responsibility with their partners and model healthy, non-violent romantic partnerships to their children. The programme also offers education on HIV transmission and communicating with partners about HIV prevention and family planning.

Yaari Dosti has been implemented in India. The original Programa H was developed in Brazil and has been implemented in 22 countries.

POTENTIAL OUTCOMES

Primary

- ↓ Reduction in IPV, peer violence, and homophobia
- ↑ Increase in gender-equitable attitudes
- ↑ Increase in positive parenting and father’s involvement

Secondary

- ↓ Reduction in HIV, unplanned pregnancy, and other sexual and reproductive health (SRH) outcomes

POPULATIONS

Young men aged 18–29 years

SETTINGS

Low-income, rural and urban communities

DURATION/INTENSITY

A 1-week workshop followed by 2–3 weekly hour-long sessions, for 6 months

CORE COMPONENTS

Content

- ▶ Gender attitudes and inequality
- ▶ Sexuality and reproductive health
- ▶ Partner, family and community violence
- ▶ Respect and intimacy in relationships
- ▶ HIV/AIDS prevention and care
- ▶ Skills for healthy communication

Delivery

- ▶ Discussion and debate
- ▶ Role-play
- ▶ Peer leadership, with initial help from gender specialists



How will you do this?

Needs assessment and adaptation

Partnership and consultation with local community to adapt and pre-test content, characters and examples

Human resources

Roles:

- Peer leaders (male): selected from the community
- Programme staff, gender specialist or health educators

Coverage:

2 peer leaders for groups of 30–35 men

Training and supervision

2-week peer leader training

Implementation support

[Curriculum](#) available from Population Council.

Implementing partner CORO India has a pool of trainers available. International Center for Research on Women can provide research and evaluation support

Participation and retention

Programme staff seek participation from a range of social, religious, and community groups including out-of-school youth, and use peer networks to recruit participants

How will you know it is working?

Fidelity, QA, and process evaluations

While there are no formal tools for assuring fidelity, a minimum of 21 facilitated and participatory sessions of 45–60 minutes are recommended for programme fidelity

What else can you learn?

Resources

Yaari Dosti: Young Men Redefine Masculinity A Training Manual (3)

<http://www.popcouncil.org/uploads/pdfs/horizons/yaaridostieng.pdf>

Case study of Yaari Dosti in: Scaling up interventions to prevent and respond to gender-based violence: an analytical report (4)

CORO (India) website:
<http://coroindia.org/> (5)

What will this cost?

Start-up costs

- Informal needs assessment
- Materials development and production
- Training

Ongoing costs

- Staff salaries
- Transportation, meeting costs

Sources of funding

Foundations, local governments

Coaching Boys into Men

Coaching Boys Into Men (CBIM) leverages the power of sport by providing high school athletic coaches with resources to promote respectful behaviour among their players and help prevent IPV, harassment, and sexual assault. High school athletic departments or teams often partner with a local anti-violence organizations to deliver a series of coach-to-athlete trainings that illustrate ways to model respect and promote healthy relationships. The CBIM card series instructs coaches on how to incorporate themes associated with teamwork, integrity, fair play, and respect into their daily practice and routine. The programme was developed by Futures Without Violence.

CBIM has been implemented throughout the United States, and adapted for India, Australia and South Africa.

POTENTIAL OUTCOMES

Primary

- ↑ Increased recognition of abusive behaviour in self and others
- ↑ Increased positive bystander interventions in situations of violence or harassment

POPULATIONS

Boys aged 14-18 years

(Curricula for younger boys and college-age men are in development)

SETTINGS

Schools or community settings with organized sports programmes

DURATION/INTENSITY

One 20-minute session a week over 12 weeks, delivered as part of regular team practice or activity

CORE COMPONENTS

Content

- ▶ Respectful vs abusive behaviours
- ▶ Personal responsibility and leadership
- ▶ Gender attitudes and norms
- ▶ Bystander intervention

Delivery

- ▶ Interactive discussion
- ▶ Role-modeling



How will you do this?

Needs assessment and adaptation

- *Advocates'* toolkit contains a readiness assessment
- Field adaptations can condense or re-order sessions but should maintain at least 9 of 12
- Topics added include immigration and systemic racism

Human resources

Roles:

- Coach: facilitates discussions
- "Advocate" from partner organization: organizes, promotes, supports and helps evaluate; usually has community outreach, educational or violence-prevention background

Coverage:

- Coach: facilitates discussions
- Advocates can work with multiple coaches according to their time available

Training and supervision

- Advocate training is 1-1.5 days, in person or via webinar
- Coach training 1.5-2 hours via webinar

Implementation support

Specific toolkits are available for: coaches, advocates (with readiness assessment), promotion, training, and evaluation

Participation and retention

Promotional toolkit provides guidance on engaging coaches, schools, and the community

What will this cost?

Cost elements

- Advocate's time dedicated to programme
- Printing of materials (free to download, US\$ 20 to order hard copy)
- Programme expenses such as transportation, overheads, costs of meetings and trainings
- Optional coaches' stipend

Sources of funding

Programme budgets, foundations, local government budgets with prevention focus, private sector donors

How will you know it is working?

Fidelity, QA, and process evaluations

Evaluation toolkit has sample pre- and post-tests

What else can you learn?

Coaching Boys Into Men website: <http://www.coachescorner.org/> (6)

Resources include:

- All toolkits
- Contact information
- Coach: facilitates discussions
- "Advocate" from partner organization: organizes, promotes, supports and helps evaluate; usually has community outreach, educational or violence-prevention background

Choices

Designed and implemented by Save the Children, Choices is a curriculum-based programme that challenges harmful gender norms and encourages gender-equitable attitudes and beliefs during early adolescence – a crucial period for development and adoption of gender norms. The programme engages girls and boys aged 10–14 years in fun, developmentally appropriate dialogue about respect, communication, fairness, and their dreams for the future. The goal is to empower early adolescents, through systematic thought, reasoning, and behaviour change, to challenge the accepted gender norms in their community that may be risk factors for violence. Choices can fit into an ongoing programme with an established and trusted presence in the community. Choices is also part of a package of three gender transformative interventions across individual, family and community levels, called “Choices, Voices and Promises” (see *Emerging programme: Choices, Voices, Promises*).

Choices has been adapted and implemented in Bangladesh, Bolivia, Egypt, El Salvador, Ethiopia, Kyrgyzstan, Malawi, Nepal, Somaliland and Zambia.

POTENTIAL OUTCOMES

Primary

- ↑ Increase gender-equitable attitudes and behaviours
- ↓ Reduce girls’ risks of exploitation and early marriage
- ↓ Reduce girls’ risk of experiencing violence and boys’ risk of becoming perpetrators of violence

POPULATIONS

Boys and girls aged 10–14 years

SETTINGS

Community settings, in collaboration with an existing youth programme or organization

DURATION/INTENSITY

Eight, 2-hour sessions, over a period of 3–9 months

CORE COMPONENTS

Content

- ▶ Equitable hopes and aspirations
- ▶ Respectful relationships
- ▶ Equitable division of chores and household tasks
- ▶ Advocating for delayed marriage and participation in education

Delivery

- Integrate into existing community programme
- Participatory activities
- Reflection and dialogue



How will you do this?

Needs assessment and adaptation

- Conduct formative research and community consultation to assess attitudes and beliefs, and associated behaviour, to adapt activities or create new ones
- Use specific techniques for conducting gender-norms research with children (see Resources section for information about research on norms)
- Adaptation guide is in development

Human resources

Roles:

Facilitator: young adults with previous involvement in the hosting club or programme lead group activities

Coverage:

1 or 2 facilitators per group of 15–20 children

Training and supervision

3–5 days training and ongoing supervision by Save the Children programme staff

Training includes practice and feedback

Implementation support

Choices has an Adaptation Guide and original manual and previous adapted manuals are free from Save the Children.

Technical assistance can be arranged through Save the Children.

Participation and retention

- Involve community partners in research and adaptation
- Parent support is usually high, partly because programme themes do not deal explicitly with violence or sexuality

What will this cost?

Start-up costs

- Formative research
- Materials adaptation, translation and graphic design
- Facilitator training (salaries, manuals and materials)

Ongoing costs

- Salaries, transportation, or other costs for facilitators and supervisors
- Meeting costs

Sources of funding

Project budgets and foundations or private donors

How will you know it's working?

Fidelity, QA, and process evaluations

The manual provides suggested indicators for evaluation.

Age-appropriate methodologies need to be used for data collection (see *Resources* section at the end of this chapter for information about research on norms).

What else can you learn?

Resources

CHOICES: a curriculum for 10 to 14 year olds in Nepal

https://www.iywg.org/sites/iywg/files/2009_savethechildren_choices.pdf (7)

SASA!

The SASA! Activist Kit is a phased community mobilization approach for the primary prevention of violence against women (VAW) and HIV. SASA! means “now” in Kiswahili. It is also an acronym for the four phases of the approach: Start, Awareness, Support, Action. SASA! is based on the Stages of Change Theory. Through reflection and activities facilitated by trained community activists, the programme catalyzes community-led change of norms and behaviours that perpetuate gender inequality, violence and increased HIV vulnerability for women. SASA! has been or is being adapted in over 20 countries in Africa, the Caribbean, Asia, Latin America, the South Pacific and the Middle East.

POTENTIAL OUTCOMES

Primary

- ↓ Prevention of IPV
- ↓ Reduced risk of children witnessing IPV
- ↑ Positive changes in parenting and discipline practices
- ↑ Increased participant intervention in cases of violence against children
- ↑ Increase in non-violent and gender-equitable norms

POPULATIONS

Community-wide

SETTINGS

- ▶ Rural and urban
- ▶ Potential for adaptation for humanitarian contexts

DURATION/INTENSITY

3-5 years

CORE COMPONENTS

Four core components blend content and delivery

- **Gender power analysis** Reflection and analysis activities support the idea that power imbalance between women and men is the root cause of VAW, that men and women can learn to positively balance power with each other, and that community

structures can be changed to reflect gender equality, benefiting everyone

- **Phased-in approach** Four phases each focus on a different outcome to move people from knowledge to critical awareness to skill-building to behaviour or action
- **Holistic community engagement** SASA! intentionally engages members of the community across all four levels of the social ecological model, building critical mass and mutually reinforcing norms change.
- **Activism** SASA! strengthens community ownership of SASA-inspired change by cultivating community activists

COST EFFECTIVENESS

Though cost varies by context, one study from Kampala, Uganda found that the annual cost of supporting 351 activists to conduct SASA! activities was approximately US\$ 389 per activist, with an average cost per person reached by the intervention of US\$ 5 per year. Reduction in past year experience of physical IPV averted an estimated 1201 cases, with estimated savings of US\$ 460 per case (10).



How will you do this?

Needs assessment and adaptation

The SASA! Activist Toolkit contains guidance and tools for needs assessments and adaptation

Human resources

Roles:

Implementation staff (full-time)

- Plan and oversee programme, training, management
- Organizational commitment to preventing VAW

Community activists

- Plan and facilitate community-level reflection and actions

Coverage:

Depends on size of area; minimum of 2 implementation staff

Training and supervision

Four 5-day trainings (one per phase) for implementation staff, delivered by SASA!

3–5 day trainings for community activists, by implementation staff

Implementation support

- Some materials available for free download from Raising Voices website, including the SASA! Activist Toolkit and SASA! Fidelity checklist
- Additional planning materials and tools available by request
- Introductory webinars, training and technical support available through the Raising Voices Learning Center, and from accredited trainers

Participation and retention

Engagement includes all levels of the social ecological model; community activists and community action groups are drawn from range of roles and professions, including religious leaders, health care providers, police, and lay members of the community. Ownership develops over time in a phased approach.

What will this cost?

Start-up costs

Fees and travel for trainers

Ongoing costs

- Staff salaries (depends on size of community and other factors)
- Costs of participant activities (refreshments, transportation)
- Transportation and safety needs for staff and community activists

Sources of funding

Foundation or bi-lateral donors, some local government funding, and eligible for DREAMS initiative funding in sub-Saharan Africa

How will you know it's working?

Fidelity, QA, and process evaluations

SASA! has guidelines and checklists for assessing fidelity through:

- Adherence to SASA! essential strategies
- Sustainable funding for 3-5 years of programing
- Prioritization of staff training and ratio of staff to community activists
- Monitoring and assessment that informs programme choices
- Referral systems for support services
- Community feedback mechanism
- Appropriate adaptation (supported by Adaptation Guide)

What else can you learn?

Raising Voices website: <http://raisingvoices.org/sasa/> (11)

Resources include:

- SASA! Activist Toolkit
- Learning and evaluation tools
- Links to research articles
- Map of global adaptations
- Contact information

Soul City, Soul Buddyz, and Rise

Soul City Institute (SCI) programmes use evidence-based “edutainment” mass media supported by real clubs to create a movement and effect change. Based on the social ecological model, programmes operate at three levels: individual, community, and society. SCI’s television, radio programmes and talk shows (*Soul City*, *Tomorrow is Ours*) for children aged 8–14 years, and *Rise* for girls and young women aged 15–24 years) present information and model behaviour change around issues such as IPV, alcohol misuse, and HIV, helping to shift norms that influence individual behaviour. The programmes are aligned with social mobilization interventions (Soul Buddyz clubs and *Rise* young women’s clubs), which promote critical thinking and build the capacity of young people to think, take action and support each other in healthy behaviours and in addressing barriers to community-level change. At the society level, dialogue arising from issues discussed on the show help focus on policies that make the healthier choice the easier choice. The interventions often address structural factors for violence such as alcohol misuse or under-supported parenting. The fourth season of *Soul City* focused on violence against women, and contributed to reductions in acceptance of IPV and the passing of South Africa’s Violence Against Women Act. *Tomorrow is Ours*, the multi-media programme aimed at children aged 8–14 years, has featured gender issues, trauma resulting from violence, and violence prevention including the role of alcohol misuse. *Rise* talk shows have addressed topics such as violence, sexual health, and financial empowerment for young women.

Soul City Institute works throughout South Africa.

POTENTIAL OUTCOMES

Primary

- ↑ Increase in protective and gender-equitable attitudes
- ↓ Decreased acceptance of alcohol misuse
- ↓ Decreased rates of IPV

Secondary

- ↑ Increase in social cohesion at community-level

POPULATIONS

- ▶ Television shows are population-wide
- ▶ Soul Buddyz clubs target in- and out-of-school children aged 8–14 years
- ▶ Rise clubs target in- and out-of-school girls and young women aged 15–24 years

SETTINGS

Low-income community settings, urban and rural

DURATION/INTENSITY

Ongoing

CORE COMPONENTS

While there is a curriculum, the most important component is supporting children and young people to become agents of change in their own setting.

Content

- ▶ Content developed with a gender analysis and rights-based focus
- ▶ Content and skills vary according to the topic

Delivery

Multiple, complementary mechanisms include television (both drama and talk show formats), radio shows, printed material and community groups and clubs



How will you do this?

Needs assessment and adaptation

Development of each programme takes up to 18 months for quality research to reflect participants' reality and avoid unintended messages

Human resources

Roles:

Mass media staff, includes: researchers, production managers

Technical multimedia jobs, quality (celebrity) talent

- Social media coordinator
- Programme development and management, includes: trainers, materials development and production, field support to clubs, M&E team

Coverage:

One field worker per 20 Soul Buddyz clubs and one field worker per five Rise clubs

Training and supervision

- Soul Buddyz Trainers are trained and accredited in groups of 15 to 20 when they complete a 5-day initial training over 3 sessions and 3-day follow-up training over 2 sessions
- Total accreditation process can take several months
- Field workers visit programmes, report to team leaders

Implementation support

SCI can provide technical support. Fees are negotiable but cover time and travel. A manual and programme workbook are available.

Participation and retention

Support from the education sector, school administrators, and civil society organizations (particularly to reach out-of-school youth) is crucial. Parent involvement supports children's participation and offers opportunities for parenting education programmes. As an incentive, clubs can earn points toward opportunities to attend regional or national SCI "congresses".

What will this cost?

Start-up costs

- In-depth formative research on issues, attitudes, and how people talk and think about them
- Production costs for media
- Salaries for high-quality talent

Ongoing costs

- Staff salaries
- Training costs
- Materials production, including pilot testing
- Costs of regional or national level "congresses," including transport and accommodation

In 2015, the cost of the Soul Buddyz programme was US\$14.40 per child reached

Sources of funding

Government sector budgets, bilateral and multilateral agencies, donors. In-kind contributions toward meetings and trainings from the education sector.

How will you know it's working?

Fidelity, QA, and process evaluations

Monitoring is done through assessing club points, random visits, and monitoring the quality of club projects. SCI uses mobile technology to collect data, which simplifies reporting but increases cost.

What else can you learn?

Resources

Soul City Institute for Social Justice website: <https://www.soulcity.org.za/> (12)

Edutainment: Using stories & media for social action and behaviour change. Soul City's manual for planning and developing edutainment for community mobilisation:

<http://www.soulcity.org.za/news/edutainment-using-stories-and-media-for-social-action-and-behaviour-change> (13)

Bringing in the Bystander®

Bringing in the Bystander is an interactive workshop that teaches people how to recognize and safely intervene to stop sexual violence, IPV or harassment. It is based in part on the theory of planned behaviour, which suggests that behaviour is predicted by attitudes, norms and perceived control. Bringing in the Bystander identifies and challenges norms that support sexual and IPV, and promotes norms of community responsibility for protection and prevention. The programme equips participants with skills to identify problematic or dangerous behaviour, develop empathy for victims, practice safe and effective methods of intervention, and commit to taking action as a bystander. Developed by Prevention Innovations at the University of New Hampshire in the United States, the programme targets university students.

Bringing in the Bystander has been implemented in over 300 colleges and universities in Australia, Sweden, the United Kingdom, and United States.

POTENTIAL OUTCOMES

- ↑ Positive change in understanding of and attitudes towards sexual violence
- ↑ Increased willingness and confidence to intervene
- ↑ Increase in self-reported intervention in violence or potential violence

POPULATIONS

- ▶ University students, in single sex or co-ed groups
- ▶ Curriculum is currently being adapted for younger students

SETTINGS

- ▶ University campuses, health or crisis centres

DURATION/INTENSITY

Two versions:

- 90-minute session
- 4.5 hours over three 90-minute sessions

CORE COMPONENTS

Content

- ▶ Bystander responsibility
- ▶ Local examples and statistics
- ▶ Sexual violence continuum, causes and impacts
- ▶ Identifying risky situations and choosing safe interventions

Delivery

- Interactive discussion
- Practice skills
- Participants sign bystander pledges
- Participants receive ABC (Active Bystanders Care) reminder cards

How will you do this?

Needs assessment and adaptation

- For each setting, the curriculum is enhanced with locally relevant data, stories, and example scenarios. Facilitators may interview target audience members for insight.

Human resources

Roles:

- Facilitator: students, residence leaders, or other campus staff delivers programme in male/female teams of two
- Compensation varies — may be voluntary, earned class credits, paid hourly, or added to salaried positions

Coverage:

Two facilitators per group of 25 to 30 participants

Training and supervision

The curriculum guide contains tips on facilitation, or facilitators may access a 1-1.5 day training by Prevention Innovations Research Center (PIRC)

Supervision is carried out by campus staff, with optional consultation from PIRC.

Implementation support

Programme license may be purchased from Prevention Innovations.

There are three levels of support:

- Level 1- downloadable curriculum
- Level 2- programme materials plus full-day, train-the-trainer workshop on campus
- Level 3- Levels 1 and 2, plus an additional half-day training and customized activities and materials

Licence holders have access to a listserv for additional support and guidance

Participation and retention

Some universities integrate the Bringing in the Bystander curriculum into student orientation or a mandatory class. Others offer it as an elective and give tuition credit to trainers.

What will this cost?

Start-up costs

Purchase of programme licence (costs are determined by level of support needed — contact PIRC for pricing)

Ongoing costs

- Direct programme costs associated with reproduction of materials, acquiring meeting space, etc.
- Expenses such as transportation, overheads, costs of meetings and trainings

Sources of funding

- State or municipal government agencies
- University budgets, particularly as part of gender-equity or rape-prevention initiatives
- Foundation grants or individual donors



How will you know it is working?

Fidelity, QA, and process evaluations

Curriculum guide contains tips for consistent facilitation

Tools or technical support:

PIRC website has short- and long-term evaluation measures

What else can you learn?

PIRC website: <http://cola.unh.edu/prevention-innovations/bystander> (14)

Resources include:

- Programme overview
- Links to evaluation measures
- Contact information

Green Dot Violence Prevention Strategy

Green Dot is a community mobilization strategy that targets adolescents and young adult students, as well as members of the military. The programme engages participants as “pro-social bystanders,” offering skills to safely and effectively intervene in behaviours that could lead to interpersonal violence and to become social influencers who model norms that are intolerant of violence. Based on the social ecological model and informed by social change theory, Green Dot capitalizes on the power of peer and cultural influence to engage with community members. Developed in 2006 at the University of Kentucky to address sexual harassment, sexual assault, and IPV/dating violence on campus, Green Dot is now administered by Alteristic, and has been implemented in middle schools, high schools, colleges, communities and military installations in the United States and in United States’ military installations worldwide. It is currently being implemented in communities in South Africa and colleges in the United Kingdom.

POTENTIAL OUTCOMES

Primary:

- ↓ Reduction of perpetration and victimization of sexual assault, sexual harassment, and IPV

Secondary:

- ↑ Increase in proactive and reactive bystander behaviours
- ↑ Increase in help-seeking behaviour
- ↑ Increase in non-violent problem-solving

TARGET POPULATIONS

- ▶ Students aged 11-14 years and 15-18 years
- ▶ University students
- ▶ Military (aged 18 years and above)

SETTINGS

Community schools, universities, community centres, and military installations

DURATION/INTENSITY

Programme can continue as long as needed, with ongoing schedule of workshops and trainings (15 minutes to 6 hours), social marketing, and action events.

CORE COMPONENTS

Content

- ▶ Recognizing warning signs of violence
- ▶ Acknowledging barriers to intervention
- ▶ Generating realistic bystander interventions that are comfortable, safe and effective
- ▶ Generating proactive behaviours that set two community norms: 1) violence will not be tolerated, and 2) everyone plays their part in creating a safer community

Delivery

- Mixed methods (lecture, activities, multi-media)
- Green Dot instructors use authenticity, storytelling, research-informed delivery and facilitation mechanisms, and experiential learning techniques



How will you do this?

Needs assessment and adaptation

Recommendations for adapting the programme to local context are provided during instructor training.

Human resources

Roles:

- Coordinator(s): responsible for logistics, relationship building and recruitment
- Instructors: ensure Green Dot is delivered with fidelity

Coverage:

- Encourage teams of at least 10 for every 1000 members of the community or school

Training and supervision

4-day instructor training delivered by certified trainers

Implementation support

Green Dot material includes:

- Foundational manual
- Curriculum manual and links to implementation materials (powerpoint presentations, videos, fidelity assessment toolkits)

Alteristic provides monthly technical assistance webinars, team-specific technical assistance and support throughout the life of implementation at no added cost

What will this cost?

Cost elements

Costs depend on adaptation needs, size of target population and implementation team. For more information about costs, please contact Alteristic.

Sources of funding

Alteristic can support teams in finding funds and partnering with local organizations to offset costs.

How will you know it is working?

Fidelity, QA, and process evaluations

Alteristic provides tools for process and outcome evaluation, as well as fidelity assessment tools.

What else can you learn?

Green Dot Violence Prevention Strategy website: www.alteristic.org (15)

Phone: +1-571-319-0354

Email: info@alteristic.org

APPROACH: SMALL GROUP PROGRAMMES

Emerging Programme: Choices, Voices, Promises

The Choices, Voices, Promises programme promotes pro-social gender norms with three distinct interventions across the social ecological model; boys and girls, families, and communities. The programme seeks to decrease gender-based violence through: activities to help children challenge gender restrictive-norms (Choices); increasing parent-and-child dialogue to improve household equity (Voices); and mass communication targeting the community (Promises). The Choices component stimulates discussion and reflection among girls and boys aged 10-14 years, while Voices targets their parents with a series of 10-minute videos screened in the community. The programme's messages are emphasized in Promises, a poster campaign to stimulate reflection and dialogue at community level.

Choices, Voices, Promises was created by Save the Children in Nepal where there are high rates of gender-based violence. Save the Children combined the existing Choices programme with other norms interventions aimed at parents and the community for a more holistic approach addressing multiple individual and social factors. The full Choices, Voices, Promises programme was piloted in Nepal in 2015. Adapted curricula have been used in Bolivia, Bangladesh, Egypt, Ethiopia, El Salvador, Malawi, and Zambia.

For more information see:

Choices, Voices, Promises: Empowering Very Young Adolescents to form Pro-Social Gender Norms as a Route to Decrease Gender Based Violence and Increased Girls' Empowerment (8)

Choices, Voices, Promises Curricula (9)



Implementation worksheet

Use this worksheet to plan implementation and link your intervention to other INSPIRE strategies. Under each action are things to consider. You may want to add your own considerations to this list.

ACTION	THINGS TO CONSIDER
Assess current environment	<ul style="list-style-type: none"> ▶ Social and gender norms that are harmful or protective of children and adolescents ▶ Quantitative and qualitative data on children’s exposure to, risk factors for, and perpetrators of violence ▶ Existing norms-change efforts and their reach, impact and alignment with evidence ▶ Opportunities and barriers to implementing or expanding this strategy
Select interventions	<ul style="list-style-type: none"> ▶ Fit within a comprehensive plan to address violence against children ▶ Theory of change matches your context and goals ▶ Feasibility given context and available resources ▶ Strengthen and expand current efforts, or add new approaches? ▶ Prioritize whole communities, certain age groups, or other groups?
Build partnerships	<ul style="list-style-type: none"> ▶ Links to related issues or other INSPIRE strategies ▶ Partnerships with other stakeholders, decision-makers, and implementers ▶ How to work with communities and civil society in planning and implementing
Determine resource needs and sources <ul style="list-style-type: none"> • Estimate cost • Human resources • Sources of financial support 	<ul style="list-style-type: none"> ▶ All phases as needed: formative research, adaptation, communication strategy, materials production, technical support, training, pilot phase, data collection, M&E, scale-up ▶ Staff and training needs ▶ Sources of funding, how to leverage and sustain
Refine approaches and adapt programmes for local context	<ul style="list-style-type: none"> ▶ Needs assessment or formative research ▶ Community and stakeholder engagement and participation, including children and youth ▶ Adaptation process ▶ Tools, manuals, or technical support available ▶ Plan for scale-up
Plan for monitoring and evaluation	<ul style="list-style-type: none"> ▶ Tools for monitoring and evaluating the programme ▶ INSPIRE Indicators you will use to measure impact ▶ Data collection system or process ▶ Where to get technical support for M&E
Other	<hr/> <hr/>

NOTES
(What you know now)

RESOURCES, EXPERTS, PARTNERS
(Where can you get additional information)



Create a timeline for next steps

ACTION ITEM	RESPONSIBLE PARTY	DATE	NOTES
			



Resources

Understanding norms theory

Violence prevention: the evidence. Changing cultural and social norms that support violence. Geneva: World Health Organization; 2009 (http://www.who.int/violence_injury_prevention/violence/norms.pdf, accessed 26 April 2018).

Briefing for advocates, programme designers and implementers describing existing knowledge on interventions to address the influence of norms on violence.

Social norms, gender norms and adolescent girls: a brief guide. London: Overseas Development Institute; 2015 (<https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9818.pdf>, accessed 26 April 2018).

Provides an overview of social norms relevant to gender inequalities that affect adolescent girls. Drawing on fieldwork in Ethiopia, Nepal, Vietnam and Uganda, it considers the relationship between poverty and discriminatory gender norms.

Research methodologies for assessing norms

Cislaghi B, Heise L. Measuring gender-related social norms, Learning Report 1. London: Learning Group on Social Norms and Gender-related Harmful Practices of the London School of Hygiene & Tropical Medicine; 2017 (<http://strive.lshtm.ac.uk/resources/norms-measurement-meeting-learning-report>, accessed 26 April 2018).

Describes evolving techniques for norms measurement with experience from programmes to address violence against women and girls.

Applying theory to practice: CARE's journey piloting social norms measures for gender programming. Cooperative for Assistance and Relief Everywhere, Inc (CARE); 2017 (<http://gender.care2share.wikispaces.net/file/view/care-social-norms-paper-web.pdf>, accessed 26 April 2018).

Focuses on CARE's work to apply social norm theory to its development practice.

The Global Early Adolescent Study (<http://www.geastudy.org/>, accessed 26 April 2018).

Contains an instrument for measuring gender norms with adolescents.

Hinson L, Kapungu C, Jessee C, Skinner M, Bardini M, Evans-Whipp T. Positive youth development measurement toolkit: A practical guide for implementers of youth programs. Washington (DC): YouthPower Learning, Making Cents International; 2016 (https://static.globalinnovationexchange.org/s3fs-public/asset/document/PYD%20Measurement%20Toolkit%20Final.pdf?FmETOPj.28pXhWjfwDXARknmNBNVg_r, accessed 26 April 2018).

Provides implementers of youth programming with a variety of references, resources, and tools on how to use a positive youth development approach for evaluating youth-focused programming.

Scale-up of norms interventions

On the CUSP of change: effective scaling of social norms programming for gender equality. Community for Understanding Scale-Up (CUSP); 2017 (http://raisingvoices.org/wp-content/uploads/2013/03/CUSP.SVR|paper.Final_.6sept2017.forWeb.pdf, accessed 26 April 2018).

Describes the growing evidence base and experience with scale-up of programming to change social norms to achieve gender equality, including sexual and reproductive health, and rights and violence prevention.

USAID. Scaling-up interventions to prevent and respond to gender-based violence: an analytical report. Washington DC: USAID; 2015 (<https://www.usaid.gov/sites/default/files/documents/1865/Scaling-up-Interventions-to-Prevent-and-Respond-to-GBV.pdf>, accessed 26 April 2018).

Describes experience of scaling-up GBV programmes and features case studies of INSPIRE programmes Yaari Dosti, IMAGE, Stepping Stones, and Soul City.



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Safe environments

Objective: Create and sustain safe physical and social environments where children and youth gather and spend time

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E

What you will find in this section



Overview: Safe public spaces promote children's well-being

Find out how this strategy works in practice

Links between INSPIRE strategies and beyond

Works best when. . .

Humanitarian actions

Considerations for implementation

Indicators

p. 98



Focus exercise

Focus your planning on local context and needs

p. 103

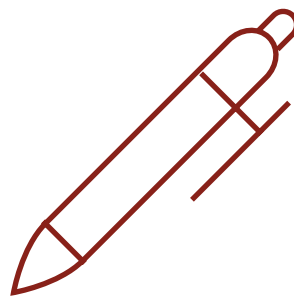


Approaches

Learn what is needed to implement this strategy with evidence-supported approaches and programme examples

- Approaches at-a-glance
- Reducing violence by addressing “hot spots”
- Interrupting the spread of violence
- Improving the built environment

p. 104



Implementation worksheet

Identify resources and action steps to create a plan for implementation

p. 114



Resources

Links to tools and resources to help you implement this strategy

p. 117

Safe public spaces promote children's well-being

Physical and emotional safety in public spaces allows people to move freely, access community resources, and fully participate in learning, working, playing, and citizenship. Changes to the environment may influence individual and community behaviour by helping change people's perceptions, attitudes and actions, encouraging positive behaviour, and reducing the risks of violence against – and by – children and adolescents.

These changes can target both the physical and the social environment. Modifications to the physical environment can include: adding lighting, improving pedestrian walkways, beautifying landscape, and designing buildings and spaces such as libraries, youth centres, and recreation fields to be child-friendly and safe (see Box 14). Improving features sends a message about what activities are promoted, tolerated, or not acceptable in public spaces.

Modifications to the social environment can include situational crime prevention techniques and broader urban planning and community development initiatives.

All efforts to create safer environments benefit from robust community participation in planning and implementation, to ensure interventions are useful and relevant and to strengthen community ownership. This includes children and adolescents.

This INSPIRE strategy encompasses three evidence-based approaches:

- ⊕ Reducing violence by addressing “hot spots”
- ⊕ Interrupting the spread of violence
- ⊕ Improving the built environment

Box 14

What is a “child-friendly city?”

A *child-friendly city* or community is one that puts the Convention on the Rights of the Child into practice at the local level. Children's rights are reflected in policies, laws, programmes and budgets and children are active agents whose voices and opinions influence decision-making. The safe environment approaches in this section also contribute to creating child-friendly cities or communities.

For more information see UNICEF's CFC Initiative at: <http://childfriendlycities.org/>(7).

Reducing violence by addressing “hot spots”

The “hot spots” approach recognizes that youth violence tends to occur in specific places and can be reduced by focusing interventions in those areas. This approach is often used to inform policing interventions. However, local leadership can use the same techniques to plan community-based violence prevention efforts (2,3).

Interrupting the spread of violence

Efforts to interrupt the spread of violence recognize the influence of social environments on violent behaviours. This type of intervention detects and interrupts conflicts among the most at-risk youth, and helps to change norms and reduce acceptance of violence and crime among these groups (4).

Implementing safe environment approaches offers an opportunity to expand the range of stakeholders and sectors involved in preventing violence against children.

Improving the built environment

Improving the built environment focuses on increasing community safety through environmental planning, design, and infrastructure. One example is Crime Prevention Through Environmental Design (CPTED), a multidisciplinary approach that aims to manage public spaces in ways that deter criminal behaviour (4). CPTED activities involve improvements in lighting, landscape, visibility, natural access and surveillance, and other factors that discourage crime and encourage public use of space. Improving the built environment can also support healthier behaviours by providing public leisure and learning spaces, and through upgrading basic services such as water, sanitation, and electricity.

These approaches can go beyond their traditional application as “crime prevention” to be part of comprehensive, inclusive and sustainable public health and community development (see Box 15). They address both potential victims and potential perpetrators of violence.

Box 15

Extending the concept of “safe environments”

Applications of INSPIRE’s Safe environments strategy can complement and support other INSPIRE strategies. For example:

- Ensuring safe routes to and from school supports participation in education (see *Education and life skills* strategy).
- Clinics, police stations, courtrooms and other spaces where children receive services can be designed to be more child-friendly, protect privacy and confidentiality, and, where possible, can co-locate violence response services in one area (see *Response and support* strategy).
- Children need safe online as well as physical environments (see Box 16).



Safe environments

Links between INSPIRE strategies and beyond

Creating Safe environments can be a component of many INSPIRE strategies, as well as efforts that extend beyond violence.



Implementation and enforcement of laws

Laws preventing alcohol misuse and youth access to weapons complement efforts to promote safety and use of public spaces



Norms and values

Norms influence how people use and behave in public and online spaces, and the degree to which violence is accepted in communities



Parent and caregiver Support

Parents and families have safe access to community resources and support



Income and economic strengthening

Increases safe opportunities for economic participation and development



Response and support

Encourages design of child-friendly environments including clinics, police stations and courtrooms



Education and life skills

Supports safe routes to school

BROAD HEALTH, SOCIAL AND ECONOMIC AGENDAS

Reduces crime and increases public safety

More use of public space and resources

Increases community cohesion and collective efficacy

Works best when. . .

Evidence and experience suggest that these approaches may be more likely to have the intended impact when:

- ✔ they begin with a comprehensive assessment and stakeholder analysis to determine sources of risk, drivers of behaviour, and opportunities for intervention or change in a community;
- ✔ they develop strong partnerships and mechanisms for interaction between communities, public agencies, the private sector, and relevant services, which may include health, education, justice and law enforcement, social services, housing and transportation;
- ✔ the planning process promotes community ownership and participation, including by children and youth;
- ✔ community policing efforts occur in an environment where the rights of children in conflict with the law are protected, and children have access to fair, effective and child-friendly justice and legal aid (4) (see *Implementation and enforcement of laws and Response and support strategies*).

Box 16

How can you protect children in online environments?

Protecting children from online exposure to violence is a growing concern and unique models are emerging to address this risk. The WePROTECT Global Alliance released guidance in 2016 to support countries and organizations committed to creating or enhancing coordinated national responses to end online child sexual exploitation and abuse (CSEA). The model response includes 21 core national capabilities and good practices for effective child protection online, all of which contribute to ensuring safe online environments for children, including:

- offender support systems involving medical, psychological, self-help and awareness interventions to address problematic interest or behaviour and prevent and deter potential offenders from acting;
- corporate social responsibility in the travel and tourism industry, to voluntarily assist in identifying situations where children may be experiencing online-facilitated abuse or exploitation;
- ethical and informed media reporting, to promote awareness and accurate reporting of the problem, and protect the welfare of victims;
- CSEA hotline to report Internet material suspected to be illegal, partnered with the technology industry, internet providers, and law enforcement to ensure the material is quickly removed and investigated.

For more information see the *Online violence* part of the *Resources* section at the end of this chapter.



Considerations for implementation

Costs of improving the built environment

The resources needed to modify the physical environment can vary widely depending on the interventions chosen. Not all efforts are expensive, however. Lighting, paving, maintenance and landscaping can be low-cost, or interventions can be targeted to a small area, or piloted as part of longer-term investment. Strategic changes to existing public spaces and facilities may cost less than new construction. In the long-term, working with stakeholders to make violence prevention part of infrastructure projects and planning can be a cost-effective way to improve safety.

The private sector also benefits from safe public environments and may be a source of funding.

Systemic approaches

Systemic approaches aim to build violence prevention into the physical and social environments of neighbourhoods where people live and the broader community settings where they work, travel and socialize. This holistic approach helps reduce the risk of displacing or shifting violence from one setting to another. Systemic approaches seek input and information from multiple sectors to help gather and interpret data on patterns and drivers of violence, and potential interventions tailored to the specific risk.

Community buy-in and use of spaces are key. Multifunction, well-used and well-managed environments that reflect community priorities are preferable to single-use spaces or facilities provided based on a public sector mandate only (see *Violence Prevention through Urban Upgrading programme summary*).

Indicators

The following INSPIRE indicators can be used to measure the impact of efforts to promote Safe environments (see *Appendices A and B* for a list of INSPIRE indicators and measurements).

- 5.1 Homicide rate (SDG indicator 16.1.1)
- 5.2 Weapon carrying in the community, past month
- 5.3 Online interaction with unknown persons, past 12 months¹
- 5.4 Face-to-face meeting with persons first met online, past 12 months

Humanitarian actions

Child-friendly spaces. Interventions to create safe spaces for children are widely used in humanitarian settings. These programmes provide secure, predictable environments where children or adolescents can learn, play, and access services, and where parents or other guardians can care for young children.

Design of Temporary living arrangements. Maintaining safety and security in and around camps, shelters, or urban housing for migrant, refugee, or displaced children is important for violence prevention. Guidance for protecting children through camp management and other safe environment efforts is provided by the UN Refugee Agency (UNRWA).

For more information see the *Humanitarian* part of the *Resources* section at the end of this chapter.

¹ Online exposure to violence and exploitation is an emerging concern, prompting the inclusion of these indicators under the INSPIRE Safe environments strategy. Interventions to address the online environment will be added to the handbook as and when evidence for their effectiveness becomes available.

Focus exercise

Before moving on to the specific approaches and programmes for implementing this strategy, take a moment to reflect on your setting, your goals, what is already happening, and what you wish to change.

The purpose of this exercise is to help you focus on your priorities as you read more about the evidence-supported approaches and programmes in this strategy. You can do this exercise individually or in a group.

- ❓ Where, among whom and when does violence commonly occur in your setting? What are some characteristics of those physical spaces or social environments?
- ❓ Who controls access to and management and maintenance of the physical spaces where violence commonly occurs?
- ❓ What outcomes are you most interested in affecting?
- ❓ How can you engage community stakeholders, including children and youth, in making public spaces safer?
- ❓ Based on your reflections above, what is your goal for strengthening the Safe environments strategy in your setting?

 Use this space to take notes.





Approaches at-a-glance

These approaches from the *INSPIRE technical package* represent evidence-based, prudent or promising practice in preventing and responding to violence against children, and can be part of a comprehensive plan.

Reducing violence by addressing “hot spots”	Interrupting the spread of violence	Improving the built environment
<p>Anonymous hospital injury data are combined with crime reports to identify environments where violence is most likely to occur and to plan targeted interventions based on the decisions of a multisectoral community safety partnership</p>	<p>Stops the spread of violence by training and supporting credible members of the community in methods and strategies associated with disease control – detecting and interrupting conflicts, identifying and treating highest risk individuals, and changing social norms</p>	<p>Improves community safety and well-being through design or modification of public spaces</p>
<p>Populations/settings Youth (age 15+ years) in high-violence areas</p>	<p>Populations/settings Youth (age 15+ years) in high-violence areas</p>	<p>Populations/settings Community-wide</p>
<p>Cost: \$</p>	<p>Cost: \$ - \$\$</p>	<p>Cost: \$ - \$\$\$</p>
<p>Potential outcomes Decrease in violence-related injuries</p>	<p>Potential outcomes Decrease in firearm or weapons-related violence</p>	<p>Potential outcomes <i>(Depends on the goals of the comprehensive programme)</i></p> <ul style="list-style-type: none"> • Decrease in physical and sexual violence • Decrease in crime
<p>Example programme The Cardiff Model</p>	<p>Example programme Cure Violence</p>	<p>Example programme Violence Prevention through Urban Upgrading</p>



Safe environments

The Cardiff Model

The Cardiff Model is a violence prevention approach that combines anonymous data from hospital emergency departments (EDs) with police reports of violent incidents. The combination of health and police data is used to locate “hot spots” — public spaces where violence is more likely to occur. The model was developed in Cardiff, Wales, in response to the number of violence-related injuries treated in hospital that go unreported to the police. Combined data are reported monthly to a multisectoral “task group” or “community safety partnership” that uses the insights to inform violence prevention activities. Interventions are specific to each setting based on the data and decisions of the task group. They often include: targeted policing, adjustment of local ordinances such as alcohol licensing and control, education and skill building for youth and families, strategies to reduce risks associated with specific weapons, and built environment changes.

International efforts to adopt the model are underway in cities in Australia, Brazil, the Netherlands, South Africa, and the United States. Information Sharing to Tackle Violence (ISTV) London adapted the model to accommodate 32 community safety partnerships and 29 EDs.

POTENTIAL OUTCOMES

Primary

- ↓ Reduction in violence-related injuries

Secondary

- ↓ Reduction in hospital and health care costs to treat injuries

POPULATION

Highest risk for violence injury, especially adolescents and young adults aged 15 – 30 years

SETTINGS

Urban

DURATION/INTENSITY

Ongoing, continuous data collection, analysis and reporting

CORE COMPONENTS

- ▶ Continuous data collection system: measures of when, where, and how violence occurred, integrated (preferably electronically) with intake registers of hospital EDs, urgent care and trauma units
- ▶ Monthly anonymizing and sharing of data by hospital IT staff with analyst
- ▶ Monthly combination of hospital data with police reports to create a brief summary of location, date and time of violence, weapons used and number of assailants; monthly meeting and continuous implementation and updating of prevention action plan by community task group
- ▶ Continuous tracking of overall violence trends and trends in hot spots

COST EFFECTIVENESS

Cardiff estimated average annual savings of £5 million on health, social, and criminal justice costs (3).

How will you do this?

Needs assessment and adaptatio:

Hospital software adaptation to include ED intake measures on location, date and time of violence, weapons used and number of assailants

Human resources

- **Data analyst** (*part-time*): proficient with health or crime data analysis and software tools to combine anonymized data and report monthly to task group
- **ED data collectors** (*hospital staff, usually receptionists or nurses*): to collect and record violence-related measures when patient arrives
- **Hospital IT support** (*hospital staff*): to anonymize and share monthly injury data with data analyst
- **Task group members** (*volunteer*): community leaders (health, police, housing, community services, business owners) to co-plan violence prevention activities informed by data

Training and supervision

- Data collection training for emergency department staff in-person or online (1 – 2 hours)
- Hospital supervisors/leadership consult with lead agency to ensure continuous and accurate data collection

Implementation support

The Cardiff Model Toolkit from CDC will provide planning and implementation guidance for law enforcement and hospitals

Participation and retention

The commitment of community leadership from all sectors to collaborate on violence-prevention activities is critical

ISTV London provides feedback reports to EDs on use of data to motivate quality collection and instill personal responsibility, and distributes case studies to increase knowledge-sharing and interest

What will this cost?

Start-up costs

- Electronic medical record system modifications (*minimal*)
- Training hospital nursing staff by professional or in-house hospital trainer

Ongoing costs

- Data analyst's time
- Data-mapping software (free, open-source tools are available)
- Staff time commitment of task group members

Sources of funding

Academic institutions, city governments, regular hospital and policing budgets.

How will you know it's working?

Fidelity, QA and process evaluations

The Cardiff Model toolkit will provide tools for monitoring and evaluating

What else can you learn?

Resources

Overview and case study: Reducing violent crime: <http://www.cardiff.ac.uk/research/impact-and-innovation/research-impact/reducing-violent-crime> (6)

London ISTV webpage: <http://www.premier-partnership.co.uk/ISTV/index.html> (7)

Cardiff Model toolkit. Available in 2018 from US CDC Division of Violence Prevention. <https://www.cdc.gov/violenceprevention/index.html>



Cure Violence

Cure Violence is a public health model based on disease control and behaviour-change methods that aims to reduce violence in communities. The model grows out of an understanding that violence is contagious, much like infectious disease, and that violence can be prevented and reduced using an epidemic control approach. Cure Violence focuses on reaching people who are at highest risk for engaging in violence, primarily adolescents and young adults. Implementation began in 2000 with the support of the University of Illinois Chicago School of Public Health.

Community members who were once at high-risk for violence serve as outreach workers that connect to at-risk youth to detect and interrupt conflicts, make service referrals, and change community beliefs about the acceptance of the use of violence.

Cure Violence is being implemented under different names in over 50 communities in North, Central and South America, the Caribbean, the Middle East, and Africa, including large cities, rural settings, conflict zones and prisons. It is always adapted by the host community to fit with guidance and technical support from the Cure Violence national training staff. Decreases in shootings and killings ranging from 41–73% within the targeted areas have been reported in various settings (8).

POTENTIAL OUTCOMES

Primary

- ↓ Reduced firearms- and weapons-related violence
- ↓ Reduced physical violence
- ↓ Reduced acceptance of the use of violence

Secondary

- ↑ Improved parenting
- ↑ Improved relationships between community members and law enforcement

POPULATIONS

Individuals at highest risk for firearms- or weapons-related violence and their peers and families

SETTINGS

Urban, rural, humanitarian, school, prison

DURATION/INTENSITY

Ongoing

CORE COMPONENTS

Content

- ▶ Detect and interrupt potentially violent conflicts
- ▶ Identify and treat highest risk individuals
- ▶ Mobilize the community to change norms

Delivery

- ▶ Data and monitoring
- ▶ Training of violence interrupters and technical assistance

COST EFFECTIVENESS

Cure Violence estimates a saving of US\$ 17.96 per dollar spent. Costs saved include medical (acute, long-term care and emergency response), criminal justice (policing, prison, courts), and societal (lost earnings) (9)

How will you do this?

Needs assessment and adaptation

Cure Violence staff help local organization examine: location and times of violence, groups in violent areas, history of conflicts and rivalry, underlying drivers of past violence, environmental factors, current intervention efforts, and potential community partners.

Adaptations are established for different languages (Arabic, English, Spanish), multiple forms of violence (community, domestic, prison, school, election, etc.), and unique local conditions (high levels of violence, cartel activity, war).

Human resources

Roles (all full-time)

- Outreach workers: three or more per site to interact with about 15 participants at a time per worker
- Violence Interrupters: three or more per site to interact with high-risk persons
- Hospital responders: two or more per hospital
- Programme manager: one per site
- Outreach supervisor: one per site

Supervision

Programme manager and outreach supervisor oversee staff

Training and supervision

40–80 hours of in-person training for all workers, plus quarterly and booster training sessions (online training available in 2018)

Implementation support

The Cure Violence national training staff provide technical assistance including: training, toolkit with materials, an embedded worker, weekly calls and quarterly visits, and a database for M&E.

Participation and retention

- Repeated and documented contact with high-risk individuals
- For injury and crime data access: relationship with hospital, law enforcement, public health, university
- Community leader support to reinforce community norms

What will this cost?

Cost elements

Start-up costs

- Initial assessment: US\$ 25 000 to US\$ 50 000
- Training: US\$ 25 000 to US\$ 50 000 plus travel costs (up to four regional sites)

Ongoing costs

- Local staff: based on local cost of living and seven or eight salaries
- Booster trainings: US\$ 25 000 to US\$ 50 000 per year plus travel

Sources of funding

National government, local or regional governments, international aid organizations, foundations.

How will you know it's working?

Fidelity, QA and process evaluations

Guidance

National staff interact regularly with implementing sites to ensure adherence to the model including through site visits. Fidelity is assessed through standardized programme criteria such as frequency of meetings with high-risk persons, mediations, community activities, and more.

Technical Support

An existing, proprietary database is used by the site to assist programme monitoring.

What else can you learn?

Cure Violence website: <http://cureviolence.org/> (10)

Resources include:

- Programme overview
- Guidance and tools for assessment, implementation and evaluation
- Case studies and evidence of impact

Contact: cureviolence@uic.edu



Violence Prevention Through Urban Upgrading

Violence Prevention Through Urban Upgrading (VPUU) is a community-based programme that started in Cape Town, South Africa in 2005. VPUU works with communities to co-create safe and sustainable neighbourhoods and improve quality of life through urban design, safety promotion, and socioeconomic programmes. The programme uses participatory research to help communities articulate their priorities and decide how best to improve safety and well-being. Technical expertise is provided partially through the public sector and partially through a non-profit organization that acts as an intermediary between the community, the public sector, and institutional partners to implement interventions. Community members are involved in delivering and maintaining the services and interventions, which can include improved public spaces, water and sanitation maintenance, pedestrian and transit safety, neighbourhood watch, early child development, recreation, and vocational and income-generating activities. The range of interventions addresses risk factors for violence across the life cycle.

The programme's leadership team has advised the City of Cape Town and the Western Cape government and participates in the UN Habitat Initiative.

POTENTIAL OUTCOMES

Primary

- ↓ Decreased violent incidents

Secondary

- ↑ Increased perceived safety
- ↑ Increased support for survivors of violence accessing justice

The comprehensive VPUU approach supports a range of positive outcomes including increased access to early childhood development ECD services, child health, and youth life skills and education

POPULATIONS

Community-wide, with focus on young children and school-age youth

SETTINGS

Communities of 500 to 50 000 residents with high rates of poverty, inequality, crime, unemployment, HIV, social and cultural exclusion

DURATION/INTENSITY

Ongoing, 10-15 years

CORE COMPONENTS

Content

- ▶ Safe Community Action Plan
- ▶ Infrastructure development (safe public spaces including walkways, recreational and educational facilities)
- ▶ Urban design of neighbourhoods to enhance public investment framework
- ▶ Social development: support for victims of violence and range of prevention activities with a focus on ECD and youth empowerment
- ▶ Institutional development: delivery of neighbourhood services by residents creates employment opportunities
- ▶ Training and mentoring on individual and group level
- ▶ Promotion of volunteerism
- ▶ Knowledge management: M&E

Delivery

- ▶ Community participation: local leaders are partners in development and custodians of the Safe Community Action Plan
- ▶ VPUU acts as independent intermediary between government and communities
- ▶ Implemented by public sector or by VPUU non-profit organization

COST EFFECTIVENESS

Cost for a community of 50 000 residents averaged US\$ 25 per capita per year over 12 years, for a total of US\$ 15 million. In that time, the murder rate dropped by 53% and likelihood of being attacked in public spaces was 30% lower than surrounding areas. Project generated 200 jobs post-construction and annual wealth of US \$1 million to US\$1.2 million (11)

Programmes may become financially self-sufficient post-infrastructure development

How will you do this?

Needs assessment and adaptation:

Sample survey to compare community quality of life and public service delivery to national standards. Findings are consolidated into the Safe Community Action Plan.

Human resources

- Programme level: senior management per programme component
- Coordinators for each strategy block
- Facilitators per geographic area
- Local area support staff

Training and supervision

- Internal training of programme staff
- External training of implementation partners by VPUU staff (2 hours to 14 days, depending on topic)
- Coordinators supervise quality of service delivery
- Senior management level committee provides oversight, budget allocation, policy alignment

Implementation support

VPUU has a comprehensive manual, with checklists and other tools. Technical support is available on request

Participation and retention

The partnership between the state, civil society and community to jointly identify and tackle local problems is the cornerstone of VPUU

What will this cost?

About 80% of VPUU resources go into infrastructure, and 20% into community process, research, and technical support.

Start-up costs

Comprehensive package for neighbourhood of 50 000 is US\$ 240 000 (averaging US\$ 4.80 per person) and includes:

- Needs assessment and formative research
- Leadership structure formation and training
- Building public sector relationships
- Spatial planning, area-based development plan
- Materials development and production
- Organizational set-up
- Infrastructure costs
- Specific human capital projects including specialized training

Ongoing costs

Comprehensive package for neighbourhood of 50 000 is US\$ 100 000 to US\$ 150 000 per implementation area (averaging US\$ 3 per person) and includes:

- Staffing to oversee process
- Expenses: transportation, ongoing training
- Quarterly and annual household surveys
- Annual review between stakeholders and public sector
- Marketing and overheads

Sources of funding

A governments' community development budget partially funds VPUU, with additional funds from outside donors or bilateral development agencies, and funds generated from within the project to employ local people in sustaining initiatives



How will you know it is working?

Fidelity, QA and process evaluations

- Fidelity and quality assurance maintained through training, quarterly monitoring, and annual reviews between partners
- A range of process measures are tracked including number of projects and committee and resident participation
- A baseline survey and quarterly and annual household surveys are conducted to assess programme impact.
- M&E tools available in VPUU programme manual

What else can you learn?

VPUU website: <http://vpuu.org.za/> (12)

Resources include:

- *VPUU programme overview*
- *VPUU Programme manual*: <http://vpuu.org.za/success-story/vpuu-manual/> (13)

Contact: hello@vpuu.org.za, +27 (0)21



Programme: Violence Prevention Through Urban Upgrading



Implementation worksheet

Use this worksheet to plan implementation and link your intervention to other INSPIRE strategies. Under each action are things to consider. You may want to add your own considerations to this list.

ACTION	THINGS TO CONSIDER
Assess current environment	<ul style="list-style-type: none">▶ Data on violence and/or crime in your setting, possibly analysed for specific geographic locations or other patterns▶ Areas or populations to focus on based on your goals▶ Systems and structures that are best equipped to support activities through existing connections▶ Research on children's vulnerability, exposure to violence, and perpetrators of violence, in different settings▶ Inventory of existing crime prevention policies, programmes, and resources
Select interventions	<ul style="list-style-type: none">▶ Potential participants▶ Strengthen and expand current efforts, or add new approaches▶ Reach, scalability, and cost of programmes▶ Fit within a comprehensive plan to address violence, crime, and community well-being
Build partnerships	<ul style="list-style-type: none">▶ Links to related issues or other INSPIRE strategies▶ Partnerships with other stakeholders, decision-makers, and implementers▶ How to engage communities and civil society, including children and youth, in planning and implementing
Determine resource needs and sources <ul style="list-style-type: none">• Estimate cost• Human resources• Sources of financial support	<ul style="list-style-type: none">▶ Systems, infrastructure, data collection, mapping tools, or other inputs needed▶ Implementation guidance, tools, technical support available▶ Staff and training needs▶ Budgeting resources to help cost your programme or approach▶ Budgeting for all phases as needed▶ Possible sources of funding
Refine approaches and adapt programmes for local context	<ul style="list-style-type: none">▶ Needs assessment or formative research if needed▶ Community and stakeholder engagement and participation▶ Tools, manuals, or technical support available▶ Plan for scale-up
Plan for monitoring and evaluation	<ul style="list-style-type: none">▶ Tools you will use for M&E▶ Indicators you will use to measure impact▶ Data collection systems▶ Where to get technical support▶ Information systems to collect lessons learned
Other	<hr/> <hr/>

NOTES
(What you know now)


RESOURCES, EXPERTS, PARTNERS
(Where you can get additional information)



Safe environments

Create a timeline for next steps

ACTION ITEM	RESPONSIBLE PARTY	DATE	NOTES
			



Resources

General

United Nations Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice: A new tool for policy-makers, criminal justice official and practitioners. Vienna: UNODC; 2015. (https://www.unodc.org/documents/justice-and-prison-reform/14-08451_Strategy_eBook.pdf, accessed 24 March 2018).

This handbook explains and offers guidance for implementing the UN Model Strategies for crime prevention and criminal justice to eliminate violence against children.

World Bank Group. Urban Crime and Violence Prevention: self-paced e-learning. Washington DC: World Bank; 2018. (<https://olc.worldbank.org/content/urban-crime-and-violence-prevention-self-paced>, accessed 24 March 2018).

This 10- module online course teaches practitioners, policymakers, and city managers working in African and the English-speaking Caribbean about urban crime prevention and violence with an emphasis on CPTED. The 10 modules include both conceptual and applied learning.

Humanitarian

World Vision International Child-Friendly Spaces. In: World Vision International [website]: WVI; 2017. <http://www.wvi.org/topics/child-friendly-spaces>

This webpage showcases written and video case studies about child-friendly spaces in humanitarian settings.

International Rescue Committee. Safe Healing and Learning Spaces Toolkit. [website]. New York: IRC; 2016. <https://www.rescue.org/resource/safe-healing-and-learning-spaces-toolkit>

This interactive toolkit provides comprehensive guidance and tools for a 9-month long implementation of a Safe Healing and Learning Space, where children and adolescents living in conflict and crises settings can learn, develop, and be protected. Sections are also available for download.

Operational Protection in Camps and Settlements. Geneva: UNCHR; 2006. <http://www.unhcr.org/uk/448d6c122.pdf>

This report from the UN Refugee Agency is a reference guide of good operational practices in the protection of refugees and other persons of concern in temporary camps and settlements.

Emergency Handbook: Camp planning standards (planned settlements). In: UNCHR Emergency Handbook [website]. Geneva: UNCHR; n.d. <https://emergency.unhcr.org/entry/45582/camp-planning-standards-planned-settlements>

This section of The UN Refugee Agency's Emergency Handbook contains detailed standards for planned settlements in crisis settings.

Online Violence

WePROTECT Global Alliance [website]. <http://www.weprotect.org/>

The WePROTECT Global Alliance webpage highlights the missions, strategies and commitments of this international effort dedicated to national and global action to end the sexual exploitation of children online. The Model National Response Guidance document can be accessed from the "What We Do" section.

Global Kids Online Research Toolkit. In: Global Kids Online [website] London: London School of Economics; 2018. <http://globalkidsonline.net/tools/>

This toolkit from the Global Kids Online project provides qualitative and quantitative tools, methods and adaptation guides to help practitioners gather evidence about the impact of digital technology on children's safety and rights.



UNODC Tools on Crime Prevention

Introductory Handbook on Policing Urban Space. Vienna: UNODC; 2011. https://www.unodc.org/pdf/criminal_justice/Introductory_Handbook_on_Policing_Urban_Space.pdf

This downloadable handbook is the companion to the above-mentioned training. The handbook outlines new techniques and explains how they have been applied to address crime problems in low- and middle-income countries. It is available in English, French, Portuguese and Spanish.

Training Manual on Policing Urban Space. Vienna: UNODC; 2013. http://www.unodc.org/documents/justice-and-prison-reform/crimeprevention/Training_Manual_Policing_Urban_Space_V1258164.pdf

This downloadable training manual is designed to be used over a 3-day training session for police working in urban areas within low- and middle-income countries to develop crime prevention knowledge and skills.

Crime Prevention Assessment Tool. Vienna: UNODC and UN-HABITAT; 2009. https://www.unodc.org/pdf/criminal_justice/Crime_Prevention_Assessment_Tool.pdf

Dynamic assessment tools enable UN entities, donor organizations, governments involved in crime prevention development, and other organizations and individuals to conduct an initial needs assessment.

See also:

Links to numerous resources in UNODC's Criminal Justice Assessment Toolkit can be accessed from: <https://www.unodc.org/unodc/en/justice-and-prison-reform/Criminal-Justice-Toolkit.html>

Mapping Tools

There are many mapping tools available. The ones included here may be particularly useful because they are open-source and/or they facilitate community and child/youth involvement in the mapping process.

OpenStreetMap. www.openstreetmap.org

OpenStreetMap is an open source, community driven on-line map, based on local knowledge

Block by Block. <https://blockbyblock.org/>

A participatory tool, inspired by gaming tools, that uses Minecraft to engage poor communities in urban design and fund the implementation of public spaces all over the world.

ArcGIS. <http://www.arcgis.com>

One of the most commonly used cloud-based mapping platforms.

Mapbox. <https://www.mapbox.com/>

An open source mapping platform for custom designed maps.

QGIS. <http://www.qgis.org>

A cross-platform free and open-source desktop geographic information system application that supports viewing, editing, and analysis of geospatial data

GRASS GIS. <http://grass.osgeo.org>

A free and open source GIS software suite for geospatial data management and analysis, image processing, graphics and maps production, spatial modelling, and visualization.

Built Environment

CPTED Training [website]. National Institute of Crime Prevention. <http://www.cptedtraining.net/>

The National Institute of Crime Prevention in the United States provides two- to five-day trainings and professional CPTED designation.

Youth Violence: Using Environmental Design to Prevent School Violence. In: Centers for Disease Control and Prevention Violence Prevention [website]. Atlanta: CDC; 2016. <https://www.cdc.gov/violenceprevention/youthviolence/cpted.html>

Information about how environmental design strategies have been used to prevent violence in school.

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13. Violence prevention through urban upgrading: A manual for safety as a public good. Cape Town: VPUU; n.d. (http://vpuu.org.za/wp-content/uploads/2017/05/VPUU_a-manual-for-safety-as-a-public-good.pdf, accessed 24 March 2018).







Parent and caregiver support

Objective: Reduce harsh parenting practices and create positive parent-child relationships

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S
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What you will find in this section



Overview: Helping parents protect children

Find out how this strategy works in practice

Links between INSPIRE strategies and beyond

Works best when...

Humanitarian actions

Considerations for implementation

Indicators

p. 124



Focus exercise

Focus your planning on local context and needs

p. 129



Approaches

Learn what is needed to implement this strategy with evidence-supported approaches and programme examples

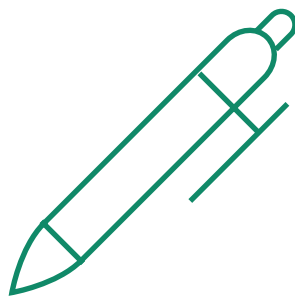
Approaches at-a-glance

Community group programmes

Home-visiting programmes

Comprehensive programmes

p. 130



Implementation worksheet

Identify resources and action steps to create a plan for implementation

p. 152



Resources

Link to tools and resources to help you implement this strategy

p. 155



Helping parents protects children

Evidence-based programmes that support parents are cost-effective ways to strengthen parent-child relationships, caregiving, and the health, safety and resilience of children and families. These dynamics help prevent all types of violence throughout children's lives, from infancy into adulthood.

Support for parents and caregivers can encompass general programmes provided for all families; targeted programmes for families at higher risk; and/or individual support for parents and caregivers where children have experienced violence.

Promotion of **positive or nurturing parenting** (see Box 17) is at the core of programmes to support parents and caregivers. These techniques help mothers, fathers, and caregivers to manage children's behaviour and offer alternatives to physical punishment. Parent support also helps parents understand children's development and improve parent-child communication — protective factors against physical and sexual violence. Many programmes help parents teach their children skills — such as emotional regulation, problem-solving, and social skills — that help children build resilience and avoid experiencing or perpetrating violence or bullying in the future.

Parenting programmes may also:

- ⊕ have a positive impact on the relationship between parents, reducing conflict, IPV, and reported alcohol or substance misuse by fathers (3,4);
- ⊕ support early child development (ECD) outcomes by increasing attendance at routine health visits, improving nutrition outcomes, and enhancing mothers' mental health (5);
- ⊕ interrupt the **intergenerational cycle of violence** and prevent the social and neurological consequences of childhood exposure to toxic stress, which include perpetration of future violence;
- ⊕ promote positive social norms about the role of community and social structures in protecting and nurturing children;
- ⊕ prevent family separation.

Box 17

What is positive parenting?

Positive parenting focuses on creating safe home environments (1) and building a foundation of support and care for children through affection, quality time, praise, and healthy methods of dealing with difficult behaviour, such as positive discipline that teaches pro-social behaviour. **Nurturing parenting** involves helping children develop healthy social and emotional behaviours, teaching life skills, and promoting well-being through modeling healthy ways to solve problems and communicate feelings (2). **Positive discipline** refers to praising, rewarding, supporting good behaviour, and non-violent responses to misbehaviour that take children's cognitive and emotional stage into account, such as natural or logical consequences, time-out or taking breaks, and redirection.

In addition to the benefits for children's safety, health and resilience, programme evaluations show that the costs of these prevention efforts are lower than the costs of the consequences of violence against children (6).

Links between INSPIRE strategies and beyond

Parent and caregiver support can be a component of many INSPIRE strategies, as well as efforts that extend beyond violence.

	Implementation and enforcement of laws	Complement laws prohibiting violent punishment by building skills in non-violent discipline
	Norms and values	Complement laws protecting children from sexual abuse and exploitation by improving parent-child communication Transform norms around child-rearing, child discipline and gender equality Promote nurturing role of fathers
	Safe environments	Support safe access to community resources for parents and families
	Income and economic strengthening	Economic stability may reduce stress associated with poverty and increase quality and quantity of parental investment in children Parent training can be combined with IES programmes
	Response and support	Efforts can support parents and caregivers in families where children are at risk or experiencing violence Parent training supports foster and kinship care families, and can facilitate reunification for families previously at risk for violence
	Education and life skills	Parenting components support and enhance life skills programmes
BROAD HEALTH, SOCIAL AND ECONOMIC AGENDAS		<ul style="list-style-type: none"> Improve ECD outcomes <hr/> Support efforts to reduce adolescent HIV, sexually transmitted infections, unwanted pregnancy and substance abuse, and address mental health issues <hr/> Support efforts to end adult IPV



Parent and caregiver support

Works best when...

Evidence and experience suggest that programmes to support parents and caregivers are more likely to have the intended impact when:

- ✔ the range of support available addresses different families' needs and children of different ages with specific and age-appropriate interventions;
- ✔ parent training is based on a solid theory of change or logic model (8), particularly social learning theory, or attachment Theory¹ for parenting infants;
- ✔ programmes focus on age-appropriate **positive parenting** principles and strategies, including **positive discipline** and improving parent-child communication;
- ✔ parents have the opportunity to practice new skills and receive feedback through role-playing, observation and/or non-judgmental coaching (8) (See Table 2 for common components of parenting programmes);
- ✔ implementation considers family dynamics and includes ways to support relationships between adults in the family (8);
- ✔ sources of severe stress are addressed by linking families to relevant services, such as Income and economic strengthening efforts, substance abuse treatment, or support for survivors of IPV;
- ✔ personnel receive sufficient and ongoing training, supervision, and support (see *Considerations for implementation* section);
- ✔ planners address barriers to parent participation (see *Considerations for implementation* section).

Considerations for implementation

Who should your intervention prioritize?

Efforts to support parents and caregivers can include all families in a community, as well as targeting families who are potentially at higher risk. Community interventions available to all families can help establish norms and community support around non-violent parenting practices, reporting sexual abuse in the home, and creating safe home environments for children.

Targeted programmes identify vulnerable children or families, such as those with previous exposure to violence or other risk factors, allowing resources to be focused on those at highest risk. However, more information and systems are needed to determine who is eligible, and targeted programmes risk stigmatizing families who participate.

Common components of parenting programmes



Content

What parents are taught, adapted for child's age

- Parent-child play and empathy
- Praise and rewards
- Positive and direct commands, rule-setting and monitoring
- Applying non-violent consequences for misbehavior
 - » Ignoring
 - » Natural consequences
 - » Logical consequences
 - » Time-out
- Skills to be taught to children, including emotion regulation, problem-solving and social skills
- Skills for parents, including emotional regulation, problem-solving, communication, and partner/spouse support



Delivery

How parents are taught

- Psychoeducation about the nature of child/family problems and child development
- At-home practice or use of skill or technique
- Role-playing, rehearsing skills, or re-enacting a hypothetical situation
- Modelling skills or responses by trainer or by video
- Supportive materials, including audio-visual
- Setting goals and reviewing progress

Adapted from: (9)

¹ Parenting programmes featured in INSPIRE are generally based on social learning theory and/or attachment theory. Social learning theory proposes that new behaviours can be acquired by observing and imitating others, and observing rewards and punishments associated with the behaviour. When a particular behaviour is rewarded regularly, it will most likely persist. The most important tenet of attachment theory is that an infant needs to develop a relationship with at least one primary caregiver for the child's successful social and emotional development, and in particular for learning how to effectively regulate feelings. In the presence of a sensitive and responsive caregiver, the infant will use the caregiver as a "safe base" from which to explore.

Specific interventions differ depending on the ages of children in the family. Home visiting programmes often (though not exclusively) focus on infants and young children, while community group parenting programmes may teach positive discipline to parents of young children and communication skills to parents of adolescents.

It is also possible to “layer in” different levels of interventions, including general promotion of positive parenting, selective parenting programmes, and home visits, so that all families benefit from the type and intensity of support and services they need. Currently, there is no evidence favouring one approach over another (10), so stakeholders will need to consider what is most appropriate and feasible in their setting.

Humanitarian actions

Effective parenting interventions have been delivered in conflict and crisis settings. International Rescue Committee’s (IRC) Parents Make the Difference is featured in INSPIRE. Important considerations for bringing parenting programmes into these settings include the following factors.

Timeframe. Is the population geographically stable enough to participate for the recommended duration of the programme? Can the programme be shortened and still be effective?

Child safety. IRC offers Safe and Healing Learning Spaces, where children are supervised and engaged in social and developmental activities while their parents attend programmes.

Content. Content can include ways to manage stressors associated with crisis. The IRC curriculum has a session on self-care for parents. Qualitative research on the curriculum showed that teaching parents about children’s brain development and the impact of toxic stress was a key motivator of behaviour change.

For more information see the *Humanitarian* part of the *Resources* section at the end of this chapter.



Will a programme fit your context and still work?

There is growing evidence that parenting programmes developed in high-resource settings are effective when adapted for other cultures and/or low- and middle- income countries (11,12). This allows planners to adapt programmes rather than start from scratch, as long as they preserve the core components. Adapting programmes to balance fidelity to the original design with the local cultural context is discussed in Implementing INSPIRE as a package. For parenting programmes (as with norms-change approaches) it is important to work with programme developers as much as possible, and to engage community stakeholders in adapting the programme and aligning expectations for delivery. An adaptation workshop can help with this process.

Who will deliver the programme?

Parent and caregiver support can be delivered by health or social work professionals, para-professionals or trained lay workers, depending on the programme and the context. Training, support and supervision are key to maintaining quality and effectiveness of programmes. Personnel need to understand child development and be skilled at facilitating adult learning and interacting effectively with families. Observation, mentoring and support can be part of ongoing supervision (6).

Consider whether the programmes will be run by state or non-state agencies; the capacity of social service and health sectors to manage, monitor, and deliver the programmes; and steps to strengthen this capacity if needed (see *Response* and *support* strategy.)

How can you keep parents participating?

Parent participation and retention are essential to programme success. There are many known barriers to participation in community programmes, including issues of child care, transportation, and the opportunity costs of lost work time, particularly for parents in the informal sector. Assess these and other factors in your setting and make early plans to address them (13).

Parenting interventions deal with sensitive and personal issues, including child behaviour, family dynamics, adolescent sexuality, gender roles, and parents’ own childhood experiences. Taking care to respect privacy, withhold judgement, and focus on individual strengths and people’s capacity for change can encourage parents’ continued participation.

Indicators

The following INSPIRE indicators can be used to measure the impact of parent and caregiver support interventions (see *Appendices A* and *B* for a list of INSPIRE indicators and measurement).

- 6.1 Non-violent discipline by caregivers, past month
- 6.2 Early childhood caregiver engagement and nurturing
- 6.3 Parent/guardian understanding of adolescents' problems, past month
- 6.4 Parent/guardian supervision of adolescents, past month

Focus exercise

Before moving on to the specific approaches and programmes for implementing this strategy, take a moment to reflect on your setting, your goals, what is already happening, and what you wish to change.

The purpose of this exercise is to help you focus on your priorities as you read more about the evidence-supported approaches and programmes for this strategy. You can do this exercise individually or as a group.

- ❓ What do you see as the main goal of parent and caregiver support? To reduce violence against children? To prevent family separation? To help children develop their full potential? To strengthen families and communities?
- ❓ What outcomes are you most interested in affecting?
- ❓ What are possible mechanisms for delivering parent and caregiver support, e.g. community or faith-based organizations, health systems or health care workers, social service system or social service workers, schools?
- ❓ Based on your reflections above, what is your goal for strengthening the parent and caregiver support strategy in your setting?

 Use this space for your notes





Approaches at-a-glance

These approaches from the *INSPIRE technical package* represent evidence-based, prudent or promising practice in preventing and responding to violence against children, and can be part of a comprehensive plan.

Parenting groups in community settings	Home-visiting programmes	Comprehensive programmes
<p>Information and skills-building are delivered through community group meetings led by nurses, social workers, or trained lay workers. May be complemented by one or more home visits for additional support and monitoring.</p>	<p>Information, skills-building, support, and monitoring are delivered by nurses, social workers, or trained lay workers through a series of home visits.</p>	<p>Parenting skills are included as part of other social or educational programmes, such as life skills or economic strengthening programmes.</p>
<p>Populations/settings Parents and caregivers</p>	<p>Populations/settings First time, low-income pregnant women and mothers of children up to age 3 years, or those identified as “at risk” within a community or area</p>	<p>Populations/settings All parents of school children/ adolescents; economically vulnerable families</p>
<p>Cost: \$ - \$\$ Depends on duration of programme, number of home visits, and skill level of staff</p>	<p>Cost: \$\$ - \$\$\$ Reduced child abuse and neglect Prevention of family separation Variety of ECD outcomes</p>	<p>Cost: \$ Additive cost to other programmes</p>
<p>Potential outcomes Reduced physical punishment Improved child behaviour Improved parent-child relationship and communication</p>	<p>Potential outcomes Reduced child abuse and neglect Variety of ECD outcomes</p>	<p>Potential outcomes <i>(Depend on the goals of the integrated programme)</i> Reduced bullying or being bullied Reduced IPV in victimization by intimate partners or peers Improved parent-child communication</p>
<p>Example programmes</p> <ul style="list-style-type: none"> • Parents/Families Matter • ACT Raising Safe Kids • IRC Families Make the Difference • Parenting for Lifelong Health (young children and adolescents) <p>Programmes brief</p> <p>SOS! Delivered in health care settings</p> <p>SEEK</p> <p>Emerging programme</p> <p>REAL Fathers</p>	<p>Example programmes</p> <ul style="list-style-type: none"> • Nurse-Family Partnership • Philani Mentor-Mother Plus • Parenting for Lifelong Health (babies) 	<p>Example programmes</p> <ul style="list-style-type: none"> • Positive Action • KiVa • Families for Safe Dates



Parent and caregiver support

Parents Matter! & Families Matter!

The Parents Matter! in the United States and Families Matter! (FMP) in Africa are prevention programmes for parents of adolescents aged 9 to 18 years. They are based on social learning theory and the social ecological model, with the goal of reducing sexual risk behaviours among adolescents. The group-based programme is designed to help parents overcome common parent-child communication barriers and to enhance parenting skills and practices, including parental monitoring, positive reinforcement and the building of a strong parent-child relationship.

FMP has been implemented in the United States and nine African countries and has reached over 800 000 families.

POTENTIAL OUTCOMES

Primary

- ↑ Increased parent awareness of child sexual abuse (CSA)
- ↑ Improved parent-child communication
- ↓ Reduced physical, emotional and sexual abuse by parents
- ↑ Increased intention to report and reporting of CSA
- ✔ Changes in social norms surrounding CSA

Secondary

- ↓ Delayed sexual debut
- ↓ Reduced sexual risk behaviors among pre-teens

POPULATION

Parents or caregivers of adolescents aged 9-18 years

SETTINGS

Community, rural or urban

DURATION/INTENSITY

Weekly 3-hour group sessions delivered over 6 weeks

CORE COMPONENTS

Content

Sessions cover:

- ▶ Understanding your child
- ▶ Parenting skills
- ▶ Parents' role in sexuality education
- ▶ Skills for discussing sex and sexuality with children
- ▶ Discussing sexuality and issues children face
- ▶ Understanding CSA (not yet included in the United States' programme)

Delivery

- ▶ Interactive group activities
- ▶ Audio presentations and follow-up discussions
- ▶ Mini-lectures
- ▶ Role play
- ▶ Handouts and homework assignments

The child attends the 5th session for skills practice with parent or caregiver.

How will you do this?

Needs assessment and adaptation

Conduct assessment and/or adaptation workshop in new settings. Technical support available

Human resources

Roles:

- Programme manager(full-time): manages implementation and supervises 6 facilitator pairs
- Facilitators (part-time): moderate weekly group sessions upon official training
- Selection criteria and sample job advertisement provided in the implementation manual, available by request from programme developer

Coverage:

Each pair of male-female facilitators delivers the programme to six groups of 18-30 participants per week over the 6-week implementation

Six facilitator pairs can reach up to 1080 families or households per wave

Training and supervision

FMP master trainers deliver 5-day training to “certify” facilitators who are preselected by the host

Implementation support

An implementation manual, cost information, and technical and adaptation support is available from CDC

Participation and retention

Programme has a 90% or higher retention rate across settings

What will this cost?

Start-up costs

- Adaptation workshop facilitated by FMP staff: US\$ 4000
- Post-adaptation activities to prepare materials: US\$ 10 000
- Training: US\$ 30 000 to US\$ 50 000 for a 5-day training for 24 pre-selected facilitators (dependent on venue, travel, and cost of materials)

Ongoing costs

Delivery: US\$ 35-50 per household (inclusive of staff salaries, transport fees, materials, office supplies, recruitment efforts, and venue rental)

Sources of funding

FMP is currently funded through PEPFAR. Supplemental sources include donors, HIV prevention or SRH programme funding streams.

How will you know it's working?

Fidelity, QA, and process evaluations

Guidance

Baseline and 12-month assessments of both parent and child are recommended. Possible measures include: retention data, waiting lists, participant satisfaction, uptake of community services, community norms.

Tools or technical support

FMP staff can provide M&E tools used in past implementations.

Impact M&E

Indicators, data, and data collection methods specific to this type of programme (Pending)

What else can you learn?

Resources

CDC Parents Matter! Website: <https://npin.cdc.gov/parentsmatter/program.asp> (14)

Families Matter! program overview [https://www.cdc.gov/globalaids/publications/fmp-full-overview --- final-3.5.14.pdf](https://www.cdc.gov/globalaids/publications/fmp-full-overview---final-3.5.14.pdf) (15)

Contact: Dr. Kim Miller, CDC, kxm3@cdc.gov



ACT Raising Safe Kids

ACT Raising Safe Kids is a group-based prevention programme, to help parents and caregivers of children aged up to 8 years to change or improve parenting skills and practices – thereby increasing positive parent-child relationships, reducing child behaviour problems, and preventing child maltreatment. The programme was developed in 2001 in three cities the United States by the American Psychological Association’s (APA) Violence Prevention Office. ACT uses an interactive, strengths-based, nonjudgmental approach, based on a psycho-educational model that combines interpersonal interaction and educational information.

Begun in the United States, ACT has now has been adapted and implemented in sites in Bosnia, Brazil, Colombia, Croatia, Ecuador, Greece, Guatemala, Japan, Mexico, Peru, Portugal, Puerto Rico, Romania, and Turkey.

POTENTIAL OUTCOMES

Primary

- ↑ Increased positive, nurturing parenting practices
- ↓ Reduced harsh parenting

Secondary

- ↑ Increased parent emotional regulation
- ↓ Decreased child aggression

POPULATION

Parents and caregivers of children up to 8 years

SETTINGS

Community

DURATION/INTENSITY

Nine 2-hour sessions delivered over 8 weeks

CORE COMPONENTS

Content

- ▶ Behavioural change and motivation
- ▶ Understanding children’s behaviours
- ▶ Understanding and controlling parents’ anger
- ▶ Understanding and helping angry children
- ▶ Reducing impact of exposure to electronic media
- ▶ Discipline and parent styles and consequences of harsh punishment
- ▶ Options for discipline for positive behaviours
- ▶ Taking the programme home and to the community
- ▶ Delivery

Delivery

- ▶ Small group discussion
- ▶ Role-play
- ▶ Hands-on creative activities

How will you do this?

Needs assessment and adaptation

Adaptations to the curriculum are accepted if they represent change of activities and examples only.

Human resources

Roles:

- Certified ACT facilitators: facilitate group sessions; need at least 2-year degree and relevant background
- ACT coordinators/master trainers: conduct training workshops for facilitators; minimum of a Master's Degree in relevant area
- Administrative functions are supported by host organizations or services

Training and supervision

ACT facilitators attend a 2-day training led by ACT coordinators/master trainers. Role descriptions, training and certification requirements, and schedules are available on the programme website.

Implementation support

APA provides training, materials, and technical assistance support for implementation and evaluation, social media promotion, and fidelity control

Participation and retention

The programme has a 56–74% completion rate among hard-to-reach populations in the United States

What will this cost?

Start-up costs

- Training fees for facilitators, including the ACT material kit: US\$ 200 to US\$ 350
- 2-day training workshop

Ongoing costs

- Programme promotion and recruiting
- ACT facilitator's time
- Purchase and printing of programme materials
- Meeting support such as childcare, refreshments, or incentives

Sources of funding

Foundations, government programmes, local private sector, or universities (research). APA provides US\$ 1000 grants in the United States

How will you know it's working?

Fidelity, QA, and process evaluations

Guidance

- Facilitators report twice a year on their activities, results, challenges, then APA develops webinars tailored to their needs
- Ongoing communication between facilitators, coordinators/master trainers and the APA Violence Prevention Office Director

Tools or technical support

- An email listserv is used for queries and sharing of resources and expectations
- Advisory group of field staff meets once a year

Impact M&E

Indicators, data, and data collection methods specific to this type of programme (Pending)

What else can you learn?

Resources

ACT Programme website: <http://www.apa.org/act> (16)

Contact: Julia Silva, Director, APA Violence Prevention Office, jsilva@apa.org



IRC Families Make the Difference

Families Make the Difference draws on other evidence-based parenting programmes to deliver training and skills building for parents in conflict-affected settings. The programme was developed by the International Rescue Committee (IRC), and has been adapted to and delivered in a number of settings, such as Parents Make the Difference in Liberia and Building Happy Families in Thailand. All programme versions seek to reduce the violence and insecurity children face by supporting parents to create safe home environments and promote positive physical and mental development. IRC offers three curricula aimed at different child age groups, and combines small-group sessions with parent support groups and a limited number of home visits.

Effective programmes have been delivered in Lebanon, Liberia, and on the Thai/Myanmar border.

POTENTIAL OUTCOMES

Primary

- ↑ Increased use of positive parenting for managing child behavior
- ↓ Decreased harsh parenting

Secondary

- ↑ Improved quality of parent-child interactions
- ↑ Improved parent relationships
- ↑ Improved parent mental health

POPULATION

Parents and caregivers of children aged 0-5, 6-11, and 12-17 years

SETTINGS

Community, humanitarian or post-conflict settings

DURATION/INTENSITY

10 to 12 weekly or bi-weekly 2-hour sessions, plus up to four home visits and ongoing support groups

CORE COMPONENTS

Content

- ▶ Positive parent-child interactions
- ▶ Empathetic communications
- ▶ Supportive guidance and consistent routines
- ▶ Nonviolent discipline
- ▶ Cognitive and social skills
- ▶ Understanding brain development

Optional sessions

- ▶ Self-care
- ▶ Parent-infant engagement
- ▶ Health and nutrition

0-5 age range programme covers ECD

6-11 age range programme focuses on family rules, playing together, and positive interactions

12-15 age range programme focuses on supporting and guiding healthy choices around sexuality and sexual health, developmental changes during adolescence, and respecting adolescent autonomy

Delivery

Small groups sessions are supported by up to four home visits for observation, feedback, and support to parents using skills and techniques learned

COST-EFFECTIVENESS

An analysis of programme costs compared to potential costs averted is available from IRC.

How will you do this?

Needs assessment and adaptation

Guidelines for needs assessments and adaptation are included in the Implementation manual

Human resources

Roles:

- Local facilitators (full-time): trained to facilitate group sessions; requires some higher education and background in child development or social work
- IRC technical staff (full-time): provide supervision, case management support, and monitoring and evaluation

Coverage:

One or two facilitators per group of 15–20 parents

Training and supervision

A 5-day training for facilitators and ongoing supervision is delivered by IRC technical staff.

Implementation support

IRC resources include:

- Implementation manuals, with checklists, sample forms
- Facilitator training guide
- Curriculum for three age groups
- Guidelines for home visits and parent support groups
- Guidelines for adaptation (part of implementation manual)
- Pre-post training questionnaires for parents

Participation and retention

Providing supervision and activities for children enhances participation and retention. IRC often has “Safe Healing and Learning Spaces” available for children.

What will this cost?

Start-up costs

- Needs assessment and community consultation
- Adaptation, materials, printing
- Costs for 5-day training

Ongoing costs

- Salaries for facilitators
- Meeting costs such as refreshments, childcare or child-oriented programme

Total cost is between US\$ 650 to US\$ 900 per family. Economies of scale are predicted for programmes with a larger reach.

Sources of funding

Foundations, bilateral or multilateral agencies, local or national government, university research budgets, private sector donors

How will you know it's working?

Fidelity, QA, and Process Evaluations

Tools and checklists for supervision and fidelity are included in the Implementation manual

What else can you learn?

Families Make the Difference Toolkit at: <http://www.ineesite.org/en/resources/families-make-the-difference-toolkit> (18)

Resources include:

- Facilitator training guide
- Parenting curriculum and training manual
- Implementation guide



Parenting for Lifelong Health: PLH for Young Children

Parenting for Lifelong Health (PLH) is a suite of affordable parenting programmes for violence prevention in low-resource settings.² Each PLH programme is designed for a specific age group.

PLH for Young Children aims to reduce physical and verbal abuse in families with children aged 2–9 years by increasing positive parenting and reducing harsh parenting, child behaviour problems, and parental mental health problems. Programme design and content is evidence-informed, emphasizing a collaborative approach to group facilitation and social learning principles. It focuses on positive relationship building between parent and child as well as non-violent alternatives to physical discipline. The programme is delivered to groups of parents, with home visits for parents who miss sessions or require additional support.

The programme was originally developed and tested in South Africa where it is locally known as the Sinovuyo Caring Families Programme for Young Children. Alternative programme names are used in other settings.

POTENTIAL OUTCOMES

Primary

- ↑ Improved child behaviour
- ↓ Decreased harsh parenting

Secondary

- ↑ Increased perceived social support
- ↓ Reduced parenting stress and parental depression
- ↓ Decreased IPV

POPULATION

Parents and caregivers of children aged 2 to 9 years

SETTINGS

Community

DURATION/INTENSITY

12 weekly or bi-weekly group sessions of 12–20 parents

CORE COMPONENTS

Content

- ▶ Practice skill in group sessions and at home
- ▶ Illustrated stories modelling positive and negative parenting
- ▶ Group problem-solving
- ▶ Mindfulness-based activities to reduce parenting stress reduction

Delivery

- ▶ Pre-programme home visits
- ▶ Group sessions for parents
- ▶ Home visits if needed
- ▶ SMS booster messages
- ▶ Peer support component through parent “partners” — a fellow participant
- ▶ Practicing skills at home

² These programmes have been developed through a collaboration between WHO, the universities of Cape Town and Stellenbosch in South Africa, the universities of Bangor, Oxford and Reading in the UK, and UNICEF.

How will you do this?

Needs assessment and adaptation

Material has been adapted and translated for different cultural contexts.

Human resources

Roles:

- Five levels of personnel: facilitators, coaches, trainers, mentors, and master trainers
- Qualifications increase at each level, ranging from high school (for facilitators) to university-level degrees in social work or psychology (for trainers and beyond)

Training and supervision

- Facilitators attend a 5-day training provided by coaches and receive mentoring and support from coaches and trainers throughout the programme.
- Coaches attend a 3-day training
- Trainers attend 5-day training

Implementation support

All PLH programmes provide comprehensive implementation support for:

- Assessing local feasibility and readiness
- Estimating costs
- Adaptation of materials
- Setting up monitoring and evaluation systems
- Participant outreach and recruitment strategies
- Problem-solving during programme delivery
- Capacity building of staff from partner organizations
- Routine monitoring to provide support
- Certification of facilitators, coaches and trainers

Participation and retention

Address common barriers to participation and retention, such as child care, transportation, missed work, etc.

What will this cost?

Start-up costs

- Facilitator training
- Preparation of programme manual, workbooks, handouts
- Participant recruitment and registration

Ongoing costs

Staff salaries, communication and supplemental resources for sessions, participant incentives, food for sessions

Sources of funding

Government budgets for child, family or social welfare, bilateral or multilateral donor agencies, private sector donors, university research budgets

How will you know it's working?

Fidelity, QA, and process evaluations

Guidance

- Supervision, mentoring, and certification of trainers
- Integrate tracking into partner's existing M&E system
- Ensure M&E tools are available in local languages
- Conduct pre-and post-tests to assess outcomes

Tools or technical support

PLH provides support for setting up M&E systems

What else can you learn?

PLH Implementation manuals available from WHO at: http://www.who.int/violence_injury_prevention/violence/child/PLH-manuals/en/index1.html

Resources include:

- Facilitator manual
- Parent handbook

PLH Programme overviews at: http://www.who.int/violence_injury_prevention/violence/child/plh/en/ (20)

Contact: Anna Booij, parentinglh@gmail.com



Parenting for Lifelong Health: PLH for Adolescents

Parenting for Lifelong Health (PLH) is a suite of affordable parenting programmes for violence prevention in low-resource settings.³ Each PLH programme is designed for a specific age group.

PLH for Adolescents is aimed at parents and their children aged 10–17 years. The programme uses social learning principles to increase positive parenting, reduce harsh parenting, reduce adolescent behaviour problems, and keep adolescents safe within and outside the home. Trained facilitators deliver the programme in a group format with both joint and separate parent-teen sessions. Some home visits are provided.

The programme was developed and tested in South Africa, where it is locally known as the Sinovuyo Caring Families Programme for Parents and Adolescents. PLH for Adolescents has been adapted to other settings in Lesotho, South Africa, Tanzania and Uganda, and sometimes uses different programme names — e.g., Rethabile Caring Families Programme for Teens in Lesotho.

POTENTIAL OUTCOMES

Primary

- ↑ Increased parental involvement (supervision of adolescents)
- ↓ Decreased harsh parenting

Secondary

- ↑ Increased planning to avoid risk in the community
- ↑ Increased perceived social support
- ↑ Increased family financial coping and budgeting skills
- ↓ Decreased substance use (parent and teen)
- ↓ Reduced parenting stress and depression

POPULATION

Parents and caregivers of children aged 10–17 years

SETTINGS

Community, high-violence settings in low- and middle-income countries

DURATION/INTENSITY

- ▶ 14 weekly group sessions, 10 with parent and children together, and four separately
- ▶ Home visit consultations are provided for families who miss a session or require additional support

CORE COMPONENTS

Content

- ▶ Establishing quality time
- ▶ Specific and immediate praise
- ▶ Dealing with stress and anger
- ▶ Establishing rules and responsibilities
- ▶ Responding to crises
- ▶ Family budgeting

Delivery

- ▶ Pre-programme home visits
- ▶ Group sessions for parents
- ▶ Home visits, if needed
- ▶ SMS booster messages
- ▶ Peer support component through parent “partners” (a fellow participant)
- ▶ Skills practice at home

COST-EFFECTIVENESS

Cost saved per case of physical abuse avoided is US\$ 2644

Cost saved per case of emotional abuse avoided is US\$ 2804 (excluding foster care, court costs, long-term social work which would increase cost saving) (13)

Additional cost-savings on parental depression and substance use reduction

³ These programmes have been developed through a collaboration between WHO, the universities of Cape Town and Stellenbosch in South Africa, the universities of Bangor, Oxford, and Reading in the UK, and UNICEF.

How will you do this?

Needs assessment and adaptation

Material has been adapted and translated for different cultural contexts

Human resources

Roles:

- Five levels of personnel: facilitators, coaches, trainers, mentors, and master trainers
- Qualifications increase at each level, ranging from primary school (facilitators) to university degrees in social work or psychology (trainers and beyond)

Coverage:

- For a high-risk target, two facilitators for 12 to 15 parent-adolescent dyads, or up to eight multiple family member groups
- For general population target, two facilitators for 20 parent-adolescent dyads, or up to 12 multiple family member groups

Training and supervision

- Facilitators attend a 5-day training provided by coaches and receive mentoring and support from coaches and trainers throughout the program.
- Coaches attend a 3-day training
- Trainers attend 5-day training

Implementation support

All PLH programmes provide comprehensive implementation support for:

- Assessing local feasibility and readiness
- Estimating costs
- Adaptation of materials
- Monitoring and evaluation systems
- Outreach and recruitment strategies
- Capacity building of staff from partner organizations
- Routine monitoring to provide support
- Certification of facilitators, coaches and trainers

Participation and retention

Address common barriers to participation and retention, such as child care, transportation, missed work, etc

What will this cost?

Start-up costs

- Facilitator training for up to 25 participants: US\$ 5000 to US\$ 10 000
- Preparation of programme manual, workbooks, handouts
- Participant recruitment and registration

Ongoing costs

US\$ 22 to US\$ 237 per family, dependent on context, salaries, scale, and participant incentives (includes staff, food, communication and supplemental resources for 14 sessions)

Sources of funding

Government agencies; bilateral or multilateral donor agencies; private-sector donors; universities (research)

How will you know it's working?

Fidelity, QA, and process evaluations

Guidance

- Supervision, mentoring, and certification of trainers
- Integrate tracking into partners' existing M&E system
- Ensure M&E tools are available in local languages
- Conduct pre-and post-tests to assess outcomes

Tools or technical support

PLH provides support for setting up M&E systems

What else can you learn?

PLH Implementation manuals available from WHO at: http://www.who.int/violence_injury_prevention/violence/child/PLH-manuals/en/index1.html

Resources include:

- Facilitator manual
- Parent handbook

PLH Programme overviews at: http://www.who.int/violence_injury_prevention/violence/child/plh/en/ (20)

Contact: Anna Booij
parentinglh@gmail.com



Nurse-Family Partnership

The Nurse-Family Partnership (NFP) community health programme provides services to mostly first-time, low-income mothers to support a healthy pregnancy, increase knowledge and skills about child care and development, and encourage maternal educational and occupational development to help mothers become more economically self-sufficient. From pregnancy until the child is aged 2 years, nurse home visitors build a trusting relationship with the mothers, instilling confidence and empowering them to achieve a better life for their children – and themselves. The Nurse-Family Partnership National Service Office provides training and expertise to implementing agencies to support programme delivery with fidelity to the evidence-based model.

NFP has been implemented in 42 states in the United States, and in Australia, Bulgaria, Canada, the Netherlands, Norway and the United Kingdom.

POTENTIAL OUTCOMES

Primary

- ↓ Decreased child maltreatment

Secondary

- ↑ Improved prenatal health
- ↑ Increased intervals between births
- ↑ Increased maternal employment
- ↑ Increased school readiness for child
- ↓ Decreased subsequent pregnancies

POPULATION

Low-income, pregnant first-time mothers

SETTINGS

Community

DURATION/INTENSITY

From pregnancy until the child is aged 2 years

CORE COMPONENTS

Content

- ▶ Personal health
- ▶ Environmental health
- ▶ Life course development
- ▶ Maternal role
- ▶ Family and friends
- ▶ Health and human services

Delivery

Registered nurses visit mothers in their homes on a prescribed schedule decided by the client

How will you do this?

Needs assessment and adaptation

An environmental scan assesses available services and identifies potential task force partners and host organizations. The host organization conducts a feasibility assessment to determine capacity and projected demand.

Human resources

Roles:

- Nurse home visitors: registered nurse with a four-year professional degree in nursing
- Nurse supervisor: registered nurse with a professional degree in nursing, and a master's degree preferred

Coverage

Each nurse home visitor carries a caseload of up to 25 clients

Training and supervision

Nurse home visitors and supervisors: 40 hours of orientation self-study, 25 hours of in-person training, and 10 hours of additional distance education

Supervisors receive training hours, annual refresher training, and consult with NFP throughout implementation

Implementation support

NFP's National Service Office provides training and an implementation manual

Participation and retention

Hospitals, public health departments, women's clinics, or community organizations may refer participants

What will this cost?

Start-up costs

- Office space that facilitates confidentiality
- Computer and telecommunication capabilities
- Cell phones for staff
- One full-time Nurse Supervisor per 4 full-time nurse home visitors
- One half-time clerical/data entry support for each four-nurse team serving 100 families

Ongoing costs

- Salary for staff
- Travel expenses for home visitors
- Transportation, overheads, meeting and training expenses

Sources of funding

Federal (national) and state government funding in the United States

How will you know it is working?

Fidelity, QA, and process evaluations

NFP's National Service Office oversees fidelity and provides expert support to ensure outcomes across communities are comparable. This includes adherence to the home visit guidelines, use of the recommended staffing model, data collection and reporting, and active community partnerships.

Tools or technical support

NFP staff can provide M&E tools used in past implementations.

What else can you learn?

Nurse Family Partnership website:

<http://www.nursefamilypartnership.org/>
(27)



Philani Mentor Mother Programme

The Philani Mentor Mother Programme promotes family health through home visits to pregnant mothers and children from trained “mentor mothers”. Home visits provide support for child nutrition, and HIV and TB prevention. The programme builds an empowering relationship between a Mentor Mother and her client which is central in the process of improving maternal and child health outcomes through behaviour change. The philosophy is that behaviour change happens slowly, over time, in small steps, and through a relationship. The relationship between a mentor mother and her client is characterized by respect and trust, and built through presence, listening, affirmation, support, knowledge and advocacy.

The Philani Mentor Mother Programme has been implemented in urban Cape Town and a rural district in Eastern Cape Province, South Africa, and in Ethiopia and eSwatini (previously known as Swaziland).

POTENTIAL OUTCOMES

Primary

- ↓ Reduced hazardous alcohol consumption among pregnant women

Secondary

- ↑ Increased condom use
- ↑ Increased breastfeeding practices
- ↑ Increased compliance with HIV treatment
- ↓ Reduced malnutrition rates

POPULATION

Low-income, pregnant mothers and children aged 0–5 years

SETTINGS

Rural and urban

DURATION/INTENSITY

Visits extend from pregnancy up to child’s fifth year

Weekly visits after birth, then monthly and less frequently after 7 months, unless child is malnourished

CORE COMPONENTS

- ▶ Provide support and education for mothers
- ▶ Facilitate access to health and social services
- ▶ Promote early childhood stimulation through educational activities
 - » Strengthen resilience of mothers and children
- ▶ Skills development and income generation

How will you do this?

Needs assessment and adaptation

Mentor mothers screen all households in their area to identify high risk pregnant women, children under the age of 5 years and other family members requiring support. Assessment is based on risk factors related to HIV, TB, mental health, malnutrition, low birth weight, and social risks (alcohol or substance abuse, adolescent pregnancy, food insecurity).

Human resources

Roles:

- Mentor mothers: laypersons selected because of their positive coping skills, are paid a basic stipend by the Department of Health.
- Assistant coordinators: supervise a team of 10-15 mentor mothers and are out in the field with their team. They are often experienced mentor mothers, and in some cases are employed nurses.
- Nurse coordinator: professional nurse who supervises three assistant coordinators and their teams.
- Additional staff include a senior programme manager, two medical doctors, and administrative staff.

Coverage:

Each mentor mother serves an area of 500 households in peri-urban areas and about 250 in rural areas where distances are big and transport a challenge.

Training and supervision

- 6-week training course for mentor mother candidates
- Coordinators provide ongoing, hands-on training in the field
- Monthly staff meetings have training component

Implementation support

Philani offers an initial training unit and ongoing technical support. Manual and budgets available from the training centre.

What will this cost?

Start-up costs

- Training for mentor mothers
- Equipment for mentor mothers: uniforms, backpacks, scales, folders, basic medical supplies

Ongoing costs

- Mentor mother stipend: for 4.5 hours work per day
- Supervisor and nurse coordinator salaries: partially funded by Department of Health
- Travel and refreshments for meetings and workshops

Sources of funding

Funded in part by the Department of Health

How will you know it's working?

Fidelity, QA, and process evaluations guidance

Coordinators and mentor mothers monitor outcomes such as nutrition rehabilitation, exclusive breastfeeding, uptake of social grants and prevention of mother-to-child HIV transmission. Mentor mothers, together with their supervisor, calculate outcomes and assess their performance monthly. Project outcomes are assessed yearly.

Tools or technical support

Several randomised controlled trials have been conducted on the efficacy of the model and are available through the programme website.

What else can you learn?

Resources

Philani Programme website:
<http://www.philani.org.za/> (28)

Contact: Ingrid le Roux,
Philani's Director,
ingridleroux@gmail.com
Claudine Bill, Medical Doctor,
claudine@philani.org.za



Parenting for Lifelong Health: PLH for Babies (Thula Sana)

Parenting for Lifelong Health (PLH) is a suite of affordable parenting programmes for violence prevention in low-resource settings.⁴ Each PLH programme is designed for a specific age group.

The PLH for Babies, or Thula Sana intervention, is a preventive parenting programme that aims to promote security of infant attachment. The programme is delivered through home visits by a trained community facilitator, who provides an emotionally supportive relationship to mothers and applies specific techniques to enhance maternal sensitivity and responsiveness.

The programme was originally developed and tested in South Africa where it is locally known as Thula Sana. It has also been implemented in El Salvador.

POTENTIAL OUTCOMES

Primary

- ↑ Increased security of infant attachment
- ↑ Increased parental sensitivity, parent-infant reciprocity

Secondary

- ↓ Reduced parental depression

POPULATION

Mothers, from pregnancy until the baby reaches the age of 6 months

SETTINGS

Community, high-violence settings in LMICs

DURATION/INTENSITY

Weekly sessions/home visits, lasting approximately 8 to 9 months or 15 visits

CORE COMPONENTS

Content

Specific techniques to highlight infant's social capacities

Delivery

Counselling support for mother/parent

⁴ These programmes have been developed through a collaboration between WHO, the universities of Cape Town and Stellenbosch in South Africa, the universities of Bangor, Oxford and Reading in the UK, and UNICEF.

How will you do this?

Needs assessment and adaptation

Material has been adapted and translated for different cultural contexts.

Human resources

Roles:

- Five levels of personnel: facilitators, coaches, trainers, mentors, and master trainers
- Qualifications increase at each level, ranging from high school (facilitators) to university degrees in social work or psychology (trainers and beyond)
- Certification at each level achieved through progressive training

Coverage:

Facilitators make up to four home visits per day (frequency varies by setting)

Training and supervision

Facilitators attend a 3-day training with demonstrations and get extensive practice before certification. They receive mentoring and support throughout the programme.

Implementation support

All PLH programmes provide comprehensive implementation support to partners for:

- Assessing local feasibility and readiness
- Estimating costs
- Adaptation of materials
- Setting up monitoring and evaluation systems
- Participant outreach and recruitment strategies
- Problem-solving during programme delivery
- Capacity building of staff from partner organizations
- Routine monitoring to provide support
- Certification of facilitators, coaches, and trainers

What will this cost?

Start-up costs

- 4-day training: US\$ 750 per facilitator

Ongoing costs

- Facilitator salary and travel: specific to location

Sources of funding

Government budgets for child, family or social welfare, bilateral or multilateral donor agencies, private sector donors, university research budgets

How will you know it's working?

Fidelity, QA, and process evaluations guidance

- Supervision, mentoring, and certification of trainers
- Conduct pre-and post-tests to assess outcomes (administered by a different facilitator)
- Integrate tracking into partners' existing M&E system

Tools or technical support

PLH provides support for setting up M&E systems and tools are available in local languages

What else can you learn?

Resources

PLH Programme overviews available from WHO: http://www.who.int/violence_injury_prevention/violence/child/plh/en/ (20)

Contacts: Lucie Cluver and Cathy Ward,
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Programme brief: SOS! (help for parents) Programme

The SOS (help for parents) Programme is a book and parent education programme that helps children aged 2–12 years to improve their behaviour and emotional learning. The book teaches over 20 methods and techniques for helping children which are derived from evidence-based techniques and principles of behaviour therapy and cognitive behaviour therapy. The SOS (helps for parents) Programme includes a book, audio-programme, a video kit and additional internet-based resources. SOS! was developed by Dr. Lynn Clark of Western Kentucky University and is available in 18 languages.

SOS has been applied to interventions to prevent child abuse and neglect by promoting positive parenting skills. The programme was implemented in primary health care settings in Iran to assess whether primary health care settings can be used to provide violence prevention interventions to mothers of young children, and whether the SOS programme improved their parenting skills. Participants were 224 mothers with children aged 2–6 who attended one of five participating health centres. The intervention group attended a 2-hour weekly session for 2 successive weeks that included instruction, role-playing, and video-clips. Implementers were able to successfully integrate a parenting education programme into a routine health care setting, and provide skills for managing misbehaviour that prevented child abuse. Participating parents reported significant improvement in non-abusive, positive parenting (27).

For more information see the SOS website at: <https://www.sosprograms.com/freeresources> (22)

Programme brief: Safe Environment for Every Kid (SEEK)⁵

The SEEK model trains primary child health care providers to briefly assess and initially address prevalent psychosocial issues among parents and caregivers that can affect child maltreatment. Parents voluntarily complete the SEEK Parent Questionnaire, which contains 15 items and takes about 2 minutes, at selected check-ups. A behavioural or mental health specialist can then provide an initial response to any issues identified, and refer families to community services and resources. If a specialist is unavailable, the primary care provider is trained to manage this response and referral, and can provide handouts with additional information and resources. SEEK has been effective in reducing child maltreatment, harsh parenting practices, and risk factors for child maltreatment. Training materials (nine videos and supplementary materials), tools and technical assistance are available online. There is a licensing fee. Training can be largely self-directed, with group learning offered via series of four webinars.

For more information see the SEEK programme website at: www.SEEKwellbeing.com (23)

⁵ Families receiving SEEK interventions include some where child maltreatment is already occurring, and therefore the INSPIRE technical package included SEEK as part of its *Response and support services* strategy. However, in the majority of families that receive SEEK interventions, maltreatment has yet to occur, and therefore SEEK has been included in this handbook as part of INSPIRE's *Parent and caregiver support* strategy.

Emerging Programme: REAL Fathers

The Responsible Engaged and Loving (REAL) Fathers Initiative is a 12-session mentoring programme and community poster campaign that aims to build positive parenting practices among young fathers (aged 16–25 years) in northern Uganda. Grounded in social cognitive theory, REAL Fathers aims to reduce the incidence of IPV and abusive punishment of children using the modeling of alternative strategies for conflict resolution and self-reflection on gender roles.

Five-hundred young fathers from the Atiak sub-county of Amuru district in northern Uganda participated in the pilot programme. Mentors were trained volunteers from the community, selected by the young fathers. Mentors met with their mentees twice per month for 6 months, once in an individual session and once in a group session with other mentor/mentee groups. Evaluation results comparing survey data among men exposed to the intervention and those not exposed demonstrate significant reductions in IPV and in physical child punishment at long-term follow-up (24).

REAL Fathers was developed by the Institute for Reproductive Health at Georgetown University in partnership with USAID and Save the Children. It was first implemented in 2013 and is active today with plans to scale-up in two other locations in northern Uganda.

For more information see the REAL Fathers Programme website at: <http://irh.org/projects/real-fathers-initiative/> (25)



Approach: Parenting programmes delivered as part of comprehensive programmes

What: Positive parenting skills and education integrated into other programmes, such as life skills or income strengthening

Why: Combining evidence-supported approaches in this way may:

- ↑ Increase participation and retention in programmes
- ✔ Target several members of a family according to their ages and needs
- ✔ Address multiple risks and support positive change at different levels
- ✔ Provide opportunities for broader community and stakeholder engagement in child protection, family welfare and community development

Comprehensive programmes can be highly cost-effective, as investment can produce multiple short- and long-term impacts. By addressing multiple audiences or issues, these approaches can access different sources and streams of funding.

The following examples integrated a parenting component into life skills and bystander intervention programmes, which are described in more depth in the Education and life skills strategy. There are other examples of these types of synergies throughout INSPIRE.

Parent and caregiver support
Comprehensive programmes

Programme brief: Families for Safe Dates

Research shows that caregivers have an important role in preventing teen dating abuse or IPV among adolescents. Families for Safe Dates (FSD), an extension of the Safe Dates programme, uses the family setting to establish violence-prevention values. Parents of adolescents use FSD's curriculum of six booklets and a CD-ROM at home. Trained health educators call families to encourage completion, offer guidance, answer questions, and collect feedback. Educators conduct phone interviews at 3 months to assess how families are using the information, and any outcomes. This programme improved family discussions about dating violence, decreased acceptance of dating violence by adolescents, and reduced IPV victimization.

For more information see Safe Dates' *An Adolescent Dating Abuse Prevention Curriculum* at: <https://www.hazelden.org/web/public/safedatesproduct.page> (29)

Programme brief: Positive Action

Positive Action is a systematic educational programme for students that promotes intrinsic interest in learning and encourages cooperation. The programme has been shown to reduce violent incidents among students. While this programme is typically delivered in school settings to teach positive actions at school, there is a Family Kit, which includes a manual of 42 lessons and colourful materials for parents to use to teach and do positive actions at home. In order to learn how to use the Family Kit, parents can purchase the Family Classes Kit for entire families, or the Parenting Classes Kit just for parents. Each kit consists of seven self-reviewed classes.

For more information see the Positive Action website at:
<https://www.positiveaction.net/planning/grant-writing/program-descriptions> (30)

Programme Brief: KiVa

KiVa is an evidence-based programme to prevent and effectively address bullying. The school-based programme is supported by information for parents, to engage them in recognizing, preventing and responding to bullying. The programme has been shown to reduce both self- and peer-reported bullying and victimisation, including verbal, relational, physical, and cyberbullying.

For more information see the KiVa website at: <http://www.kivaprogram.net> (31)



Implementation worksheet

Use this worksheet to plan implementation and link your intervention to other INSPIRE strategies. Under each action are things to consider. You may want to add your own considerations to this list.



ACTION	THINGS TO CONSIDER
Assess current environment	<ul style="list-style-type: none"> ▶ Current laws, policies and enforcement addressing violence against children by parents or caregivers ▶ Norms or practices around child-rearing ▶ Systems and structures able to deliver parenting programmes ▶ Data and qualitative research on children's exposure, risk factors, and perpetrators of violence ▶ Current parent/caregiver support efforts and their reach, impact and alignment with evidence ▶ Opportunities and barriers to implementing or expanding this strategy
Select interventions	<ul style="list-style-type: none"> ▶ Fit within a comprehensive plan ▶ Feasibility given context and available resources ▶ Strengthen and expand current efforts, or add new approaches ▶ Target all parents and caregivers, higher-risk families, or a combination
Build partnerships	<ul style="list-style-type: none"> ▶ Links to related issues or other INSPIRE strategies ▶ Partnerships with other stakeholders, decision-makers and implementers, research institutions, donors and funders ▶ How to engage communities and civil society in planning and implementing
Determine resource needs and sources <ul style="list-style-type: none"> • Estimate cost • Human resources • Sources of financial support 	<ul style="list-style-type: none"> ▶ Systems, infrastructure, data collection, or other inputs needed ▶ All phases as needed: formative research and adaptation, systems strengthening, technical support, training and staff, pilot phase, data collection, M&E, scale-up ▶ Staff and training needs ▶ Sources of funding, how to leverage and sustain
Refine approaches and adapt programmes for local context	<ul style="list-style-type: none"> ▶ Needs assessment or formative research if needed ▶ Community and stakeholder engagement and participation ▶ Adaptation process ▶ Tools, manuals, or technical support available ▶ Plan for scale-up
Plan for monitoring and evaluation	<ul style="list-style-type: none"> ▶ Tools for monitoring and evaluating the programme ▶ INSPIRE indicators you will use to measure impact ▶ Data collection system or process ▶ Where to get technical support for M&E
Other	<hr/> <hr/>

NOTES

(What you know now)

RESOURCES, EXPERTS, PARTNERS

(Where can you get additional information)



Parent and caregiver support

Create a timeline for next steps

ACTION ITEM	RESPONSIBLE PARTY	DATE	NOTES
			



Resources

General

Preventing violence: evaluating outcomes of parenting programmes. Geneva: World Health Organization; 2013 (http://www.who.int/violence_injury_prevention/publications/violence/parenting_programmes_summary.pdf?ua=1, accessed 27 April 2018).

A brief summary of the outcomes associated with effective parenting programmes from WHO, the Violence Prevention Alliance, UNICEF, and the University of Cape Town.

Positive parenting

Positive parenting: IPSCAN Global resource guide. IPSCAN; 2016 (https://www.ispcan.org/wp-content/uploads/2017/04/Positive_Parenting_Report_Fi.pdf, accessed 27 April 2018).

Provides a summary of high-level clinical and policy advice from international experts on child protection.

Humanitarian

Parents make the difference. New York: International Rescue Committee; 2014 (<https://www.rescue.org/sites/default/files/document/704/parentsmakedifferencereportfinal18nov14.pdf>, accessed 27 April 2018).

Report describing the implementation and impact of a parenting intervention in post-conflict Liberia in 2012–2013.

Safe healing and learning spaces toolkit. International Rescue Committee [website]. New York: IRC; 2016 (<https://www.rescue.org/resource/safe-healing-and-learning-spaces-toolkit>, accessed 27 April 2018).

Interactive, downloadable toolkit providing comprehensive guidance and tools for a 9-month implementation of a Safe healing and learning space, where children and adolescents living in conflict and crises settings can learn, develop, and be protected.

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Income and economic strengthening

Objective: Improve family economic security and stability, reduce child maltreatment and intimate partner violence

What you will find in this section



Overview: Money makes a difference

Find out how this strategy works in practice

Links between INSPIRE strategies and beyond

Works best when. . .

Humanitarian actions

Considerations for implementation

Indicators

p. 162



Focus exercise

Focus your planning on local context and needs

p. 166



Approaches

Learn what is needed to implement this strategy with evidence-supported approaches and programme examples

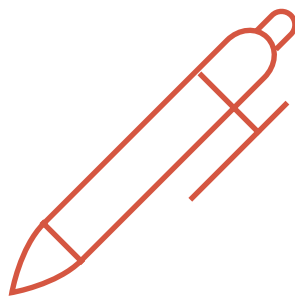
Approaches at-a-glance

Cash transfers

Group savings and loans with gender-equity training

Microfinance with gender-equity training

p. 167



Implementation worksheet

Identify resources and action steps to create a plan for implementation

p. 178



Resources

Link to tools and resources to help you implement this strategy

p. 181



Money makes a difference

Family economic stability and empowerment reduce the risk factors for violence and increase protective ones. Access to resources allows parents to invest in children's health and education, increases families' economic resilience and reduces financial stress. Economic independence helps protect women and adolescent girls from sexual exploitation and other risks. When paired with gender-equity training, income-strengthening efforts may reduce risk factors for child maltreatment, witnessing IPV, exploitation, child labour and early marriage.

The mechanisms through which Income and economic strengthening (IES) protects children and families are complex and depend on local contexts. IES efforts often target women, and focus on reducing poverty, improving child health and nutrition, supporting education, or empowering women generally. They may be combined with specific initiatives, such as parenting support, or *gender-equity training* (see Box 18). The effect of these combined efforts can increase family and children's resilience in tangible and intangible ways that impact violence outcomes.

Box 18

Why is gender-equity training important?

Gender-equity training engages women and their male partners in dialogue, critical reflection and skills-building on gender norms and roles. Topics can include relationships and communication, women's participation in economic activity, access to public space, control of resources, decision-making, and violence against women. Gender-equity training helps men understand and support women's participation in IES programmes, reducing IPV and helping women keep control of resources.

At a minimum, it is important for IES programmes that target women as beneficiaries to begin with outreach and sensitization to men and women in the community, to communicate goals for the programmes and gain support. Ongoing monitoring assesses how men feel the programme has affected them.

Links between INSPIRE strategies and beyond

Improving families' economic security can be a component of many INSPIRE strategies, as well as efforts that extend beyond violence.

	Implementation and enforcement of laws	IES supports laws preventing alcohol misuse by offering vendors alternative ways to earn income
	Norms and values	Education, skills-building, and discussion of gender norms support women and girls to challenge harmful norms that lead to violence
	Safe environments	IES supports community development and alternatives to illegal or unhealthy sources of income
	Parent and caregiver support	IES can reduce parents' stress, helping prevent violence and maltreatment and increasing nurturing behaviour
	Response and support	IES supports foster and kinship care families
	Education and life skills	IES can address barriers to attendance and achievement in school, and can be paired with life-skills programmes
BROAD HEALTH, SOCIAL AND ECONOMIC AGENDAS		<ul style="list-style-type: none"> Contributes to poverty reduction Improves child health and nutrition Promotes social, economic, and political inclusion of all people



Income and economic strengthening

There are three evidence-supported approaches highlighted in the *INSPIRE technical package* to prevent violence through IES.

- **Cash transfers.** Direct payments to vulnerable individuals or families, given either conditionally (for example, depending on whether children attend school) or unconditionally.
- **Savings and loan groups.** Members pool resources to make loans to each other.
- **Microfinance.** Similar outside organizations provide small loans and training to local entrepreneurs who do not have access to bank loans.

IES approaches have risks as well as benefits that could include the following outcomes.

- Women may face backlash or violence from an unsupportive partner or community because they have gained more control over economic resources and decision-making.
- Parents may keep children out of school to work in a family business.
- Women and adolescents engaged in microenterprise may be at greater risk of violence or exploitation.

Community involvement and careful assessment can help IES programmes avoid these risks and protect beneficiaries.

Works best when. . .

Emerging evidence and experience suggest that IES efforts may be more likely to have the intended impact when programmes:

- ✔ are combined with interventions that strengthen social assets, such as parent support programmes, life-skills education, or gender-norms change and gender-equity training;
- ✔ are carefully monitored to assess implementation and impact, particularly the influence of unanticipated factors (and where data are analysed by age, sex and other factors to capture any unintended effects on children);
- ✔ include staff with economic and business skills as well as social welfare backgrounds;
- ✔ seek to link to broader social services and systems.

Humanitarian actions

Income and economic strengthening activities are helpful in some conflict and crisis settings, though knowledge is limited about what works best to support protective outcomes for children. Experiences to date suggest the following lessons.

- Cash transfers have been used in humanitarian settings to help displaced families purchase supplies or invest in shelter or services. In addition, savings groups and microfinance have been used with more geographically stable populations, including in recovery and post-conflict settings.
- It is prudent to look for ways to coordinate, and potentially consolidate, the multiple streams of economic aid that are common in these settings.
- Child protection needs should be carefully and continually assessed.
- Host community members – men and women – should be included at the start of any activities.
- For cash transfers, the purpose of the benefits should be explained and basic financial literacy training provided.
- Post-transfer monitoring should be done to assess the intended beneficiaries' control over assets, particularly if the target population is women or adolescents.
- Because support is not long term, the transition or exit strategy should be planned from the beginning.

For more information see the *Humanitarian* part of the *Resources* section at the end of this chapter.

Considerations for implementation

Who are the beneficiaries?

Cash transfer schemes often target the most vulnerable families, based on income or other factors to determine eligibility for the programme.

Many effective programmes rely on community members to identify the most vulnerable as potential beneficiaries. However, it is important that this process also avoids stigmatizing families. National programmes need information-gathering and verification systems to identify and follow up with eligible households.

Savings groups and microfinance programmes generally work better with beneficiaries who have some capacity for savings and investment and the necessary skills to manage a business, rather than the most economically marginalized.

How can you balance risks and benefits?

IES programmes have potential risks as well as benefits. Risks include:

- safety concerns for children or women engaging in microenterprise or with increased access to resources;
- economic risks if programmes are not aligned with local market conditions.

Children are associated with nearly all household microenterprises, meaning that any economic intervention is likely to affect how children spend their time.

IES planning requires careful assessment of safety risks to children and women and the need for additional child protection efforts linked to the programme. It is important to monitor children's safety and time-use patterns to make sure the programme is not harming them. Livelihood assessments and market analyses can help programmes select appropriate microenterprises that are more likely to succeed for participants without disrupting the livelihoods of other community members.

How can you make IES programmes sustainable?

National cash transfer programmes need sustained investment but can contribute to a range of positive outcomes (including long term poverty reduction). Microfinance and savings groups have the potential to become financially self-sustaining with appropriate technical support (see the SILC Programme brief for a model). All IES efforts tend to be more sustainable when they integrate training, mentoring, and community ownership.

Indicators

The following INSPIRE indicators can be used to measure the impact of IES interventions (see *Appendices A and B* for a list of INSPIRE indicators and measurements).

- 7.1 Children below the national poverty line (SDG indicator 1.2.1)
- 7.2 Children living in food insecure households (SDG indicator 2.1.2)
- 7.3 Empowerment of currently-partnered women and girls
- 7.4 Children covered by social protection systems (SDG indicator 1.3.1)



Focus exercise

Before moving on to the specific approaches and programmes for implementing this strategy, take a moment to reflect on your setting, your goals, what is already happening, and what you wish to change.

The purpose of this exercise is to help you focus on your priorities as you read more about the evidence-supported approaches and programmes in this strategy. You can do this exercise individually or as a group.

- ❶ How do you see IES fitting into your overall efforts to reduce violence against children?
- ❷ Have any IES approaches already been taken in your setting? What worked well and what did not?
- ❸ How do you think gender roles affect economic participation? What are the barriers and opportunities for marginalized groups to improve their income? How might you reach these groups?
- ❹ What can your agency or organization do itself in terms of planning and operations, and what functions, e.g. loan disbursement or cash distribution, should be delegated to an experienced, specialist agency? Who else needs to be involved?
- ❺ Based on your reflections above, what is your goal for applying the IES strategy in your setting?

 Use this space to take notes.



Approaches at-a-glance

Because of the links between IPV and child maltreatment, these INSPIRE approaches — which represent evidence-based, prudent or promising practice for addressing IPV — can be part of a comprehensive plan to prevent and respond to violence against children. However, more work is needed to evaluate their impacts on violence against younger children.

Cash transfers	Group savings and loans associations combined with gender-norms/equity training	Microfinance combined with gender-norms/equity training
<p>Money is given directly to people in need, either conditionally or unconditionally</p>	<p>Small groups pool money to make loans to each other, and participate in gender-norms/equity training</p>	<p>Organizations provide small loans and skills training, accompanied by gender-norms/equity training, to new entrepreneurs</p>
<p>Populations/settings: Economically marginalised families Urban, and rural settings</p>	<p>Populations/settings: Individuals (often women) or families in communities with no or limited access to traditional banks Rural areas, or in communities with high levels of trust and social cohesion</p>	<p>Populations/settings: Individuals (often women) or families in communities with no or limited access to traditional banks Urban or rural settings</p>
<p>Cost: \$\$\$</p> <ul style="list-style-type: none"> • Cost of one-time or ongoing payments • Administrative structure • Additional investment in support services for beneficiaries (ECD, parenting, etc.) • Monitoring <p>Cash transfer programmes can achieve economies of scale as they reach larger numbers of families, increasing their cost-effectiveness</p>	<p>Cost: \$</p> <ul style="list-style-type: none"> • Capital comes from members • Small groups often self-manage, with some technical support and training • Monitoring 	<p>Cost: \$\$</p> <ul style="list-style-type: none"> • Capital investment • Administrative expenses for management • Technical support and training • Monitoring
<p>Potential outcomes</p> <ul style="list-style-type: none"> • Reduced child maltreatment and IPV • Increased parental monitoring • Reduced youth aggression • Increased pro-social behaviour 	<p>Potential outcomes</p> <ul style="list-style-type: none"> • Reduced IPV • Reduced risk of children witnessing violence 	<p>Potential outcomes</p> <ul style="list-style-type: none"> • Reduced IPV • Reduced risk of children witnessing violence • Reduced risk of sexual abuse and exploitation
<p>Example programmes</p> <ul style="list-style-type: none"> • Transfer Project (Africa) • Prospera (Mexico) 	<p>Example programmes</p> <ul style="list-style-type: none"> • VSLA + GDG (Côte d'Ivoire) • SILC (global) 	<p>Example programmes</p> <ul style="list-style-type: none"> • IMAGE (South Africa) • Empowerment and Livelihood for Adolescents (Uganda)

Approach: Cash transfers

What: Direct, frequently ongoing payments to economically vulnerable households, often run by governments

Why: Additional resources allow families to meet basic needs and invest in children's health and education. Cash transfers may also contribute to the following outcomes (1).

- ↓ Reduced child maltreatment and IPV
- ↓ Reduced risk of youth sexual abuse and exploitation
- ↓ Reduced symptoms of youth aggression
- ↑ Increased pro-social behaviour, particularly among adolescent boys

Cash transfers may be **conditional or unconditional** (see Box 19). Conditional cash transfers (CCTs) may carry requirements for the beneficiary to receive payment, such as ensuring children attend school or early childhood check-ups, or parent participation in training and support programmes.

Cash transfers support families in the short- and long-term. In the short-term, they help pay for basic food and housing needs and services that contribute to the child's development. This support may also help relieve parents' stress and the mental and emotional hardships of coping with extreme poverty, reducing IPV and facilitating higher-quality parenting. These early investments have potential long-term benefits for children's physical and mental health, participation in education, and overall resilience, helping move them out of poverty and reducing their risk of experiencing or perpetrating violence in the future.

Cost, cost-effectiveness and sources of funding

Payments to beneficiaries are usually the biggest ongoing cost, and depend on:

- number of eligible beneficiaries
- payment amount, which may vary by household size or other factors

Operational costs include:

- analysis to determine eligibility criteria
- social information system to identify and locate the most vulnerable households and ensure coordination between support and services for which they are eligible
- delivery system for payments
- staffing
- monitoring and evaluation

The World Bank estimates that larger national cash transfer programmes cost about 0.4% of a country's GDP, with administrative costs under 10% of total costs for mature programmes. This represents a cost saving if they replace more expensive or poorly targeted programmes (2).

As evidence of the effectiveness of cash transfers grows, bilateral and multilateral agencies and private foundations are working with national governments to help fund these efforts.

Box 19

Conditional or unconditional?

Evidence shows that both conditional and unconditional cash transfer programmes benefit children and families. Conditional cash transfers (CCTs) allow programmes to link them to other desirable health, educational, or social interventions. However, they require staff capacity and systems to monitor compliance, although simply labelling the transfers as intended for education or health may lead recipients to spend them on these priorities without monitoring. The transfer amounts must be high enough to make up for the cost of compliance — for example, if children who once contributed to family income are now enrolled in school. Early involvement of communities in assessment, and rigorous monitoring of impact, will help determine whether CCTs are appropriate for the context.

For more information see the *Cash transfers* part of the *Resources* section at the end of this chapter.

Assessment

- Assess existing interventions that support vulnerable families, and look for gaps that these interventions do not address.
- Look for opportunities to collaborate among sources of support available to vulnerable families, to maximize benefits and efficiency.
- Consider the impact of typical household dynamics and gender roles in financial decision-making and control of assets.
- Consider any potential risks that cash transfers have for children and families.

Child protection

UNCHR. Guide for protection in cash-based interventions

USAID. Children and economic strengthening programs: Maximizing benefits and minimizing harm
(see pp 38-40 for discussion of child protection)

Save the Children. Child sensitivity in poverty alleviation programming: an analytical toolkit

Data and analysis

Before implementation:

- determine family financial needs to set transfer amounts and eligibility requirements.
- collect information to confirm eligibility and record baseline measures.

Throughout implementation:

- collect information about how beneficiaries use cash within a few days of the transfer, for more accurate recall.
- Adjust frequency, delivery, and amount of the transfers based on ongoing analysis.

Programme design

World Bank. Targeting of transfers in developing countries

IDB. How does Prospera work? Best practices in the implementation of conditional cash transfer programs in Latin America and the Caribbean

Feasibility considerations

- Phased roll-outs allow for adjustments to the process and provide opportunities for early impact evaluations.
- Plan for safe and transparent distribution of benefits and mechanisms for accountability, such as spot-checks, cross-checks, complaint and redress tools.
- Make sure any conditional or linked services (such as health or education) have adequate capacity and quality, and are accessible to programme beneficiaries. Direct support to these services may be needed.
- Develop an exit strategy or transition process for families and communities. This could involve transitioning to other types of community development support, such as educational or income-generating programmes.

See also

Parent and caregiver support strategy

Education and life skills strategy

Supporting efforts

- Social and behavioural interventions that support parenting, equitable gender norms, child health, and education.
- Training to increase household capacity to manage resources independently.



Programme brief: Transfer Project

The Transfer Project, a multi-country research initiative established in 2008, provides evidence on the impact of large-scale national cash transfer programmes in sub-Saharan Africa. Governments own and implement the programmes while the Transfer Project provides technical assistance for evaluation. Two Transfer Project programmes are cited in INSPIRE because they showed evidence of preventing violence.

The Harmonized Social Cash Transfer (HSCT) in Zimbabwe targets households that are both labour constrained and food poor. Eligible households receive US\$ 10 to US\$ 25 a month depending on household size. By February 2014, 55 509 households in 20 out of 65 districts in the country were covered, and the programme is expanding to cover the whole country. HSCT is jointly funded by the Zimbabwean government and donors, and UNICEF provides additional financial and technical support in addition to managing the Child Protection Fund (CPF).

The Malawi Social Cash Transfer pilot programme provided an average of US\$ 13 per month to 32 561 poor and labour-constrained households in seven districts with the goal of reducing poverty and hunger and increasing school enrollment. Findings were used to improve operations such as closer monitoring by district leadership, record automation and clarification of eligibility criteria. The programme has since expanded to other districts and had reached approximately 100 000 households by 2015. Transfer amounts vary from US\$ 2–6 based on household size and number of children enrolled in school— about 17% of household consumption.

For more information see the Transfer Project website: <https://transfer.cpc.unc.edu> (3) and *Measurement of interpersonal violence in national social cash transfer evaluations* (4)

Programme brief: Prospera (previously “Oportunidades”)

Prospera is a conditional cash transfer programme operated by the Mexican government since 1997. The programme provides assistance to families for school attendance, health care, and nutrition. It is one of the most rigorously evaluated cash transfer programmes and has demonstrated decreases in IPV and increases in protective factors for youth violence.

Prospera credits its success to having a well-defined target population and transparent beneficiary selection process. The programme also has a strong field presence to prevent and detect problems early and encourage social cohesion even in remote areas, and a robust evaluation agenda that allows it to adjust and improve. Over time, Prospera has expanded to improve families’ abilities to make longer-term investments. It began promoting links to social, production and employment services and vocational training scholarships, and increased beneficiaries’ access to savings, microcredit, and insurance.

Prospera is working to develop an integrated social information system, similar to Brazil’s Cadastro Unico, to accurately identify the poorest citizens, where they are, and what they need. Prospera had served over 6 million families by the end of 2014. The allocated budget for the 2015 fiscal year was approximately US\$ 4.5 million. The model has been replicated in over 50 countries worldwide.

For more information see *How Does Prospera Work? Best practices in the implementation of conditional cash transfer programs in Latin America and the Caribbean* (5)

Approach: Group savings and loans associations combined with gender-norm/equity training

What: Self-selected groups of people who pool their money to make loans to other members, who repay the group with interest

Why: Rural communities or individuals with no access to formal financial services can grow savings and access small loans. Increased economic security can lead to the following outcomes:

- ↓ Reduced IPV
- ↓ Reduced risk of children witnessing violence

Loans are repaid with interest, so members' savings grow. Savings groups (also called Village or Voluntary Savings and Loan Associations, or VSLAs) are often part of women's empowerment projects, and gender-equity training is offered, possibly together with financial management skills.

Cost and cost-effectiveness

Capital is provided by members. After receiving about a year of support for start-up, groups are mostly self-sustaining. Costs include the following elements.

- Training and salaries or stipends for field agents and facilitators
 - » Savings group field agents can manage between five and 12 groups
 - » Recommended ratio of supervisors is one per 5 to 10 field agents
 - » Gender training facilitators may be different from savings groups field agents. Some programmes have two staff – one male and one female.
- Materials (record books, lockable boxes)
- Costs of monitoring and evaluation

Implementation notes

Group savings and loan associations tend to work best in rural communities where people know each other and there is high social cohesion. They can also work in urban areas or informal settlements if the groups are smaller, or if members are already connected (such as a neighbourhood committee, religious group, etc.).

The cycle of savings and lending typically has a clear end date (usually 8–12 months), after which the investment and earnings are returned to members. Members can reinvest if they choose.

While savings group members do not require special skills to participate, programmes benefit from skilled facilitators.

For more information

Programme design and manuals

SEEP Network. Program quality guidelines for savings groups

SILC. Savings and internal lending communities (SILC) field agent guide

SILC. Private Service Provider Implementation Manual

Gender-equity training

CARE. How savings groups promote gender equality and good governance (blog)



Programme brief: Voluntary Savings and Loan Associations and gender dialogue groups, Côte d'Ivoire

Three organizations – Innovations for Poverty Action, IRC, and the Yale School of Public Health – evaluated the impact of adding gender dialogue groups to a group savings programme in rural Côte d'Ivoire. The groups targeted women and their male partners to participate in eight sessions over a 16-week period. In-person sessions were facilitated by one male and one female IRC field agent. Delivery included group discussion, role-play and homework assignments, and content focused on non-violence in the home, partner respect and communication, and recognition of the contributions women make to household well-being. Past year physical and sexual IPV, economic abuse, and attitudes toward abuse were assessed at baseline and follow-up. Groups measured a significant reduction in reported economic abuse and acceptance of IPV, and women attending more than 75% of sessions reported less IPV.

For more information see *The impact of gender dialogue and access to savings and loans on intimate partner violence in Côte d'Ivoire (6)*

Programme brief: Savings and Internal Lending Communities (SILC)

The Savings and Internal Lending Communities (SILC) methodology developed by Catholic Relief Services (CRS) builds on the model of VSLAs and has been implemented in over 43 countries. Trained field agents help local organizations with no financial service expertise to implement SILC programmes. Groups consist of 15–25 self-selected members and are managed by a seven-member committee. Each SILC agrees on its own rules and investment and lending amounts. They meet on a regular basis and all transactions are conducted at the meetings to ensure transparency. Field agents provide facilitation to help structure groups, promote a culture of trust and mutual respect, and assist with planning, monitoring and reporting. After a year of training by field agents, SILCs can operate on their own with minimal support.

CRS has expanded to a private service provider model, where qualified agents provide their facilitation services to SILCs for a fee. This fosters local ownership and makes SILCs self-sustaining in communities beyond the normal project funding cycle.

The basic methodology of SILCs can be adapted to different needs and settings. Groups for girls aged 10–14 years and young women aged 15–24 years in Lesotho offer savings opportunities combined with life skills, financial management and social asset-building. The Lesotho programme also offers skills-building for parents of participating girls with an adapted version of Sinovuyo Teen that included an HIV component (see *Parent and caregiver support strategy*). This “layering” of supportive strategies is coordinated by the DREAMS initiative of PEPFAR. By October 2017, the combined programmes (savings groups, social asset-building, and parenting) had 800 field agents and had reached 56 000 girls, young women and parents.

For more information see the *Savings groups* part of the *Resources* section at the end of this chapter.

Approach: Microfinance combined with gender-equity training

What: Loans to small groups of new entrepreneurs, often women, who do not have access to regular credit or banking.

Why: Women can strengthen their economic participation and personal or household economic security. This can lead reduced

- ↓ intimate partner violence
- ↓ risk of children witnessing violence
- ↓ early or unwanted pregnancy
- ↓ risk of early marriage

Microfinance programmes can be a stepping stone to using formal financial services. When combined with gender-equity training, microfinance can help women and girls become more financially independent, generate resources for investment in school and family, and reduce their risk of experiencing violence. Microfinance is often group-based, with group members guaranteeing each other's loans. Participants receive credit for a 6–12 month period. The programmes highlighted in this approach also provide financial literacy skills and entrepreneurial support, as well as a gender-equity training component.

Implementation notes

For more information

Assessment

Assessment is essential to microfinance interventions. This includes:

- Participant involvement in needs assessment and programme design
- Analysis of risks, barriers and safety concerns for women's participation in income-generating activity.
- Market assessment to determine what products, services or skills are in demand, match women's skills and interests, and have a viable path to market.

Data and data analysis

- Collect baseline data on child labour, school enrolment rates, and women's risks and exposure to violence, in order to assess any negative impact of the microfinance programme on these outcomes.

Feasibility considerations

- Microfinance programmes are most appropriate for people who have some marketable skills and experience but lack capital. They are often not helpful for the most vulnerable or marginalized.
- Link to services and programmes that address women's empowerment, so that microfinance is part of a holistic strengthening of women's agency and independence.

Supporting efforts

As with all IES efforts, anticipate and address potential backlash against women's economic independence. Consider the following:

- Education and awareness-raising for participants' male partners and the broader community
- Safety planning for financial transactions
- Reporting mechanisms and support services for women who experience threats or violence

Assessment and Market Analysis

SEEP Network. Learning from clients: assessment tools for microfinance practitioners

USAID. Economic strengthening for vulnerable children

See p. 18 for the market information to gather during planning

Microsave. Market research for MicroFinance participant's manual

Programme design

CARE. Microfinance (resources on website)

UN Women's Virtual Knowledge Centre to End Violence Against Women and Girls: Principles for establishing programmes

See also

Norms and values strategy

Education and lifeskills strategy

Response and support strategy



Intervention with Microfinance for AIDS and Gender Equity (IMAGE)

IMAGE is a combined microfinance and education programme with a group-based, 12-month gender and HIV training curriculum called Sisters for Life (SfL) that is delivered to women at loan repayment meetings. The programme's purpose is to empower women to improve their economic wellbeing and reduce risk of IPV and HIV, recognizing that poverty and gender and economic inequalities drive these two issues. IMAGE is a collaboration between the Small Enterprise Foundation (SEF), the School of Public Health, University of the Witwatersrand and London School of Hygiene and Tropical Medicine (LSHTM).

IMAGE has been scaled up (from reaching 450 to 30 000 women) within South Africa, and adapted and implemented in Peru and Tanzania.

POTENTIAL OUTCOMES

Primary

- ↓ Reduced IPV

Secondary

- ↑ Improved self-confidence and communication skills
- ↑ Increase in gender-equitable attitudes and practices
- ↑ Improved partner communication
- ↓ Reduced sexual risk behaviour and unplanned pregnancy
- ↑ Improved nutritional status

TARGET POPULATIONS

Women aged 18 years and older

SETTINGS

Low-income, rural communities

DURATION/INTENSITY

SfL training is integrated into ongoing microfinance programme over 12 months

- ▶ Ten, 1-hour sessions over first 6 months
- ▶ Subsequent 6 months, select leaders work with community to develop village action Plan

CORE COMPONENTS

Content

- ▶ Microfinance component: groups of five women serve as guarantors for each other's small loans to support development of small businesses
- ▶ SfL training component was created for based on violence research in this setting. It covers gender roles, cultural beliefs, power relations, self-esteem, IPV, HIV

Delivery

Groups meet bi-weekly for loan repayment and training

Participatory methods are used to increase confidence, communication skills, and encourage critical thinking

COST-EFFECTIVENESS

A 2011 study estimated a cost per DALY gained as US\$ 7688 for the trial phase and US\$ 2307 for the initial scale-up (8)

How will you do this?

Needs assessment and adaptation

- Data and information needed
- Population and demographics (women and size of households, nature of partnerships)
- Socioeconomic status assessment
- Violence prevalence, type, risk factors, impacts (disaggregate data by sex and age)
- Available services for referral
- Cultural practices and language for adaptation
- Community's priority issues

Human resources

Roles

- SfL trainers with a degree in social sciences or gender studies, or minimum of training and experience in gender-based violence
- Microfinance facilitators

Coverage

Trainers deliver sessions for up to eight groups averaging 40 women each and are paired with a microfinance facilitator

Training and supervision

Trainers receive 2 weeks in-classroom training and 3 months in the field using a train-the-trainer model. Trainers' sessions are periodically evaluated by supervisors

Implementation support

The IMAGE advisory board made up of implementing partners, directors, and head of operations meets quarterly to guide and monitor implementation and provide strategic planning

What will this cost?

Start-up costs

- Formative research and needs assessment
- Materials development and production for SfL curriculum
- Training for trainers and microfinance implementers

Ongoing costs

- Salaries of trainers and microfinance facilitators
- Transportation, administrative costs and record-keeping

Total cost in South Africa: approximately US\$ 10 per woman (reduced from US\$ 30 after economies of scale realized)

Sources of funding

Bilateral agencies, national government, foundations

How will you know it is working?

Fidelity, QA, and process evaluations

IMAGE uses tools to monitor meeting attendance and loan repayment

What else can you learn?

Resources

Small Enterprise Foundation (SEF) website: <https://www.sef.co.za/> (9)

Links to IMAGE Study Publications: <http://www.sef.co.za/image-study>

IMAGE case study from the SEEP Network (10)



Programme brief: Empowerment and Livelihood for Adolescents

BRAC's Empowerment and Livelihood for Adolescents (ELA) takes a "social + financial empowerment" approach, combining life-skills training and social asset building with vocational skills and microfinance. Girls organize "clubs" – safe spaces where they can discuss problems with peers and trained mentors and build a protective social network close to home. This "social empowerment" helps build girls' awareness of their rights and the confidence to assert themselves. This is supported by "financial empowerment". Early emphasis is placed on social skills development and creating a savings mentality in younger girls. Livelihood training, financial literacy and micro-loans are introduced as girls reach their mid-teens. In Uganda, the programme helped reduce early pregnancy and marriage and reports of unwanted sex decreased by 50% among girls who participated. Girls increased their income generation with no decrease in school attendance (1).

The programme has been implemented in Bangladesh, Liberia, Sierra Leone, South Sudan, Tanzania, and Uganda. For more information see the BRAC website: <https://www.brac.net/search/item/723-empowerment-and-livelihood-for-adolescents> (7).



Income and economic strengthening



Implementation worksheet

Use this worksheet to plan Income and economic strengthening efforts and link to other INSPIRE strategies. Under each action are things to consider. You may want to add your own considerations to this list.

ACTION	THINGS TO CONSIDER
Assess current environment	<ul style="list-style-type: none"> ▶ Economic situation of target population (including hard-to-reach) ▶ Factors affecting control of household resources ▶ Current IES efforts and their reach, impact and efficiency ▶ Systems and structures able to deliver IES programmes, including cash payments ▶ Tools to support risk assessments and market analyses and opportunities and barriers to implementing or expanding IES
Select interventions	<ul style="list-style-type: none"> ▶ Fit within a comprehensive plan to address violence against children ▶ Feasibility given context and available resources ▶ Strengthen and expand current efforts, or add new approaches ▶ Sustainability
Build partnerships	<ul style="list-style-type: none"> ▶ Links to related issues or other INSPIRE strategies ▶ Partnerships with other stakeholders, decision-makers, and implementers ▶ How to combine IES with gender training ▶ How to engage communities and civil society
Determine resource needs and sources <ul style="list-style-type: none"> • Estimate cost • Human resources • Sources of financial support 	<ul style="list-style-type: none"> ▶ Distribution systems, security, technology, infrastructure, data collection, or other inputs needed ▶ Cost all phases: formative research and adaptation, systems strengthening, technical support, training and staff, pilot phase, data collection, M&E, scale-up ▶ Staff and training needs ▶ Sources of funding, how to leverage and sustain
Refine approaches and adapt programmes for local context	<ul style="list-style-type: none"> ▶ Market analysis and child protection assessment ▶ Community and stakeholder engagement and participation ▶ Adaptation of gender-equity training component ▶ Tools, manuals or technical support available ▶ Plan for child protection and tools for monitoring ▶ Plan for scale-up and exit strategy
Plan for monitoring and evaluation	<ul style="list-style-type: none"> ▶ Tools for monitoring and evaluating ▶ INSPIRE indicators you will use to measure impact ▶ Data collection system or process ▶ Where to get technical support for M&E
Other	<hr/> <hr/>


NOTES
(What you know now)

RESOURCES, EXPERTS, PARTNERS
(Where can you get additional information)



Create a timeline for next steps

ACTION ITEM	RESPONSIBLE PARTY	DATE	NOTES
			



Resources

General

James-Wilson D, Torres V, van Bastelaer T, Yamba B, Parrott L, Brand M, et al. Economic strengthening for vulnerable children: principles of program design and technical recommendations for effective field interventions. Washington (DC): USAID; 2008 (https://childprotection.wikischolars.columbia.edu/file/view/USAID_Economic+Strengthening+of+Vulnerable+Children.pdf, accessed 27 April 2018).

This guide offers two sets of tools: a series of principles for implementation and programme design, and recommendations for implementation of economic strengthening activities.

Chaffin J, Mortenson Ellis C. Outcomes for children from household economic strengthening interventions: a research synthesis. London: Save the Children; 2015 (<https://www.savethechildren.net/sites/default/files/libraries/Final%20version%20Outcome%20for%20Children%20From%20HES%20interventions.pdf>, accessed 26 April 2018).

Review of findings from evaluation of economic strengthening programmes implemented by NGOs in resource-poor environments to identify which ones impact child well-being outcomes positively or negatively, and to understand how factors such as gender and age may influence these impacts.

Humanitarian

Cash relief overview. In: International Rescue Committee [website]. (<https://www.rescue.org/topic/cash-relief>, accessed 27 April 2018).

Provides an overview of the IRC's cash relief programme.

Research and resources. In: Women's Refugee Commission [website]. (<https://www.womensrefugeecommission.org/issues/livelihoods/research-and-resources>, accessed 27 April 2018).

Collection of studies and programmes focused on ensuring that displaced women and girls have safe economic opportunities to meet their basic needs, recover from crisis and conflict, and achieve self-reliance.

Child protection and reducing risk

Chaffin J, Rhoads N, Carmichael J. Children and economic strengthening programs: maximizing benefits and minimizing harm. New York: USAID; 2013 (https://microlinks.org/sites/default/files/resource/files/FIELD_CPC_ES_Child%20Protection_v16_WEB.pdf, accessed 26 April 2018).

Provides an overview of key learning on how economic strengthening can achieve better outcomes and impacts for children from birth to 18 years, and guidance for assessing and reducing unintended harms.

Principles for establishing programmes. In: UN Women's Virtual Knowledge Centre to End Violence Against Women and Girls [website]. (<http://www.endvawnow.org/en/articles/1703-principles-for-establishing-programmes.html>, accessed 27 April 2018).

Fundamental principles and guidance for designing and implementing economic strengthening programmes.

Guide for protection in cash-based interventions. Geneva: UNCHR; 2016 (<https://www.womensrefugeecommission.org/issues/livelihoods/research-and-resources/1280-protection-in-cash-based-interventions>, accessed 26 April 2018).

Identifies the minimum necessary information and key resources to help humanitarian practitioners ensure protection risks and benefits are considered and monitored throughout the cash-based intervention programme cycle, using community-based and participatory approaches.



Martin-Simpson S, Verjee S, Paruzzolo S. Child sensitivity in poverty alleviation programming: an analytical toolkit. London: Save the Children International; 2017 (https://resourcecentre.savethechildren.net/sites/default/files/documents/child_sensitive_poverty_alleviation_programming_toolkit.pdf, accessed 26 April 2018).

Presents practical guidance for project teams to design, implement and monitor IES programmes to maximize benefits and avoid potential harm to children.

Gender-equity training

Slegh H, Pawlak P, Barker G. Journeys of transformation: a training manual for engaging men as allies in women's economic empowerment. Washington (DC) and Rwanda: Promundo and CARE; 2012 (<https://promundoglobal.org/wp-content/uploads/2014/12/Journeys-of-Transformation.pdf>, accessed 26 April 2018).

Manual for group education sessions on engaging men as allies in women's economic empowerment, with implementation guidance and results of field-testing in Rwanda.

Martins S. How savings groups promote gender equality and good governance. In: CARE Insights [website]. (<http://insights.careinternational.org.uk/development-blog/how-savings-groups-promote-gender-equality-and-good-governance>), accessed 26 April 2018).

Blog analysing the benefits for, and impacts of, voluntary savings and loan associations on women and families in the Democratic Republic of the Congo.

Mejia C, Cannon A, Zietz S, Arcara J, Abdur-Rahman A. Perspectives on gender-based violence and women's economic empowerment in sub-Saharan Africa: challenges and opportunities. Chapel Hill: Measure Evaluation; 2014 (<https://www.measureevaluation.org/resources/publications/sr-14-111> accessed 26 April 2018).

Systematic review of the literature and key informant interviews with programme staff and experts from organizations implementing and/or conducting research on economic empowerment interventions for women in sub-Saharan Africa.

Cash transfers

Peterman A, Neijhoft AN, Cook S, Palermo TM. UNICEF Office of Research – Innocenti. Understanding the linkages between social safety nets and childhood violence: a review of evidence from low- and middle- income countries. Health and Policy Planning. 2017;32:7.

Reviews evidence and develops a framework to understand links between non-contributory social safety nets and the experience of childhood emotional, physical and sexual violence in low- and middle-income countries.

Conditionalities in cash transfers: UNICEF's approach. New York: UNICEF; 2016 (<http://www.unicefinemergencies.com/downloads/eresource/docs/Cash%20in%20Emergencies/Conditionality%20in%20Cash%20Transfers%20-%20UNICEF's%20Approach-2.pdf>, accessed 26 April 2018).

Summarizes the arguments for and against conditionality in cash transfer programmes and describes UNICEF's approach.

Coady C, Grosh M, Hoddinott J. Targeting of transfers in developing countries: review of lessons and experience. Washington (DC): The World Bank; 2004 (http://siteresources.worldbank.org/SAFETYNETSANDTRANSFERS/Resources/281945-1138140795625/Targeting_En.pdf, accessed 26 April 2018).

Describes different approaches to targeting and their application in different circumstances based on lessons learned from cash transfer programmes.

Chioda L. Stop the violence in South America: a look at prevention from cradle to adulthood. Washington, (DC): The World Bank; 2016 (<https://openknowledge.worldbank.org/bitstream/handle/10986/25920/210664ov.pdf?sequence=3&isAllowed=y>, accessed 26 April 2018).

Focuses on the prevention of crime and violence throughout the life cycle by examining the impact of economic factors, economic strengthening interventions, and other prevention strategies on antisocial behaviour, violence, and crime.

Peterman A, Yablonski J, Daidone S. Myth-busting? How research is refuting common perceptions about unconditional cash transfers. Research brief no. 2. Chapel Hill, NC: The Transfer Project; 2017 (<https://transfer.cpc.unc.edu/wp-content/uploads/2015/09/Mythbusters.pdf>, accessed 26 April 2018).

Summarizes evidence that refutes six common perceptions associated with cash transfer programming.

See also: cash transfer resources under Humanitarian resources

Group Savings and Loans

SEEP Network. Program quality guidelines for savings groups. [website] Arlington, Virginia: SEEP Network; 2018. (<http://www.seeplearning.org/sg-guidelines.html>, accessed 26 April 2018).

Interactive website describes principles and offers manuals and other tools for training, assessment, and monitoring savings groups.

Vanmeenen G, Bavois M. Savings and internal lending communities (SILC) field agent guide. Baltimore: Catholic Relief Services; 2011 (<https://www.crs.org/sites/default/files/tools-research/field-agent-guide.pdf>, accessed 26 April 2018).

Guide for SILC field agents in leading, delivering and effectively managing high-quality programming throughout the three periods of the SILC cycle.

Bavois M, Oelrich S ed. SILC Private service provider implementation manual. Baltimore: Catholic Relief Services; 2013 (<https://www.crs.org/sites/default/files/tools-research/private-service-provider-implementation-manual.pdf>, accessed 27 April 2018).

Manual for transitioning to a self-sustaining private service provider (PSP) model of SILC programmes, with tools and guidance for project staff.

Microfinance

Microfinance. In: CARE [website]. (<https://www.care.org/work/economic-development/microfinance>, accessed 27 April 2018).

Provides general resources and statistics on microfinance, as well as information about CARE programmes and impact.

Nelson C, Garber C, Mknelly B, Lippold K, Edgcomb E, Horn N, et al. Learning from clients: assessment tools for microfinance practitioners. Washington (DC): The SEEP Network; 2007 (http://www.seepnetwork.org/filebin/646_file_aimstools.pdf, accessed 27 April 2018).

Manual developed by and for practitioners, with five assessment tools to gather information for impact assessment, market research, and improving programme products and services.

Wright G, Mutesasira L. Market research for microfinance participant's manual. MicroSave; 2004 (http://www.microsave.net/files/pdf/1371125442_Market_Research_for_Microfinance_Participant_s_Manual_1.pdf, accessed 26 April 2018).

Toolkit is used to teach the fundamentals of microfinance through a series of objectives, graphs, handouts and learning exercises.

References

1. INSPIRE: Seven strategies for ending violence against children. Geneva: World Health Organization; 2016.
2. Handa S, Daidone S, Peterman A, Davis B, Pereira A, Palermo T, et al. 2017. Myth-busting? Confronting six common perceptions about unconditional cash transfers as a poverty reduction strategy in Africa. Innocenti Working Papers no. 2017-11.
3. The Transfer Project [website]. Chapel Hill, NC: UNC Carolina Population Center; 2018 (<https://transfer.cpc.unc.edu>)
4. Palermo T. Measurement of interpersonal violence in national social cash transfer evaluations: research brief 5. Chapel Hill, NC: The Transfer Project; 2016 (<https://transfer.cpc.unc.edu/wp-content/uploads/2015/09/Measurement-of-interpersonal-violence-in-national-social-cash-transfer-evaluations.pdf>, accessed 5 April 2018).
5. Dávila Lárraga L. How does Prospera work? Best practices in the implementation of conditional cash transfer programs in Latin America and the Caribbean. Washington (DC): Inter-American Development Bank; 2016 (<https://publications.iadb.org/bitstream/handle/11319/7569/How-does-prospera-work.PDF?sequence=4&isAllowed=y>, accessed 25 April 2018).



6. Gupta J, Falb K, Annan J. The impact of gender dialogue and access to savings and loans on intimate partner violence in Côte d'Ivoire. New Haven: Innovations for Poverty Action; 2012 (<https://www.poverty-action.org/study/reduction-gender-based-violence-against-women-cote-d%E2%80%99ivoire>, accessed 26 April 2018).
7. Empowerment and livelihood for adolescents. In: BRAC [website] (<https://www.brac.net/search/item/723-empowerment-and-livelihood-for-adolescents>, accessed 26 April 2018).
8. Jan S, Ferrari G, Watts CH, Hargreaves JR, Kim JC, Phetla G, et al. Economic evaluation of a combined microfinance and gender training intervention for the prevention of intimate partner violence in rural South Africa. *Health Policy and Planning*. 2011;26(5):366-72. doi: 10.1093/heapol/czq071.
9. Small Enterprise Foundation [website]. South Africa: SEF; 2018. (<http://www.sef.co.za>, accessed 25 April 2018).
10. The HIV & AIDS and Microenterprise Development Working Group of The SEEP Network. Intervention with microfinance for AIDS and gender equity, South Africa. A microfinance plus gender and HIV education program. Washington DC: The SEEP Network; 2008 (http://www.seepnetwork.org/filebin/pdf/hamed/Intervention_with_Microfinance_for_AIDS_and_Gender_Equity_South_Africa.pdf, accessed 5 April 2018).



Income and economic strengthening





Response and support

Objective: Improve access to good-quality health, social welfare and justice support services — including reporting violence — for all children who need them, to reduce the long-term impact of violence.

What you will find in this section



Overview: Helping children heal, recover and access justice

Find out how this strategy works in best practice

Links between INSPIRE strategies and beyond

Works best when. . .

Humanitarian actions

Considerations for implementation

Indicators

p. 190



Focus exercise

Focus your planning on local context and needs

p. 196



Approaches¹

Learn what is needed to implement this strategy with evidence-based approaches from INSPIRE*, prudent policies and essential services

Approaches at-a-glance and comprehensive framework

Have a system for helping children

Find out which children need help

- Including clinical inquiry combined with interventions*

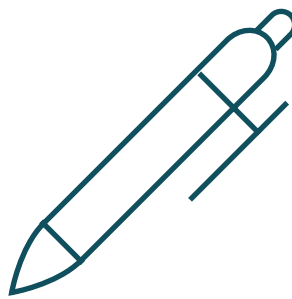
Help children immediately and in the longer-term

- Including counseling and therapeutic approaches and foster care interventions involving social welfare services*

Protect children in conflict with the law

- Including treatment programmes for children in the justice system*

p. 197



Implementation worksheet

Identify resources and action steps to create a plan for implementation

p. 224



Resources

Link to tools and resources to help you implement this strategy

p. 227



Helping children heal, recover, and access justice

When children have suffered violence, it is crucial to identify, help, and protect them from further harm. Coordination among child- and adolescent-centered social service, health, and justice systems can promote safety, provide appropriate care and prevent secondary and re-victimization.

An effective and comprehensive response and support strategy addresses both acute and ongoing service needs in the following ways.

- Providing children and adolescents who have experienced or are at risk of violence with appropriate, timely, **child-friendly** and **gender-sensitive care** and services (see Box 20) that address their safety, health and social needs and ensure access to justice.
- Preventing or reducing harmful effects of violence on physical and mental health, risk-taking behaviour, and future perpetration or victimization as victims, witnesses, or alleged offenders.

The *INSPIRE technical package (1)* highlights the importance of having basic child protection, health and legal services in place before contemplating the more specialized counselling and social services highlighted by the evidence-based approaches. In this chapter, these evidence-based approaches from INSPIRE have been integrated into a comprehensive Response and Support Framework that also includes prudent policies and practices and essential services for children who experience, or are at risk of, violence. In creating this Framework, the handbook draws from principles, guidelines and essential service packages for responding to violence developed by UN and other partner agencies. Planners can refer to the original sources for more comprehensive implementation information. These sources are noted throughout the chapter and described in the Resources section at the end of the chapter.

The Response and support Framework is organized around four goals and related actions that key sectors can take to further those goals:

- 1. Have a system for helping children**
- 2. Find out which children need help**
(including clinical inquiry with interventions²)
- 3. Help children immediately and in the longer-term**
(including counseling and therapeutic approaches, and foster care interventions involving social welfare services)
- 4. Protect children in conflict with the law³**
(including treatment programmes for children in the justice system)

²The *INSPIRE technical package* called this approach “targeted screening with intervention”. The language has been updated to “clinical inquiry” to avoid confusion with universal screening for violence, which is counter-indicated and not recommended.

³In this handbook, “children in conflict with the law” refers to children who are alleged as, accused of, or recognized as having infringed the penal law.

What are “child-friendly” and “gender-sensitive” services?

“*Child-friendly*” describes systems, services and processes designed for children and adolescents. Another common term is “child- and adolescent-centered”, which acknowledges that younger children and adolescents have different needs. The handbook uses “child-friendly” while highlighting that this includes the age-appropriate needs of all individuals under the age of 18 years.

Child-friendly systems and services recognize children’s right to:

- be treated with dignity and compassion;
- age-appropriate information they can understand;
- be heard and responded to in a non-judgemental way;
- timely and convenient access to services and procedures;
- choice in how care or service is delivered;
- participate actively in decision making processes;
- have the opportunity to give informed consent at each step of the care process;
- procedures adapted for their age and capacity;
- procedures conducted in a child-friendly environment;
- have their privacy, confidentiality, integrity, and safety assured.

In addition to being child-friendly, *gender-sensitive* systems and services respond to the different issues faced by boys and girls. They recognize and actively seek to overcome gender inequality in access to services and in power, status, and norms or attitudes that influence how girls or boys who experience violence are treated.

Violence-related services and procedures that are child-friendly and gender-sensitive help avoid *secondary victimization* – harm caused through inadequate response of institutions and individuals to the child. Secondary victimization happens when:

- first-line responders are dismissive, judgemental, or sceptical of the child’s story;
- the child is asked to describe the incident repeatedly while receiving services and accessing justice;
- children’s privacy and confidentiality are not protected;
- the child must invest excessive time and effort accessing services and justice.

Secondary victimization is different from re-victimization, which refers to a victim’s repeated experience of violence.



Actors at all levels can be involved in implementing a comprehensive Response and support Framework including:

- policy-makers who develop laws and mandates and allocate funds;
- ministries that develop standards and protocols to implement laws;
- sectors, institutions, agencies and organizations that provide services and workforce training;
- first-line service providers and community members who interact with children.

While this chapter focuses on the social service, health and justice sectors as the leaders in response and support, other sectors also have roles and responsibilities for implementing this strategy. Though it may not be possible to do everything at once, all actions within this Framework help children heal and recover from violence and prevent re-victimization.

¹ The format of this strategy chapter differs from the others in the handbook. The evidence-supported approaches from the *INSPIRE technical package* (designated by *) have been integrated into a broader, comprehensive Response and Support Framework.

Links between INSPIRE strategies and beyond

Response and support complements the other INSPIRE strategies, as well as broader health, social and economic efforts.

	Implementation and enforcement of laws	Laws provide the framework for a coordinated system of child-friendly, adequately resourced and accountable response services
	Norms and values	Reduce stigma that discourages disclosure and help-seeking Promote norms change among service providers
	Safe environments	Design health centres, police stations, and courtrooms with spaces that are child-friendly and protect privacy
	Parenting and caregiver support	Parenting programmes support families to avoid separation and promote reunification, and help foster or kinship parents
	Income and economic strengthening	IES programmes can support families to promote reunification, and help foster or kinship families
	Education and life skills	Educators can recognize and refer children who experience violence for services
BROAD SOCIAL, HEALTH AND DEVELOPMENT AGENDAS		Stronger, more effective and efficient social services, health, and justice systems for all citizens Strengthened response to gender-based violence, including IPV

Works best when. . .

Evidence and experience⁴ suggest that response and support efforts may be more likely to have the intended impact when:

- ✔ they **do no harm** and follow guiding principles from ethical and human rights standards (see *Considerations for implementation* section);
- ✔ systems and services are **child-friendly and gender-sensitive**;
- ✔ legislation and policy provide service sectors with mandates which are translated into clear protocols and standards, and supported by sufficient resources (see *Implementation and enforcement of laws* strategy);
- ✔ data collection and monitoring are shared activities across services, and confidentiality is protected;
- ✔ attention is paid to service providers, both in terms of norms and attitudes toward children who have experienced violence, and to the impact their own experiences of violence may have on their capacity to provide care and support;
- ✔ local knowledge and informal structures are understood and integrated into response networks, while ensuring they are able to meet the standards for care.

Humanitarian Actions

Response and support for children who have experienced violence is often more critical and more complex in crisis settings. However, systems for preventing and responding to violence against children may be weakened, and formal and informal mechanisms of child protection overwhelmed.

Humanitarian actors are adept at delivering these services in difficult conditions and have much to teach about violence response in all settings. Investing in preparedness of social, health and justice systems helps these systems provide essential child protection services in an emergency. At the same time crisis response frequently brings in new resources and capacities. This provides opportunities for systems strengthening and well-planned and sustained investments in system components during a humanitarian crisis that can serve as a foundation for building stronger national systems after crises.

The *Minimum Standards for Child Protection in Humanitarian Action* (2) describe common principles, good practice, and lessons learned in providing response and support services for children in humanitarian settings who have suffered violence. More insight about applying various approaches in humanitarian actions appear throughout the chapter, with a list of relevant resources for more information in the *Resources* section.



⁴This insight is drawn partly from research and experience from the field of violence against women, but many of the principles of care and response apply equally to children, adolescents and adults. Meanwhile, there are growing numbers of resources, recommendations and guidelines specific to children and adolescents.

Considerations for implementation

Guiding principles

Human rights standards and instruments specify the responsibilities of duty-bearers (including service-providers and service institutions) in protecting and promoting the rights of children. Guiding principles for response and support services include the following activities (3):

- Attention to the best interests of children or adolescents by promoting and protecting safety, providing sensitive care and protecting and promoting privacy and confidentiality.
- Addressing the evolving capacities of children or adolescents by providing information that is appropriate to age, seeking informed consent as appropriate, respecting their autonomy and wishes, and offering choices in the course of their medical care, as appropriate.
- Observing non-discrimination in the provision of care in relation to sex, race, ethnicity, religion, sexual orientation, gender identity, disability or socioeconomic status.
- Ensuring the participation of children or adolescents in decisions that have implications for their lives by soliciting their opinions and taking those into account, and involving them in the design and delivery of care.

System strengthening

All sectors, including but not limited to social services, health and justice sectors, are responsible for strengthening the system to ensure an effective response to violence against children. This may include the development of normative frameworks governing the system, including policies, regulations, guidelines, protocols, minimum standards, codes of conduct and national plans of action (see *Implementation and enforcement of laws* strategy); establishment and strengthening of structures and institutions responsible for preventing and protecting children from violence; accountability mechanisms across the system; strengthening the workforce; ensuring effective inter-sectoral coordination and multisectoral collaboration, including between state and non-state services; providing comprehensive and quality prevention and response services that ensure a continuum of care; and ensuring robust data and evidence collection systems. The relationships between and among these components and the interaction between and among those engaged in the system are critical to ensuring effective outcomes for children.

To identify the gaps and challenges in the system and inform a plan of action or reform strategy, it is helpful to carry out a comprehensive mapping and assessment across the whole system and within each sector and, where appropriate, develop a blueprint for the system or a strengthening strategy, in consultation with all relevant stakeholders.

Guidance on broad systems strengthening is beyond the scope of this handbook. This chapter highlights a number of key strategies that contribute to a comprehensive system to respond effectively to violence against children. Users are encouraged to refer to other chapters of this handbook and additional resources to inform a comprehensive plan for system strengthening.

Data collection and sharing

The social, health and justice services sectors can collect relevant data for understanding children's experiences of violence and the effectiveness of response and support services. Some guidelines for data collection and sharing include the following steps.

- Collaborate across sectors and systems to ensure that data is comparable and useful for analysis.
- Disaggregate data by age and sex, at a minimum. Consider other characteristics that are important to understand, such as ethnicity and race, socioeconomic status, disability status, rural or urban residence, or other important factors for your setting.
- Develop protocols to ensure children's safety and well-being while collecting data or information from them.
- Develop protocols for sharing data across services while maintaining confidentiality, such as anonymizing all data used for research and evaluation purposes.
- Consider using INSPIRE implementation indicators as part of cross-sector data collection and monitoring. The INSPIRE Indicator guidance and results framework (4) also contains important guidance about reliable and ethical data collection.

Indicators

The following INSPIRE indicators can be used to measure the impact of a Response and support strategy (see *Appendices A* and *B* for a list of INSPIRE indicators and measurement).

- 8.1 Disclosure of lifetime childhood sexual violence
- 8.2 Disclosure of lifetime physical violence in childhood
- 8.3 Help-seeking for lifetime childhood sexual violence
- 8.4 Help-seeking for lifetime physical violence in childhood
- 8.5 Receipt of services for lifetime childhood sexual violence
- 8.6 Receipt of services for lifetime physical violence in childhood
- 8.7 Awareness of support services for violence among adolescents
- 8.8 Support for children in contact with the justice system
- 8.9 Children in detention
- 8.10 Size of the social service workforce
- 8.11 Health sector guidelines on child maltreatment
- 8.12 Health sector guidelines on sexual violence against children



Focus exercise

Before moving on to the specific approaches and programmes for implementing this strategy, take a moment to reflect on your setting, your goals, what is already happening, and what you wish to change.

The purpose of this exercise is to help you focus on your priorities as you read more about the evidence-supported approaches and programmes in this strategy. You can do this exercise individually or in a group.

- ❓ What does quantitative or qualitative data show about the types of violence children experience, perpetrators, the impact of violence, and whether children disclose or seek help for violence?
- ❓ What services and support are available for children who experience violence? How do children or their families access services? What are the gaps?
- ❓ Do laws, policies, mandates, protocols and normative guidance exist to guide the work of service providers in different sectors? Are these child-friendly? Gender-sensitive?
- ❓ Do service providers have sufficient training, supervision and support to implement these effectively?
- ❓ Based on your reflections above, what is/are your goal(s) for strengthening the *Response and support* strategy in your setting?

 Use this space to take notes.



Approaches at-a-glance

The *INSPIRE technical package* highlighted four evidence-supported approaches to a Response and support strategy. This chapter integrates these four INSPIRE approaches into a broader framework that includes policies and recommended practice as well as evidence-based approaches (see Table 3).

Clinical inquiry⁵ combined with interventions	Counseling and therapeutic approaches	Foster care interventions involving social welfare services	Treatment programmes for children in the juvenile justice system
<p>Protocols and training for service providers to recognize and ask about signs and symptoms of violence, in order to refer victims to services and support</p>	<p>Mental health interventions to address symptoms or diagnosis of PTSD, depression, or emotional and behavioural disorders related to experiencing or witnessing violence</p>	<p>Alternative care programmes where foster and kinship families are supported by a range of services, improving outcomes for children</p>	<p>Therapeutic interventions to help children change destructive thought-patterns and anti-social behaviour</p>
<p>Populations Children, adolescents, or their parents who have alerting features associated with exposure to violence</p>	<p>Populations Children and adolescents who have mental health problems or emotional distress</p>	<p>Populations Children who cannot be cared for by their parents, in the short or long-term</p>	<p>Populations Children in conflict with the law</p>
<p>Settings Health, justice or other service settings (including low-resource settings)</p>	<p>Settings Health care and community settings, (including low-resource settings)</p>	<p>Settings All communities</p>	<p>Settings Any community with enough population to support programmes</p>
<p>Cost: \$ Plus costs of referral services</p>	<p>Cost: \$ - \$\$ Lay workers can deliver services at lower cost with investment in training and support</p>	<p>Cost: \$\$ - \$\$\$ More social workers needed, plus additional support services</p>	<p>Cost: \$\$ - \$\$\$ Training needs plus duration of the programme. Highly cost-effective due to reduced re-offending.</p>
<p>Guidance available NICE Guidelines on when to suspect child maltreatment</p>	<p>Programme example Cognitive Behavioural Therapy with a trauma focus</p>	<p>Programme example Enhanced foster care</p>	<p>Programme example Reasoning and Rehabilitation (R&R)</p>



Response and support

⁵The *INSPIRE technical package* calls this approach “targeted screening with intervention”. The language has been updated to “clinical inquiry” to avoid confusion with universal screening for violence, which is counter-indicated and not recommended.

The expanded Response and Support Framework (see Table 3) recognizes that the evidence-supported approaches (in blue, below) are part of a well-functioning system that accomplishes the key goals of Response and support (see p 4):

Table 3. INSPIRE approaches integrated into a comprehensive Response and Support Framework

	ALL SECTORS	SOCIAL SERVICES	HEALTH AND CLINICAL CARE	JUSTICE
<p>Have a system for helping children Well-functioning and coordinated systems and workforce</p>	<p>Workforce strengthening and training</p> <p>Referral networks, coordination and accountability</p> <p>Co-location of services</p>	<p>Establish or strengthen mechanisms for child protection</p>	<p>Integrate violence response into policies, services and budget</p>	<p>Establish or strengthen child-friendly justice processes</p>
<p>Find out who needs help Mechanisms for disclosure, case-finding, and reporting</p>	<p>Raise awareness</p> <p>Protect confidentiality</p> <p>Child-friendly reporting mechanisms</p>	<p>Identification/ Clinical inquiry with interventions</p>	<p>Identification/ Clinical inquiry with interventions</p>	<p>Clear protocols for follow-up</p> <p>Specialist police units</p>
<p>Help children immediately and in the longer term Essential services, protections, and access to justice</p>	<p>Provide first-line support, minimize harm and prevent secondary victimization</p>	<p>Support and coordination of services/case management</p> <p>Alternative care, including Foster care with social services</p> <p>Counseling and therapeutic approaches</p>	<p>Assessment, first-line support and clinical care, including mental health care</p> <p>Specialized clinical care for sexual abuse</p> <p>Counseling and therapeutic approaches</p>	<p>Protective mechanisms</p> <p>Investigate and prosecute perpetrators</p> <p>Child-friendly justice processes</p> <p>Quality, free legal aid</p> <p>Guardian ad Litem</p>
<p>Protect children in conflict with the law</p>	<p>Recognize the rights of and risks faced by children in conflict with the law</p>	<p>Work with justice sector to support children</p> <p>Treatment programmes for children in the juvenile justice system</p>	<p>Prevention and treatment services for at-risk or detained children</p>	<p>Specialized juvenile justice systems</p> <p>Diversion and non-custodial sentencing</p>

Goal: Have a system for helping children

Well-functioning and coordinated services and workforce

What: Investment in creating efficient, quality, coordinated response systems, services and workforce

Why: Well-functioning and coordinated systems improve access to essential services and evidence-supported interventions. They ensure that first-line response personnel have the skills and support they need to help children who have suffered violence. This can lead to the following results:

- ↑ Increased professionalism, morale, retention, and ability to provide quality, evidence-supported services to children and families by sector workforce
- ↓ Reduced risk of secondary victimization
- ↑ Efficient use of resources dedicated to violence response and support
- ↑ Increased likelihood of follow-through on continuum of care and access to justice
- ↑ Improved outcomes for children who have experienced violence

HAVE A SYSTEM FOR HELPING CHILDREN	ALL SECTORS	SOCIAL SERVICES	HEALTH	JUSTICE
Well-functioning and coordinated services and workforce	Workforce strengthening and training Referral networks coordination, and accountability Co-location of services	Establish or strengthen mechanisms for child protection	Integrate violence response into policies, services and budgets	Integrate violence response into policies, services and budgets

Elements of system strengthening for child protection include the following activities.

- Legal and policy frameworks, sufficiently funded, to provide mandates to response service sectors
- Establishing or strengthening structures and processes for child protection
- Strengthening the workforce
- Effective coordination and collaboration between sectors and services (including state and non-state)
- Robust data collection and information management



Response and support

Actions for all sectors

Actions

For more information

Workforce strengthening and training

Building the number, capacity, accountability and retention of the response services workforce is key to providing efficient services matched to individual children's needs. Members of the workforce need specific training to achieve the goal of making systems child-friendly. The following actions can be considered.

- Specify core functions and competencies, particularly where many layers of professional, para-professional, and informal workers all contribute to providing care and support to children.
- Establish codes of conduct that include protecting the rights of children.
- Seek to understand and address reasons for job turnover.
- Recognize and provide support for the effects of repeated exposure to traumatic situations, including workers' own experiences of violence.
- Set compensation and raise the professional profile of child protection personnel to align with the importance of their work.
- Integrate all-sector and sector-specific training in violence awareness and response into preparation and degree curricula, in-service training, and continuing education. This training can include:
 - » rights of the child;
 - » scope and impact of violence against children;
 - » signs and symptoms that indicate violence against children;
 - » first-line response, including techniques for interacting with children, trauma-informed care, risk assessment, and duty to preserve confidentiality (see more about first-line response in the *Help children immediately and longer term: Essential Services and Protections* section).

Global Social Service Workforce Alliance website

WHO Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children

Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines

UNODC/UNICEF. Handbook for professionals and policymakers on justice in matters involving child victims and witnesses of crime (and online training)

Establish referral networks and coordination

Children and adolescents who have experienced violence may disclose or be identified at a variety of community institutions, such as clinics, schools, police stations, and religious or community organizations. A comprehensive and well-publicized **referral network** helps providers quickly guide children to appropriate services and support. Referral networks consist of partnerships between different sectors, agencies, and government and nongovernmental services that coordinate to provide services, support, and access to justice for victims of violence and their families.

Steps to developing referral networks:

Involve all service providers, possible points of entry, and stakeholders

- Buy-in at all levels, from individual service providers to institutional decision-makers and national-level policy-makers, helps ensure a well-functioning and well-supported referral network. Be particularly attentive to including marginalized groups who may face unique barriers to accessing services.

Identify service needs of children and families

- Articulating the full range of survivors' needs helps identify gaps in services and provides a baseline from which to grow. Agree on a minimum package of services your network is able to provide, and plan to grow from there.

UN Women. Essential services package for women and girls subject to violence

Module 5 describes elements of coordination and governance of coordination

IPPF. Improving the health sector response to gender-based violence: A resource manual for health care professionals in developing countries
Describes steps in developing referral networks

Map existing services, practices, and infrastructure, both formal and informal

- Consider whether services are child-friendly.

Develop standards and protocols for services and coordination

- Determine lead agencies or institutions and articulate roles and responsibilities for all partners. Include formal and informal services and actors.
- Establish referral pathways, with formal agreements between services and effective accountability mechanisms on service delivery.
- Train all personnel in service standards and referral protocol.
- Include mechanisms for:
 - » ensuring informed consent from survivors when gathering data
 - » sharing information or data between agencies while maintaining confidentiality
 - » keeping victims informed and getting feedback and input from them.

Monitor and evaluate

- Assessment may include:
 - » functioning of referral mechanisms
 - » partner compliance with agreed upon responsibilities
 - » overall quality of services
- Robust information managements systems can support monitoring the effectiveness of the referral system.

AIDSFree Project. Strengthening linkages between clinical and social services for children and adolescents who have experienced sexual violence: a companion guide

Chapter 6 contains checklist and tools for developing, formalizing and monitoring referral pathways.

UN Women. Essential services package for women and girls subject to violence

Core elements and quality guidelines

WHO. Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: A manual for health managers

Co-location of services to improve coordination and specialization

One-stop centres are dedicated physical spaces with specialized staff to provide a full range of social, health and justice services to children who experience violence. When demand and use are high, one-stop centres have the potential to make service delivery better coordinated, more efficient and child-friendly and this has been evidenced in a number of settings. However, the investment needed in infrastructure and dedicated staff for stand-alone centres can be high, and may raise questions about resource allocation, scalability and sustainability. Efforts to co-locate services in existing facilities, such as offering legal support at hospitals or emergency departments, or creating women and children’s desks at police stations, have also seen positive results in helping victims access assistance and protection.



Actions by specific sectors

Sector	Actions	For more information
<p>Social Services</p>	<p>Establish or strengthen mechanisms for child protection</p> <p>When supported by laws and policies establishing and resourcing a coordinated system, the social service sector can play a leadership role in implementing child protection mechanisms that respond to local needs. In particular, the social services workforce, plays a central role in preventing and managing risks and responding to violence against children. It is important to note that the SSW may not only operate in the social services sector, but also the health and justice sectors, providing frontline support and response services, as well as creating links between social, health and justice sectors.</p>	<p>UNICEF. Case studies on strengthening child protection systems.</p> <p>UN Women. Essential services package for women and girls subject to violence. <i>Module 4 (Services 7, 9, 10)</i></p>
<p>Health</p>	<p>Integrate violence response into policies, services and budgets</p> <p>Health care is often the first and sometimes only encounter that children and adolescents who have experienced violence have with care and support professionals. Violence prevention and response can occur at all levels of health care and service provision. It is important for the health system to have organizational policies and procedures in place that are:</p> <ul style="list-style-type: none"> • consistent with WHO evidence-based guidelines; • supported by training, supervision, and adequate personnel and supplies; • available to children and families experiencing violence. 	<p>WHO Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children</p> <p>Responding to children and adolescents who have been sexually abused: WHO clinical guidelines</p>
<p>Justice</p>	<p>Support mechanisms for child-friendly justice</p> <p>Strengthening child justice to more effectively prevent and respond to violence against children benefits from strengthening the broader criminal, civil and family legal systems, as well as ensuring a child-friendly, specialized approach for children’s cases.</p> <p>Child-friendly justice in criminal proceedings seeks to protect child victims and witnesses from duress and secondary victimization and to gather and evaluate evidence and testimony in cases involving children. This can minimize the risk of harm while maximizing the chances of bringing perpetrators to justice.</p> <p>Civil and family proceedings should be able to ensure that children can be removed temporarily or permanently from situations of harm, or that perpetrators’ contact with children can be limited.</p> <p>A specialized juvenile justice system, with dedicated authorities, trained personnel and child-oriented procedures and environments, promotes child-friendly justice for children in conflict with the law.</p> <p>Elements of child-friendly justice systems are discussed in more detail in the <i>Help children immediately and longer term: Essential Services and Protections</i> section, and the <i>Protect all children: Response to children in conflict with the law</i> section.</p>	<p>UNODC/UNICEF. Handbook for professionals and policymakers on justice in matters involving child victims and witnesses of crime</p> <p>Guidelines of the Committee of Ministers of the Council of Europe on child-friendly justice</p>

Humanitarian actions

System strengthening, including workforce strengthening, establishing coordination and setting standards and accountability frameworks, is part of humanitarian and emergency preparedness efforts. This can involve:

- establishing partnerships and coordination mechanisms between stakeholders within systems and across sectors;
- legislation, policies and plans that address emergency preparedness and response;
- developing standard operating procedures, information management systems and other mechanisms to guide response workers;
- building the capacity of the social service workforce to provide post-emergency support.

For more information see the *Humanitarian* part of the *Resources* section at the end of this chapter.

Case study: Protocol on the Multi-sectoral Management of Sexual Abuse and Violence, Zimbabwe

Zimbabwe's Victim Friendly System was established in 1997 through an amendment to the Criminal Procedure and Evidence Act, supporting survivors of sexual violence and abuse to access specialized health, justice, welfare and other services. Stakeholders from ministries, service sectors and civil society developed the *Protocol on the Multi-Sectoral Management of Child Sexual Abuse* to provide guidance on sector agencies' roles and responsibilities. Oversight is provided by the National Victim Friendly System Committee and subcommittees at the district level. The Protocol:

- establishes a minimum package of services and timeframes for responding to victims of sexual violence;
- lays out priority areas for response - immediate health care, psychosocial support, and legal aid;
- offers guidelines for service providers, including first contact, informed consent based on victim's age, what to do when a parent is the suspected perpetrator, and case management;
- defines roles and responsibilities for public sector and community-based services;
- provides sample forms, protocols and terms of reference for local-level use.

For more information see *Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe (5)*.



Goal: Find out who needs help

Disclosure, identification and reporting

What: Evidence-based and prudent practices to identify victims of violence, and reduce barriers to disclosure and voluntary reporting to appropriate authorities

Why: Studies show that the vast majority of children who experience violence do not tell anyone, let alone seek and receive help. This prevents victims from getting services and accessing justice, and leaves them vulnerable to ongoing harm. Efforts to reduce barriers to disclosure, appropriate identification, and reporting mechanisms may:

- ↑ Increase help-seeking and access to services
- ↑ Improve short- and long-term outcomes for children
- × Prevent ongoing exposure to violence

ALL SECTORS	SOCIAL SERVICES	HEALTH	JUSTICE
Raise awareness Protect privacy and confidentiality Establish child-friendly reporting mechanisms	Identification/ clinical inquiry with interventions	Identification/ clinical inquiry with interventions	Clear protocols for follow-up on reports of violence Specialist police units

Common barriers to disclosure and help-seeking are:

- not knowing who to tell, or how;
- stigma, norms or other social concerns that prevent children or families from reporting violence, particularly sexual violence;
- not knowing about response services or understanding their purpose;
- fear of reprisal, separation from family, or distrust of law enforcement.

Three ways to help address these barriers are:

- providing information, support, and environments where children feel safe disclosing violence to a trusted adult;
- training providers to recognize potential signs of violence and providing protocols for clinical inquiry and first-line response, in accordance with international agency guidelines;
- establishing reporting mechanisms that allow cases of violence to be officially brought to the attention of relevant authorities. When well-publicized and supported by responsive and respectful action by authorities, they help raise public awareness of violence and can strengthen efforts to bring perpetrators of violence to justice.

There are risks as well as benefits to children disclosing violence. It is important that this approach be implemented in ways that follow recommended guidelines to minimize these risks and link children to services and support.

Actions for all sectors

Actions

For more information

Raise awareness

- Contribute to public information campaigns that raise awareness of violence and the harm it causes, and the existence of support services.
- Support others who work with children and adolescents in the community – ECD providers, educators, faith leaders, and community organizations – to recognize common signs of violence, respond appropriately to disclosure, and be knowledgeable about resources available.
- Publicize services and support available, including information about time-bound services (such as HIV post-exposure prophylaxis that must be accessed within 72 hours of sexual assault and emergency contraception within a maximum 5 days) and how children’s privacy is protected.

See resources listed in specific sectors

Protect privacy and confidentiality

- Store records and documentation securely.
- Share only with those who are directly involved in care and services.
- Do not disclose or make public any identifying information.
- Make the commitment to protecting confidentiality part of professional training and codes of conduct.
- Tell children why information is collected and how privacy and confidentiality are ensured.

Establish child-friendly reporting mechanisms

Whether mandatory or voluntary (see *Mandatory reporting* in Box 21), mechanisms for reporting violence to any authority can be established by law and align with international standards. This means that they:

- are child-friendly and gender-sensitive;
- are clear, well-publicized and accessible;
- are able to share information immediately with the child and their family or advocate, including information about possible risks of reporting and engaging with the justice system and how these risks are minimized;
- include explicit procedures for protecting privacy and confidentiality.

Respond appropriately to children who disclose violence

First-line support and avoiding secondary victimization are discussed in the *Essential services, protections and accessing justice* section.

Ensuring access to support and services **MUST** accompany efforts to identify victims of violence.



Actions by specific sector

Sectors	Actions	For more information
<p>Social services and health</p>	<p>Identification/clinical inquiry with interventions</p> <p>In their regular contact with children and families, social service and health providers may notice potential indications of violence, such as particular types of physical injury, emotional distress or behavioural problems. Health care providers in particular should be alert to the clinical features of child maltreatment and associated risk factors, and consider exposure to child maltreatment when assessing children with conditions possibly caused or complicated by maltreatment, in order to improve identification, diagnosis /identification and subsequent care, without putting the child at increased risk.</p> <p>Providers may also recognize signs of family-level risk factors, such as substance misuse, maternal depression, or IPV. While these signs do not prove violence or maltreatment has occurred, trained service providers can follow up with <i>clinical inquiry</i> – age-appropriate, child-friendly, and gender-sensitive questions about past or current violence – when they recognize these alerting features. In doing so, care must be taken to avoid blame or stigmatization.</p> <p>Health care providers should not use a universal screening approach (e.g. a standard instrument, set of criteria, or questions asked of all children in health care encounters) to identify possible individual cases of child maltreatment.</p> <p>Clear protocols help providers know when and how to respond to alerting features. These locally developed protocols should take into account:</p> <ul style="list-style-type: none"> • providers' ability to accurately assess injuries or other symptoms with available expertise and technology; • protecting the safety and privacy of the individual; • capacity and autonomy of the child in responding to inquiry and describing his or her experience; • access to appropriate referral services; • compliance with mandatory reporting laws, if they exist (see Box 21). 	<p>NICE Guideline [NG76] Child Abuse and Neglect and Clinical Guideline [CG89] Child maltreatment</p> <p>Responding to children and adolescents who have been sexually abused: WHO clinical guidelines</p> <p>See also</p> <p><i>SEEK Programme Brief in Parent and caregiver support strategy</i></p>
<p>Justice</p>	<p>Clear protocols for follow-up</p> <p>A formal complaint of violence triggers a process for investigation and prosecution (with clear lines of responsibility) that moves forward without depending on the victim or victim's family to initiate each step.</p> <p>Specialist police units</p> <p>Consider establishing separate police units, staffed by specialized police officers trained to handle cases involving children, and where a child-friendly environment helps children feel safe and comfortable. If resources do not allow for specialist units, ensure that police officers handling children's cases are trained and, where possible, create child-friendly rooms within police stations.</p>	<p>United Nations model strategies on violence against children in the field of crime prevention and criminal justice: a checklist</p> <p><i>Strategy IV, V</i></p> <p>UN Women. Essential services package for women and girls subject to violence</p> <p><i>Justice Sector 1.4</i></p>

Identification and reporting efforts that are contraindicated, or have mixed evidence

🚫 **Universal screening.** Routine inquiry about violence in the context of health care or other child services is not recommended. It has **not** been shown to improve outcomes or referrals, and potentially increases risk for the child.

⚠️ **Mandatory reporting.** In some settings, service providers are required to report cases of physical or sexual abuse to authorities, either by law or by professional mandate. However, it is unclear whether mandatory reporting helps protect children. The ethical and safety considerations of mandatory reporting are discussed in Good Practice Statement 7 of *Responding to children and adolescents who have been sexually abused: WHO clinical guidelines (3)*, and in Section 5 of *Strengthening linkages between clinical and social services for children and adolescents who have experienced sexual violence: a companion guide (6)*.

📞 **Child helplines.** Child helplines are services that are toll-free, and available via mobile phone, email or SMS (text), or in walk-in centres that children and adolescents can use to connect with a trained counselor for support, referral and to report abuse and violence. Many child helplines have well-developed referral mechanisms and case management tools that help to ensure that cases of abuse and violence are collected and reported in national statistics and as a source of prevalence data. However it is important to note that child helplines, in the absence of a network of support services and follow-up capabilities, are unlikely to improve outcomes for children and adolescents.

Response and support

Approach: Identification/clinical inquiry with interventions

National Institute for Health and Care Excellence (NICE) Child Maltreatment Identification website

The UK's National Institute for Health and Care Excellence (NICE) provides health care and social service professionals with quick and easy access to reliable information drawn from evidence assessments. NICE resources include evidence-informed guidelines covering the signs of possible child maltreatment in children up to the age of 18 years. This free, online resource helps health professionals who are not child protection specialists to identify the features of physical, sexual and emotional abuse, neglect, and fabricated or induced illness in children. The site also provides practical assessment tools and e-learning resources to help health and social service professionals remain up to date with recent evidence as summarized in the relevant NICE guidance; challenge misconceptions about putting the guidance into practice; apply newly acquired knowledge to their practice, and address any potential barriers; and help practitioners reflect upon and compare their own practice with the NICE recommendations.

For more information see the NICE Guidelines: www.nice.org.uk/guidance/cg89 (7)



Goal: Help children, immediately and in the longer term

Essential services, protections, and access to justice

What: Child-friendly care, protection and justice, matched to individual needs

Why: Appropriate and timely care for children and adolescents who experience violence may:

- ✔ Address immediate clinical care and safety needs
- ↓ Reduce long-term negative outcomes of violence
- ↓ Avoid secondary victimization
- ↑ Increase perpetrator accountability

ALL SECTORS	SOCIAL SERVICES	HEALTH	JUSTICE
Provide first-line support, minimize harms, and prevent secondary victimization	Support and coordination of services and case management Alternative care, including foster care with social services Counseling and therapeutic approaches	Assessment, documentation, and clinical and psychosocial care Specialized clinical care for sexual abuse Counseling and therapeutic approaches	Protective mechanisms Child-friendly justice process Quality free legal aid Guardian ad Litem

Actions for all sectors

Actions

For more information

Provide first-line support and prevent re-victimization

First-line support is the recommended minimum level of support and validation that a child or adolescent should receive as soon as they disclose violence. While different services will have specific guidelines, in general, first-line support involves:

- attending to the child in a timely way and in accordance with the child's needs and wishes;
- ensuring visual and auditory privacy during the encounter;
- listening respectfully and empathetically;
- enquiring about the child's worries, concerns and needs, and answering all questions;
- offering non-judgmental and validating responses;
- acting to enhance the child's safety and minimize harms, including those of disclosure and, where possible, the likelihood of further maltreatment;
- giving age-appropriate information about what will be done to provide care, including whether any disclosure of abuse will need to be reported to relevant designated authorities; and
- making the environment and manner in which care is provided appropriate to the child's age and sensitive to the needs of those facing discrimination related to, for example, disability or sexual orientation.

Response services and procedures can be provided in ways that minimize potential harms and additional traumas. This includes interviews, examination, collection of evidence, and judicial proceedings. Providing trauma-informed care (see Box 22) is an important capacity for service providers responding to victims of violence.

Box 22

Skills for providing first-line support and trauma-informed care can be added to curricula, degree programmes and in-service training for all personnel who encounter children or adolescents who have experienced violence (see: *Have a system for helping children: Well-functioning and coordinated services and workforce section*).

Trauma-informed care (TIC) is an approach that accounts for the impacts of trauma and calls for environments and services that are welcoming and engaging for both service recipients and staff. Trauma- and Violence-Informed Care (TVIC) expands this concept to recognize the intersecting effects of systemic and interpersonal violence and counteract the possibility that these effects may be unintentionally sustained in the care or service environment (8).

WHO Guidelines for Responding to Sexual Abuse of Children and Adolescents, *Good Practice 1*

Essential Services Package for Women and Girls Subject to Violence, *Module 2, Essential service 2*

[Trauma Informed Care Project](#) (website)

Briefing Note: Trauma- and Violence-Informed Care. VEGA Canada.



Response and support

Actions by specific sectors

Sector	Actions	For more information
Social services	<p>Coordination of support and services/case management</p> <p>Social service workers play a key role in linking victims of violence with services and support. This involves: assessing needs; ensuring the child’s immediate safety; developing a case plan; referral and follow up with appropriate social, health, justice or other services; and serving as liaison with authorities in child protection, justice or care proceedings. This role is often known as case management, “a collaborative process of identifying, planning, accessing, advocating, coordinating, monitoring and evaluating resources, supports, and services, and helps clients to obtain the constellation of services that meet their needs” (6).</p> <p>There are many models of case management, and the functions can be performed by different types of workers. Digital tools to support case management can be linked with monitoring systems to facilitate case management.</p> <p>When cases are pursued in formal judicial proceedings, the UN Model Strategies recommend ensuring that “child victims receive assistance from support persons, commencing at the initial report and continuing until such services are no longer required” (9). Social service workers are well-positioned for this role when supported by specific policies, training and resources.</p>	<p>United Nations model strategies on violence against children in the field of crime prevention and criminal justice: a checklist</p> <p><i>Strategy VI</i></p> <p>UN Women. Essential services package for women and girls subject to violence</p> <p><i>Essential service 7</i></p> <p>AIDFree Project. Strengthening linkages between clinical and social services for children and adolescents who have experienced sexual violence: a companion guide</p> <p><i>Section 7: Case management</i></p> <p>USAID. Case management toolkit: a user’s guide for strengthening case management services in child welfare</p> <p>Global Social Service Workforce Alliance (website)</p>
	<p>Alternative care</p> <p>When children cannot be cared for by their parents, they need alternative care. This could be temporary emergency care, longer term or permanent placement. While evidence shows that high-quality foster care or kinship care are preferable to institutionalization (such as orphanages) for long-term or permanent placement (1), institutions can provide quality temporary or emergency care.</p>	<p>See also</p> <p><i>Evidence-based practice: Foster care interventions involving social welfare services</i></p>
	<p>Counseling and therapeutic interventions</p> <p>See <i>Health services</i> section.</p>	

Sector	Actions	For more information
Health services	<p>Assessment, documentation, clinical and psychosocial care</p> <p>First-line services for children who experience violence include careful assessment and documentation of signs and symptoms, appropriate care and follow-up, and psychosocial support. The full range of actions needed to provide such services – as described in the resources listed throughout this chapter – are beyond the scope of this handbook. Providers can help prevent secondary victimization and make interactions more child-friendly and gender-sensitive if they:</p> <ul style="list-style-type: none"> • prioritize immediate medical needs and first-line support; • facilitate access to psychosocial, HIV, forensic or other specialized services; • minimize the need for children to go to multiple points of care within the health facility. <p>If there are specific protocols for documentation or methods for collecting forensic evidence, health care providers need training, supervision and regular supply of materials so they can follow these procedures.</p>	<p>Responding to children and adolescents who have been sexually abused: WHO clinical guidelines</p> <p><i>Good practices 2-4</i></p>
	<p>Specialized clinical care for sexual abuse</p> <p>In addition to first-line support and minimizing harms, WHO guidelines recommend specific clinical care when indicated after sexual assault (3). The guidelines provide instructions on when the following interventions should be considered and how they should be delivered:</p> <ul style="list-style-type: none"> • HIV post-exposure prophylaxis and treatment • Pregnancy prevention and management among girls who have been sexually abused • Post-exposure prophylaxis for curable and vaccine-preventable sexually transmitted infections <p>Refer to the guidelines for more complete information.</p>	<p>Responding to children and adolescents who have been sexually abused: WHO clinical guidelines</p> <p><i>Recommendations 1-9</i></p>



Sector	Actions	For more information
Health services	<p data-bbox="248 226 772 259">Counselling and therapeutic approaches</p> <p data-bbox="248 275 1185 546">Not all children who experience violence need mental health interventions. Those who show persistent symptoms of emotional distress related to experiencing or witnessing violence may benefit from evidence-based treatments (EBTs). Many EBTs for mental health use cognitive behavioural therapy (CBT) approaches. They also tend to be short term (12–20 weeks), and global research suggests that they can be adapted across cultures and for low-resource settings. Evidence on using EBTs with children in low-resource settings is scarce but growing.</p> <p data-bbox="248 564 1171 730"><i>WHO's mhGap Intervention Guide (10)</i> describes evidence-based mental health services that can be provided in low- as well as high-resource settings. It includes assessments and treatments for depression, child and adolescent mental and behavioural disorders, and self-harm, all of which can be risks for and outcomes of violence.</p> <p data-bbox="248 748 1166 913">Cognitive Behavioral Therapy with a trauma focus is an example of an EBT that has been effectively adapted and delivered to children and adolescents by lay counselors in low-resource and post-conflict settings. WHO guidelines on clinical responses to child sexual abuse recommend the following considerations:</p> <ul data-bbox="272 931 1193 1182" style="list-style-type: none"> <li data-bbox="272 931 1193 1032">• CBT with a trauma focus should be considered for children and adolescents who have been sexually abused and are experiencing symptoms of post-traumatic stress disorder (PTSD). <li data-bbox="272 1050 1193 1182">• When safe and appropriate to involve at least one non-offending caregiver, CBT with a trauma focus should be considered for children and adolescents who have been sexually abused and are experiencing symptoms of PTSD, and their non-offending caregiver(s). <p data-bbox="248 1200 1102 1263">Forthcoming WHO clinical guidelines for the health sector response to child maltreatment will make similar recommendations.</p> <p data-bbox="248 1281 1193 1447">CBT with a trauma focus refers to a generic class of interventions. The programme example provided in this handbook – Trauma Focused Cognitive Behaviour Therapy – is a specific instance, chosen because it has been manualized and shown to be effective in reducing signs and symptoms of PTSD among children who suffered violence in low-resource settings.</p> <p data-bbox="248 1464 1185 1803">Parent-Child Interaction Therapy (PCIT) is another EBT that can help children who have experienced trauma (among others). Designed for children aged 2–7 years and their parents or caregivers, PCIT helps decrease externalizing child behaviour problems (such as defiance and aggression) that can result from traumatic experiences. It also helps increase child social skills and cooperation and improves levels of parent-child attachment. PCIT is resource-intensive and to date has rarely been implemented in low- and middle-income countries; evidence for its effectiveness comes from high-income countries. However, experience adapting PCIT in lower-resource settings may yield more knowledge and evidence in the future.</p>	<p data-bbox="1225 230 1465 414">WHO. mhGap Intervention guide for mental, neurological and substance use disorders in non-specialized health settings. Version 2.0</p> <p data-bbox="1225 427 1477 560">Responding to children and adolescents who have been sexually abused: WHO clinical guidelines</p> <p data-bbox="1225 573 1485 600"><i>Recommendations 11, 12</i></p> <p data-bbox="1225 613 1318 640">See also</p> <p data-bbox="1225 654 1409 703"><i>Evidence-based practice: TF-CBT</i></p> <p data-bbox="1225 716 1485 766"><i>Parent-Child Interaction Therapy (website)</i></p>

Sector	Actions	For more information
Justice ⁶	<p data-bbox="311 226 624 259">Protective mechanisms</p> <p data-bbox="300 275 1139 338">Protecting children and other individuals who report violence involves policies, standards and procedures that, at a minimum:</p> <ul data-bbox="327 353 1166 763" style="list-style-type: none"> <li data-bbox="327 353 1123 416">• protect confidentiality and prevent intimidation or retaliation against victims, witnesses and families; <li data-bbox="327 432 1150 495">• encourage prompt investigation and immediate action, including arrest when appropriate, to ensure children’s safety; <li data-bbox="327 510 1155 573">• initiate investigations in cases of violence against children, regardless of whether an official complaint has been filed; <li data-bbox="327 589 1166 651">• remove alleged perpetrators from positions of control or power over the victim or their families; <li data-bbox="327 667 1123 730">• provide for temporary or permanent removal, protection, and care, if required for the child’s safety; <li data-bbox="327 745 938 763">• enforce restraining orders against alleged offenders. 	<p data-bbox="1198 230 1465 387">United Nations model strategies on violence against children in the field of crime prevention and criminal justice: a checklist</p> <p data-bbox="1198 398 1414 421"><i>Strategies VI, V, XVI</i></p> <p data-bbox="1198 432 1458 645">UNODC/UNICEF. Handbook for Professionals and Policymakers on Justice in matters involving child victims and witnesses of crime (and online training)</p>
	<p data-bbox="311 835 815 869">Investigate and prosecute perpetrators</p> <p data-bbox="300 884 1139 1155">The justice sector plays an important role in reducing trauma and preventing re-victimization by investigating and prosecuting cases of violence in ways that both protect children and are likely to bring offenders to justice. The full range of actions needed to end impunity for violence against children is detailed elsewhere, and beyond the scope of this handbook. Protection of children’s safety and rights in cases of violence may require special policies and procedures that are different from existing law enforcement and judicial protocol.</p>	<p data-bbox="1198 840 1453 969">UNICEF/UNODC. Justice in matters involving child victims and witnesses of crime: model law and related commentary</p> <p data-bbox="1198 981 1453 1137">United Nations model strategies on violence against children in the field of crime prevention and criminal justice: a checklist</p>
	<p data-bbox="311 1216 730 1249">Child-friendly legal proceedings</p> <p data-bbox="300 1265 1166 1395">Legal proceedings – whether criminal or civil – can be intimidating. They may re-traumatize children, and procedures designed for adults may not be suitable for children. Some child-friendly proceedings include the following activities:</p> <ul data-bbox="327 1411 1166 2031" style="list-style-type: none"> <li data-bbox="327 1411 1155 1473">• Informing the child and family about the process, their role, and legal and support services available. <li data-bbox="327 1489 1139 1581">• Expedited processes, with hearings scheduled at convenient times for children, and ensuring that families receive accurate notification and information. <li data-bbox="327 1597 1166 1720">• Use of child-friendly guidelines for questioning, including interview techniques and spaces appropriate for the age and capacity of the child, screens, trained intermediaries, and/or video technology, and reducing the number of interviews required. <li data-bbox="327 1736 715 1762">• Closed (in camera) proceedings. <li data-bbox="327 1778 1134 1841">• Continuous presence of support person(s), such as a dedicated social service worker or specialist as appropriate for the child’s needs. <li data-bbox="327 1856 847 1883">• Presuming the child’s competency to testify. <li data-bbox="327 1899 1155 1962">• Carefully assessing on a case-by-case basis the appropriate degree and form of a child’s participation. <li data-bbox="327 1977 1102 2031">• Providing the child with the opportunity to actively participate and express their fears and concerns related to safety. 	<p data-bbox="1198 1220 1458 1429">UNODC/UNICEF. Handbook for Professionals and Policymakers on Justice in matters involving child victims and witnesses of crime (and online training)</p> <p data-bbox="1198 1440 1437 1547">Child Rights International Network (CRIN). Child-friendly justice toolkit</p>



Response and support

⁶A full discussion of implementing child-friendly justice systems and services is beyond the scope of this handbook. Users should consult the resources provided throughout the chapter for more in-depth information.

Sector	Actions	For more information
Justice	<p data-bbox="256 226 596 259">Free and quality legal aid</p> <p data-bbox="252 277 1054 371">Children have the right to prompt access to legal aid, to help them navigate systems and processes to access justice, regardless of the family's ability to pay.</p>	<p data-bbox="1150 232 1417 383">United Nations model strategies on violence against children in the field of crime prevention and criminal justice: a checklist</p> <p data-bbox="1150 400 1273 427"><i>Strategy VI</i></p> <p data-bbox="1150 441 1390 490">UNODC/UNDP Global Study on Legal Aid</p>
<p data-bbox="256 555 512 589">Guardian ad Litem</p> <p data-bbox="252 607 1110 701">A <i>Guardian ad Litem</i> is an individual appointed by the court, independently of the social services system, to represent the best interests of the child in cases of neglect or abuse and during care proceedings.</p>		

Humanitarian actions

Minimum Standards for Child Protection in Humanitarian Action (CPMS, 2) nos. 13, 14 and 15 contain guidance on essential services and protections in humanitarian actions, summarized here

Preparedness

Map potential services and train service providers in crisis response before a crisis occurs.

Psychological first aid

Psychological first aid (PFA) is “a set of skills and competencies that enable people working in contact with children to reduce the initial distress of children caused by accidents, natural disasters, conflict, interpersonal violence or other crisis” (11). It is a simple, efficient method of providing first-line support in crisis situations.

Mental health and psychosocial interventions

Match children’s and families’ needs with appropriate interventions in crisis situations. This can include social support and coping mechanisms to care for trauma or acute mental distress.

Case management

Identify children with urgent protection needs so they can receive age- and culturally appropriate responses from relevant providers working in a coordinated and accountable way. If appropriate to the nature of the crisis, case management can supplement other child protection programming and services.

Alternative care

Efforts to avoid family separation are important in crisis situations, given the risks for children without parents or guardians to care for them. At the same time, protecting a child’s best interest may include alternative care. The *Minimum standards for child protection in humanitarian action (2)* and the *Guidelines for Alternative Care (12)* both contain specific recommendations and guidance for humanitarian settings, including the following steps.

- Preventing unintentional family separation and promoting prompt reunification by analysing potential risks, such as during group movements or while family members seek food or health services, and implementing measures (such as ID bracelets) to help reunite temporarily separated children.
- Targeting assistance to the most vulnerable families to increase stability.
- Avoiding setting up new, long-term residential facilities for separated children.
- Carefully assessing and monitoring service provision to ensure that incentives are not created for families to separate from their children in order to receive benefits or protection.

Accessing justice

Violence against children continues during emergency situations, either as an ongoing or heightened risk or a specific result of the emergency. While children have a continued right to access justice and due process, the justice system may break down or be overwhelmed in times of crisis.

Child Protection Minimum Standard 14 states that treatment of children in contact with justice systems should adhere to international standards by taking the following steps (2).

- Supporting the establishment or strengthening of child-friendly courts and spaces in police stations.
- Supporting capacity building of personnel within both formal and informal justice systems who regularly come into contact with children.
- Supporting the inclusion of female officers in law enforcement.
- Building the capacity of child protection actors to respond to justice issues in emergencies, including in providing legal aid.

Informal and traditional justice systems play a significant role in emergency situations if formal security and the judicial infrastructure have collapsed. Specific mechanisms, such as truth and reconciliation mechanisms, may be established to enable a larger number of victims to access justice.

For more information see the *Humanitarian* part of the *Resources* section at the end of this chapter.



Foster care interventions involving social welfare services

There are three main types of alternative care: residential/institutional (such as orphanages), foster care, and kinship care.

- **Foster care** operates within a formal alternative care system and places children with authorized care providers in their own homes.
- **Enhanced foster care** adds a broader range of services and support to this home-based care system, which is often under-resourced.
- **Kinship care** is provided by relatives or other caregivers close to the family and known to the child. Informal kinship care is common in most countries (13), though some countries are formalizing these placements with **kinship foster care**. This allows children and families to access any resources, services and support available through a foster care system.

Evidence shows that foster care supported by social services (enhanced foster care) has better outcomes for children and reduces their risks of experiencing violence compared to other types of alternative care (7). Many countries are seeking to move away from institution-based care towards family-based alternatives such as enhanced foster care and kinship care. The *UN Guidelines for the Alternative Care of Children* (12) contains principles and recommendations for protecting children's rights and well-being in alternative care settings, and several organizations have tools to help operationalize the guidelines and strengthen alternative care systems.

POTENTIAL OUTCOMES

- ↑ Improved long-term health and mental health outcomes
- ↓ Reduction in child behavioural problems and caregiver stress
- ↑ Increased chances of parent/child reunification and fewer moves to other foster homes or group homes

IMPLEMENTATION NOTES

Assessment

Assess current approaches to alternative care and identify steps to align alternative care with guidelines and evidence.

If...	focus on...
Informal kinship care is common, with little oversight and support	<ul style="list-style-type: none"> • Formally documenting kinship arrangements • Offering incentives to report kinship arrangements • Offering enhanced services such as counselling, education support, stipends to kinship care families
A formal foster or kinship care system exists but services and support need to be improved to best align with evidence	<ul style="list-style-type: none"> • Reducing caseworker caseload • Adding services such as counselling, education support, stipends • Providing training and support for caregivers and children
Alternative care is heavily institution-based (non-family care) with limited use of foster and kinship care	<ul style="list-style-type: none"> • Incremental deinstitutionalization,⁷ including retraining staff • Establishing and growing culturally appropriate foster and/or kinship parenting programmes • Policy implications and needed changes

⁷ While evidence supports family-based care in many situations, small-scale institutions can be an important part of the child protection and alternative care system, for children who cannot thrive in family environments or who need specialized care.

In all circumstances it is important to support the social service workforce, collaborate across sectors to enhance services and support for children and families in alternative care, and maintain options for family reunification whenever possible.

RESOURCES NEEDED

Skilled workforce includes care providers, frontline staff (caseworkers) and supervisors, and mental health, behavioural health or other specialists.

- Care providers are generally recruited from the public and do not require a specific skill set, but benefit from some training and preparation for the foster care role. Ideally they have no more than 1-2 children in their care, with priority placed on keeping siblings together.
- Caseworkers are paraprofessionals, usually with a post-secondary degree. Ideally they visit clients weekly and manage a caseload of 12-18 children or 10-12 families.
- Supervisors often have a specialized degree in social work or child development. Ideally they supervise five caseworkers.
- Specialists, therapists and others are needed to provide any enhanced services.

COST AND COST-EFFECTIVENESS

Enhanced foster care, or strengthening and formalizing kinship care systems, requires significant investment. However, family-based care tends to be more cost-effective than institutional settings for most children (13).

Cost elements include:

- Salaries of caseworkers, supervisors and specialists
- Programme costs (other than salaries) of enhanced services
- Allowances and financial support to family-based care providers (carers of children with special needs may need more financial support)
- Transportation for caseworkers making home visits

For more information see *Alternative care* part of the *Resources* section at the end of this chapter.

FOR MORE INFORMATION SEE:

- Better Care Network toolkit: a collection of practical guides and manuals to support provision of quality alternative care [website]. New York: Better Care Network; (<http://bettercarenetwork.org/toolkit>, accessed 25 April 2018).
 - » *Moving Forward: implementing the 'guidelines for the alternative care of children'*. Glasgow: Centre for Excellence for Looked After Children of Scotland (CELCIS), 2012 (https://www.unicef.org/protection/files/Moving_Forward_Implementing_the_Guidelines_English.pdf, accessed 5 June 2018)
- Application of the UN Guidelines for the Alternative Care of Children: A Guide for Practitioners. Buenos Aires: Red Latinoamericana de Acogimiento Familiar (RELAF) and UNICEF, 2011 (<https://resourcecentre.savethechildren.net/sites/default/files/documents/4990.pdf>, accessed 5 June 2018).
- Assessment Tool for the Implementation of the UN Guidelines for the Alternative Care of Children. Innsbruck, Austria: SOS Children's Villages International, 2012 (<https://www.crin.org/en/docs/120412-assessment-tool-SOS-CV%20.pdf>, accessed 5 June 2018.)



Trauma-focused Cognitive-Behavioural Therapy (TF-CBT)

While there are several ways of providing cognitive behaviour therapy with a trauma focus, the Trauma-focused Cognitive Behaviour Therapy approach (TF-CBT) is one of the most widely implemented and extensively evaluated. TF-CBT is a structured, short-term treatment model that improves a range of outcomes for traumatized children and their parents or caregivers with PTSD and other difficulties related to traumatic life events. Treatment generally consists of eight to 16 sessions lasting from 60 to 90 minutes, with children and/or non-offending caregivers, individually or in groups. Children learn coping skills for managing their emotional response to traumatic memories. It can also help parents to cope with their child's trauma experience. Evidence for the effectiveness of TF-CBT has come from both high and low-resource settings and in response to diverse, multiple and complex trauma experiences (14).

As noted in the *INSPIRE technical package*, there is evidence that – with training and supervision – lay counsellors can deliver both individual and group TF-CBT effectively in low-resource settings. This offers opportunities to address a range of child and adolescent needs, and to reduce the potential long-term impacts of violence on health and well-being. Learnings from the process of adapting the TF-CBT model may inform efforts to deliver other evidence-based therapies in low-resource settings.

This model has been used with individuals and their families in Zambia, with groups of boys and girls in Congo, and in groups for traumatic grief in Kenya, within service or programme structures, and is ongoing in Kenya, Tanzania and Zambia. A TF-CBT programme was also built into the work of Cambodian shelters for sex-trafficked youth (1).

While CBT with a trauma focus has proven effective in addressing a range of trauma-related signs and symptoms, it is not designed to address major mental disorders such as depression, psychosis and schizophrenia. These require professional psychiatric attention, and efforts should therefore be directed towards strengthening mental health systems that offer appropriate care and support for all mental disorders and that provide age-appropriate services for children and adolescents.

POTENTIAL OUTCOMES

Improved mental and behavioural health outcomes for children who have experienced violence or trauma, including sexual abuse or assault

IMPLEMENTATION NOTES

Assessment

Determining whether there is a need to develop capacity in TF-CBT depends on a number of factors.

Need. What does data show about the number of children or adolescents with symptoms of trauma?

Available services and resources. In most cases, specialized services like TF-CBT can be added to (but not replace) investment in basic health and psychosocial care.

Adaptation

As with all evidence-based interventions, adaptation with fidelity is important. Adaptation of TF-CBT practice has been done successfully through the Apprenticeship Training Model (15), a collaboration between trainer(s) and lay counsellors. Trainer(s) focus on fidelity to the goals of the treatment components, while counsellors and local supervisors make recommendations on modifying delivery to suit the local culture and population. Most core components are maintained but techniques can be modified to be more feasible, locally appropriate, and understood by participants.

Training and human resource needs

Trainers are certified experts in TF-CBT. They work with 15–30 lay counsellors, who usually have a high school or similar-level education, and strong communication and interpersonal skills. They may have a background in teaching and/or mental health. Local supervisors are selected from lay counsellors based on skill, understanding, teaching ability and leadership, or they may have higher education and/or experience with counselling.

COST AND COST-EFFECTIVENESS

Start-up costs

- Recruitment and training of lay counsellors
- Travel and associated costs for certified trainers
- Training materials reproduction

Ongoing costs

- Salaries of lay counsellors and supervisors
- Transportation costs, if applicable

A study on cost-effectiveness is in progress.

FOR MORE INFORMATION SEE:

- Descriptions of the programmes, including the Apprenticeship Training Model, can be found in these journal articles:
 - » *Identification, modification, and implementation of an evidence-based psychotherapy for children in a low-income country: the use of TF-CBT in Zambia (15)*
 - » *Building capacity in mental health interventions in low-resource countries: an apprenticeship model for training local providers. International Journal of Mental Health Systems (16)*
- The *Design, Implementation, Monitoring and Evaluation (DIME) Manual (17)*. The DIME model is a series of activities that combines evidence-based programming with rigorous monitoring and impact evaluation. The purpose is to provide a rational basis and approach for local programming while also generating information and lessons learned that can inform future services.



Goal: Protect children in conflict with the law

Response and support to protect childrens' rights and safety

What: Evidence-based and good practice approaches to ensuring the safety, rights, rehabilitation and reintegration of children (persons under the age of 18 years) alleged as, accused of, or recognized as having infringed the penal law

Why: Evidence suggests that deprivation of liberty and violent punishment harm children, do not reduce re-offending, and pose high costs to society (18). Alternative approaches can:

- ↓ Reduce re-offending
- ↑ Improve outcomes for children in conflict with the law
- ↓ Reduce overall crime rates
- ✔ Use resources for violence response and support more efficiently

ALL SECTORS	SOCIAL SERVICES	HEALTH	JUSTICE
Recognize the rights of and risks faced by children and adolescents in conflict with the law	Work with justice system to support children in conflict with law Treatment programmes for children in the juvenile justice system	Prevention and treatment services for at-risk or detained children	Specialized juvenile justice system Diversion and non-custodial sentencing

Many children in conflict with the law come from disadvantaged or marginalized communities. Many are themselves victims of violence. The removal of children from their social networks and education opportunities at this critical period in their lives can compound disadvantage and marginalization.

Children living on the street, victims of sexual exploitation, or those with mental health or substance use issues, may end up in conflict with the law but primarily need services and support. These children may be helped by efforts to interrupt the cycle of violence through prevention, and to provide services, rehabilitation and alternatives to deprivation of liberty for children in conflict with the law.

Actions for all sectors

Recognize and promote public awareness of the multiple risk factors for children in conflict with the law.

A rights-based and child-friendly perspective may help systems and service personnel to understand and address the specific risks faced by children in conflict with the law.

Actions by Sector

Sector	Actions	For more information
<p>Social services</p>	<p>Work with the justice system to support children in conflict with</p> <p>Sustained support by a specialized social service worker throughout the justice process helps protect the child's interests and rights, and reduces re-offending (79). This support can include:</p> <ul style="list-style-type: none"> • assisting child and family from the moment of arrest; • preparing social inquiry reports; • promoting and facilitating diversion and non-custodial sentencing (See Justice sector section); • providing social, education, life skills and other community-based services that address root causes of offending and help children productively reintegrate into society. 	<p>UNICEF. The role of social work in juvenile justice <i>Details role of social service worker as support person</i></p> <p>UNODC. Compilation of evidence-based family skills training programmes</p> <p>UNICEF. Toolkit on diversion and alternatives to detention</p>
	<p>Treatment programmes for children in the juvenile justice system</p> <p>Treatment programmes such as counselling, skills training, and CBT address the root causes of offending and support rehabilitation. Programmes based on the principles and techniques of CBT provide training in social skills, anger control, critical reasoning and creative thinking. Participants learn to recognize, control and “reframe” automatic and distorted thought patterns that can lead to violent or other antisocial behaviour.</p>	<p>See also</p> <p><i>Programme brief: Reasoning and Rehabilitation</i></p>
<p>Health</p>	<p>Prevention and treatment services or children at-risk or detained</p> <p>Substance use, mental health or behavioural problems may lead children to be in conflict with the law. Effective counselling and treatment services may help reduce these children's risk.</p> <p>Children in the custody of the justice system have the right to health care, including mental health services, substance use treatment, and reproductive health care (9).</p>	<p>WHO. mhGap Intervention guide for mental, neurological and substance use disorders in non-specialized health settings</p>



Sector	Actions	For more information
Justice	<p data-bbox="280 226 735 259">Specialized juvenile justice system</p> <p data-bbox="280 277 1161 477">A specialized juvenile justice system is intended to safeguard children’s rights and dignity, and promote reintegration of children into productive roles in society. A description of the principles and components of juvenile justice systems is beyond the scope of this handbook. A few key elements that have implications for implementation planning, costing, system- and workforce- strengthening and other considerations are highlighted here.</p> <ul data-bbox="301 495 1161 1205" style="list-style-type: none"> <li data-bbox="301 495 1118 562">• Expertise among criminal justice and law enforcement professionals, through dedicated roles, ongoing training, and independent oversight. <li data-bbox="301 577 1142 645">• Guaranteed access to information, support and legal aid for children and their families. <li data-bbox="301 660 1161 728">• Expedited trials for defendants under the age of 18 years, with pre- and post-trial detention used as a last resort and for the shortest possible time. <li data-bbox="301 743 1161 1025">• Mechanisms to protect the safety of children in detention that include: <ul data-bbox="368 786 1161 1025" style="list-style-type: none"> <li data-bbox="368 786 1102 819">» keeping children separate from adults, and boys from girls; <li data-bbox="368 835 1098 869">» regularly monitoring conditions and providing supervision; <li data-bbox="368 884 1142 952">» assessing and addressing special needs, including health care, mental health and reproductive health needs; <li data-bbox="368 967 1161 1025">» monitoring and enforcing prohibition of torture and other cruel, inhumane or degrading treatment or punishment. <li data-bbox="301 1041 1150 1205">• Complaint procedures that are confidential, accessible, child-appropriate, safe, and reprisal-free, for children and their advocates to formally report violence against them during arrest, interrogation, and/or custody (20). Complaints should trigger prompt follow-up and independent investigation. 	<p data-bbox="1206 230 1390 495">United Nations Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Justice</p> <p data-bbox="1206 510 1401 562"><i>Strategies XII, XIII, XIV, XV, XVI, XVII</i></p> <p data-bbox="1206 611 1409 853">UN Model strategies and practical measures on the elimination of violence against children in the field of crime prevention and justice: a checklist</p> <p data-bbox="1206 902 1406 1059">Penal Reform International. Ten-point plan for fair and effective criminal justice for children</p>
	<p data-bbox="280 1279 794 1312">Diversion and non-custodial sentencing</p> <p data-bbox="280 1330 1161 1671">Diversion directs children away from formal criminal proceedings. Diversionary measures can include no action, warning, or supervision, as well as referral into rehabilitation programmes that address the root causes and behaviours leading to offending. This helps children in conflict with the law avoid conviction and a criminal record while still holding them accountable for their actions. Non-custodial sentencing places requirements other than deprivation of liberty on the offender. These may include making formal apologies to victims of the offence, community service, and participation in an education or rehabilitation programme, among others.</p> <p data-bbox="280 1686 1161 1852">Evidence supports the cost-effectiveness of using diversion and non-custodial sentencing for children in conflict with the law (21, 22). The decrease in reoffending makes approaches such as diversion, rehabilitation, and treatment less expensive than punitive approaches and incarceration (23).</p>	<p data-bbox="1206 1283 1390 1391">UNICEF Toolkit on diversion and alternatives to detention</p>

Humanitarian actions

Children in crisis settings face particular risks in their interaction with the law. Working or living on the street makes children more likely to be in conflict with law enforcement. Displaced, migrant or unaccompanied children may be detained by authorities. The increased presence of security forces may increase children's risk of conflict or confrontation, or children may become associated with armed groups and perceived as a security threat (2). Child Protection Minimum Standard no. 14 states that treatment of children in contact with justice systems should follow international standards (2). Steps toward this include:

Preparedness

- Support establishing or strengthening child-friendly courts and spaces in police stations
- Support capacity building of personnel within both formal and informal justice systems who regularly come into contact with children. Support inclusion of female officers in law enforcement

Response

- Identify and maintain records on all children in detention: their whereabouts, status, and treatment
- Set up an interdisciplinary team of front-line workers to monitor and respond to cases
- Advocate for release of children when detention is illegal or facilities are inappropriate

For more information see the *Humanitarian* part of the *Resources* section at the end of this chapter.

Evidence-based programme brief: Reasoning and Rehabilitation (R&R)

The Reasoning & Rehabilitation (R&R) programme is an evidence-based, multi-faceted, cognitive-behavioural programme for teaching cognitive skills, social skills and pro-social values to young people with violent or criminal behaviour. The programme is delivered by correctional or social services staff to groups of 6–12 participants through 35 highly structured, 2-hour sessions. Core components include: self-control, meta-cognition, critical reasoning, social skills, interpersonal cognitive problem-solving skills, creative thinking, social perspective-taking, values enhancement, and emotional management.

Over 20 years, R&R has reached more than 70 000 offenders in 20 countries and most of the states in the United States. Meta-analyses found a 14% decrease in re-offending by R&R participants in institutional settings compared to controls and a 21% decrease for participants in community settings. Effectiveness findings have been consistent across countries, settings, time, and types of offenders (24).

Implementation costs include training and programme kits. The cost of delivery is about US\$ 300 per participant. Effect sizes and the relatively low cost of the programme produce about US\$ 2400 USD in net taxpayer-only benefits per participant (25).

Contact: Information on training, certification, materials and training schedules can be obtained from the Cognitive Centre of Canada: cognitivecentre@gmail.com

For more information see the Reasoning & Rehabilitation Program website: <http://www.cognitivecentre.ca/RRProgram> (26)



Implementation worksheet

Use this worksheet to plan implementation and link your intervention to other INSPIRE strategies. Under each action are things to consider. You may want to add your own considerations to this list.

ACTION	THINGS TO CONSIDER
Assess current environment	<ul style="list-style-type: none"> ▶ Existing laws regarding response to children who experience violence, and their translation into specific policies or mandates ▶ Sufficiency of funds allocated for response and support ▶ Services available, and functioning of service systems and referral networks ▶ Data and qualitative research on children's exposure to different types of violence, disclosure and help-seeking, needs for services ▶ Experience of children who seek services, protection and access to justice ▶ Alignment of existing services and systems with international guidelines and evidence ▶ Opportunities and barriers to implementing or expanding this strategy
Select interventions	<ul style="list-style-type: none"> ▶ Fit within a comprehensive plan ▶ Feasibility given context and available resources ▶ Systems or necessary conditions to implement effectively
Build partnerships	<ul style="list-style-type: none"> ▶ Links to related issues or other INSPIRE strategies ▶ Partnerships with other stakeholders, decision-makers, and implementers, including ministries, service providers including community-based and informal, research institutions, donors and funders
Determine resource needs and sources <ul style="list-style-type: none"> • Estimate cost • Human resources • Sources of financial support 	<ul style="list-style-type: none"> ▶ Systems, infrastructure, data collection, and coordination ▶ All phases of implementation: needs assessment, systems strengthening, technical support, supplies or essential medicines, scale-up, data collection, M&E ▶ Staffing and training needs ▶ Sources of funding, how to leverage and sustain
Refine approaches and adapt programmes for local context	<ul style="list-style-type: none"> ▶ Needs assessment or gap analysis, at national, municipal or local level ▶ Tools, manuals or technical support available ▶ Plan for scale-up
Plan for monitoring and evaluation	<ul style="list-style-type: none"> ▶ Tools for monitoring and evaluating services, systems ▶ INSPIRE Indicators you will use to measure impact ▶ Data collection system or process ▶ Where to get technical support for M&E
Other	<hr/> <hr/>

NOTES





(What you know now)

RESOURCES, EXPERTS, PARTNERS

(Where can you get additional information)



Response and support

ACTION ITEM	RESPONSIBLE PARTY	DATE	NOTES
			



Resources

General

Essential services package for women and girls subject to violence. New York: UN Women; 2015 (<http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence>, accessed 25 April 2018).

Package from UN Women, UNFPA, WHO, UNDP, and UNODC identifying the essential services to be provided by the health, social services, police and justice sectors, as well as guidelines for the coordination of essential services and the governance of coordination processes and mechanisms.

Child protection resource pack: how to plan, monitor and evaluate child protection programmes. New York: UNICEF; 2015 (<https://www.unicef.org/protection/files/CPR-WEB.pdf>, accessed 25 April 2018).

Strengthens the evidence base of child protection through clear and practical guidance for improved planning and M&E practices, and documentation of good practices and lessons learned.

Strengthening linkages between clinical and social services for children and adolescents who have experienced sexual violence: a companion guide. Arlington, VA: Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project; 2016 (https://aidsfree.usaid.gov/sites/default/files/2016.2.1_aidsfree_comp_guide_gender_tagged.pdf, accessed 27 April 2018).

This companion guide to the Clinical management of children and adolescents who have experienced sexual violence: technical considerations for PEPFAR programs (2012), provides step-by-step guidance for health providers and managers on the appropriate clinical/forensic care for children and adolescents who have experienced sexual violence and exploitation.

Social services sector

Global Social Service Workforce Alliance [website]. (www.socialserviceworkforce.org, accessed 27 April 2018).

Membership organization providing global leadership for social service workforce training and a searchable resource database including child protection topics.

Case studies on strengthening child protection systems. In: Child protection from violence, exploitation and abuse [website]. New York: UNICEF (https://www.unicef.org/protection/57929_58022.html#CPS, accessed 25 April 2018).

A collection of case studies with a shared goal of strengthening child protection systems.

Case management toolkit: a user's guide for strengthening case management services in child welfare. USAID; 2014 (<http://www.socialserviceworkforce.org/resources/case-management-toolkit-users-guide-strengthening-case-management-services-child-welfare>, accessed 25 April 2018).

A tool for measuring current against good case management practices in order to strengthen case management in child welfare. Will help move case management practice beyond simple adherence to policies and procedures to thoughtful application of evidence-based practices that improve outcomes for children and families at the individual case level.

The role of social work in juvenile justice. Geneva: UNICEF Regional Office for CEE/CIS, 2013 (https://www.unicef.bg/assets/Conferences/JJ_10_11_June_2014/publications/Juvenile_justice_social_work_EN.pdf, accessed 5 June 2018).

Outlines the main activities and tasks that can be undertaken by social work professionals within the overall juvenile justice framework.



Health sector

Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. Geneva: World Health Organization; 2017 (<http://www.who.int/reproductivehealth/publications/violence/clinical-response-csa/en/>, accessed 27 April 2018).

Clinical guidelines aimed at helping front-line health workers, primarily from low-resource settings, in providing evidence-based, quality, trauma-informed care to victims of sexual abuse.

NICE Guideline [NG76]: Child abuse and neglect. London: National Institute for Health and Care Excellence; 2017 (<https://www.nice.org.uk/guidance/ng76>, accessed 27 April 2018).

Guideline helps practitioners recognize and respond to abuse and neglect in children and young people aged under 18 years. It also supports practitioners who carry out assessments and provide early help and interventions to children, young people, parents and carers.

Clinical Guideline [CG89] Child maltreatment, updated October 2017. London: National Institute for Health and Care Excellence; 2017 (<https://www.nice.org.uk/guidance/cg89/chapter/1-Guidance>, accessed 25 April 2018).

Guideline helps practitioners recognize and respond to the signs of possible child maltreatment in children and young people aged under 18 years. It aims to raise awareness and help health professionals who are not child protection specialists to identify the features of physical, sexual and emotional abuse, neglect and fabricated or induced illness.

mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings. Geneva; World Health Organization: 2011 (http://www.who.int/mental_health/publications/mhGAP_intervention_guide/en/, accessed 25 April 2018).

Presents integrated management of priority conditions (mental, neurological and substance use) using protocols for clinical decision-making.

Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: a manual for health managers. Geneva; World Health Organization: 2017 (<http://www.who.int/reproductivehealth/publications/violence/vaw-health-systems-manual/en/>, accessed 25 April 2018).

Based on Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines, 2013, this manual can help health managers at all levels of the health system strengthen their response and care for victims of violence.

Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children. Geneva; World Health Organization: 2016 (<http://www.who.int/reproductivehealth/publications/violence/global-plan-of-action/en/>, accessed 25 April 2018).

Provides vision, goals, objectives, strategic direction and guiding principles, as well as concrete actions for Member States, in strengthening the role of health systems as part of multisectoral plans to address violence, particularly against women and girls.

Trauma Informed Care Project [website]. Des Moines, Iowa (www.traumainformedcareproject.org, accessed 25 April 2018).

Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. There is an annual conference and resources and events for practitioners available through the website.

A public health response to violence action. In: Project Vega [website]. (<http://projectvega.ca/wp-content/uploads/2016/10/VEGA-TVIC-Briefing-Note-2016.pdf>, accessed 25 April 2018).

This Project VEGA briefing provides a public health framework for serving people who have experienced family violence.

Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: World Health Organization; 2017 (<http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>, accessed 27 April 2018).

These guidelines offer health-care providers evidence-based guidance on appropriate care, for women suffering from IPV and sexual violence, to improve capacity-building of health-care providers and other members of multidisciplinary teams.

Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook. Geneva: World Health Organization; 2014. (<http://www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/>, accessed 25 April 2018).

This handbook is based on Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines, and helps health service providers care for women who experience violence, with many principles applicable to children and adolescents.

Improving the health sector response to gender based violence: a resource manual for health care professionals in developing countries. New York: International Planned Parenthood Federation; 2013 (http://www.paho.org/hq/index.php?option=com_content&view=article&id=4517%3A2010-improving-health-sector-response-gender-violence-manual&catid=1505%3Aintra-family-violence&Itemid=41342&lang=en, accessed 25 April 2018).

Provides tools and guidelines to help health care managers improve health care responses to GBV in developing countries, including practical tools to determine provider attitudes, legal definitions, the responsibilities of health care providers, steps to establish referral networks, and the quality of care.

Justice sector

UN Model strategies and practical measures on the elimination of violence against children in the field of crime prevention and criminal justice. Vienna: UNODC; 2015 (https://www.unodc.org/documents/justice-and-prison-reform/14-08451_Strategy_eBook.pdf, accessed 24 March 2018).

Explains and offers guidance for implementing the UN Model strategies and practical measures on the elimination of violence against children in the field of crime prevention and criminal justice.

Planning the implementation of the United Nations model strategies on violence against children in the field of crime prevention and criminal justice: a checklist. Vienna: UNODC; 2015 (https://www.unodc.org/documents/justice-and-prison-reform/14-08452_Ebook.pdf, accessed 25 April 2018).

This checklist from UNODC assists governments in the review of national laws, procedures and practices addressing violence against children.

Justice in matters involving child victims and witnesses of crime: model law and related commentary. Vienna: UNODC; 2009 (https://www.unodc.org/documents/justice-and-prison-reform/Justice_in_matters...pdf, accessed 25 April 2018).

Developed by UNODC in cooperation with UNICEF and the International Bureau for Children's Rights, this document presents a set of guidelines that represent good practice based on the consensus reflected in contemporary knowledge and relevant international and regional norms, standards and principles.

Handbook for professionals and policymakers on justice matters involving child victims and witnesses of crime. Vienna: UNODC; 2009 (https://www.unodc.org/documents/justice-and-prison-reform/hb_justice_in_matters_professionals.pdf, accessed 25 April 2018).

This handbook developed by UNODC is a guide for policy-makers and professionals dealing with child victims and witnesses of crime, such as judges, medical and support staff, law enforcement officials, prosecutors, social workers, NGO staff and teachers.

Guidelines of the Committee of Ministers of the Council of Europe on child-friendly justice. Strasbourg: Council of Europe; 2010 (https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016804b2cf3, accessed 25 April 2018).

Child-friendly justice guide. In: Child Rights International (CRIN) [website]. London: CRIN, 2014 (<https://www.crin.org/en/guides/legal/child-friendly-justice>, accessed 5 June 2018).

This guide aims to provide information about the obligation to follow child-friendly justice principles; international, regional, and national standards for doing so; court decisions, studies, research surveys, and position papers on the subject; and other relevant resources.

Ten-point plan for fair and effective criminal justice for children. London: Penal Reform International; 2012 (<https://www.penalreform.org/resource/tenpoint-plan-fair-effective->



[criminal-justice-children/](#), accessed 25 April 2018).

Produced by UKAID, Penal Reform International and the Interagency Panel on Juvenile Justice, the plan provides ways in which law- and policy-makers and criminal justice practitioners can respond effectively and positively to children in conflict with the law by focusing on: prevention, diverting children from the adult justice system, rehabilitation and promoting alternative sanctions to imprisonment.

Global study on legal aid: global report. New York: UNDP and UNODC, 2016. (http://www.undp.org/content/undp/en/home/librarypage/democratic-governance/access_to_justiceandruleoflaw/global-study-on-legal-aid.html, accessed 5 June 2018).

This global study provides an overview of efforts to improve legal aid, highlighting specific challenges and priority areas in various aspects of legal aid delivery and innovative approaches and lessons learned.

UNICEF Toolkit on diversion and alternatives to detention [website]. New York: UNICEF; 2010 (https://www.unicef.org/tdad/index_55653.html, accessed 25 April 2018).

This online toolkit provides guidance and practical tools for UNICEF Child Protection Specialists and others working to promote diversion and alternatives to detention in juvenile justice systems. It provides practical guidance on how to implement diversion and alternatives using a systemic approach based on UNICEF's Protective Environment Framework and the UN Common Approach to Justice for Children, and presents project examples and other resources from a range of countries for easy reference.

Alternative care

Better Care Network toolkit: a collection of practical guides and manuals to support provision of quality alternative care [website]. New York: Better Care Network; (<http://bettercarenetwork.org/toolkit>, accessed 25 April 2018).

Moving Forward: implementing the 'guidelines for the alternative care of children'. Glasgow: Centre for Excellence for Looked After Children of Scotland (CELCIS), 2012 (https://www.unicef.org/protection/files/Moving_Forward_Implementing_the_Guidelines_English.pdf, accessed 5 June 2018)

Application of the UN Guidelines for the Alternative Care of Children: A Guide for Practitioners. Buenos Aires: Red Latinoamericana de Acogimiento Familiar (RELAF) and UNICEF, 2011 (<https://resourcecentre.savethechildren.net/sites/default/files/documents/4990.pdf>, accessed 5 June 2018).

Assessment Tool for the Implementation of the UN Guidelines for the Alternative Care of Children. Innsbruck, Austria: SOS Children's Villages International, 2012 (<https://www.crin.org/en/docs/120412-assessment-tool-SOS-CV%20.pdf>, accessed 5 June 2018.)

Juvenile justice reform

Save money, protect society, and realize youth potential. Brussels: International Juvenile Justice Observatory; 2012 (http://www.oijj.org/sites/default/files/white_paper_publication.pdf, accessed 25 April 2018).

White paper providing a pathway to improve youth justice systems in Europe. It is focused on improvement during times of economic crisis.

Multi-country evaluation of the impact of juvenile justice reforms on children in conflict with the law. UNICEF Regional Office for Central and Eastern Europe and Central Asia; 2015 (https://www.unicef.org/evaldatabase/files/MCE2_Final_CEECIS_2015-005.pdf, accessed 25 April 2018).

Assessment of the extent to which juvenile justice system reforms in 11 countries of the Central Eastern Europe/Commonwealth of Independent States (CEE/CIS) region during the period 2006–2012 have reduced deprivation of liberty for children in conflict with the law, increased the use of diversion from the judicial process, and reduced the average duration of pre-sentence detention.

Criteria for the design and evaluation of juvenile justice reform programmes. Vienna: UNODC; 2011 (https://www.unodc.org/pdf/criminal_justice/Criteria_for_the_Design_and_Evaluation_of_Juvenile_Justice_Reform_Programmes.pdf, accessed 25 April 2018).

Developed by UNODC and the Interagency Panel on Juvenile Justice, this resource presents a set of common criteria for the design and evaluation of juvenile justice programmes and identification of good practices, based on the rights of the child as defined in the Convention on the Rights of the Child and other international norms and standards.

Humanitarian

Minimum standards for child protection in humanitarian action. New York: Child Protection Working Group; 2012 (https://www.unicef.org/iran/Minimum_standards_for_child_protection_in_humanitarian_action.pdf, accessed 25 April 2018).

Describes common principles, good practice, and lessons learned in providing response and support services for children in humanitarian settings who have suffered violence.

Adapting to learn, learning to adapt: overview of and considerations for child protection systems strengthening in emergencies. Alliance for Child Protection in Humanitarian Action; 2016 (http://www.cpcnetwork.org/wp-content/uploads/2016/07/Adapting-to-learn.-Learning-to-adapt_July-2016.pdf, accessed 25 April 2018).

Provides an overview of child protection systems strengthening in emergencies practice to date for all actors supporting child protection responses in humanitarian settings, and sets out key considerations with regards to systems for child protection practitioners.

Interagency review of justice for children in a humanitarian context (CPMS 14). International Bureau for Children's Rights; 2016 (<http://www.ibcr.org/wp-content/uploads/2016/06/Interagency-review-2.pdf>, accessed 25 April 2018).

Describes current awareness and knowledge of Standard 14, lessons learned and institutional, policy, operational and funding challenges to implementing justice in humanitarian contexts. The research focused primarily on juvenile justice, with a lesser emphasis on child victims and witnesses. The research focused primarily on juvenile justice, with a lesser emphasis on child victims and witnesses.

Justice for children in humanitarian action (executive summary and key lessons from the above report). (<http://www.ibcr.org/wp-content/uploads/2016/06/Justice-for-children-in-humanitarian-action-1.pdf>, accessed 25 April 2018).

Save the Children psychological first aid training manual for child practitioners. Copenhagen: Save the Children; 2013 (<https://resourcecentre.savethechildren.net/library/save-children-psychological-first-aid-training-manual-child-practitioners>, accessed 25 April 2018).

This training manual was developed by Save the Children Denmark for the Child Protection Initiative to facilitate training in psychological first aid with a focus on children, and is aimed at developing skills and competences that will help child protection staff reduce the initial distress of children who have recently been exposed to a traumatic event. The training targets Save the Children's staff, partners, and professionals such as teachers, educators, health and social workers etc., and volunteers working directly with children in emergencies or in the aftermath of conflicts, natural disasters and critical events.

WHO Psychological first aid: guide for field workers. (http://www.who.int/mental_health/publications/guide_field_workers/en/, accessed 25 April 2018).

Provides guidance on psychological first aid that is humane, supportive and practical during serious crisis events, and a framework for supporting people in ways that respect their dignity, culture and abilities.

IASC Guidelines on mental health and psychosocial support in emergency settings. Geneva: Inter-Agency Standing Committee; 2007. (https://www.unicef.org/protection/guidelines_iasc_mental_health_psychosocial_june_2007.pdf, accessed 25 April 2018).

These guidelines, initiated by WHO, reflect both the insights of practitioners from different geographic regions, disciplines and sectors, and an emerging consensus on good practice. They are built on the idea that in the early phase of an emergency, social supports are essential to protect and support mental health and psychosocial well-being. In addition, the guidelines recommend selected psychological and psychiatric interventions for specific problems.

Mental health and psychosocial support in humanitarian emergencies: what should humanitarian health actors know? Geneva: Inter-Agency Standing Committee; 2010 (http://www.who.int/mental_health/emergencies/what_humanitarian_health_actors_should_know.pdf, accessed 25 April 2018).

Produced by WHO for humanitarian health actors working at national and sub-national level in countries facing emergencies and crises, the resource gives an overview of essential knowledge that



humanitarian health actors should have about mental health and psychosocial support in humanitarian emergencies.

The role of case management in the protection of children: a guide for policy and programme managers and caseworkers. New York: Child Protection Working Group; 2014 (http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf, accessed 25 April 2018).

Guidelines (developed by USAID) that complement the agreed standard on case management (Minimum standards for child protection in humanitarian action, 2012) and aim to provide a common understanding and step-by-step guidance on how to do case management.

Guidelines on Alternative Care. New York: Better Care Network; 2009 (<http://bettercarenetwork.org/international-framework/guidelines-on-alternative-care>, accessed 25 April 2018).

These guidelines, endorsed by the United Nations General Assembly, provide guidance on the definition of the relationship between parental care and the child's family environment, goals for alternative care, and the criteria for decisions of alternative care placements. They target both policy and practice, specifically in relation to the protection and well-being of children deprived of parental care or who are at risk of being so.

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3. Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. Geneva: World Health Organization; 2017.
4. INSPIRE Indicator guidance and results framework. New York: UNICEF; 2018.
5. Protocol on the multi-sectoral management of sexual abuse and violence in Zimbabwe. Harare: Judicial Services Commission; 2012 (http://www.togetherforgirls.org/wp-content/uploads/2017/10/Multi_Sectoral_Protocol_2012-Zimbabwe.pdf, accessed 5 April 2018).
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8. TVIC – A tool for health and service organizations and providers. Ontario: Equip Healthcare; 2016 (<https://equip2013.files.wordpress.com/2016/11/tvic-tool-for-on-organizations.pdf>, accessed 5 April 2018).
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Education and life skills

Objective: Increase children's access to more effective, gender-equitable education and social-emotional learning and life-skills training, and ensure that school environments are safe and enabling.

What you will find in this section



Overview- Education empowers children

Find out how this strategy works in best practice

Links to INSPIRE strategies and beyond

Works best when. . .

Humanitarian actions

Considerations for implementation

Indicators

p. 238



Focus exercise

Focus your planning on local context and needs

p. 242

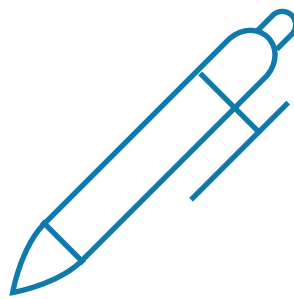


Approaches

Learn what is needed to implement this strategy with evidence-supported approaches and programme examples

- Approaches at-a-glance
- Increase participation in school
- Safe and enabling school environments
- Life and social skills training
- Help children protect themselves from sexual abuse and exploitation
- Adolescent IPV prevention

p. 243



Implementation worksheet

Identify resources and action steps to create a plan for implementation

p. 266



Resources

Link to tools and resources to help you implement this strategy

p. 269



Education empowers children

Quality education helps children acquire knowledge, skills and experiences that build resilience and reduce risk factors for violence. When education systems, schools, parents and communities commit to providing safe and engaging learning environments, children are better able to succeed academically, grow socially, and avoid experiencing or perpetrating violence.

Participation¹ in school (which includes enrolment, regular attendance, achievement, and completion) helps protect children from experiencing or perpetrating youth violence, sexual abuse and exploitation, and IPV. It also reduces the risk of early marriage, unintended pregnancy, and HIV and STIs, and has other social and economic benefits. Schools can be the setting for prevention interventions such as **life and social skills** training (see Box 23).

However, schools can also be a setting for violence against children, including violent punishment by teachers or administrators, bullying, physical violence, sexual abuse, exploitation and harassment (see *Introduction to the Handbook* section for descriptions of different types of violence). Children may also be exposed to violence while travelling to and from school.

Schools are important spaces where children can develop pro-social behaviour and skills for positive relationships. Social and gender norms – whether harmful or positive – are emphasized and perpetuated within school culture. As with all violence, violence in schools can vary depending on whether the child is a boy or a girl. **School-related gender-based violence** (SRGBV) describes the range of acts or threats of sexual, physical or psychological violence happening in and around schools that are driven by gender norms and stereotypes and enforced by unequal power dynamics (2). For example, boys may be more likely to receive harsh physical discipline from male teachers, while girls may be more likely to experience sexual harassment or pressure to exchange sex for grades. IPV or “dating violence” also reflects gender inequalities in power.

Educators are also first-line responders for children who experience or are at risk of violence, since identification and disclosure often happen at school. School codes of conduct can provide a framework for action that enables teachers and administrators to appropriately handle disclosures made by children experiencing violence, and refer them to relevant response and support services (see *Response and support* strategy).

The Education and life skills strategy includes efforts to support school participation, create safe and supportive school environments, and to build students’ skills in relationships, communication, managing emotions, conflict resolution and self-protection. Implementation of this strategy includes supportive legislation and policy, translated into mandates, standards and training for the education sector. It also includes multisectoral collaboration and norms change involving all stakeholders in education – administrators, teachers, students, parents, and the wider community.

Box 23

What are life and social skills?

Life skills can be described as “abilities for adaptive and positive behaviour that enable individuals to deal effectively with the challenges of everyday life” (1, p.3). These include cognitive and emotional functions, like focus, self-control, critical thinking, and problem-solving. They also include interpersonal and social skills, which are a subset of life skills. **Social skills** describe ways of interacting and building relationships with others. Effective programmes that develop these skills lead to pro-social behaviours, including resolving conflict effectively and displaying empathy toward others.

¹ The *INSPIRE technical package* referred to increasing enrolment in school as a protective factor for violence. The partner agencies recognize that this approach extends beyond enrolment to regular attendance, achievement, and completion – i.e., **participation in school**. The language used in this Handbook has therefore been updated to reflect this understanding.

Links between INSPIRE strategies and beyond

The Education and life skills strategy interacts with and reinforces other INSPIRE strategies, as well as efforts that extend beyond violence.



Implementation and enforcement of laws

Laws prohibit use of violent punishment by teachers



Norms and values

Life skills programmes can address social and gender norms that contribute to violence



Parenting and caregiver support

Life skills programmes with parenting components can help parents communicate with and support their children



Safe environments

Safe environment principles can increase the safety of school buildings and grounds, and students' routes to and from school



Income and economic strengthening

Life skills can be part of Income and economic strengthening activities



Response and support

Schools and educators are part of referral networks and first-line response

BROAD HEALTH, SOCIAL AND ECONOMIC AGENDAS

Increased academic achievement, school completion rates, socioeconomic status, and gender equality

Reduced incidence of HIV; improved sexual and reproductive health outcomes



Works best when. . .

Evidence and experience suggest that efforts to implement this strategy may be more likely to have the intended impact when they:

- ✔ are integrated into national or district-level education policy, curricula, and teacher training;
- ✔ take a “whole school” perspective and seek changes in school culture, including dynamics between students and authority figures as well as among students themselves;
- ✔ encourage reflection and consciousness-raising on gender norms, inequality and gender identity (3);
- ✔ engage school governing boards, teachers and staff in critical reflection on their values, beliefs, and experiences related to violence in school (3) (see *Norms and values* strategy for more about critical reflection);
- ✔ train teachers and staff in positive discipline and interaction with students, and in providing first line response to children who experience or are at risk of violence;
- ✔ are adapted to a local cultural context, using good practice for adaptation with fidelity (see *Implementing INSPIRE as a Package: Adapting evidence based programmes*);
- ✔ encourage and facilitate children’s participation in adapting or implementing programmes and leading activities;
- ✔ use skilled facilitation and support when discussing complex and sensitive issues.

Humanitarian actions

Preparedness, coordination and recovery efforts can help minimize disruption to children’s education caused by emergencies or conflict.

Safe spaces: Education can occur in many places – in tents, outdoors, in non-school buildings – as long as children are safe. Considerations for keeping children safe include:

- ensuring safe routes to and from learning spaces and minimizing potential risks, such as soldiers’ quarters, land mines, risky commercial areas, or road safety issues.
- training and codes of conduct for all personnel interacting with children, including teachers, counsellors and volunteers
- supervision in learning environments.

Peace-building: Children can learn to apply principles of conflict resolution and peacemaking even while living in contexts of violence or conflict. *Aulas en Paz* teaches skills for reducing aggression and creating peaceful classrooms to young children with high exposure to violence (see *Aulas en Paz programme brief*).

Life and social skills: Strengthening emotional and social coping skills and positive relationships can help children and adolescents adapt to difficult circumstances. Interventions such as *Save the Children’s Children’s Resilience Programme* are designed for humanitarian settings. Some programmes included in INSPIRE, such as *Stepping Stones* and *IMPower*, have been delivered in diverse and challenging settings, and could potentially be adapted for humanitarian actions.

For more information see the *Humanitarian* part of the *Resources* section at the end of this chapter.

Considerations for implementation

Systems approach or focus on individual schools?

Many of the evidence-based programmes featured in INSPIRE can be implemented by individual schools or school systems. However, the education sector as a whole plays a critical role in implementing the complementary approaches in this strategy. A systems approach to preventing violence through education policy and life-skills interventions may reach more children, and is potentially more effective and sustainable. A systems approach involves planning, training and support for school staff, mechanisms for monitoring and accountability, dedicated resources, and collaboration with other sectors (see *Implementing INSPIRE as a Package* for more about coordination, and the *Implementation and enforcement of laws* strategy for more about legislation, policies, and mandates for violence prevention in public sectors).

How can you address online violence?

Cyberbullying (bullying, harassing, or threatening a person online) harms children. Many programmes that seek to improve the whole-school culture and to teach students social and emotional skills can address cyberbullying. In settings where students have regular access to the internet and social media, it is important to establish policies, behavioural expectations, and supportive interventions around cyberbullying as part of an Education and life skills strategy. Education about responsible use of personal data and online safety can also help children protect themselves from violence or exploitation.

The WePROTECT Global Alliance to End Child Sexual Exploitation Online includes a national education programme as part of a coordinated international and national response to protect children from CSEA. This is described in Capability 13 of the Model National Response to online CSEA (see *Resources* section at the end of this chapter).

Indicators

The following INSPIRE indicators can be used to measure the impact of efforts to implement the *Education and life skills* strategy (see *Appendices A and B* for a list of INSPIRE indicators and measurements).

- 9.1 Out-of-school rates, primary and lower secondary
- 9.2 Missed school due to safety concerns, past month and past 12 months
- 9.3 Early sexual debut
- 9.4 Early childbearing before 15 and 18 years of age
- 9.5 Child marriage before 15 and 18 years of age (SDG indicator 5.3.1)
- 9.6 Adolescent binge drinking
- 9.7 Exposure to violence prevention and response curricula in the past 12 months



Focus exercise

Before moving on to the specific approaches and programmes for implementing this strategy, take a moment to reflect on your setting, your goals, what is already happening, and what you wish to change.

The purpose of this exercise is to help you focus on your priorities as you read more about the evidence-supported approaches and programmes for this strategy. You can do this exercise individually or in a group.

- ❓ What do quantitative and qualitative research show about violence children experience in or around school?
- ❓ What mechanisms exist to hold adults accountable for violence against children? What are children's and parents' attitudes and norms around violence against children in school settings?
- ❓ What is currently happening – at the system level and within individual schools – to prevent violence and promote safe and enabling environments? How were these interventions chosen? Do they address SRGBV? Are they aligned with evidence? What could be improved?
- ❓ Do schools and teachers have the guidance, knowledge and skills to appropriately respond to children who disclose violence, and refer them to support services?
- ❓ How do you see *Education and life skills* approaches fitting into overall efforts to reduce violence against children?
- ❓ Based on your reflections above, what is your goal for strengthening the *Education and life skills* strategy in your setting?

 Use this space to take notes.



Approaches at-a-glance

These INSPIRE approaches represent evidence-based, prudent or promising practice in preventing and responding to violence against children, and can be part of a comprehensive plan to:

- increase participation (enrolment, attendance, achievement, and completion) in school;
- establish a safe and enabling school environment;
- strengthen life and social skills training;
- help children protect themselves from sexual abuse and exploitation;
- improve access to adolescent IPV prevention programmes.

The first two approaches are complementary, system-wide approaches to ensure that children are able to fully participate in “safe, non-violent, inclusive and effective learning environments” (SDG4). The latter three are more programmatic approaches that could be implemented at national or district levels or within individual schools or local systems. While all three programmatic approaches build skills for personal relationships and violence prevention, they have different aims.

System approaches		Programmatic approaches
<p>Increase participation in school Efforts to address barriers and encourage enrolment, attendance and achievement in education through supportive policies, services and resources for students and families</p>	<p>Safe and enabling school environments Building a positive school climate and violence-free environment, and strengthening relationships between students, teachers, and administrators</p>	<p>Life and social skills training Build skills for managing emotions and anger, pro-social behaviour, respectful relationships and conflict resolution, to reduce bullying and violence among peers</p> <p>Help children protect themselves from sexual abuse Build awareness and teach skills to help children and adolescents understand consent, avoid and prevent sexual abuse and exploitation, and to seek help and support</p> <p>Adolescent IPV prevention programmes Address gender norms and promote positive, respectful relationship</p>
<p>Cost: \$\$ - \$\$\$ System-level investment in long-term interventions</p>	<p>Cost: \$ - \$\$ Costs related to curriculum and teacher training</p>	<p>Cost: \$ - \$\$\$ Range depends on type of instruction and training required</p>
<p>Potential outcomes</p> <ul style="list-style-type: none"> • Increased participation in formal education • Reduced risk of participation in youth violence • Reduced risk of girls' early marriage and IPV 	<p>Potential outcomes</p> <ul style="list-style-type: none"> • Reduced peer violence and bullying in schools • Reduced violent punishment by school staff • Reduced sexual abuse, exploitation and harassment in schools • Improved sense of safety in schools 	<p>Potential outcomes</p> <ul style="list-style-type: none"> • Increased self-esteem, protective and pro-social behaviours • Increased disclosure and help-seeking • Reduced bullying, physical violence • Reduced IPV, sexual abuse and exploitation
<p>Programme example</p> <ul style="list-style-type: none"> • Child Parent Center Programme 	<p>Programme examples</p> <ul style="list-style-type: none"> • Good School Toolkit • Teacher training 	<p>Programme examples</p> <ul style="list-style-type: none"> • Positive Action • KiVa • Stepping Stones
	<p>Programme briefs</p> <ul style="list-style-type: none"> • Aulas en Paz • Safe and Enabling Environment in School (SEES) 	<p>Programme briefs</p> <ul style="list-style-type: none"> • P.A.T.H.S. to Adulthood

Approach: Increase participation in school

What: Efforts to address barriers and encourage enrolment, attendance, achievement and completion in education through supportive policies, services, and resources for students and families.

Why: Participation in education is a protective factor against violence, as children and adolescents in school are less likely to be victimized or to engage in violence than their out-of-school peers. They are also less vulnerable to child labour, exploitation, and early marriage (4).

In addition, education is associated with a number of quality-of-life outcomes, particularly for girls and women, such as higher earning potential, increased use of family planning and reproductive health services, improved maternal and child health outcomes.

Ensuring children's participation in education requires matching supportive efforts to the particular needs of children and families, to help them:

- ✔ overcome common barriers to enrolment and attendance;
- ✔ access support services to help all children learn and achieve;
- ✔ ensure schools are safe, engaging, and positive environments.

Costs and cost-effectiveness

The cost of increasing children's participation in education depends on the interventions needed in each context. Participation in education has many benefits besides violence prevention, and combining efforts and resources across initiatives may increase efficiency and impact.

A meta-analysis of studies (primarily from the United States) on early childhood education for children aged 3–4 years from low-income families estimated an average benefit of US\$ 2.36 for every US\$ 1 invested, based on reductions in crime and child abuse and neglect, and expected changes to lifetime earnings (5). A report from Plan estimates the economic costs and losses due to violence in schools and compares them to the costs of effective programmes (6).

USAID estimates that SRGBV can be associated with the loss of one primary year of school and a yearly cost of US\$ 17 billion across all low- and middle- income countries (7).

Assessment

Barriers to participation in education vary by setting, but can include the following factors.

- Cultural norms that do not value education, particularly for girls.
- Costs associated with fees, uniforms, and supplies.
- Opportunity costs for families who need children to work or care for siblings.
- Fear for children's safety in, around, or on the way to and from school.
- Lack of privacy and sanitation options for menstruating girls.
- Pregnancy, if the school does not have policies that support pregnant students.
- Mental health, physical or learning disabilities.
- Family issues or instability, such as illness, unemployment, or incarceration.

Environmental scans, surveys, or other assessment methods can help identify common barriers within a setting, and suggest ways to address them.

UNICEF. Safe to learn: safe journeys to school are a child's right

UNESCO. Global guidance on school-related gender-based violence

UNESCO. Early and unintended pregnancy and the education sector: an evidence review

Supporting efforts

- Programmes that provide economic support to students and families, allowing children to attend school
- Efforts to improve safe routes to school
- Shifting gender norms to encourage and accelerate girls' education
- Resources and services to support learning for all students, including those with specific challenges
- Ensure that schools are safe and enabling environments

See also

Income and economic strengthening strategy

Safe environments strategy

Norms and values strategy

Programme brief: Child-Parent Center

The Child-Parent Center (CPC) is aligned with Chicago Public Schools and operates 11 sites at early childhood centres. The programme supports low-income children aged 3–9 years and their families with a curriculum designed to promote academic and social success; a parent programme to promote involvement; outreach activities including home visits; and dedicated teams of educators with a low student-to-teacher ratio. Students participate for 2–3 hours daily and parents are involved for at least 2.5 hours each week. The programme helps children by creating a stable learning environment, improving child attachment to school through parent involvement, and preparing young children to succeed in elementary school.

Participation in the CPC programme reduced violent arrests and improved academic performance, including completion of school at a higher grade level. The cost per child ranges from US\$ 5000 to US\$ 12 000 depending on grade level at the time of participation. The CPC preschool programme was associated with a societal benefit of savings of US\$ 10.83 for every US\$ 1 spent per participant, and the school-age programme with a savings of US\$ 3.97 for every US\$ 1 spent per participant (8).

For more information see Child Parent Center website: <http://cps.edu/Schools/EarlyChildhood/Pages/Childparentcenter.aspx> (9)

National Institute of Justice 2012 Program Profile: Child-Parent Center Program <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=292> (10)

Approach: Safe and enabling school environments

What: Building a positive school climate and violence-free environment, and strengthening relationships between students, teachers, and administrators

Why: Efforts at system, school and community levels reduce children’s exposure to violence and create positive and supportive relationships among students, teachers and administrators. This may lead to the following outcomes.

- ↓ Reduced violence, including bullying, in schools
- ↓ Reduced violent punishment by school staff
- ↓ Reduced sexual abuse, exploitation and harassment in schools
- ↑ Improved sense of safety in schools

These efforts benefit from a whole-school approach, involving “various stakeholders at the school level, as well as in the local community and government, in a range of different activities with the aim of making schools safer, more child-friendly and a better environment for children to learn”(2).

Ensuring Safe environments includes the physical space of schools and school grounds. Lighting, visibility, landscaping, recreational space, transportation, supervision, and safe separate sanitation facilities for boys and girls are all part of promoting student safety in and around school (see *Safe environments* strategy).

While many of the example programmes in this chapter started at the level of individual schools or communities, several have been replicated in other settings, or expanded or integrated at the district or national level.

Evidence-based programmes included in this approach are:

- Good School Toolkit
- Teacher Training (multiple programmes)
- Safe and Enabling Environment in Schools (SEES)
- Aulas en Paz



Good School Toolkit

The Good School Toolkit (GST) is a methodology created to help educators and students explore what makes a healthy, vibrant and positive school, and guide them through a process to create their vision. Based on the stages of change model, the programme focuses on influencing a child's school experience and whole-school operational culture, and helps reduce peer violence in schools, among other outcomes. Led by a team of two teachers, two students and two school-affiliated community members, the programme influences school-wide culture through four entry points: teacher-student relationships, peer-to-peer relationships, student and teacher to school relationships, and parent and community to school governance relationships. In one study, GST use reduced the risk of physical violence by teachers and school staff against children by 42%, and 50% fewer teachers reported using physical violence against students in intervention schools compared to controls (11).

The GST was created by Uganda-based NGO Raising Voices and has been implemented in over 750 schools in Uganda. Partner organizations have replicated GST with support from Raising Voices, and organizations outside Uganda have used GST materials. GST is being adapted for use in Lesotho and Mongolia, and for use in secondary schools.

POTENTIAL OUTCOMES

Primary

- ↓ Reduced physical and emotional violence by school staff against children
- ↓ Reduced physical and emotional violence between children at school
- ↑ Increased sense of safety and belonging at school

POPULATIONS

School communities, with students aged 6 - 17 years

SETTINGS

Rural, urban, peri-urban and humanitarian settings in Uganda

DURATION/INTENSITY

18 months to complete the six steps in the toolkit. Programme activities can be continuously integrated into the curriculum

CORE COMPONENTS

Content

Intervention activities sequenced in a six-step process

- Critical reflection on school culture
- Focus on teacher-student relationships
- Enhance teacher skills in positive discipline
- Improve school's learning environment
- Accountability of administration
- Involvement of all community stakeholders

Delivery

Led by two teachers, two students and two school-affiliated community members

COST-EFFECTIVENESS

- ▶ Raising Voices is preparing a paper on the cost of violence vs. benefit of violence averted

How will you do this?

Needs assessment and adaptation

- GST overview provides an assessment to determine if GST is right for your school
- Partners are encouraged to implement the entire toolkit without adaptation

Human resources

Roles

Two full-time programme officers

- Technical support for GST for up to 30 schools
- College or university graduates

Two teacher-protagonists

- Full-time school staff
- Lead GST implementation and promotion in their school

Coverage

- Two programme officers roll out intervention in 30 schools over 18 months
- Two teacher-protagonists per school

Training and supervision

For a large scale roll-out in 30 schools per district:

- 3-day training for programme officers, delivered by Raising Voices
- 5-day training for teacher-protagonists, delivered by programme officers
- Ongoing in-school training of teachers and student leaders, led by teacher protagonists

Implementation support

- The Good Schools Network, accessible via registration, provides peer support for implementation
- Technical assistance by Raising Voices is available
- Three GST packages and training manual available

What will this cost?

Start-up costs

US\$ 50 for toolkit; optional extras up to US\$ 250

Ongoing costs

- Full-time staff for a large scale roll-out (not applicable if implementing in individual schools)
- Technical assistance by Raising Voices is available at up to US\$ 500 per day, though many schools and organizations can access this for free

Sources of funding

Education budget or school-funding bodies, bilateral or multilateral donors, UN agencies, World Bank, NGOs, Global Fund for Prevention of Violence Against Children

How will you know it is working?

Fidelity, QA, and process evaluations

Toolkit contains checklists for each step

What else can you learn?

Programme website: raisingvoices.org/good-school (12)

Resources include:

- Good School Toolkit
- Links to evaluation research
- Contact information



Teacher training (multiple programmes)

Teachers equipped with knowledge, skills and confidence are key to improving the psychosocial environment of schools. Effective training, accompanied by administrative and district-level support, can help teachers take the following actions:

- Use positive discipline and techniques to manage classroom behaviour.
- Examine their assumptions, values, beliefs and their own experiences with violence.
- Recognize and address bullying, harassment and discrimination.
- Respond effectively to incidents of violence.
- Provide first-line support and referrals for children who experience violence.
- Use interactive and inclusive methods to enhance student engagement and learning.
- Mobilize the school community and help change the school environment.

Training can be done through face-to-face sessions, online, or in a combination. Programmes sometimes include a code of conduct, pledge, or other commitment by teachers to apply what they learn to their daily work. Coaching and supervision support teachers' application of knowledge and skills. Monitoring and accountability mechanisms ensure that new skills are applied and sustained.

One example of a successful teacher training programme is the Teacher's Diploma in Psychosocial Care, Support and Protection; a 15-month, six-module distance education programme developed and piloted in Zambia by Regional Psychosocial Support Initiative (REPSSI). The programme reduced involvement in bullying and increased willingness to seek help for sexual abuse. It also increased perceptions of classroom safety and teacher's self-care (4).

POTENTIAL OUTCOMES

Primary

- ↓ Reduced physical violence and bullying in schools
- ↑ Increased disclosure and help-seeking
- ↑ Increased use of positive discipline by teachers

Secondary

- ↑ Increased use of interactive and inclusive teaching methods

POPULATIONS

Primary and secondary school teachers

SETTINGS

Individual schools or school systems

DURATION/INTENSITY

Varies. Sessions can extend over 8 weeks to 15 months, or be integrated into teacher preparation or in-service training

CORE COMPONENTS

Content

- ▶ Human rights/children's rights framework
- ▶ Understanding gender, gender norms and SRGBV
- ▶ Positive discipline and classroom management
- ▶ Responding to different types of violence
- ▶ Pedagogies for active learning

Delivery

- ▶ Reflection on one's own attitudes to gender, power, and violence
- ▶ Skilled facilitation
- ▶ Networking and collaboration at school level

What will this cost?

Cost elements

- Curriculum and materials
- Teacher time
- Instructor compensation
- Travel for teachers if needed
- Monitoring and evaluation

What else can you learn?

Resources

REPSSI. *Official launch of REPSSI's Teacher's Diploma Course in Psychosocial Support in Zambia*: <http://www.repssi.org/category/teachers-diploma/> (13)

Doorways III Teacher Training manual (2009): https://www.usaid.gov/sites/default/files/documents/1865/Doorways_III_Teachers_Manual.pdf (14)

Designed for the USAID-funded Safe Schools Programme (Safe Schools) to enable teachers, community members and students to prevent and respond to SRGBV.

Opening our eye:, a manual for educators (2001): https://www.unicef.org/southafrica/SAF_request_openingoureyes.pdf (15)

A training package for education managers, including school governing bodies, educators, and caretakers, on preventing discrimination, gender-based violence and harassment in South Africa. The manual can be easily adapted and used to design personalized school curriculum.

Journeys: Activity handbook for teachers and school staff (2017): <http://shared.rti.org/content/journeys-activity-handbook-teachers-and-school-staff> (16)

This handbook helps teachers and school staff build a positive school climate and prevent SRGBV as part of the Uganda Literacy Achievement and Retention Activity (LARA). The programme offers two other handbooks for community members and students.



Programme brief: The Safe and Enabling Environment in Schools programme

The Safe and Enabling Environment in Schools (SEES) programme is a whole-school approach to ending peer bullying among primary and secondary school students, aged 11 – 19 years. The programme consists of a community-level campaign to raise awareness of physical and verbal violence, and a school-based intervention. The school-based intervention has incremental steps: awareness-raising, defining and establishing a protective network, stakeholder collaboration, encouraging help-seeking, and protocols and other support for responding to violence and creating safe environments.

SEES is considered an “outline programme” that individual schools can adapt to their annual plan, available resources, and characteristics of the students and community.

SEES reduced the incidence of frequent bullying and the number of children who bully others, and improved feelings of safety and security in school (17). The programme was originally developed by UNICEF in Croatia, where it was implemented in 301 (mostly primary) schools. The programme was expanded to Bulgaria, Kazakhstan, Montenegro, Serbia, and Slovenia under the name “Violence Free Schools”.

For more information see *Programme handbook for a safe and enabling environment in schools* (18).

Programme brief: Aulas en Paz

Aulas en Paz promotes values and behaviours of good citizenship and non-violence in classrooms and within the school community. It was developed in Colombia in the context of children’s widespread exposure to armed conflict, displacement, community and family violence. The four-year programme is designed for students in grades 2 to 5. Three programme components include: classroom-based activities for all students, work with parents and caregivers, and mini-workshops with mixed groups made up of four “pro-social” students and two students who show more aggressive behaviour. Additional support and home visits are provided for families and children with more aggressive behaviour. Skills taught include: empathy and anger management, critical thinking, communication and active listening. The programme reduced levels of aggression among students and improved the conflict resolution and problem-solving skills of students, teachers, and parents who participated in the programme (19). Aulas en Paz has been implemented throughout schools in Colombia, and in Monterrey, Mexico.

For more information see: Aulas en Paz website (Spanish) at: <https://aulasenpaz.uniandes.edu.co/> (20)

Programmatic approaches

The following programmatic approaches can increase participation in education and establishing safe and enabling school environments. They all help children and adolescents build the skills needed for positive relationships and self-protection, though they have different aims and address different types of violence.

Approach: Life and social skills training

Student behaviour contributes to safe and enabling school environments. Students can develop the skills to manage emotions, maintain self-control, empathize with others and assertively express themselves. These skills help students resolve conflicts without violence and reject bullying and harassment.

Evidence-based programmes included in this approach:

- Positive Action
- KiVa
- P.A.T.H.S. to Adulthood

Approach: Help children protect themselves from sexual abuse

Recognition of and effective response to potential threats of sexual abuse are protective factors. Some programmes teach children about body ownership, the difference between good and bad touch, how to recognize abusive situations, say no and tell a trusted adult. Other programmes, such as IMpower, focus on consent, communication, and self-defense. These programmes strengthen protective behaviours and can be part of whole-school approaches to preventing sexual violence and addressing gender and social norms.

Evidence-based programme included in this approach:

- IMpower

Approach: Adolescent IPV prevention programmes

IPV (or “dating violence”) between students is harmful and interferes with learning. Programmes that are effective at reducing IPV can be adapted for use with younger women and men in secondary schools and at universities. These programmes help students develop skills to reduce IPV and make schools settings safer (see *Bystander interventions* in the *Norms and values* strategy).

Evidence-based programmes included in this approach:

- Stepping Stones
- Safe Dates



Positive Action

Based on the idea that “you feel good when you do good”, Positive Action promotes an intrinsic interest in learning and encourages cooperation among students. The approach addresses the physical, intellectual, social and emotional needs of each child in his or her different environments (family, school, community). Impact of the programme ranges from increased academic achievement to dramatic reductions in problem and violent behaviours.

English and Spanish language versions of Positive Action have been used all 50 states in the United States, and the programme has also been used in Belgium, Bulgaria, the Caribbean Island of St. Maarten, Colombia, Germany, Japan, the Netherlands, and the United Kingdom. It has been used in over 15 000 schools, community-based organizations, and other sites to reach more than 5 million students.

POTENTIAL OUTCOMES

Primary

- ↓ Reduction in high-risk and violent behaviours among students, including weapons possession, threats, bullying, assault, and harassment

Secondary

- ↑ Improved social-emotional skills
- ↑ Increased academic achievement
- ↑ Increased physical and mental health

POPULATIONS

Students, early primary through secondary school

SETTINGS

School settings, after school programmes and clubs, and in intervention (counseling, detention) settings

DURATION/INTENSITY

Length and frequency of lessons varies by age group

Two to four lessons per week, from 5 to 20 minutes, as part of school curriculum

CORE COMPONENTS

Content

- Positive actions for body and mind
- Managing yourself responsibly
- Treating others the way you like to be treated
- Telling yourself the truth
- Improving yourself continuously

Delivery

Scripted lessons delivered to age-specific groups

COST-EFFECTIVENESS

Every US\$ 1 invested in Positive Action generates:

- US\$ 26.81 in benefits (21)
- US\$ 129 in economic value due to reduction in bullying (5)

How will you do this?

Needs assessment and adaptation

- Districts that are struggling with funding issues can start with their lowest-performing elementary schools
- Names of characters, settings of stories, and cultural references can be adapted. Concepts, methodologies and strategies cannot be adapted

Human resources

Instructors

- Teachers and counsellors implement programme as part of classroom instruction

Positive Action coordinator

- Part-time or full-time, either paid or volunteer

Training and supervision

Training can be done through

- Online webinar (up to 20 participants)
- On-site orientation (up to 50 participants)
- On-site training of trainers (up to 15 participants)

Implementation support

Implementation kit contains

- All materials, including posters, games, worksheets and puzzles
- Spanish versions available for most grade levels

Optional technical assistance is available at US\$ 300 per hour

What will this cost?

Start-up costs

- Kits cost US\$ 450 to US\$ 550 per classroom
- Training costs
 - » 2-hour webinar: US\$ 550
 - » On-site training: US\$ 3000 per day plus travel expenses

Ongoing costs

- Refresher kits US\$ 100 to US\$ 225 per teacher per class

Sources of funding

- Sector budgets for education, mental health, public health, and juvenile justice
- Private foundation grants
- Positive Action provides some grant writing assistance

How will you know it is working?

Fidelity, QA, and process evaluations

Monitoring surveys available free on Positive Action website

What else can you learn?

Resources

Positive Action website : <https://www.positiveaction.net/> (22)

Blueprints for Healthy Youth Development. Positive Action Factsheet: <http://www.blueprintsprograms.com/factsheet/positive-action> (23)



KiVa

KiVa is a school-based anti-bullying programme for students aged 6–15 years. It includes a universal curriculum focused on preventing bullying and victimization, as well as procedures for school staff to handle bullying cases that come to their attention. Based on social-cognitive theory, KiVa promotes the idea that positive change in the behaviours of peers can reduce the rewards gained by bullies and consequently their motivation to bully in the first place. The KiVa curriculum is divided into three units for different age groups and is meant to be integrated into school programmes as part of ongoing anti-bullying work. It also contains a component for parents.

KiVa has been implemented through licensed partners in Argentina, Belgium, Chile, Colombia, Estonia, Hungary, Italy, Mexico, the Netherlands, New Zealand, Peru, Spain, Sweden, and the United Kingdom.

POTENTIAL OUTCOMES

Primary

- ↓ Reduction in bullying perpetration and victimization

Secondary

- ↓ Reductions in anxiety and depression
- ↑ Positive impact on school climate and learning motivation

POPULATIONS

Students aged 6–15 years

SETTINGS

Community schools

DURATION/INTENSITY

- ▶ 15 hours of curriculum in 10 lessons throughout school year
- ▶ Ongoing

CORE COMPONENTS

Content

- ▶ For students: social skills, bystander intervention, and understanding school policy
- ▶ For teachers: actions for handling bullying cases

Delivery

- ▶ Discussion, group work, role-play exercises, and short films about bullying
- ▶ School-based KiVa team handling bullying

How will you do this?

Needs assessment and adaptation

KiVa can only be implemented in cooperation with a licensed KiVa partner. It is not possible to become a KiVa school if there is no KiVa partner available in your country or region. A list of partners is available on the KiVa website.

Human resources

- Full-time teachers deliver the lessons
- 3 school staff or teachers make up KiVa Team to handle bullying cases

Training and supervision

2-day training for school staff delivered by certified trainers

Implementation support

KiVa material includes:

- Teachers' manuals
- Videos, online games, posters
- Student and staff surveys
- Parents' guide

Implementation support provided by licensed partners

How will you know it is working?

Fidelity, QA, and process evaluations

Annual online surveys to monitor implementation and outcomes

What else can you learn?

KiVa International website: <http://www.kivaprogram.net/program> (24)

Resources include:

- Programme overview and evaluation findings
- List of KiVa International certified trainers
- Contact information

Blueprints for Healthy Youth

Development. KiVA Factsheet: <http://www.blueprintsprograms.com/factsheet/kiva-antibullying-program> (25)

What will this cost?

Prices are determined by a local licensed partner

Example from New Zealand detailed here

Start-up costs

US\$ 3000 training fee plus US\$ 8 per student

Ongoing costs

US\$ 5-8 per student

Sources of funding

Sector budgets for education, mental health foundations or grants



Programme brief: Positive Adolescent Training through Holistic Social programmes (P.A.T.H.S. to Adulthood)

P.A.T.H.S. to Adulthood is a curricula-based intervention programme which promotes holistic development in junior secondary school students. Based on the positive youth development approach (PYD), P.A.T.H.S. curricula materials use four learning methodologies to help students develop positive youth development attributes – including the life skills necessary to become proactive, helpful bystanders when they see bullying. In China, P.A.T.H.S. was found to reduce adolescent developmental problems including bullying, delinquency, and drug abuse (4). The 20-hour programme is available in Chinese and English and consists of 40 units that schools and NGOs can implement individually or on a larger scale. P.A.T.H.S. has been implemented in around 330 schools in China and Singapore.

For more information see P.A.T.H.S. to Adulthood website at: <https://www.paths.hk> (26).



IMpower

IMpower is a gender violence prevention curriculum for girls and boys that was created by San Francisco-based No Means No Worldwide (NMNW). NMNW works with implementing partner organizations through schools and clubs. The programme helps girls and boys recognize and challenge harmful gender norms, and teaches them skills they can use to defend themselves or intervene in situations of sexual violence. Based on social learning theory and the health belief model, IMpower promotes respect for one's own and others' individual rights. IMpower's curriculum includes interactive verbal skills, role-play, and physical and self-defence training to help young people speak up, prevent, or intervene in incidents or threats of sexual violence.

IMpower has been implemented in Kenya and Malawi and has reached over 180 000 girls and boys.

POTENTIAL OUTCOMES

Primary

- ↓ Decreased incidence of rape

Secondary

- ↓ Decrease in pregnancy-related school dropouts and early marriage

POPULATIONS

Boys and girls aged 10–20 years in schools and clubs, in groups of 15–30

SETTINGS

- ▶ Urban and rural; informal settlements
- ▶ High prevalence of sexual violence

DURATION/INTENSITY

- ▶ Six 2-hour weekly sessions
- ▶ A 2-hour “booster” class at 6, 8, or 10 months post-intervention

CORE COMPONENTS

Content

For girls:

- ▶ Information on reproductive health and individual rights
- ▶ Mental skills such as personal awareness and self-efficacy
- ▶ Verbal skills such as setting boundaries, consent, assertive communication, and abuse disclosure
- ▶ Physical defence skills, including low-harm disabling and full-force fighting
- ▶ De-escalation in risky situations

For boys:

- ▶ Information on gender norms, meaning of consent
- ▶ Mental skills, such as decision-making and awareness
- ▶ Verbal skills for asking consent
- ▶ Negotiation, de-escalation, and bystander intervention

Delivery

Role-play and skills practice

How will you do this?

Needs assessment and adaptation

NMNW works with the implementing partner to conduct a community needs assessment

Adaptation

- Localize the role-play scenarios to match local culture and context
- IMpower can be delivered in alternative increments

Human resources

Roles

- Local men and women aged 20 to 34 years

Programme management staff (full-time)

Coverage

- One instructor per 16 participants

Training and supervision

- Instructors receive 5 weeks training and hands-on skills practice
- NMNW provides support via email, phone calls and site visits

Implementation support

Materials available include:

- Programme and operations manuals
- Curriculum outlines (upon request)

NMNW provides technical support for the community needs assessment, curriculum design, instructor recruitment and training, M&E, and the referral network and survivor support, as well as ongoing support as necessary. Cost of technical support depends on the scope of the project

What will this cost?

Cost estimates based on training 40 instructors to reach 20 000 youth

Start-up costs

- Formative research and needs assessment – US\$ 3000
- Materials development and production – US\$ 90 per instructor
- 3-week intensive training – approximately US\$ 15 000 to US\$ 50 000 depending on location of training, transportation of instructors, transportation for NMNW

Ongoing costs

- Transportation, overhead, trainings, instructor stipend approximately US\$ 150 per month per instructor
- T-shirt/community identifier – US\$ 10 per shirt

Sources of funding

Foundation or public sector grants, usually in partnership with NMNW

How will you know it is working?

Fidelity, QA, and process evaluations

- Implementing partners provide quarterly reports on the number of participants, schools/clubs, participant disclosures and referrals
- NMNW trains instructors to administer pre-, post- and follow-up surveys

What else can you learn?

No Means No Worldwide website: <https://www.nomeansnoworldwide.org/> (27)

Resources include:

- Programme overview and contacts
- Links to research articles

Ujamaa-Africa is NMNW's largest implementing partner. Based in Nairobi, Kenya, it has been delivering IMpower since 2012.

Contact: Benjamin Omondi, Executive Director Omondimboya@gmail.com



Stepping Stones

Stepping Stones is a holistic, gendered, human-rights centered, community-based training programme. Originally aimed at reducing women and girls' vulnerability to HIV, it has been adapted to address many related psychosocial issues. The programme promotes critical reflection on how social and gender norms influence attitudes, behaviours, and power dynamics, through interactive non-formal learning, shared discussions and creative activities. Participants improve their communication and relationship skills, empathy and self-respect. *Stepping Stones* is recognized by WHO, UNAIDS, USAID and many others as one of the few global interventions to reduce IPV.

Stepping Stones and its supplement, *Stepping Stones Plus*, have been implemented in 60 countries globally, including Bangladesh, India, Indonesia, and South Africa. The *Stepping Stones* and *Stepping Stones Plus* manuals have been combined into a single revised and updated manual.

POTENTIAL OUTCOMES

Primary

- ↓ Decreased physical and sexual IPV and community violence

Secondary

- ↓ Reduced vulnerability to HIV and other STIs
- ↑ Increase in HIV prevention behaviours such as condom acceptability, negotiation skills, and use
- ↓ Reduced early marriage

POPULATIONS

Community members aged 15 years and older

SETTINGS

Rural and urban, whole communities or specific groups, or in school settings

DURATION/INTENSITY

Eighteen 3-hour sessions over 12 weeks (five extra optional sessions)

CORE COMPONENTS

Content

Five sequential themes

- ▶ Group cooperation to build trust and communication skills
- ▶ HIV and safer sex
- ▶ "Why do we behave as we do?"
Understanding relationships, others' perspectives, and how social norms influence poverty, gender, and power imbalances
- ▶ "Ways in which we can change" to explore options for collectively changing social norms
- ▶ "Moving forward together" to share workshop findings with the wider community

Delivery

- Peer groups of same sex and age, with facilitators of the same sex and similar age
- Non-formal, highly interactive learning
- Role-play, "deep meaning games", drawing exercises
- "Fusion and fission" approach where peer groups meet separately, with occasional whole-programme sessions

How will you do this?

Needs assessment and adaptation

Important to start with issues and a goal that are important to the community

Guidelines for adapting Stepping Stones (2017 version) available (27)

Recognized trainers support programme adaptation for local communities

Human resources

Roles

Facilitators (part-time)

- Former participant in Stepping Stones
- Same sex and similar age to the participants
 - » Ideally, include one facilitator living openly with HIV to serve as a role model for community members
- Good communication and facilitation skills
- Basic knowledge of HIV and AIDS issues
- Ability to speak local languages and read English (or language of translated manual)

Trainers of facilitators (full-time)

- Previously a lead facilitator
- Attends refresher 2-week review and training-of-trainers course

Coverage

- Each facilitator supports one of four concurrent groups of up to 24 participants (up to 96 participants per community)
- Facilitator teams can work in two communities
- A team of four trainers could train and support up to 10 teams of facilitators

Training and supervision

5-week residential training, in three sessions over 3 months

Training manual available in English and Swahili, optional DVD

Implementation support

Stepping Stones and Stepping Stones Plus manual available (28)

Stepping Stones maintains a network of recognized trainers

Online community of practice has resources developed and shared by implementing organizations



What will this cost?

Cost elements

Start-up costs

- Materials– US\$ 39.95 per manual per facilitator
- Training for facilitators

Ongoing costs

- Staff and ongoing training
- Meeting costs such as venue hire, transportation, refreshments, meals, and child care
- Optional in-kind support for poorer community members, to enable them to attend

Cost estimates from The Gambia and other programmes available on *Stepping Stones* website.

Sources of funding

Sector budgets for health, gender, education; foundations; multilateral or bilateral agencies

How will you know it is working?

Fidelity, QA, and process evaluations

M&E toolkit for *Stepping Stones* implementation developed for the Pacific region available (29)

Lessons learned from past evaluations can help inform implementation and are available on the website

What else can you learn?

Stepping Stones website:

www.stepsstonesfeedback.org (30)

Resources include:

- *Stepping Stones* and *Stepping Stones Plus* manual
- Guidelines for adapting *Stepping Stones* 2017 version
- List of recognized trainers in east and southern Africa
- Links to evaluations of programme in different settings
- Implementation costs in different settings

Programme brief: Safe Dates

Safe Dates is a classroom-based, 10-session programme to raise adolescent students' awareness of what constitutes a healthy or an abusive dating relationships, as well as the causes and consequences of dating violence. Based on social norms theory, it helps change adolescents' norms about dating violence, and equips students with skills and resources to develop healthy dating relationships, positive communication, anger management, and conflict resolution. Youth participating in *Safe Dates* have reported less dating violence perpetration and victimization and peer victimization. The programme also includes a poster contest, a play about dating abuse, and parent materials. *Safe Dates* has been administered to over 600 000 adolescents and adults in Australia, Canada, Chile, Guam, Greece, Iceland, Ireland, Japan, the Netherlands, Switzerland, Thailand, the United Kingdom and five states in the USA. A second edition of the curriculum, published in 2010, added lesbian, gay, bisexual, and transgender (LGBTQ) awareness, and a component for parents called *Families for Safe Dates* (see *Parent and Caregiver Support* strategy).

For more information see *Safe Dates' An adolescent dating abuse prevention curriculum* at <https://www.hazelden.org/web/go/safedates> (31)



Implementation worksheet

Use this worksheet to plan implementation and link your intervention to other INSPIRE strategies. Under each action are things to consider. You may want to add your own considerations to this list.

ACTION	THINGS TO CONSIDER
Assess current environment	<ul style="list-style-type: none"> ▶ Barriers to participation in school, including norms about girls' education ▶ Laws, policies, and systems that influence school curricula and environments ▶ Data about types and perpetrators of violence against children, and how violence is gendered ▶ Factors affecting children's safety in, around, and to and from schools ▶ Tools to assess school environments ▶ Opportunities and barriers to implementing or expanding Education and life skills
Select interventions	<ul style="list-style-type: none"> ▶ Fit within a comprehensive plan ▶ Feasibility given context and available resources ▶ Strengthen and expand current efforts, or add new approaches
Build partnerships	<ul style="list-style-type: none"> ▶ Links to related issues or other INSPIRE strategies ▶ Partnerships with education policy and administrative stakeholders; with other sectors (culture, sport, public works); with educators ▶ How to engage communities, parents and students
Determine resource needs and sources <ul style="list-style-type: none"> • Estimate cost • Human resources • Sources of financial support 	<ul style="list-style-type: none"> ▶ Systems, infrastructure, data collection, or other inputs needed ▶ Cost all phases needed: assessment, formative research and adaptation, systems strengthening, technical support, training and staff, pilot phase, data collection, M&E, scale-up ▶ Staff and training needs ▶ Sources of funding, how to leverage and sustain
Refine approaches and adapt programmes for local context	<ul style="list-style-type: none"> ▶ Needs assessment or formative research if needed ▶ Community stakeholder and student engagement and participation ▶ Plan for adaptation ▶ Tools, manuals, or technical support available ▶ Plan for scale-up
Plan for monitoring and evaluation	<ul style="list-style-type: none"> ▶ Tools for monitoring and evaluating ▶ INSPIRE Indicators you will use to measure impact ▶ Data collection system or process ▶ Where to get technical support for M&E
Other	<hr/> <hr/>

NOTES


(What you know now)

RESOURCES, EXPERTS, PARTNERS

(Where can you get additional information)



Create a timeline for next steps

ACTION ITEM	RESPONSIBLE PARTY	DATE	NOTES
			



Resources

General

Billingsley S, Silverman A. Safe to learn: safe journeys to school are a child's right. New York: UNICEF; 2015 (https://www.unicef.org/education/files/Safe_to_Learn_report.pdf, accessed 28 April 2018).

Describes issues and interventions to promote safe journeys to school for children.

UNESCO and UN Women. Global guidance: school-related gender-based violence. New York: UNESCO; 2016 (<http://unesdoc.unesco.org/images/0024/002466/246651E.pdf> , accessed 28 April 2018).

Aimed at policy-makers, education ministries, school administrators, educators and other school staff, this document is a comprehensive resource on school-related gender-based violence (SRGBV), and includes clear, knowledge-based operational guidance, diverse case studies drawn from examples of promising practice, and recommended tools for the education sector and its partners working to eliminate GBV.

Early and unintended pregnancy and the education sector: an evidence review. Paris: UNESCO; 2017 (http://www.ungei.org/Evidence_Review_early_unintended_pregnancy_.pdf, accessed 28 April 2018).

Includes recommendations to guide ministries of education on actions that help prevent early and unintended pregnancy, and ensure that pregnant and parenting girls can continue education in a safe and supportive school environment.

Parkes J, Heslop J, Johnson Ross F, Westerveld R, Unterhalter E. A rigorous review of global research evidence on policy and practice on school-related gender-based violence. New York: UNICEF; 2016 (https://www.unicef.org/education/files/SRGBV_review_FINAL_V1_web_version.pdf, accessed 28 April 2018).

Review and analysis of research evidence on approaches to addressing SRGBV, with insights and recommendations for ending gender violence in and around schools.

Online violence

Preventing and tackling child sexual exploitation and abuse (CSEA): a model national response. London WePROTECT Global Alliance; 2016 (<http://www.weprotect.org/the-model-national-response/>, accessed 28 April 2018).

Provides guidance and examples of good practice for a model national response to prevent and address online CSEA, and helps countries assess their current response, identify gaps, prioritize national efforts to fill gaps, and enhance international understanding and cooperation.

Humanitarian

Terlonge P, Ager W, Dybdal AS, Wiedemann N, Juul Rasmussen T. The children's resilience programme: psychosocial support in and out of schools. Denmark: Save the Children; 2012 (<https://resourcecentre.savethechildren.net/library/childrens-resilience-programme-psychosocial-support-and-out-schools>, accessed 28 April 2018).

Using a non-clinical psychosocial and protection methodology that focuses on children's positive coping and resilience, this programme handbook draws on evidence-supported techniques for building resilience of children and creating a safe and inclusive environment.

Minimum standards for education: preparedness, response, recovery, second edition. New York: Inter-Agency Network for Education in Emergencies; 2010.

Provides guidance on how to prepare for and respond to acute emergencies in ways that reduce risk, improve future preparedness and lay a solid foundation for quality education. This contributes to building back stronger education systems in the recovery and development stages.

INEE Toolkit [website]. Inter-Agency Network for Education in Emergencies. (http://toolkit.ineesite.org/guidance_notes_on_teaching_and_learning, accessed 28 April 2018).

Contains a wide variety of practical, user-friendly tools and resources to guide educationalists, humanitarian workers and government officials working in the field of education in emergencies through to recovery.



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Appendix A

List of core INSPIRE indicators and domains

Impact/goal: *All* children, including adolescents, grow up with greater freedom from all forms of violence; and those who do experience violence benefit from more appropriate care, support and access to justice needed to ensure physical, mental and social well-being.*

**Including children in situations of vulnerability.*

Domain	Sub-domain	Indicator
Violence by caregivers	Violent discipline by caregivers	1.1 Violent discipline by caregivers, past month (SDG Indicator 16.2.1) Percentage of girls and boys aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month, by sex and age
Physical punishment in school	Physical punishment by teachers	1.2 Physical punishment by teachers, past 12 months Percentage of female and male children and/or adolescents currently attending school who report being physically punished by a teacher in the past 12 months, by sex and grade level (or age)
Sexual violence in childhood	Lifetime childhood sexual violence	1.3 Lifetime sexual violence in childhood by any perpetrator (SDG Indicator 16.2.3) Percentage of young women and men aged 18-29 years who experienced sexual violence before age 18 years, by sex and age
	Past year childhood sexual violence	1.4 Past year sexual violence in childhood by any perpetrator Percentage of female and male adolescents aged 13-17 years who experienced sexual violence in the past 12 months, by sex and age
Partner violence against adolescents	Violence against adolescent girls within marriage or marriage-like relationships	1.5 Physical and/or sexual violence by an intimate partner against ever-partnered adolescent girls, past 12 months (SDG indicator 5.2.1, sub-indicator 4) Percentage of ever-partnered adolescent girls aged 15-19 years subjected to physical and/or sexual violence by a current or former intimate partner in the past 12 months
	Violence against adolescent girls and boys by romantic partners	1.6 Physical and/or sexual violence against adolescents by a romantic partner, past 12 months Percentage of female and male adolescents aged 13-19 years subjected to physical and/or sexual violence by any romantic partner in the past 12 months, among those who ever had a romantic partner, by sex and age
Peer violence	Bullying victimization	1.7 Peer violence - bullying victimization, past 12 months Percentage of female and male adolescents who experienced bullying during the past 12 months, by type, sex and grade level (or age).
Physical violence against adolescents	Physical attacks against adolescents	1.8 Physical attack against adolescents, past 12 months Percentage of female and male adolescents who were physically attacked in the past 12 months, by sex and grade level (or age)

Domain	Sub-domain	Indicator
Child homicide	Child homicide rate	1.9 Child homicide rate (SDG indicator 16.1.1) Number of victims of intentional homicide aged 0-19 years per 100,000 population aged 0-19 years, by sex and age
Child exposure to violence in the home	Child exposure to partner violence against mother/stepmother	1.10 Child exposure to households affected by physical partner violence against women Percentage of female and male adolescents and young adults aged 13-24 years who report that their father or stepfather ever hit or beat their mother or stepmother during the respondents' childhood, by sex and age of respondent

Monitoring and evaluation

Intermediate (outcome) result: Countries have expanded the research and surveillance evidence base on violence against children and adolescents available for policy-making.

Domain	Sub-domain	Indicator
National prevalence estimates for key forms of violence	National prevalence estimates for key forms of violence against children and adolescents	2.1 National prevalence estimates for key forms of violence against children and adolescents Proportion of 10 impact indicators for which country has recent, national prevalence estimates on violence against children and adolescents from population-based household or school-based surveys, disaggregated by sex and age (if applicable)

Output (lower level result): Countries have strengthened capacity and investment in violence-related surveillance, monitoring and evaluation.

Domain	Sub-domain	Indicator
Administrative data systems	Administrative data systems	2.2 Administrative data systems that track and report data related to violence against children Proportion of three sectors (social services, justice and health) that have administrative data systems capable of producing key types of administrative data on violence against children at the national level, disaggregated by age, sex and type of violence
Scale up and quality of INSPIRE strategies	Scale up and quality of efforts to strengthen monitoring and evaluation efforts	Scale up and quality of efforts to strengthen monitoring and evaluation efforts Countries or programmes may need to develop locally appropriate indicators to measure scale up and quality of efforts to strengthen monitoring and evaluation related to violence against children, adapted to what is most relevant to the geographic and programmatic context.

Implementation and enforcement of laws

Intermediate (outcome) result: Countries have strengthened implementation and enforcement of laws and policies that protect children and adolescents from violence, reduce excessive alcohol use and youth access to weapons.

Domain	Sub-domain	Indicator
Laws and policies	Laws protecting children from physical punishment	3.1 Laws protecting children from physical punishment (violent punishment) Existence of legislation prohibiting all forms of physical punishment of children, by setting (home, schools, alternative care settings and day care, penal institutions/in places of detention, and as a sentence for an offence)
	Laws protecting children from sexual abuse and exploitation	3.2 Laws protecting children from sexual abuse and exploitation Alignment of the national legal framework with international standards regarding the criminalization of child sexual abuse and exploitation and protection of child victims
	Laws protecting children from key risk factors for violence and exploitation	3.3 Laws and policies protecting children from key risk factors for violence and exploitation Existence of laws, policies or regulations that protect children from key risk factors.
	Laws and policies to protect children	3.4 Laws and policies regarding institutional and duty bearer responses to violence against children Existence of key laws and policies to protect children from violence and ensure an adequate response from duty bearers, professionals, and justice sector institutions
Awareness of laws	Awareness of laws	3.5 Awareness of laws banning violence against children Percentage of female and male adolescents and adults who are aware of legislation banning key forms of violence against children, such as physical punishment (violent punishment), by sex and age

Output (lower level result): Countries have assessed whether legal frameworks and justice system practices align with international norms and best practices that aim to protect children and adolescents from violence.

Domain	Sub-domain	Indicator
Review of legal and policy frameworks in accordance with international norms	Review of legal and policy frameworks in accordance with international norms	3.6 Assessment of whether legal framework aligns with international norms National assessment of whether the legal framework aligns with international norms, using the <i>UNODC Model Strategies on Violence against Children Checklist</i> , within the past five years

Norms and values

Intermediate (outcome) result: Norms and values of key groups support non-violent, respectful, nurturing and gender-equitable relationships for all children and adolescents.

Domain	Sub-domain	Indicator
Support for physical punishment (home)	Agreement with necessity of physical punishment for child-rearing	4.1 Agreement with the necessity of physical punishment for child-rearing Percentage of adults or adolescents who agree that physical punishment of children is necessary for child-rearing
Support for physical punishment (schools)	Support for physical punishment by teachers	4.2 Support for physical punishment by teachers or administrators in school Percentage of adolescents or adults who agree that teachers or administrators should be allowed to physically punish children in school
Support for positive gender norms	Acceptability of wife-beating	4.3 Acceptability of wife-beating Percentage of females and males aged 13-49 years who agree that a husband (man) is justified in hitting or beating his wife (partner) for at least one specified reason, by sex and age
	Attitudes about women's right to refuse sex	4.4 Attitudes about women's right to refuse sex Percentage of females and males aged 13-49 years who believe that a wife (woman) is obliged to have sex with her husband even if she does not feel like it, by sex and age

Output (lower level result): Key population groups have greater exposure to messages about violence against children, gender-equity, and respect for the rights of all children and adolescents.

Domain	Sub-domain	Indicator
Scale up, coverage and quality of INSPIRE strategies	Scale up, coverage and quality of Norms and values strategies	Scale up, coverage and quality of Norms and values strategies Countries or programmes may need to develop locally appropriate indicators to measure scale up, coverage and quality of Norms and values strategies, adapted to what is most relevant to the geographic and programmatic context.

Safe environments

Intermediate (outcome) result: Public spaces, online and built environments where children and youth spend time are safer and more inclusive for all children.

Domain	Sub-domain	Indicator
Homicide rates	Homicide rates, all ages	5.1 Homicide rate (SDG indicator 16.1.1) Number of victims of intentional homicide per 100 000 population, by sex and age
Availability of arms and weapons	Adolescent and adult weapon carrying in the community	5.2 Weapon carrying in the community, past month Percentage of female and male adolescents and young adults who report carrying a weapon such as a gun or knife in the community or neighbourhood in the past 30 days, by sex and age
Interaction with unknown persons met online	Online interaction with unknown persons	5.3 Online interaction with unknown persons, past 12 months Percentage of female and male child and adolescent Internet users who interacted online in the past 12 months with persons they had not met before in person, by sex and age
	Face-to-face meeting with persons first met online	5.4 Face-to-face meeting with persons first met online, past 12 months Percentage of female and male child and adolescent Internet users who met face to face in the past 12 months with persons they first met online, by sex and age
		Cross-reference from Education and life skills strategy: 9.2 Percentage of female and male adolescents who stayed away from school during the past month and past 12 months because they felt unsafe at or on the way to/from school or online, by sex and age

Output (lower level result): Countries strengthen the coverage and quality of multi-sectoral efforts to improve the safety of public, online and built environments.

Domain	Sub-domain	Indicator
Scale up, coverage and quality of INSPIRE strategies	Scale up, coverage and quality of Safe environments strategies	Scale up, coverage and quality of Safe environments strategies Countries or programmes may need to develop locally appropriate indicators to measure scale up, coverage and quality of Norms and values strategies, adapted to what is most relevant to the geographic and programmatic context.

Parent and caregiver support

Intermediate (outcome) result: Parents and caregivers strengthen positive parenting practices and create more nurturing, supportive parent/child relationships.

Domain	Sub-domain	Indicator
Positive discipline by caregivers	Positive discipline by caregivers	6.1 Non-violent discipline by caregivers, past month Percentage of girls and boys aged 1-17 years who experienced any non-violent method of discipline by a caretaker in the past month, by sex and age
Positive parent/child relationships	Early childhood nurturing	6.2 Early childhood caregiver engagement and nurturing Percentage of girls and boys aged 36 to 59 months with whom an adult household member engaged in four or more activities to promote learning and school readiness in the past three days
	Parent/guardian understanding of adolescents' problems	6.3 Parent/guardian understanding of adolescents' problems, past month Percentage of female and male adolescents aged 13-17 years who report that their parents or guardians understood their problems and worries most of the time or always during the past 30 days, by sex and age
Parental/guardian supervision	Parental/guardian supervision of adolescents	6.4 Parent/guardian supervision of adolescents, past month Percentage of female and male adolescents aged 13-17 years who report that their parents or guardians knew what they were really doing with their free time most of the time or always, in the past 30 days, by sex and age
		Cross-reference from Norms and values strategy: 4.1 Percentage of adults or adolescents who agree that physical punishment of children is necessary for child-rearing

Output (lower level result): Countries have increased the coverage and quality of programmes to support parents and caregivers and promote positive parenting.

Page	Sub-domain	Indicator
Scale up, coverage and quality of INSPIRE strategies	Scale up, coverage and quality of Parent and caregiver support strategies	Scale up, coverage and quality of Parent and Caregiver Support strategies Countries or programmes may need to develop locally appropriate indicators to measure scale up, coverage and quality of Parent and caregiver support strategies, adapted to what is most relevant to the geographic and programmatic context

Income and economic strengthening

Intermediate (outcome) result: Households/families with children have greater economic security, more gender-equitable norms, and lower levels of intimate partner violence.

Domain	Sub-domain	Indicator
Household economic insecurity	Children living below national poverty line	7.1 Children below the national poverty line (SDG indicator 1.2.1) Percentage of girls and boys aged 0-17 years living in households below the national poverty line, by sex and age
	Children in food insecure households	7.2 Children living in food insecure households (SDG indicator 2.1.2) Percentage of girls and boys aged 0-17 years whose households experienced food insecurity at moderate or severe levels, in the past 12 months, based on the Food Insecurity Experience Scale (FIES) or another regionally or nationally validated scale
Women's economic empowerment within the household	Decision-making within the household among currently-partnered women and girls	7.3 Empowerment of currently-partnered women and girls Percentage of currently-partnered women and girls aged 15-49 years who participate (alone or jointly) in all three of the following decisions: their own health care, making large purchases, and visits to family, relatives and friends, by age (15-19 and 15-49)

Output (lower level result): Households have greater access to economic support programmes that integrate attention to gender equity and family violence prevention.

Domain	Sub-domain	Indicator
Access to social protection and household economic support	Children covered by social protection (economic assistance programmes)	7.4 Children covered by social protection systems (SDG indicator 1.3.1) Percentage of girls and boys aged 0-17 years living in households covered by social protection floors/systems (i.e. economic assistance programmes) within the last three months
Scale up, coverage and quality of INSPIRE strategies	Scale up, coverage and quality of Income and economic strengthening Strategies	Scale up, coverage and quality of (I) Income and economic strengthening Strategies Countries or programmes may need to develop other locally appropriate indicators to measure scale up, coverage and quality of Income and economic strengthening strategies, adapted to what is most relevant to the geographic and programmatic context.

Response and support services

Intermediate (outcome) result: Countries have strengthened the quality and coverage of reporting mechanisms, response services and prevention of violence against children in all sectors.

Domain	Sub-domain	Indicator
Disclosure of violence in childhood	Disclosure of childhood sexual violence	8.1 Disclosure of lifetime childhood sexual violence Percentage of female and male adolescents aged 13-17 years who ever disclosed experiences of childhood sexual violence, among those who ever experienced sexual violence, by sex
	Disclosure of physical violence in childhood	8.2 Disclosure of lifetime physical violence in childhood Percentage of female and male adolescents aged 13-17 years who ever disclosed experiences of physical violence in childhood, among those who ever experienced physical violence, by sex
Help-seeking for violence in childhood	Help-seeking for childhood sexual violence	8.3 Help-seeking for lifetime childhood sexual violence Percentage of female and male adolescents aged 13-17 years who sought institutional or professional help for sexual violence, among those who report experiencing sexual violence ever in life, by sex
	Help-seeking for physical violence in childhood	8.4 Help-seeking for lifetime physical violence in childhood Percentage of female and male adolescents aged 13-17 years who sought institutional or professional help for physical violence in childhood, among those who report experiencing physical violence ever in life, by sex
Receipt of services for violence in childhood	Receipt of services for childhood sexual violence	8.5 Receipt of services for lifetime childhood sexual violence Percentage of female and male adolescents aged 13-17 years who ever received services for childhood sexual violence, among those who ever experienced sexual violence, by sex and by type of service received
	Receipt of services for physical violence in childhood	8.6 Receipt of services for lifetime physical violence in childhood Percentage of female and male adolescents aged 13-17 years who ever received services for physical violence in childhood, among those who ever experienced physical violence, by sex and by type of service received
Awareness of services	Awareness of support services for violence	8.7 Awareness of support services for violence among adolescents Percentage of female and male adolescents aged 13-19 years who know someplace they can go for help in cases of physical or sexual violence, by sex and age
Justice system support for children	Justice sector support for child victims	8.8 Support for children in contact with the justice system Percentage and number of girls and boys below age 18 years in contact with the justice system during the past year who received specialized support
	Children in detention	8.9 Children in detention Number of girls and boys below 18 years of age in detention per 100 000 child population, by sex and age

Output (lower level result): Countries have strengthened the capacity of whole sectors (justice, social welfare, health, education) to prevent and respond to violence against children and adolescents.

Domain	Sub-domain	Indicator
Capacity of child protection system	Capacity of child protection system	<p>8.10 Size of the social service workforce</p> <p>Number of social service workers with responsibility for child protection (or child welfare) per 100 000 children, according to type (e.g. governmental and non-governmental)</p>
	Health sector guidelines on violence against children	<p>8.11 Health sector guidelines on child maltreatment</p> <p>Existence of national guidelines, protocols or standard operating procedures (SOPs) for the health system's response to child maltreatment, consistent with WHO guidelines (expected in 2019) and international human rights standards</p>
	Health sector guidelines on sexual violence against children	<p>8.12 Health sector guidelines on sexual violence against children</p> <p>Existence of national guidelines, protocols or standard operating procedures (SOPs) for the health system's response to sexual violence against children and adolescents that are consistent with WHO guidelines and international human rights standards</p>
Scale up, coverage and quality of INSPIRE strategies	Scale up, coverage and quality of Response and support strategies	<p>Scale up, coverage and quality of Response and support strategies</p> <p>Countries or programmes may need to develop other locally appropriate indicators to measure scale up, coverage and quality of Response and support strategies, adapted to what is most relevant to the geographic and programmatic context.</p>

Education and life skills

Intermediate (outcome) result: Children and adolescents increase school attendance and achievement, postpone child marriage and early childbearing; build more gender-equitable, non-violent relationships; and reduce risk behaviours such as substance abuse.

Domain	Sub-domain	Indicator
School attendance and parity	Out-of-school rates	9.1 Out-of-school rates, primary and lower secondary Percentage of primary and lower secondary school age children who did not attend school during the academic school year, by sex and by school age (primary, lower secondary)
Perceived safety at or on the way to school	Missed school due to safety concerns	9.2 Missed school due to safety concerns, past month and past 12 months Percentage of adolescents who stayed away from school during the past month and past 12 months because they felt unsafe at or on the way to/from school or online, by sex and age
Adolescent sexual and reproductive health behaviour	Early sexual debut	9.3 Early sexual debut Percentage of females and males aged 15-19 years who had their first sexual intercourse before age 15, by sex
	Early childbearing before age 15 and 18 years	9.4 Early childbearing before age 15 and 18 Percentage of women and girls aged 15-19 years who gave birth before age 15 years Percentage of women aged 20-24 years who gave birth before age 18 years
Child marriage	Child marriage before age 15 and 18 years	9.5 Child marriage before age 15 and 18 years (SDG indicator 5.3.1) Percentage of women aged 20-24 years who were married or in union before age 15 years and before age 18 years
Adolescent alcohol use	Adolescent binge drinking	9.6 Adolescent binge drinking Percentage of adolescents who had at least one episode of binge drinking in the past month
Cross reference with all intermediate (outcome) level indicators of the Norms and values strategy.		

Output (lower level result): Children and adolescents have greater access to education, life skills and livelihood programmes that are safe, effective, gender-responsive and engaged in violence prevention.

Domain	Sub-domain	Indicator
Coverage of school-based violence prevention	Exposure to violence prevention curricula in schools	9.7 Exposure to violence prevention and response curricula in the past 12 months Percentage of female and male children and adolescents who were taught in their classes in the past academic year how to prevent and respond to violence, by sex and grade level (or age)
Scale up, coverage and quality of INSPIRE strategies	Scale up, coverage and quality of Education and life skills	Scale up, coverage and quality of Education and life skills Countries or programmes may need to develop locally appropriate indicators to measure scale up, coverage and quality of Education and life skills strategies, adapted to what is most relevant to the geographic and programmatic context.

Multisectoral actions and coordination

Intermediate (outcome) result: Countries have strengthened multisector, multi-stakeholder actions and coordination to prevent and respond to violence against children.

Domain	Sub-domain	Indicator
National plans and actions	National, multisectoral, multi-stakeholder plans and actions	<p>10.1 National, multisectoral plans and actions to address violence against children</p> <p>Existence of a national, multisectoral plan(s) or strategy(ies) for coordinated action to prevent and respond to violence against children that meets key criteria for quality, according to status of plan</p>

Output (lower level result): Countries have strengthened the capacity of multisectoral, multi-stakeholder coordination mechanisms, with child and adolescent participation.

Domain	Sub-domain	Indicator
National planning mechanisms	National coordination and planning mechanisms	<p>10.2 National coordination and planning mechanisms</p> <p>Existence of a functioning, national, multisectoral, multi-stakeholder coordination mechanism tasked with overseeing national plans or strategies to prevent and respond to violence against children and adolescents, with child and adolescent participation</p>

Appendix B

Illustrative survey questionnaire items

This appendix provides examples of survey items that can be used to measure the survey-based core INSPIRE indicators. Please consider that while much is known about how best to measure some indicators in this list, most indicators can be measured with a variety of survey questions, depending on what is most appropriate, relevant and ethical for the setting. In addition, some indicators are still emerging or “aspirational”, meaning that more methodological work is needed to understand how to measure them best.

Indicator	Illustrative survey questionnaire items for measuring INSPIRE indicators
1.1 Violent discipline by caregivers, past month (SDG 16.2.1)	<p>MICS Child discipline module (http://mics.unicef.org/tools)</p> <p>PRIMARY CAREGIVERS OF CHILDREN ARE ASKED: <i>Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if <u>you or other adult in your household</u> has used this method with (NAME) in the past month.</i></p> <p>Sub-items c, d and f-k measure violent discipline. Options a, b and e measure non-violent discipline as part of indicator 6.1.</p> <ul style="list-style-type: none">a. <i>Took away privileges, forbade something (NAME) liked or did not allow him/her to leave the house?</i>b. <i>Explained why (NAME)'s behaviour was wrong?</i>c. <i>Shook him/her?</i>d. <i>Shouted, yelled at or screamed at him/her?</i>e. <i>Gave him/her something else to do?</i>f. <i>Spanked, hit or slapped him/her on the bottom with bare hand?</i>g. <i>Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object?</i>h. <i>Called him/her dumb, lazy, or another name like that?</i>i. <i>Hit or slapped him/her on the face, head or ears?</i>j. <i>Hit or slapped him/her on the hand, arm or leg?</i>k. <i>Beat him/her up, that is hit him/her over and over as hard as one could?</i>
1.2 Physical punishment by teachers, past 12 months	<p>2018 GSHS core questionnaire (www.who.int/chp/gshs/methodology/en/)</p> <p>ADOLESCENTS CURRENTLY ATTENDING SCHOOL ARE ASKED: <i>During the past 12 months, did your teacher ever hit, slap or physically hurt you on purpose?</i></p>

1.3 Lifetime sexual violence in childhood by any perpetrator (SDG 16.2.3)

Recommended measures of childhood sexual violence are evolving rapidly in light of ongoing methodological work. The following questions may be considered illustrative of what existing international surveys have used to measure this domain:

DHS violence module

(<https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm>)

RESPONDENTS AGED 15+ YEARS ARE ASKED:

- a. *At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?*
- b. *In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?*
- c. *How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?*

VACS questionnaire

(www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)

RESPONDENTS AGED 13–24 YEARS ARE ASKED:

Sexual touch

a. *Has anyone ever touched you in a sexual way without your permission, but did not try and force you to have sex?*

Attempted forced or pressured sex

a. *Has anyone else ever tried to make you have sex against your will but did not succeed?*

Physically forced sex

a. *Has anyone else ever physically forced you to have sex against your will and did succeed?*

Pressured sex

a. *Has anyone else ever pressured you to have sex, through harassment or threats and did succeed?*

FOR EACH AFFIRMATIVE RESPONSE: *Did this happen to you within the past 12 months? How old were you the first time anyone [DESCRIBE ACT REPORTED]?*

GKO questionnaire (<http://blogs.lse.ac.uk/gko/tools/survey/>)

INTERNET USERS ARE ASKED: *In the past 12 months, have any of these ever happened to you on the Internet, [or when texting or using a mobile phone]?*

- a. *I have been asked for sexual information about myself (like what my body looks like without clothes on or sexual things I have done) when I did not want to answer such question.*
- b. *I have been asked to talk about sexual acts with someone on the Internet when I did not want to.*
- c. *I have been asked by someone on the Internet to do something sexual when I did not want to.*
- d. *I have been asked on the Internet for a photo or video showing my private parts [TRANSLATE AS APPROPRIATE] when I did not want to.*

1.5 Physical and/or sexual violence by an intimate partner against ever partnered adolescent girls, past 12 months (SDG 5.2.1, sub-indicator 4)

DHS violence module

(<https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm>)

EVER PARTNERED GIRLS AND WOMEN AGED 15+ ARE ASKED: *Did your (current/last/any previous) husband/ partner ever do any of the following things to you:*

- a. *Push you, shake you, or throw something at you?*
- b. *Slap you? Twist your arm or pull your hair?*
- c. *Punch you with his fist or with something that could hurt you?*
- d. *Kick you, drag you, or beat you up?*
- e. *Try to choke you or burn you on purpose?*
- f. *Threaten or attack you with a knife, gun, or other weapon?*
- g. *Physically force you to have sexual intercourse with him when you did not want to?*
- h. *Physically force you to perform any other sexual acts you did not want to?*
- i. *Force you with threats or in any other way to perform sexual acts you did not want to?*

FOR EACH ACT REPORTED: How often did this happen during the last 12 months?

The **WHO MCS questionnaire** measures additional acts of **Sexual intimate partner violence**: *Did you ever have sexual intercourse you did not want to because you were afraid of what your partner or any other husband or partner might do if you refused? Did your husband/partner or any other husband or partner ever force you to do anything else sexual that you did not want or that you found degrading or humiliating?*

1.6 Physical and/or sexual violence against adolescents by a romantic partner, past 12 months

VACS questionnaire

(www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)

MALE AND FEMALE ADOLESCENTS AGED 13+ YEARS ARE ASKED: *Has a [INSERT TERM FOR ROMANTIC/DATING/INTIMATE PARTNER] ever:*

- a. *Slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you?*
- b. *Punched, kicked, whipped, or beat you with an object?*
- c. *Choked, smothered, tried to drown you, or burned you intentionally?*
- d. *Used or threatened you with a knife, gun or other weapon?*
- e. *Tried to make you have sex against your will but did not succeed? They might have tried to physically force you to have sex or they might have tried to pressure you to have sex through harassment or threats.*
- f. *Ever physically forced you to have sex against your will and did succeed?*
- g. *Ever pressured you to have sex, through harassment or threats and did succeed?*

(FOR EACH ACT REPORTED): Has this happened in the past 12 months?

1.7 Peer violence - bullying victimization, past 12 months

2018 GSHS core questionnaire (www.who.int/chp/gshs/methodology/en/)

ADOLESCENTS CURRENTLY ATTENDING SCHOOL ARE ASKED: *Bullying occurs when one or more students or someone else about your age teases, threatens, ignores, spreads rumours about, hits, shoves, or hurts another person over and over again. It is not bullying when two people of about the same strength or power argue or fight or tease each other in a friendly way.*

1. *During the past 12 months, have you ever been bullied on school property/not on school property?*
2. *During the past 12 months, have you ever been cyber bullied? Count being bullied through texting, Instagram, Snapchat, Facebook, [COUNTRY SPECIFIC EXAMPLES], or other social media.*

Indicator	Illustrative survey questionnaire items for measuring INSPIRE indicators
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<p>1.8 Physical attack against adolescents, past 12 months</p>	<p>2013 and 2018 GSHS core questionnaires (www.who.int/chp/gshs/methodology/en/)</p> <p><i>A physical attack is defined as an incident in which one or more people hit or strike someone, or when one or more people hurt another person with a weapon (such as a stick, knife or gun). It is not a physical attack when two students of about the same strength or power choose to fight each other. During the past 12 months, how many times were you physically attacked?</i></p>
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<p>1.10 Child exposure to households affected by physical partner violence against women</p>	<p>VACS questionnaire www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html <i>How many times did you see or hear your mother or stepmother being punched, kicked, or beaten up by your father or stepfather? (Never, Once, More than one time, Do not know)</i></p> <p>DHS violence module https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm <i>As far as you know, did your father ever beat your mother?</i></p> <p>WHO MCS questionnaire www.who.int/reproductivehealth/topics/violence/mc_study/en/ <i>When you were a child, was your mother hit by your father (or her husband or boyfriend)?</i></p>
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<p>3.5 Awareness of laws banning violence against children</p>	<p>Adapted from Bussmann et al.¹ and the 2013 Ontario, Canada Parent Survey</p> <p>ADULTS OR ADOLESCENTS ARE ASKED: <i>Based on what you have heard or know about laws in your country, please indicate whether you believe that the law allows parents or guardians to punish a child who misbehaves using the following acts:</i></p> <p>[ADAPT SUB-ITEMS TO INCLUDE ACTS THAT ARE OR ARE NOT BANNED BY LAW IN THAT COUNTRY OR STATE, E.G. ANY PHYSICAL PUNISHMENT OF A CHILD OF ANY AGE; SPANKING THE CHILD’S BOTTOM WITH A HAND, BEATING WITH A STICK OR OTHER OBJECT, ETC.]</p>
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<p>4.1 Agreement with necessity of physical punishment for child-rearing</p>	<p>MICS Child discipline module http://mics.unicef.org/tools</p> <p>PRIMARY CAREGIVERS OF CHILDREN ARE ASKED: <i>Do you believe that in order to bring up, raise or educate a child properly, the child needs to be physically punished?</i></p>
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<p>4.2 Support for physical punishment by teachers or administrators in school</p>	<p>Adapted from an Ipsos survey carried out for Reuters www.ipsos.com/sites/default/files/news_and_polls/2014-10/6619-topline.pdf</p> <p><i>Please indicate how much you agree or disagree with the following statements: Teachers or administrators should be allowed to physically punish children at school, for example, by hitting a child with a hand or an object, as long as it isn’t excessive. (Strongly agree, Somewhat agree, Somewhat disagree, Strongly disagree, Don’t know)</i></p>
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1. Bussmann KD, Erthal C, Schroth A. *Effects of Banning Corporal Punishment in Europe: A five nation comparison*. In: Durrant JE and Smith AB, editors. *Global Pathways to Abolishing Physical Punishment: Realizing children’s rights*. New York: Routledge; 2010: 299-322. (www.taylorfrancis.com/books/e/9781136886355)

4.3 Acceptability of wife-beating**DHS core questionnaire**

(<https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm>).

RESPONDENTS AGED 15+ YEARS ARE ASKED: *In your opinion, is a husband justified in hitting or beating his wife in the following situations:*

- a. *If she goes out without telling him?*
- b. *If she neglects the children?*
- c. *If she argues with him?*
- d. *If she refuses to have sex with him?*
- e. *If she burns the food?*

DHS and WHO MCS surveys sometimes ask about additional circumstances, such as: *If he suspects that she has been unfaithful.*

VACS surveys measure this indicator among respondents aged 13–24 years.

4.4 Attitudes about women's right to refuse sex**RHS and WHO MCS**

(www.who.int/reproductivehealth/topics/violence/mc_study/en/)

RESPONDENTS AGED 15+ YEARS ARE ASKED: *In this community and elsewhere, people have different ideas about families and what is acceptable behaviour for men and women in the home. I would like you to tell me whether you generally agree or disagree with the statement. There are no right or wrong answers: It is a wife's obligation to have sex with her husband even if she doesn't feel like it. (Strongly agree, Somewhat agree, Somewhat disagree, Strongly disagree, Don't know)*

5.2 Weapon carrying in the community, past month**2018 GSHS core expanded module on violence** (www.who.int/chp/gshs/methodology/en/)

ADOLESCENTS ARE ASKED *During the past 30 days, on how many did you carry a weapon such as a gun, knife, club or [COUNTRY SPECIFIC OPTIONS]?*

5.3 Online interaction with unknown persons, past 12 months**GKO survey questionnaire** (<http://blogs.lse.ac.uk/gko/tools/survey/>)

CHILD AND ADOLESCENT INTERNET USERS ARE ASKED: *In the past year, have you ever had contact on the Internet with someone you have not met face to face before?*

5.4 Face-to-face meeting with persons first met online, past 12 months**GKO survey questionnaire** (<http://blogs.lse.ac.uk/gko/tools/survey/>)

CHILD AND ADOLESCENT INTERNET USERS ARE ASKED: *In the past year, have you ever met anyone face to face that you first got to know on the Internet?*

6.1 Non-violent discipline by caregivers, past month

MICS Child discipline module (<http://mics.unicef.org/tools>)

PRIMARY CAREGIVERS OF CHILDREN ARE ASKED: *Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if you or any other adult in your household has used this method with (NAME) in the past month.*

Sub-items a, b and e measure non-violent discipline. Options c, d and f-k measure violent discipline as part of indicator 1.1.

- a. *Took away privileges, forbade something (NAME) liked or did not allow him/her to leave the house?*
- b. *Explained why (NAME)'s behaviour was wrong?*
- c. *Shook him/her?*
- d. *Shouted, yelled at or screamed at him/her?*
- e. *Gave him/her something else to do?*
- f. *Spanked, hit or slapped him/her on the bottom with bare hand?*
- g. *Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object?*
- h. *Called him/her dumb, lazy, or another name like that?*
- i. *Hit or slapped him/her on the face, head or ears?*
- j. *Hit or slapped him/her on the hand, arm or leg?*
- k. *Beat him/her up, that is hit him/her over and over as hard as one could?*

6.2 Early childhood caregiver engagement and nurturing

MICS Questionnaire for children under five (<http://mics.unicef.org/tools>)

IN REGARD TO EACH SPECIFIC CHILD UNDER 5 YEARS OF AGE IN THE HOME, CAREGIVERS ARE ASKED: *In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (NAME):*

- a. *Read books or looked at picture books with (NAME)?*
- b. *Told stories to (NAME)?*
- c. *Sang songs to or with (NAME), including lullabies?*
- d. *Took (NAME) outside the home?*
- e. *Played with (NAME)?*
- f. *Named, counted, or drew things for or with (NAME)?*

6.3 Parent/guardian understanding of adolescents, past month

2013 and 2018 GSHS core questionnaire (www.who.int/chp/gshs/methodology/en/)

ADOLESCENTS ARE ASKED: *During the past 30 days, how often did your parents or guardians understand your problems and worries? (Never, rarely, sometimes, most of the time, always)*

6.4 Parent/guardian supervision of adolescents, past month

2013 and 2018 GSHS core questionnaire (www.who.int/chp/gshs/methodology/en/)

ADOLESCENTS ARE ASKED: *During the past 30 days, how often did your parents or guardians really know what you were doing with your free time? (Never, rarely, sometimes, most of the time, always).*

7.2 Children living in food insecure households (SDG 2.1.2)

The FIES household scale

(www.fao.org/in-action/voices-of-the-hungry/fies/en/)

RESPONDENTS AGED 15+ YEARS ARE ASKED: *Now I would like to ask you some questions about food. During the last 12 months, was there a time when:*

1. *You or others in your household worried about not having enough food to eat because of a lack of money or other resources?*
2. *Still thinking about the last 12 months, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?*
3. *Was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?*
4. *Was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?*
5. *Still thinking about the last 12 months, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?*
6. *Was there a time when your household ran out of food because of a lack of money or other resources?*
7. *Was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?*
8. *Was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?*

7.3 Empowerment of currently-partnered women and girls

DHS core questionnaire

(<https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm>)

CURRENTLY MARRIED OR COHABITING WOMEN AND GIRLS ARE ASKED:

1. *Who usually makes decisions about health care for yourself?*
2. *Who usually makes decisions about making major household purchases?*
3. *Who usually makes decisions about visits to your family or relatives?*
(*You, Your husband/partner, You and your husband/partner jointly, Someone else*)

7.4 Children covered by social protection systems (SDG 1.3.1)

MICS Social Transfers Module, Household Questionnaire (<http://mics.unicef.org/tools>)

RESPONDENTS AGED 15+ YEARS ARE ASKED: *I would like to ask you about various external economic assistance programmes provided to households. By external assistance I mean support that comes from the government or from non-governmental organizations such as religious, charitable, or community-based organizations. This excludes support from family, other relatives, friends or neighbours.*

1. *Are you aware of (NAME OF PROGRAMME*)?*
2. *Has your household or anyone in your household received assistance through (NAME OF PROGRAMME*)?*
3. *When was the last time your household or anyone in your household received assistance through (NAME OF PROGRAMME*)?*

[*QUESTIONS ASK ABOUT UP TO 3 SPECIFIC LOCAL ASSISTANCE PROGRAMMES BY NAME, ANY RETIREMENT PENSION AND 'ANY OTHER' PROGRAMME, ADAPTED TO THAT SETTING]

8.1 Disclosure of lifetime childhood sexual violence

VACS questionnaire

(www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)

ADOLESCENTS AGED 13-17 YEARS WHO REPORT CHILDHOOD SEXUAL VIOLENCE ARE ASKED: *Did you tell anyone about any of these experiences? Who did you tell?*

Indicator	Illustrative survey questionnaire items for measuring INSPIRE indicators
8.2 Disclosure of lifetime physical violence in childhood	<p>VACS questionnaire www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p>ADOLESCENTS AGED 13-17 YEARS WHO REPORT PHYSICAL VIOLENCE IN CHILDHOOD ARE ASKED: <i>Did you tell <u>anyone</u> about <u>any</u> of these experiences? Who did you tell?</i></p>
8.3 Help-seeking for lifetime childhood sexual violence	<p>VACS questionnaire www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p>ADOLESCENTS WHO REPORT CHILDHOOD SEXUAL VIOLENCE ARE ASKED: <i>Thinking about all your unwanted sexual experiences, did you know a hospital/clinic, police station, helpline (REPLACE WITH RELEVANT COUNTRY SPECIFIC NAME), social welfare (REPLACE WITH RELEVANT COUNTRY SPECIFIC NAME), or legal office to go for help? Did you try to seek help from any of these places for any of these experiences?</i> [THERE MAY ALSO BE FOLLOW UP QUESTIONS FOR TYPE OF HELP SOUGHT]</p> <p>DHS violence module https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm)</p> <p>ADOLESCENTS WHO REPORT CHILDHOOD SEXUAL VIOLENCE ARE ASKED: <i>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help? From whom have you sought help? Anyone else?</i></p> <p>[RECORD ALL RESPONSES MENTIONED USING PRECODED CATEGORIES: RELIGIOUS LEADER, DOCTOR/MEDICAL PERSONNEL, POLICE, LAWYER, SOCIAL SERVICE ORGANIZATION, OTHER.]</p>
8.4 Help-seeking for lifetime physical violence in childhood	<p>VACS questionnaire www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p>ADOLESCENTS WHO REPORT PHYSICAL VIOLENCE IN CHILDHOOD ARE ASKED: <i>Thinking about all these experiences, did you know a hospital/clinic, police station, helpline (REPLACE WITH RELEVANT COUNTRY SPECIFIC NAME), social welfare (REPLACE WITH RELEVANT COUNTRY SPECIFIC NAME), or legal office to go for help? Did you try to seek help from any of these places for any of these experiences?</i> [THERE MAY ALSO BE FOLLOW UP QUESTIONS FOR TYPE OF HELP SOUGHT]</p> <p>DHS violence module https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm)</p> <p>ADOLESCENTS WHO REPORT PHYSICAL VIOLENCE IN CHILDHOOD ARE ASKED: <i>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help? From whom have you sought help? Anyone else?</i></p> <p>[RECORD ALL RESPONSES MENTIONED USING PRECODED CATEGORIES: RELIGIOUS LEADER, DOCTOR/MEDICAL PERSONNEL, POLICE, LAWYER, SOCIAL SERVICE ORGANIZATION, OTHER.]</p>
8.5 Receipt of services for lifetime childhood sexual violence	<p>VACS questionnaire www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p>ADOLESCENTS WHO REPORT SEXUAL VIOLENCE ARE ASKED: <i>Did you receive any help for any of these experiences from a hospital/clinic, police station, helpline, social welfare or legal office?</i></p> <p>[REPLACE HELPLINE, SOCIAL WELFARE AND/OR LEGAL OFFICE WITH RELEVANT COUNTRY SPECIFIC NAMES, BASED ON WHAT IS LOCALLY AVAILABLE.]</p>

Indicator	Illustrative survey questionnaire items for measuring INSPIRE indicators
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<p>8.6 Receipt of services for lifetime physical violence in childhood</p>	<p>VACS questionnaire www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p>ADOLESCENTS WHO REPORT PHYSICAL VIOLENCE ARE ASKED: <i>Did you receive any help for any of these experiences from a hospital/clinic, police station, helpline, social welfare or legal office?</i></p> <p>[REPLACE HELPLINE, SOCIAL WELFARE AND/OR LEGAL OFFICE WITH RELEVANT COUNTRY SPECIFIC NAMES, BASED ON WHAT IS LOCALLY AVAILABLE.]</p>
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<p>8.7 Awareness of support services for violence among adolescents</p>	<p>Adapted from VACS www.cdc.gov/violenceprevention/childabuseandneglect/vacs/methods.html)</p> <p>ALL ADOLESCENTS ARE ASKED: <i>Thinking about all types of (unwanted sexual experiences/ experiences of physical violence) that we have discussed, do you know a hospital/clinic, police station, helpline, social welfare or legal office to go for help?</i></p>
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<p>9.1 Out-of-school rates, primary and lower secondary</p>	<p>DHS household questionnaire https://dhsprogram.com/pubs/pdf/DHSQ7/DHS7_Household_QRE_EN_16Mar2017_DHSQ7.pdf)</p> <p>RESPONDENTS AGED 15+ YEARS ARE ASKED ABOUT EACH CHILD IN THE HOUSEHOLD AGED 5 YEARS OR OLDER: <i>Has (NAME) ever attended school? Did (NAME) attend school at any time during the [20xx-20xx] school year? During [this/that] school year, what level and grade [is/was] (NAME) attending?</i></p>
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<p>9.2 Missed school due to safety concerns, past month and past 12 months</p>	<p>2013 and 2018 GSHS core expanded questionnaire for violence module www.who.int/ncds/surveillance/global-school-student-survey/methodology/en/)</p> <p>ADOLESCENTS CURRENTLY ATTENDING SCHOOL ARE ASKED: <i>During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?</i></p>
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<p>9.3 Early sexual debut</p>	<p>DHS core questionnaire https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm)</p> <p>RESPONDENTS AGED 15+ YEARS WHO REPORT EVER HAVING HAD SEXUAL INTERCOURSE ARE ASKED: <i>How old were you when you had sexual intercourse for the very first time?</i></p>
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<p>9.4 Early childbearing before 15 and 18 years of age</p>	<p>DHS and MICS core women’s questionnaires (http://mics.unicef.org/tools)</p> <p>WOMEN AND GIRLS AGED 15+ YEARS WHO EVER GAVE BIRTH ARE ASKED: <i>Now I would like to record the names of all your births, ...starting with the first one you had. On what day, month and year was (NAME) born?</i></p> <p>Surveys without a detailed birth history module may ask: RESPONDENTS WHO HAVE EVER GIVEN BIRTH: <i>How old were you the first time you gave birth?</i></p>
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9.5 Child marriage before 15 and 18 years of age (SDG 5.3.1)

DHS core women's questionnaire

(<https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm>)

and **MICS core women's questionnaire** (<http://mics.unicef.org/tools>)

WOMEN AND GIRLS WHO MARRIED OR LIVED WITH A MAN ONLY ONCE ARE ASKED: *In what month and year did you start living with your (husband/partner)?*

WOMEN AND GIRLS WHO MARRIED OR LIVED WITH A MAN MORE THAN ONCE: *Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?*

Surveys such as VACS may ask about the age rather than the month and year:

WOMEN AND GIRLS WHO EVER MARRIED OR LIVED WITH A MAN: *How old were you when you first started living with a husband or partner?*

9.6 Adolescent alcohol binge drinking

2017 Standard YRBS survey

(www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/2017_yrbs_standard_hs_questionnaire.pdf)

ADOLESCENT RESPONDENTS ARE ASKED: *The next 2 questions ask about how many drinks of alcohol you have had in a row, that is, within a couple of hours. For the first question, the number of drinks you need to think about is different for female students and male students. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male)?*

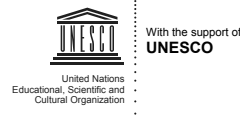
9.7 Exposure to violence prevention and response curricula in the past 12 months

2018 GSHS core expanded survey (www.who.int/chp/gshs/methodology/en/)

ADOLESCENTS CURRENTLY ATTENDING SCHOOL ARE ASKED: *During this school year, were you taught in any of your classes:*

- a. *How to avoid physical fights and violence?*
- b. *What to do if someone is trying to force you to have sexual intercourse?*
- c. *What to do if someone is trying to touch you in a sexual way when you do not want them to?*
- d. *How to avoid being bullied?*
- e. *What to do if you were being bullied or if you saw someone being bullied?*
- f. *What to do if you were physically attacked or if you saw someone being physically attacked?*

The *INSPIRE Handbook* has been endorsed by the following organizations:



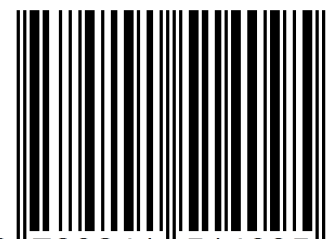
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