Violence against children

A review of evidence relevant to Africa on prevalence, impacts and prevention

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Full report

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Introduction

This paper is a review of evidence relevant to the nature, impact and prevention of interpersonal violence against children in sub-Saharan Africa. It has six sections, each covering a set of questions:

1. **Prevalence.** What is the extent and nature of violence against children in African countries, who perpetrates it and what views do societies have of it?

2. **Health**. How does violence impact on children's brain development, cognitive ability, mental health and physical health, both as children and in later adult life?

3. **Achievement.** What are the consequences of childhood violence for an individual's capacity to perform well in education and employment?

4. **Cost.** What is the economic impact on a country of violence against children, including indirect costs such as reductions in lifetime productivity as well as direct costs such as healthcare?

5. **Prevention.** What interventions have been successful in reducing violence against children, and what might a multi-sector prevention program look like?

6. **Leadership.** Where is the leadership coming from to drive action to reduce violence against children?

The fourth point above - the economic impact of violence - occupies a pivotal position in the narrative of the paper, in that the first three sections on prevalence, health and achievement lead up to it, and the final sections on action are justified by it. Although violence against children is of course a moral issue as well as an economic one, our focus on economic impact is because this is an important consideration for governments assessing the relative merits of different issues competing for prioritization.

This report has been produced by Big Win Philanthropy and was prepared by Big Win staff Kevin Steele and Paige Sholar with input from Nalini Tarakeshwar and Patricia Ndgewa. Background information about the organization is given in Appendix 1.

External reviewers included Alex Butchart, World Health Organization; Claudia Cappa, UNICEF; Don Cipriani, Ignite Philanthropy; Lucie Cluver, University of Oxford; Brigette De Lay, Oak Foundation; Nata Duvvury, University of Ireland; Xiangming Fang, Georgia State University; Maureen Greenwood-Basken, Wellspring; Mary Healy, Human Dignity Foundation; James Mercy, US Centers for Disease Control; and Théophane Nikyèma. Big Win would like to thank all these reviewers for being so generous with their time and expertise, and also to thank the many other people in these and other organizations who have been similarly generous in offering information and guidance during the research process.

Summary

The paper's main conclusions are that interpersonal violence against children is a major obstacle to human and economic development in Africa, and that it can be prevented by intervention programs. The main points from each section are covered below.

1. **The extent and nature of violence against children in Africa: there are high levels of violence in all the countries with reliable data.** While there is variation between countries, good data from six countries indicates that around two thirds of children in sub-Saharan Africa suffer physical violence, a quarter suffer emotional violence and a third of girls suffer sexual violence. Most have experienced this violence recently and repeatedly. Data from two countries indicates that a quarter of physical violence causes injuries. Most physical violence is from parents and teachers, and most sexual violence from partners and neighbors. Half of children witness domestic violence. About four in ten adults regard violent punishment of children as necessary to discipline them. Africa tends to have more violence than other global regions. Alcohol is often involved in violence. Violence crosses all social classes.

2. **The effects of childhood violence on health: violence is strongly associated with devastating effects on brain development, cognitive ability and health.** Neuroscience evidence shows that the trauma and stress of violence in childhood is associated with impaired development in brain areas involved in memory, language, reasoning, problem-solving, motivation, emotional control and empathy. This brain damage is not caused directly by injury, but rather happens over a period of years through abnormal brain development. Violence in childhood is also associated with deficits in intelligence (a reduction in IQ of 8-10 points) and in other cognitive abilities, which mainstream scientific opinion regards as a causal relationship, although a minority view it as non-causal. The deficits often endure into adulthood. Abuse in childhood is also associated with all categories of mental illness including mood disorders, behavior disorders, psychotic disorders and anxiety. These mental problems in turn are associated with behavior such as smoking, drug abuse and alcoholism, which are then associated with higher levels of cancer, heart disease, strokes, lung diseases and abortion among adults abused in childhood. Witnessing violence between parents is as damaging for children as experiencing it. Next-generation effects include poorer parenting.

3. **The effects of childhood violence on education and employment: violence is associated with lower educational achievement and reduced adult income.** Experiencing violence in childhood is associated with lower educational attainment including lower grades, repetition of school years, absences, drop-outs and fewer years of education completed. The existence of these effects is not in doubt, but unclear data means their scale is difficult to assess. Violence in childhood is also associated with unemployment and lower-paid employment later in life, reducing incomes by around a third. Most such evidence is from outside Africa. A one-third reduction in income is also experienced by women with violent partners, impacting on children's welfare.

4. **The economic impact of childhood violence: violence costs a substantial percentage of national income.** Violence against children is calculated in middle-income countries to reduce GDP by 3-6%. The one such study in Africa (in South Africa) concluded that the economic impact of violence against children was at least 6% of GDP. The calculations in such studies do not include many important areas of cost such as healthcare and education, and use lower figures for the prevalence of violence than the levels typically seen in African countries.

5. **Action to prevent violence against children: violence can be prevented through specific, practical interventions in four key areas.** There is considerable evidence that violence against children can be prevented by intervention programs that change attitudes and behaviors in four contexts. The first context is the capacity of children themselves to affect what happens to them. The other three contexts are the external environments in which children spend most of their lives - home, school and the community.

   Interventions to empower children themselves train them how to avoid being a victim of violence and how to step in as an "active bystander" to stop violence against others. For example:

   - A program called No Means No brought about a **62% reduction** in sexual assaults against girls in certain local communities in Nairobi, Kenya after just six two-hour workshops training the girls in self-defense techniques, at a cost of only $1.75 per student.
   - The program Green Dot brought about a **47% reduction** in sexual harassment of schoolchildren in 26 schools in Kentucky in the US after four years, by giving active bystander training to the children who were the most socially-influential with their peers.

   Interventions to change the home environment support parents and other caregivers to improve their child-rearing skills, especially non-violent ways of disciplining children. For example:

   - A US program called the Nurse Family Partnership that supports first-time teen mothers for two years resulted in an **80% reduction** in child maltreatment in a particular community compared to controls over the 15 years following the intervention.
   - A Liberia program called Parents Make the Difference run in a particular local community resulted in a **56% reduction** in harsh parenting practices such as whipping, after just 10 two-hour workshops.
   - A program in South Africa, Parenting for Lifelong Health, resulted in a **53% reduction** in physical abuse of teenaged children by parents in a particular local community after just 12 two-hour workshops.
   - A program called Triple P was given to one in eight families with young children in a US community. After two years, child maltreatment in the whole population of such families was **22% lower** than controls.

   Interventions to change the school environment build commitment from school administrations, teachers and students to create a non-violent institutional culture. For example:

   - A Uganda program called The Good Schools Toolkit generated a **42% reduction** of physical violence by teachers against students in 21 schools in 18 months, compared to controls.

   Interventions to change the community environment mobilize existing organizations, networks and leaders in the community to change social norms. Some recent work is using this approach to tackle violence against children, but most programs to date have focused on violence against women. For example:

   - The SASA! program achieved a **52% reduction** in intimate partner violence and a 46% reduction in women's acceptance of it over four years in particular communities in Kampala,

Uganda, using volunteer activists to run workshops on power relations and engaging local influencers ranging from landlords to marriage brokers.

- The program Green Dot resulted in a **25% reduction** in sexual violence in a US college over four years by training people to be active bystanders and spread the anti-violence message.
- Program H ran workshops for young men in particular local communities in India, which brought about a **54% reduction** in the proportion of the men who believed that women sometimes deserve to be beaten.

Successful programs in the four key intervention areas listed above often have certain features in common such as the use of role-playing, an emphasis on non-violent disciplinary techniques, discussion of relationships of power, efforts to ensure that front-line workers are well-trained and locally-embedded and the use of key messages that are aspirational rather than judgmental.

Various enabling factors can facilitate violence prevention. One is changes in the law, if properly enforced and combined with wider cultural shifts. In Germany, after violence against children in the home was made illegal, it fell in ten years from 41% to 5%. Laws regulating the sale of alcohol are also associated with violence reduction. Other enabling factors are safer environments (for example from street lighting), the economic empowerment of women and clinical enquiry when potential signs of violence are noted by a health worker. In the US, clinical enquiry to identify women and children at risk of violence reduced it by 30-50% in the populations involved.

Data about interventions can be more complex than headline results might suggest, and so care is needed in interpreting the evidence including being aware of methodological limitations and nuances in the results.

6. **Leadership for multi-sector action: early-stage commitment exists at national and international level.** To really "move the needle" on violence against children in Africa, coordinated efforts will be needed on a large scale. This requires leadership by national governments and multilateral bodies.

   A number of national governments have shown initial leadership (for example by backing international campaigns, undertaking prevalence research or preparing action plans) including Botswana, Kenya, Malawi, Nigeria, Rwanda, Tanzania, Uganda, Swaziland, Zambia and Zimbabwe.

   The African Union's leadership is particularly important. Its 2017 policy document, Africa's Agenda for Children 2040, has as one of ten key aspirations that "every child is protected against violence". Its list of aims says that by 2020, member states should address violence against children through prevention programs, legislative enforcement, collaboration with traditional leaders and campaigns.

   The Global Partnership to End Violence Against Children is the key global coalition on the issue and has recommended a seven-part strategy called INSPIRE that consists of the intervention areas described above. INSPIRE is led by WHO with CDC and UNICEF (the leading multilateral body on the issue) and backed by the World Bank, USAID and governments such as those of Tanzania, Indonesia, Mexico, Canada, Sweden and the UK. Other bodies such as Together for Girls also support it.

Scope and definitions

Scope
The scope of this paper is interpersonal violence. This term refers to violence that is not connected to any organized interest group, cause or formal conflict and which is perpetrated by family members, neighbors, teachers and others acting as individuals. It includes the kinds of violence that impact on many millions of children in their day-to-day lives at home, at school and in their local communities.

This paper does not include other categories of harmful experience that are sometimes included within definitions of violence against children - e.g. child labor, female genital mutilation, homicide and war.

The rationale for this definitional demarcation of interpersonal violence relates to the kinds of interventions that might be considered to prevent it. The various kinds of action that can be taken to prevent casual violence at home, at school and in the local neighborhood are likely to be related and synergistic, so it makes sense to consider these forms of violence together.

The paper is focused on prevention, not on how to treat and support victims of violence. This emphasis is in alignment with Big Win Philanthropy's interest in human capital investments with high rates of social and economic return.

While the paper seeks to include key evidence regarding the most important aspects of the agenda, it is by no means comprehensive in terms of the many angles that could be covered, nor exhaustive in terms of including every relevant study. It aims to be a practical assessment rather than a definitive review.

Definitions
Interpersonal violence encompasses several different types of violent experience. While different studies do not always use exactly the same categories of violence, or the same approaches for grading its severity, most studies divide violence against children into four kinds:

- Physical violence - often defined as being punched, kicked, slapped, whipped, pushed, choked, burned, beaten with an object or attacked or threatened with a knife or gun.

- Sexual violence - often defined as unwanted sexual touching, attempted sex, physically forced sex or sex obtained by threats, harassment or deceit.

- Emotional violence - often defined as a child repeatedly being told things that are likely to damage mental health or wellbeing (for example that he or she is not loved or should be dead), being threatened with abandonment or being deliberately humiliated in front of others.

- Witnessing violence - usually defined as a child seeing one of their parents being violent towards the other parent.

In certain fields of research (such as education) the above forms of interpersonal violence are sometimes grouped together with the problem of neglect (children not getting sufficient developmental stimulation from caregivers) in a combined category referred to as child maltreatment.

Other issues concerning methodologies and terminology are covered in Appendix 2.

1. Scale and nature of violence against African children

When examining the chain of consequences that starts with violence against children and ends with economic impacts on national economies, the first question to examine is the scale and nature of violence against children in sub-Saharan Africa - what proportion of children experience or witness it, who perpetrates it and how society regards it.

Levels of violence experienced by children

A number of studies have been published in recent years that are focused on the prevalence of violence against children in Africa or include data on this topic. These studies include some long-term international survey programs involving multiple published reports, such as the Violence Against Children surveys coordinated by the US Centers for Disease Control (CDC), the Demographic and Health Surveys funded by USAID and the UNICEF-supported Multiple Indicator Cluster Surveys. They also include one-off studies by organizations such as the University of Cape Town and the Ethiopia-based African Child Policy Forum chaired by Graça Machel.

Despite the increased number of studies focusing on violence, the availability of comparable data is limited due to differing definitions of violence and inconsistent collection of indicators. These challenges limit the number of data sources which can be reliably used to compare different countries. In this paper we have therefore chosen to focus mainly on the most robust and commonly-cited sources, while also acknowledging a number of other studies.

All the studies mentioned above are reviewed in this section, but most attention is given to the series of CDC surveys published between 2007 and 2014, because they represent a high standard in terms of thoroughness and stringency. So far six have been completed, in Kenya,[1] Malawi,[2] Nigeria,[3] Tanzania,[4] Swaziland[5] and Zimbabwe[6] (thus offering data from Western, Eastern and Southern Africa) and publication of reports for Rwanda and Zambia is expected soon. CDC surveys are also underway in Botswana and Uganda and being considered in at least four other countries in Western and Southern Africa.[7]

The CDC studies are methodologically credible, using an approach that has become increasingly standardized as the program has evolved and which is mostly comparable between countries. They are also politically credible, being endorsed by the governments concerned as well as by global centers of expertise. Over 17,000 young people were interviewed for the six studies to date, each of which was a major project - for example in Nigeria involving a team of 200 people and in Malawi a taskforce of 33 organizations. The country reports total over 1,000 pages.

It should be noted that although the CDC studies provide a good basis for understanding the extent and pattern of violence against children in Africa, they none the less only cover six countries, thus they cannot be regarded as a comprehensive assessment of the nature of the issue in the region.

The studies show high levels of violence in all six of the countries involved. Some particularly striking examples are:

- In Kenya, Tanzania and Zimbabwe, almost half of all children have suffered physical violence in the last year.

- In Malawi almost a quarter of girls have suffered sexual violence in the last year, three quarters of them on multiple occasions.

- In Kenya and Zimbabwe three quarters of boys suffer physical violence, a third of boys suffer emotional violence and a third of girls suffer sexual violence during childhood.

- In Swaziland almost four in ten girls suffer sexual violence.

Below is a more systematic summary of some of the key findings from the six studies, starting with the prevalence of physical, sexual and emotional violence experienced recently (during the previous 12 months), obtained by surveying 13-17 year-olds:

- **Half of all children have recently experienced physical violence.** The median prevalence of physical violence experienced recently among 13-17 year-olds is 47% for girls and 48% for boys. The percentages for girls range from 38% in Nigeria to 51% in Tanzania. The figures for boys are similar, from 42% in Nigeria to 60% in Malawi.

- **One in seven girls have recently experienced sexual violence.** The median prevalence of sexual violence experienced recently among 13-17 year-olds is 15% for girls and 6% for boys. The percentages for girls range from 11% in Kenya to 23% in Malawi. The figures for boys are much lower, from 2% in Zimbabwe to 12% in Malawi.

- **One in five children have recently experienced emotional violence.** The median prevalence of emotional violence experienced recently among 13-17 year-olds is 18% for girls and 19% for boys. This ranged from 13% for Nigerian girls to 26% for Malawian boys.

- **Violence happens repeatedly.** The large majority of children who experienced violence in the last year did so on multiple occasions typically around nine out of ten children for physical violence (data from two countries - see Appendix 3 for details), six out of ten for sexual violence (data from four countries) and eight out of ten for emotional violence (data from two countries).

Below are some key findings from the six CDC studies regarding the prevalence of ever-experienced childhood violence, obtained by surveying 18-24 year-olds about their experiences prior to turning 18:

- **Around two-thirds of children experience physical violence in childhood.** The median level of ever-experienced childhood physical violence is 57% for girls, 72% for boys and 65% for both genders. The percentages for girls range from 22% in Swaziland to 66% in Kenya, and for boys from 52% in Nigeria to 76% in Zimbabwe.

- **Around 30% of girls experience sexual violence in childhood.** The median level of ever-experienced childhood sexual violence is 30% for girls and 13% for boys. The percentages for girls range from 22% in Malawi to 38% in Swaziland, and for boys from 9% in Zimbabwe to 18% in Kenya. Regarding the nature of this violence, a median of 16% of girls across the six countries suffered unwanted sexual touching, 15% suffered attempted unwanted sex, 6% suffered

pressured sex and 7% suffered forced sex. For boys the equivalent figures were 8%, 6%, 1% and 1%.

- **Around a quarter of children experience emotional violence in childhood.** The median level of ever-experienced childhood emotional violence is 25% for girls and 29% for boys. The percentages range from 17% for Nigerian girls to 38% for Zimbabwean boys.

- **More than one in five instances of physical violence is severe enough to cause injury.** The reports for Nigeria and Malawi include the extent of injuries from physical violence. In Nigeria (where half of all boys and half of all girls experience physical violence) 73% of the girls were not injured, 19% suffered cuts and bruises and 8% suffered more serious injuries ranging from sprains to broken bones and disfigurement. Of the boys 78% were not injured, 13% got cuts and bruises and 9% received more serious injuries. The report for Malawi (where half of all children suffer physical violence) had similar findings - around 80% of them did not receive physical injuries, 11% had injuries such as cuts and bruises and around 10% had more serious injuries. The CDC datasets do include data on injuries for other countries besides Nigeria and Malawi, but these have not been analyzed for inclusion in the published reports.[8]

- **Sexual violence takes place across the age range.** Of the girls who suffered sexual violence, a median of 19% across the six countries experienced this for the first time at the age of 13 or younger, 36% at ages 14-15 and 43% at ages 16-17. For boys the equivalent figures were 39%, 23% and 46%.

Overall summary of prevalence data. A broad summing-up of the CDC data described above from six African countries is as follows. **During the previous year around half of all children will have suffered physical violence, one in ten will have suffered sexual violence and one in five will have suffered emotional violence. Around two thirds of children will experience physical violence during childhood, one in five will experience sexual violence (one in three girls) and one in four will experience emotional violence. Around one in eight children (based on data from two countries) suffer physical violence that causes injuries.**

For a compilation of some more of the CDC data, and notes about some methodological differences between countries, see Appendix 3.

The above picture painted by the CDC studies is confirmed by figures from other sources and other African countries:

- A 2016 review by Harvard Medical School of 38 prevalence studies around the world concluded that in Africa, a **minimum** of 50% of children have experienced violence (physical, sexual, emotional and/or witnessing) during the previous 12 months.[9] This figure was for "severe" violence only, which excluded smacking, slapping and shaking.

- Data from the Demographic and Health Surveys program funded by USAID shows the percentage of girls and young women aged 15-19 who suffer physical violence to be 20-30% in Malawi, Mozambique, Zimbabwe, Tanzania, Kenya and Nigeria, 30-40% in Ghana, Namibia, Zambia and Liberia and 54% in Uganda, as well as giving data for other countries.[10] The percentages for boys and young men are similar.

- Data from the Demographic and Health Surveys program also shows the percentage of married girls and women aged 15-19 who have suffered violence from their husband to be very high in sub-Saharan Africa - typically around 40%. It is 34% in Kenya, 35% in Ghana, 37% in Mozambique, 40% in Malawi, 43% in Zambia and 46% in Uganda and Tanzania, as well as giving data for other countries.[11] Some countries have lower levels such as Nigeria at 15%, and some higher such as Zimbabwe at 58%.

- The African Child Policy Forum conducted surveys of 500-600 young women in each of eight countries (Ethiopia, Kenya, Uganda, Burkina Faso, Cameroon, DRC, Nigeria and Senegal), asking them about their experiences of violence as children.[12,13] It found very high levels - for example in the three East African countries, the prevalence of physical violence was 84-99% and sexual violence was at 69-95%.

- The African Child Policy Centre also conducted a survey of 1,150 children and 360 adults in Ethiopia on the theme of violence against children, finding high prevalence levels.[14]

- A number of African studies have highlighted the particularly high levels of violence faced by children from vulnerable groups, notably those who have disabilities.[15,16]

- A study published by the Children's Institute at the University of Cape Town found substantial methodological effects in South Africa, with surveys conducted in schools eliciting higher prevalence figures than those conducted in homes, and questionnaires that were self-administered eliciting higher prevalence figures than those that were administered in an interview. For example, the figure obtained for lifetime experience of physical violence when home-based interviews were used was 18%, but this almost doubled to 34% when self-administered questionnaires were used at school.[17]

- Data from the 2017 UNICEF report, A Familiar Face, presents updated data on physical and sexual violence against children. Similarly to other reports, it found a high prevalence of violence, such as six in 10 children aged two to four experiencing physical punishment.[18]

Perpetrators of violence against children

The CDC studies examined who the perpetrators of violence are and where the abuse takes place. Some of the main findings are below for the five countries with comparable data (Kenya, Malawi, Nigeria, Tanzania and Zimbabwe). Some of this data comes from surveying children, and some from surveying young adults about their experiences when they were children (see Appendix 3 for more detail).

Most physical violence is perpetrated by parents and teachers. With physical abuse, a clear pattern exists across different countries, which is that most is perpetrated by parents (or other adults in the family) and teachers. Amongst girls who had ever experienced physical violence, the percentage who suffered this from parents or other adult family members ranges from 24% in Malawi to 58% in Tanzania, and for boys the figures range from 34% in Nigeria to 57% in Kenya and Tanzania. Mothers are as likely as fathers to assault their children, but there is a gender bias (mothers tend to assault daughters more, and fathers tend to assault sons). In some countries this is pronounced (e.g. in Malawi, fathers assault 51% of abused boys and 17% of abused girls) but in others the bias is small. The

percentages of children who have ever suffered physical violence by teachers are mainly around 50% (see Appendix 3 for details).

This conclusion from the CDC studies that most physical violence against children is perpetrated by adult family members and teachers is confirmed by figures from other sources and countries compiled by UNICEF.[19]

Most sexual violence is perpetrated by spouses, "romantic" partners and neighbors. With sexual abuse, the picture is more complex. The most common perpetrators are partners. Amongst girls who had ever experienced sexual violence, the percentage who suffered it from a boyfriend or spouse ranges from 25% in Tanzania to 78% in Zimbabwe. Amongst boys, the figures range from 11% in Malawi to 48% in Tanzania. The second most common perpetrators are neighbors, who assaulted between 10% and 27% of abused girls in the various countries and 17% to 33% of abused boys. The equivalent figures for friends and schoolmates range from 5% to 29% across different countries and genders. Some patterns of violence are unique to particular countries - for example Tanzania has high rates of sexual violence from strangers (who assault 32% of abused girls and 26% of abused boys).

Most sexual violence happens in homes, at school and traveling to and from school. Most sexual violence against children takes place in the perpetrator's home or the victim's home. The percentage of abused children assaulted in their own home typically ranges from around 20% to 30%. For girls, the perpetrator's home is the place of greatest risk - with between 26% (Kenya) and 51% (Nigeria) of abused girls being assaulted there. Substantial percentages of abused children are assaulted at school (typically around 15-20%) or while traveling (between 7% and 27% for different countries and genders), usually on the journey between home and school.

Levels of violence witnessed by children

For children, witnessing violence between family members can be a traumatic experience on a par with experiencing violence themselves. Two of the CDC surveys, in Malawi and Nigeria, examined this. They found that **over half of all children had witnessed physical violence against others in the home** - 50-66% of girls and 55-58% of boys had seen a parent punch, kick or beat their partner or a child. Around a third of all children had witnessed this in the last 12 months (29-45% of girls and 30-35% of boys).

Surveys undertaken by the African Child Policy Forum in 2006 and 2008 had broadly similar findings to the CDC studies, although with a lot of variation between countries.[20] The percentage of children who had witnessed their parents hitting each other were 10-19% in Burkina Faso, Senegal, Congo and Cote d'Ivoire and 20-30% in Cameroon, DRC and Ghana. The countries with the highest rates were Nigeria (38%) and Sierra Leone (45%) and the one with the lowest was Niger (6%).

These figures for witnessing violence are broadly in alignment with figures for the occurrence of intimate partner violence (IPV). In 2014 WHO reported that 37% of women in its Africa region who had ever had a partner had experienced IPV at some point in their lives.[21] It is not surprising that prevalence figures for children witnessing such violence are at a similar level to the violence itself.

Attitudes to violence

Many people in sub-Saharan Africa regard certain kinds of violence as acceptable.

Approval of physical punishment for children is around 40%. Figures from a range of sources compiled by UNICEF for 18 countries in sub-Saharan Africa show that the median percentage of adults who think physical punishment is necessary to raise and educate children is 39%, ranging from 22% in Congo to 82% in Swaziland.[22]

Data of this kind, showing high levels of approval of violence, is important because it indicates the scale of the cultural challenge in bringing about reductions in the prevalence of violence. The data is also useful because parental attitudes to physical punishment have been found to be a strong predictor of levels of actual violence.[23]

Approval of wife-beating in certain circumstances ranges from around 15% to 80% in different countries, with many being at around 50%. Surveys asked 15-19 year-olds whether it was justified for a man to beat his wife for any of five reasons: going out without telling him, neglecting their children, arguing with him, refusing to have sex or burning the food.[24] Attitudes in Africa show large variations between countries. At the top end were Guinea, the Central African Republic, Burundi and the Congo, where approval of wife-beating was around 75-80% (being 89% amongst Guinean women). Countries such as Ethiopia, Uganda, Zambia, Kenya and Liberia were in the middle of the range with approval around 50-60%. At the low end were Benin, Malawi, Mozambique and Nigeria with approval around 15-30%. Women were consistently more approving of wife-beating than men. There was little difference in attitude between the teenaged girls and middle-aged women, but middle-aged men were about 10 percentage points less approving of wife-beating than teenaged boys.[25]

The UNICEF findings are confirmed by the African CDC surveys, which also looked at the cultural acceptability of domestic violence using the same five-part question as in the surveys reported by UNICEF. In the countries with comparable data (Kenya, Malawi, Nigeria and Tanzania) 39-58% of young women and 22-60% of young men thought such violence was justified.

Acquiescence is widely approved of. In three of the CDC surveys (Malawi, Nigeria and Zimbabwe) young adults were also asked whether a wife who was beaten by her husband should put up with this for the good of the family. Between 41% and 78% of women and 40-69% of men said that she should.

Around a third to a half of children tell someone about their abuse but only around 5% seek help from services and only around 3% receive it. The overall picture of acceptability and inaction is reinforced by data from four of the CDC studies (in Kenya, Malawi, Nigeria and Zimbabwe) which asked children who had been victims of violence whether they had told anyone or sought support from services such as clinics. The proportion of children who tell someone is very varied between countries - for example 32-60% of girls and 17-54% of boys in instances of sexual abuse. The people children tell are mainly family or friends. Very few children in any of the countries seek help from support services (1-14% of girls and 3-14% of boys) and even fewer actually receive such help (1-11% of girls and 0-6% of boys).

Comparing Africa with other parts of the world

It is difficult to compare studies from different countries about the prevalence of violence against children, when they do not use the same methodologies to generate the data. Perhaps as a reflection of this, **different studies that compare global regions do not present a consistent picture.** However, **they tend to put Africa at the upper end of international prevalence**. These studies are summarized below:

- **An analysis of data from 28 countries found that severe physical punishment of children is almost five times more common in West Africa than in a range of countries in Eastern Europe, the Balkans and Central Asia, and 40% more common than in a range of countries in the Caribbean, the Middle East and South-East Asia.** A 2013 reanalysis of data from UNICEF's Multiple Indicator Cluster Surveys enabled comparisons to be made between eight countries in West Africa and 20 countries from other continents.[26] A median of 43% of children from the West African countries had suffered what the study classified as "severe" physical punishment (being hit with an object or on the head) in the previous month. This contrasted with the much lower medians of 9% for a group of 11 countries in Eastern Europe, the Balkans and Central Asia, and 31% for a group of nine countries in the Caribbean, the Middle East and South-East Asia.

- **An analysis of data from 38 studies found Africa in the middle of the range for "severe" violence and with the highest level for "moderate" and "severe" violence combined.** A 2016 review by Harvard Medical School of 38 prevalence studies around the world (already cited previously in this paper) set out minimum prevalence levels for each continent for violence that had occurred within the previous year.[27] It first considered "severe" violence, which it defined as physical, sexual, emotional and/or witnessing violence, excluding smacking, slapping and shaking. Africa (50%) was in the middle of the range, with North America (56%) and Asia (64%) higher, and Latin America (34%) and Europe (12%) lower. When smacking, slapping and shaking were also included, Africa (82%) had the highest prevalence, followed by Asia (80%), Europe (65%), North America (61%) and Latin America (58%).

- **A study combining violence data from different sources for countries around the world put African sub-regions at the top end of the range.** The 2017 "KNOw Violence" project compiled a "Violence in Childhood Index" that involved both violence directed at children and violence against mothers that children witness.[28] The grouping Eastern and Southern Africa and the grouping Western and Central Africa both received the highest index scores (34 and 32 respectively), with industrialized countries scoring lowest (18) and other regions being in the middle (ranging from 20 to 27). Of the most violent 40 countries in the global list, 32 were in sub-Saharan Africa. The report also calculated figures for the percentage of girls and women aged 15-19 who had experienced physical and/or sexual violence, and again the two African groupings were at the top of the list at 42% and 46% respectively. Following them were the Middle East and North Africa (34%), South Asia (29%), East Asia/Pacific (20%), Central/Eastern Europe (16%), Latin America/Caribbean (16%) and industrialized countries (8%). The prevalence of corporal punishment in the home followed a similar order, although with less difference between top and bottom: the rates for West and Central Africa was the highest at 86% and industrialized countries were lowest at 58%.

- **A series of large meta-analyses put Africa mid-range or high-end for different types of violence but the statistics are not robust.** A series of three meta-analyses analyzed data from 111 studies looking at physical abuse[29], 217 studies looking at sexual abuse[30] and 29 studies looking at emotional abuse[31] around the world. For physical violence, Africa (23%) was mid-range along with Europe (23%) and North America (24%), higher than Asia (17%) and Australia (14%) but lower than South America (55%). For sexual violence against girls Africa (20%) was close to the top of the range along with Australia (22%) and North America (20%), all higher than Europe (14%), South America (13%) and Asia (11%). For sexual violence against boys, Africa (19%) was the highest, followed by South America (14%), Asia (11%) and other regions (4-8%). For

emotional violence Africa (47%) was the highest followed by Asia (42%), North America (37%), Europe (29%) and Australia (11%). However, the 95% confidence intervals for these various statistics tended to be very broad (for example the interval for physical violence in Africa was 9%-48%) so the results must be treated with caution.

- **Countries of similar economic status can have very different levels of violence.** A CDC study in Cambodia allows a comparison to be made with a non-African country at a similar level of economic development to some of the African ones surveyed using a similar methodology.[32] Cambodia has a similar income per person to Tanzania and a similar level of inequality, yet violence against children in Tanzania is much more common - six times higher for sexual violence in the previous year, three times higher for physical violence in the previous year and eight times higher for all-childhood sexual violence (although with similar levels for all-childhood physical violence). While the methodologies were not identical in the two studies, they were not dissimilar, and the very large differences in prevalence do suggest that violence need not be an inevitable consequence of economic status.

When it comes to attitudes, data comparing different parts of the world presents a fairly consistent picture, showing **much higher levels of social approval in Africa** of the use of physical violence to punish children compared to other regions:

- **The percentage of adults in who believe that physical punishment is necessary to properly raise children is almost two and a half times higher in Africa than elsewhere in the world.** As described previously, data compiled by UNICEF in 2014 has a median of 39% approval of the use of physical punishment in 18 African countries.[33] For example, it was 50% in Ghana and 62% in Nigeria. In contrast, the median for 41 countries on other continents was just 16%. For example, it was 22% in Iraq, 17% in Vietnam, 15% in Algeria, 7% in Serbia and 4% in Argentina.

- **The percentage of adults who believe that physical punishment is necessary to properly raise children is five times higher in West Africa than in a range of countries in Eastern Europe, the Balkans and Central Asia, and 50% higher than in a range of countries in the Caribbean, the Middle East and South-East Asia.[34]** The 2013 reanalysis of the Multiple Indicator Cluster Surveys described previously enabled comparisons to be made between Africa and other regions regarding social attitudes. The median percentage of parents or other adults in a household in eight West African countries who approved of the use of physical violence to punish children was 40% (ranging from 26% to 57%), but the median in the group of 11 Eastern European/Balkan/Central Asian countries was just 8% and the median in the group of Caribbean/Middle Eastern/South-East Asian countries was 26%.

Other issues

Two particular factors are worth noting regarding their impact on levels of interpersonal violence. One is notable for the big effect it has, which is alcohol. The other is notable for the absence of any effect in Africa, which is socioeconomic status. These are covered below.

Alcohol: a big effect on levels of violence

Alcohol is a big factor in many kinds of violence. It is known to be a major contributor to female physical and sexual victimization and is more closely linked to assault, rape and murder than any other substance.[35] It is also a big factor in abuse of children and spouses - around **50-90% of men who abuse their partners do so while under the influence of alcohol.**[36] A 2014 World Bank analysis of data from 21 countries found that women who describe their husbands as getting drunk "sometimes" have an 81% higher risk of being abused, while those who describe their husbands as getting drunk "often" are almost **five times** more at risk.[37]

Socio-economic status: often no effect on levels of violence

There is considerable evidence from high-income countries that children with lower socio-economic status are more likely to experience interpersonal violence. However, the situation appears to be often not the case in Africa.

A 2012 study used data from the Demographic and Health Surveys in six countries in sub-Saharan Africa to look at the influence of socio-economic status on levels of sexual violence against children. It found **no effect of wealth, occupation, education or place of residence on sexual violence**.[38]

A 2014 UNICEF report on violence against children analyzed a range of data from the Demographic and Health Surveys, the Multiple Indicator Cluster Surveys and national surveys to assess the effect of socio-economic status on the prevalence of "violent discipline" used on children.[39] It concluded that **the use of violent disciplinary practices is not systematically associated with lower economic and social status**.

Because the UNICEF analysis did not identify separate regions, Big Win Philanthropy undertook an (unpublished) statistical analysis of the same UNICEF dataset, focusing on the 18 countries in the dataset that are located in sub-Saharan Africa, and comparing the levels of violent discipline experienced by children in five socioeconomic quintiles, from the poorest to the wealthiest. The analysis found that there was **no statistically significant effect of socioeconomic status on levels of violence in Africa.**

The above evidence suggests that in Africa, violence against children is an issue that exists to a broadly similar extent across different social classes.

There is some evidence that socioeconomic status **can** be a predictor of the prevalence of violence in African contexts. For example, a study on violence against children in South Africa found that all categories of violence were more prevalent among poorer and more disadvantaged groups.[40]

However, whatever the precise nature of the relationship between socio-economic status and violence, there is no doubt that interpersonal violence affects a large proportion of children from all socio-economic groups in many African countries.

Difference from the norm: a powerful risk factor for violence

A considerable amount of evidence shows that children who are considered by adults or peers to be different from the norm, are much more at risk of violence. This can include physical or mental disability, albinism, sexual orientation, HIV status, ethnicity, religion or physical appearance.[41,42,43]

For example, a 2012 review and meta-analysis published in the Lancet found that compared to non-disabled children, those with disabilities were 3.6 times more at risk of physical violence and 2.9 times more at risk of sexual violence.[44]

2. Effects of childhood violence on health

The first section of this paper examined the scale and nature of interpersonal violence against children in sub-Saharan Africa. This second section now looks at the damage the violence causes to the health and wellbeing of the victims, both as children and when they grow up. It first covers the impact of violence on the development of children's brains, then at the effect that this and other factors have on mental capacities and physical health.

While most of the evidence cited comes from the global North and not from Africa, because it concerns basic human physiology and psychology, it is reasonable to assume that the results broadly apply to all human beings despite differences of geography and culture.

Impacts of abuse on brain structure and function

The human brain provides the fundamental bedrock for both personal fulfilment and economic productivity - the cognitive, emotional and social capacities that enable human beings to solve problems, be motivated to act, work collaboratively with others and function properly in all the various aspects of their lives. Deficits in the way the brain operates will have a big impact both on how rewarding someone's life is at an individual and family level, and on the economic output they contribute to their community and their country.

During the last ten years, **over 180 studies have shown that experiencing or witnessing abuse in childhood is associated with changes in brain structure and function**.[45] These changes usually persist into adulthood and appear to be permanent. This brain damage is not caused directly by injury, but happens over a period of months or years through abnormal brain development.

In 2016 the scientific journal Nature published a review in its specialist supplement Nature Reviews of Neuroscience, looking at the effects on the brain of violence in childhood.[46] The review sets out overwhelming evidence that domestic violence is so traumatic and stressful for children that it causes serious brain impairments. The review also found there was often a direct relationship between the nature of the abuse and the type of brain impairment (e.g. verbal abuse is associated with damage to brain areas involved in language).

This Nature review adds to other reviews and studies that have been published in recent years. Some of their key findings are set out below:

- **Physical abuse is associated with damage to brain areas for abstract thinking.** In people who had experienced harsh childhood corporal punishment, two brain areas (the left dorsolateral prefrontal cortex and the right median prefrontal cortex) were smaller than usual.[47] These areas are involved in higher cognitive functions such as planning and abstract reasoning.[48] It seems that corporal punishment is interpreted by the developing brain as a disincentive to undertake this kind of analytical thinking.

- **Physical abuse is also associated with damage to a brain area for emotional control.** In 31 children with documented histories of physical abuse, a part of the brain involved in the

regulation of emotion in social situations (the orbitofrontal cortex) was smaller than in 41 matched controls.[49] The children with this brain damage functioned worse socially.

- **Sexual abuse is associated with damage to brain areas that recognize faces.** Adults who repeatedly suffered sexual abuse as children had a reduction in the size of two brain areas called the left fusiform and middle occipital gyri, which are involved in facial recognition.[50] These people also had deficits in visual memory. The more abuse they had suffered, the greater the brain damage and the larger the deficits.

- **Emotional abuse is associated with damage to brain areas for self-awareness.** Adults who had been emotionally abused as children (for example by deliberately being made to feel fear or shame) had thinning in the posterior cingulate cortex and the precuneus - areas of the brain involved in self-awareness and self-evaluation.[51]

- **Verbal forms of emotional abuse are associated with damage to brain connections involved in language comprehension.** Adults who had experienced repeated verbal abuse from their parents during childhood had damage to the left arcuate fasciculus, which connects different areas of the brain involved in language and supports verbal comprehension and IQ.[52]

- **Witnessing abuse is associated with damage to brain areas and connections for visual learning.** Adults who had repeatedly witnessed domestic violence as children had damage to a bundle of nerve fibers called the left inferior longitudinal fasciculus, a key connection pathway that supports vision-specific emotion, memory and learning.[53] They also had thinning in the visual cortex, the part of the brain that processes visual stimuli.[54]

- **Abuse is associated with damage to brain connections that generate motivation.** Adults who were abused as children had a diminished electrical brain response in situations where there was anticipation of future reward, and damage to the brain circuits involved in this[55] - changes that would be expected to impair a person's motivation to complete sustained tasks.

- **Abuse is associated with damage to brain connections that support problem-solving.** Adults who were abused as children had damage to the corpus callosum, the mass of fibers that connects the two halves of the brain.[56] Its thickness is strongly correlated with measures of intelligence, probably because communication between the two sides of the brain is important for problem-solving.

- **Abuse is associated with a reduction in brain connections that support empathy.** The brains of adults who were abused as children seem to become rewired to be less aware of other people, more emotionally volatile and more driven by basic biological needs. One study compared measurements of different brain regions to assess neural connectivity in over 140 young adults who had been abused in childhood, compared to controls.[57] It found that the people who had been abused had markedly fewer connections between various brain areas involved in understanding other people's points of view, responding to social situations and regulating emotion. In contrast, they had much greater connectivity between brain areas involved in mental imagery of the self and sensations such as hunger and thirst.

- **Abuse is associated with damage to brain areas that support memory formation.** In adults with post-traumatic stress disorder who had been abused as children, a brain structure called the hippocampus, which is central to memory function, was smaller than in other adults.[58,59,60]

- **Abuse is associated with over-activity in the brain area that instigates fear.** In adults who were abused as children, a part of the brain which controls anxiety and fear (the amygdala) responded more strongly to pictures of faces showing negative emotions.[61] This offers a neural basis for the finding that children who have been physically abused show hypervigilant monitoring for social threats, including paying greater attention to negative faces.[62,63,64,65]

- **Vulnerable ages for damage from abuse range from 3 to 17 for different brain areas.** Different brain structures appear to be sensitive to abuse occurring at certain ages. The hippocampus (crucial for memory) seems especially vulnerable to abuse from three to five years of age, the corpus callosum (which supports problem-solving) is most vulnerable around the ages of nine and ten[66] and the visual cortex around 11-13.[67] Brain areas involved in vision-specific learning seem especially vulnerable to violence being witnessed between the ages of 7 and 13.[68] The frontal cortex and pre-frontal cortex (involved in a range of higher cognitive functions) seem especially sensitive to abuse in the mid-teens.[69] These findings suggest that violence at any stage in a child's development will cause brain damage of one kind or another.

Impacts of abuse on mental health and mental ability

Children who have been abused show a wide range of problems involving their mental health and mental abilities, both in childhood and in later adult life. It seems likely that these problems are due to the brain impairments caused by their abuse. This area has been assessed by numerous academic reviews, and a selection of findings is below.

- **Abuse is associated with all major categories of mental ill-health.** In 2013 a panel of 17 experts from nine universities on three continents reviewed **over 190 studies** on the effects of child abuse on health.[70] A key conclusion was:

  > *"Taken together, the evidence shows that childhood violence victimization is associated with risk for… many different kinds of psychiatric disorder, and… poor treatment response. It is difficult to identify a disorder to which childhood victimization is not linked. It is significantly associated with mood disorders, anxiety disorders, behaviour disorder, and substance-use disorders… childhood violence victimization is also linked to schizophrenia, psychosis, and… predicts an unfavourable course of depression."*

  Further evidence for an association with psychosis was found by a 2012 meta-analysis.[71] Further evidence for an association with depressive disorders and other health impacts was found by a 2012 review and meta-analysis.[72]

- **Abuse is associated with a reduction in intelligence of 8-10 IQ points.** A longitudinal study of more than 400 children who had been abused found that as adults they scored on average 10 IQ points below matched controls.[73] A study that followed up abused children after 25 years found that as adults they had IQs on average eight points lower than non-abused peers, as well as deficits in memory, reasoning and verbal comprehension.[74] A study of over 2,000 children found

that those from households with severe domestic violence (where they might have experienced and/or witnessed violence) had IQs on average eight points lower than controls.[75]

- **Abuse is associated with disrupted attention.** The most commonly-observed consequence of abuse on the overall neural activity of children is the "fight or flight" sympathetic nervous system response of hypervigilance and hyperactivity. This has a range of behavioral consequences including poor concentration[76] and poor sleep.[77] However the opposite has also been observed, especially in very young children - parasympathetic nervous system dominance involving a withdrawn, blunted response to stimulation ("dissociation") that can include blank, inattentive spells.[78] It is possible that the hypervigilant response occurs in children who feel they are in a position to guard against further abuse, whereas the dissociative state happens when children feel helpless and so protect themselves by shutting down their awareness of the world.

- **Witnessing abuse is associated with a range of deficits.** In 2003 a meta-analysis of **118 studies** was conducted specifically to assess the effects of children witnessing violence.[79] One of its overall conclusions was that the damaging effects on children of witnessing violence between their parents were just as bad as those caused by children experiencing violence themselves. It also seemed that the damage caused by witnessing interparental violence was greater than that from witnessing other kinds of violence. Of children who had witnessed interparental violence, 63% fared worse than controls on a range of measures including psychological outcomes (e.g. self-esteem), emotional impacts (e.g. depression, anxiety and aggression) and social skills. A more recent but less comprehensive 2014 review paper reached similar conclusions.[80] Other meta-analyses had similar findings.[81] For example, four studies found that children who had witnessed domestic violence were more likely than other children to exhibit aggressive antisocial behaviors and fearful inhibited behaviors, and a further three studies found that such children were more likely to have symptoms of anxiety, depression and trauma.[82]

- **Abuse is associated with disrupted learning.** In 2010 the US National Scientific Council on the Developing Child, based at Harvard and involving experts from 14 American universities, published a review of the impact of persistent fear and anxiety on children's development.[83] One conclusion was that because the hypervigilance of abused children means they cannot concentrate well, they have problems learning: [84,85]

  > *"Children who have had chronic and intense fearful experiences often lose the capacity to differentiate between threat and safety. This impairs their ability to learn and interact with others, because they frequently perceive threat in familiar social circumstances, such as on the playground or in school"*

- **Abuse seems to make the brain focus on creating and maintaining fearful memories.** Children who repeatedly experience intense fear generate excessive and chronic levels of stress hormones in their bodies (referred to as toxic stress). One such hormone, cortisol has dramatic effects on memory - enhancing the formation of memories about fearful events or places[86] while reducing the formation of non-fearful memories.[87] It also (in animal studies) prevents fearful memories from fading.[88] It appears that cortisol is used by the brain to impose a focus on learning about danger in preference to learning about other aspects of life.

- **A history of physical abuse seems to cause aggression and anxiety in normal situations.** Young children raised in physically abusive households show heightened sensitivity to angry faces and

tend to interpret neutral or ambiguous facial expressions as being angry.[89] This means they can become anxious or aggressive in normal social situations where there is not actually any threat, and so have trouble forming good relationships.

- **Fear can be learned when very young but cannot be unlearned until much older.** The process of a child learning a fearful response (for example to contexts in which abuse happens) can take place early in life because it involves parts of the brain such as the hippocampus and amygdala that are functional at a young age.[90] However, *unlearning* a fear response (for example when the danger is no longer a regular part of the child's life) cannot happen until early adulthood, because it depends on quite separate brain structures such as the prefrontal cortex that do not become fully functional until the early twenties.[91] This means that fear learned early on has an impact that can take years to be lessened.

- **Abused children are more likely to become adult abusers and adult victims.** A large 2003 US study examined whether violence in childhood made boys more likely to become adult perpetrators of domestic violence and girls more likely to become adult victims.[92] It involved over 4,600 adults who as children had suffered one or more of three types of abuse - physical violence, sexual violence and/or witnessing violence. A single type of abuse in childhood was associated with boys being twice as likely to be violent to their partners when adult, and girls being twice as likely to be victims as adults. Two types of abuse in childhood more than tripled the risks. Three types of abuse came close to quadrupling the risk, especially for boys.[93] A study of 1,300 men in South Africa had similar findings.[94] Those who had witnessed violence against their mothers in childhood (about a quarter of them) were two and a half times more likely to use physical violence against their own partners.

- **Children from households with interparental violence suffer from poorer parenting.** A 2008 review of over 140 studies of the impacts of domestic violence on children's psychological well-being concluded that parenting is compromised in households where domestic violence takes place and affects the quality of attachment of children to parents.[95] One likely reason is that the depression and anxiety experienced by abused mothers makes them at times emotionally distant, unavailable or even abusive themselves. A further impact on children is likely from the finding (with a small sample size, but statistically significant) that women who were physically abused as children have rates of divorce three times higher than other women.[96]

- **Children from households with interparental violence are more violent.** Levels of aggression by adolescents against their parents are 18 times higher in households that have seen violence by the father against the mother.[97] Children from households with domestic violence are more likely to be bullies and to be bullied themselves - a study of 4,600 children exposed to domestic violence found that one third were described by their schools as frequently aggressive.[98]

- **Children from households with domestic violence have unhappy parental relationships.** Violence by fathers against mothers seems to result in children having confused relationships with both parents, for example trying to see their fathers in a positive light despite the abuse, feeling sadness, fear, confusion and disappointment towards their fathers and compassion and an obligation to protect towards their mothers.[99] They sometimes blame themselves or others for their father's violence, for example justifying it as being due to bad behavior by themselves or their mothers.

A number of other studies have examined the effects of violence against children on mental health in African contexts.[100]

The evidence associating abuse with cognitive impairments is very strong, and the mainstream view of those working in this field is that the abuse causes the impairments. However, it is important to note that there is a dissenting view, based on a reanalysis of existing data, that the deficits are caused by other factors such as socioeconomic status rather than by the violence per se.[101]

Impacts of abuse on physical health

The impact of child abuse on physical health can include acute injuries and their chronic consequences, behavior that leads to physical health problems, the physiological effects of stress and second-generation effects. In addition, interparental violence impacts on the health of children, because all of the above effects can be suffered by parents, and parental ill-health affects children. These different types of impact on physical health are discussed below.

Injuries and their consequences

Violence can directly cause serious physical injuries to children such as dislocations, fractures, wounds, internal injuries, head trauma and burns. In the long term these can cause physical health problems including chronic pain, physical disability, perceptual disability such as blindness, vulnerability to infection, reproductive health problems, susceptibility to disease and in the worst instances, death. Children who experience domestic violence make more visits to health care providers, have more and longer hospital stays and incur higher healthcare costs.[102]

Statistics on such injuries are not readily available, partly because their cause may not be disclosed by families or they are not reported at all. Research in Nigeria by the US Centers for Disease Control (described in section 1 above) indicates that around a quarter of children who suffer physical violence are injured, and around one in ten are injured seriously enough to warrant medical attention.[103] The equivalent figures for women who suffer domestic violence are around four in ten being injured (calculated from 11 studies and data from 31 countries)[104] and a quarter being injured seriously enough to require treatment.[105]

Behavior that leads to physical health problems

Abuse in childhood is associated with people exhibiting behaviors that are risky or harmful, both as children and in later life as adults.

A large 1998 study in the US looked at over 4,000 adults with a history of adverse experiences in childhood (with most of the categories of adverse experience being forms of violence).[106] It found that the more adverse experiences someone had faced, the more likely they were as adults to exhibit at least one behavior-related risk factor for serious physical illness - factors such as smoking, obesity, alcoholism and drug abuse. Amongst the controls (who had no adverse experiences) 44% had such risk factors, but among people who had one, two, three or upwards of four adverse experiences, **the percentage with risk factors rose to 58%, 69%, 76% and 86%.** For example, someone was twice as likely to be alcoholic if they had one adverse experience and seven times more likely if they had four or more such experiences.

The study also found that people with multiple adverse childhood experiences suffered more actual ill-health. Someone with four or more adverse experiences was **1.9 times more likely to have had cancer, 2.2 times more likely to have had heart disease, 2.4 times more likely to have had a stroke and 3.9 times more likely to have had chronic respiratory diseases.** The study concluded that the reason was behavioral - adults who had gone through difficult childhoods were more likely to smoke, overeat, take drugs and drink to excess, probably as a way of self-medicating for psychological problems.

The findings of the US study are reinforced by a 2014 multi-country study in Eastern Europe which found that young adults with four or more adverse events in childhood were **six times more likely to use drugs, 10 times more likely to be problem drinkers and 49 times more likely to attempt suicide**.[107]

A 2009 study in Swaziland published in the Lancet had similar findings, concluding that experiencing sexual violence in childhood was associated with girls being more likely to engage in risky behavior.[108] They were 3.7 times more likely to catch sexually transmitted diseases, 3 times more likely to drink alcohol and 2.9 times more likely to have unwanted pregnancies.

A 2013 review by WHO concluded, on the basis of 31 studies, that **childhood abuse is associated with a 2.2 times greater risk of abortion in adulthood.**[109] Given that 25% of all pregnancies globally end in abortion[110] and that around half of these happen in unsafe conditions,[111] any substantial increase in abortion rates represents a big public health burden.

A 2017 meta-analysis looked at 37 studies of the health impacts of having more than three adverse childhood experiences.[112] It calculated the increased risk of various health conditions later in life:

- 2-3 times greater risk: cardiovascular disease, cancer, liver/digestive disease and smoking.
- 3-4 times greater risk: respiratory disease and early sexual initiation.
- 4-5 times greater risk: teen pregnancy.
- 5-6 times greater risk: problematic alcohol use and sexually transmitted infection.
- 6 times or higher risk: being a victim or perpetrator of violence (8 times risk), problematic drug use (10 times risk) and attempted suicide (30 times risk).

It is also likely that sexual violence results in higher levels of HIV infection, although data on this is often unclear.

The physiological effect of stress

There is evidence that the physiological stress response to abuse might cause long-term physical health problems. Abused children are twice as likely to have high levels of inflammation marker chemicals which are associated with a greater risk of heart disease later in life.[113]

Other physical health problems

A 2011 review of the health consequences of child abuse that examined over 140 studies concluded that abuse was strongly linked to a range of illnesses including arthritis, asthma, high blood pressure, heart disease, liver problems, ulcers, hepatitis, migraines, gynecological pain, irritable bowel syndrome, fibromyalgia and chronic fatigue syndrome.[114] While the pathways that lead to this long list of adverse

outcomes are not well understood, it is likely that they involve risky personal behaviors and/or physiological responses to stress.

Second-generation effects on physical health

Childhood abuse is also associated with second-generation physical health problems - the children of women who were abused in childhood suffer from higher levels of ill-health. This is probably because women who were abused as children tend as adults to experience more mental ill-health, which will affect their capacity to look after their children. In Liberia such women are **2.5 times more likely to have children who are underweight.**[115] In Nicaragua, the children of women who had been both physically and sexually abused in childhood were **six times more likely to die before the age of five**.[116]

Impact of interparental violence on physical health

Parental illness or incapacity will have a big effect on the welfare of their children, so the health impacts on parents of domestic violence are also relevant here. Research shows a strong association between intimate partner violence against women and health problems caused by risky or neglectful behaviors.

A WHO review in 2013 concluded that women abused by their partners have a 1.5 times greater risk of contracting HIV/AIDS, a 1.4 times greater risk of premature birth (based on findings from 10 studies), a 1.8 times greater risk of alcohol abuse and a 4.5 times greater risk of attempted suicide.[117] All such outcomes will clearly have a major impact on the children of mothers in this position.

The consequences of interparental violence on the health of children are illustrated by a study in Kenya which found that the children of women who had suffered such violence were 1.4 times more at risk of being stunted and 1.4 times more at risk of dying before the age of two.[118]

3. Effects of childhood violence on education and employment

The third stage of an investigation into violence against children (having first examined its prevalence and then its impacts on health) is to look at what the consequences are for children's future capacity to achieve success in life, in terms of their educational attainment and their employment as adults.

Almost all studies on this issue are in the global North (with the large majority in the US) and very few are in Africa. Because education and employment are very culturally-specific in nature, it is difficult to say how findings in the global North would translate to African contexts.

Impacts on education

A large volume of work over several decades has shown that violence in childhood is associated with lowered educational attainment later in life. Some studies have specifically examined the effects of violence, but more usually they have combined violence with child neglect into a category referred to as maltreatment. Review papers[119,120,121] and literature reviews by other studies (referenced below) have found that violence or maltreatment in childhood is associated with:

- Lower average grades across all subjects.
- Lower grades in specific areas such as mathematics and reading.
- Lower scores in standardized tests of ability.
- More frequent repeating of a school year.
- More frequent school absences.
- Higher drop-out rates.
- More frequent school disciplinary problems.
- More frequent referral for special education interventions.
- Fewer years of education completed.

Some specific examples are:

- **A three-decade research review found that most studies show educational impairments.** A review of 30 years of research found that child maltreatment had been associated with impaired intellectual development in 49 out of 65 relevant studies, with impaired language development in 36 out of 42 studies and with impaired academic achievement in 31 out of 34 studies.[122]

- **A meta-analysis of 67 studies found multiple adverse impacts.** A 2017 meta-analysis found that violence in childhood was associated with a 2 times increase in risk for absences from school, a 1.6 times risk of dropping out of school and a 1.2 times increase in the risk of low academic achievement.[123]

- **Maltreated children repeat school years twice as often.** A study of over 300 maltreated children found they were twice as likely as controls to repeat a year of school, across all primary school years. The greatest effect was in Year 1, which was repeated by 30% of maltreated children compared to 10% of controls.[124] The controls were matched to the study group - for a

range of factors such as gender, school attended, grade level and neighborhood lived in. This means that there can be greater confidence that the results are due to maltreatment rather than to other socioeconomic factors.

- **Maltreated children are twice as likely to need special education.** A study of over 4,000 maltreated children found their likelihood of entering special education was doubled compared to other children of comparable socioeconomic status. Twenty-five percent of children who had been physically abused and 20% of children who had been sexually abused entered special education. This was a long-term effect - the average duration between the first incident of maltreatment and the time of entering special education was four years.[125] The control group were drawn from similar socioeconomic backgrounds and the analysis controlled for factors such as poverty, medical history, maternal education, mother's age at birth and neighborhood tenure - which all increase the likelihood that the results were due to maltreatment.

- **Maltreated children do a year less in school.** A longitudinal study of 650 maltreated children found they completed on average one year less of education than matched controls.[126]

- **Physically abused children are more likely to be suspended from school.** A study of over 400 maltreated children found that those who had been physically abused were three times more likely to be formally disciplined by their schools and six times more likely to be suspended.[127] The analysis controlled for factors such as gender, school attended, grade level and neighborhood lived in.

- **Maltreated children are more likely to drop out of school.** A study of about 1,800 maltreated children found that maltreatment accounted for 30% of school drop-outs, the size of this effect being similar for physical abuse and for neglect (but not significant for sexual abuse). For comparison, this impact of maltreatment was similar in size to the increase in the risk of dropping-out of a child not having parents.[128]

- **Interparental violence also is associated with educational deficits in children.** A study in Nicaragua found that children's educational attainment seems to be affected by interparental violence as well as by children experiencing violence themselves. Sixty-three percent of the children of female victims of intimate partner violence had to repeat a school year, and their children left school an average of four years earlier than other children.[129]

Smaller or less clear-cut effects of maltreatment have been found by many other studies.[130,131,132,133,134] There have also been studies that have found no effect of childhood violence on education.[135]

A particularly self-defeating type of violence in terms of educational outcomes is the use of corporal punishment in schools. A number of studies have found **many adverse effects of violent punishments in school, including on the success of education itself**:[136]

- A 2015 study that was part of UNICEF's Young Lives project found that in Peru and Vietnam, the more corporal punishment children received at age eight, the worse their math and/or vocabulary scores were at age 12 (even when factors such as socioeconomic status were accounted for).

- A 2009 study in Jamaica found that children who received multiple forms of corporal punishment scored lower on spelling, reading and math.

- A number of studies have found that corporal punishment makes students hate their teachers, have difficulty in concentrating and learning, perform less well in school and avoid or drop out of school for fear of being beaten.

Taking an overall view of the research literature on maltreatment and education, robust quantitative results are not common (the examples above are unusual) and it is difficult to go much further than the broad conclusion that childhood maltreatment is associated with a range of adverse educational outcomes.

This is because much educational research in this area lacks the methodological stringency, clarity of results and quality of analysis that can more often be found in other areas concerned with childhood violence. The education research presents a complex picture that does not lend itself to an overall narrative synthesis, reliable attribution of types of deficit to types of maltreatment, or robust estimates of what the sizes of the effects are.

These limitations arise for a number of reasons:[137,138,139,140,141]

- There are powerful confounding factors that studies often fail to control for, such as income, parental unemployment, parental education, number of parents in the household, ethnicity, neighborhood location and health status.

- Sample sizes are often small, with few children and/or an absence of comparison groups.

- Samples are often skewed by being drawn from populations of children within special educational, medical or welfare environments such as those in foster care or with psychiatric diagnoses.

- Causality is often difficult to establish. For example, children with pre-existing cognitive or physical disabilities are between three and four times more likely to suffer physical or sexual abuse than non-disabled children.[142] This makes it difficult to know whether children who have special educational needs are in this position because of a pre-existing disability, a history of abuse or a mutually reinforcing interaction between the two.

- Studies vary in the extent to which they separate out the effects of different kinds of maltreatment. Some distinguish between physical, sexual and/or emotional violence and neglect, but others do not, or cannot because of inadequate data.

- Outcomes are measured in a range of ways that are often not comparable between studies.

Impacts on employment

There are few studies examining the impact of childhood abuse on employment, but those few offer what seem to be good quality data and compelling results. Some key findings are set out below:

Abuse in childhood is associated with a doubling in the risk of later unemployment and poverty. A 2009 study of over 5,000 people drawn from the US National Co-morbidity Survey found that adults who had been maltreated as children were around twice as likely to be unemployed or below the federal poverty level.[143] Physical abuse led to a 2.4 times greater risk of unemployment and a 1.6 times risk of poverty. Sexual abuse resulted in a 1.2 times risk of unemployment and a 1.8 times risk of poverty. People who had suffered the two types of abuse together or combined with severe neglect were almost three times more at risk (2.9 times for unemployment and 2.8 times for poverty).

Maltreatment in childhood is associated with a lowering of adult incomes by a third. A 36-year longitudinal study in the US tracked 667 people who as children had suffered physical abuse, sexual abuse or neglect, and compared them to matched controls.[144] When they reached their early to mid thirties, those who had been maltreated were earning on average $19,000 a year compared to $28,000 for the controls (i.e. a third lower). They were less likely to be employed (65% versus 82% of the controls), to be in a skilled job (39% versus 59%) or to own their own home (35% versus 48%).

There are no studies we are aware of in Africa that establish the long-term impact of childhood violence on individual incomes. However, a related issue is the impact on individual incomes of intimate partner violence. This is directly relevant to children because if the household income suffers, it has an effect on their lives too. It is also of indirect relevance as a research finding, because children would be expected to be at least as vulnerable as adults to the long-term effects of experiencing violence, and therefore likely to suffer from a similar or greater impact on their future earnings.

Intimate partner violence is associated with a lowering of income by about a third. Domestic violence against women seems to have a big impact on their earnings. The *lifetime* fall in earnings of women who have *ever* experienced violence from a partner is not only striking and large, but also remarkably consistent between countries around the world: 29% in Tanzania (43% in the case of severe violence)[145], 34% in Chile, 35% in Vietnam, 46% in Nicaragua[146] and 35% in the UK[147]. However, these findings do not demonstrate causality because confounding factors were not always controlled for.

The size of the impact on earnings associated with intimate partner violence is notably similar to the size of the impact on earnings associated with childhood violence. It seems that, as an approximate rule of thumb, **experience of violence in a range of country and family contexts is associated with a lowering of future lifetime earnings by around a third.**

4. Economic impact of violence against children

So far, this paper has examined the scale and nature of violence against children in sub-Saharan Africa, its impact on health and its effects on education and employment. The issue now addressed is what the cost of all this is to a country's economy.

This section first of all lists the various areas of cost that contribute to the economic impact of interpersonal violence, and sets out some of the techniques that are used to calculate such costs. It then reviews studies that have calculated the economic impact of violence against children, and studies relevant to the economic impact of interparental violence. Finally it looks at spending on violence prevention.

Areas of cost

The economic impact of violence against children and interparental violence is made up of a wide range of costs and lost benefits. These are borne by individuals and their families, local communities, government and/or the national economy. Some of the main ones are listed below:

Short-term costs

- Healthcare (e.g. for injuries).
- Value of lost household work (e.g. due to incapacity).
- Lost earnings (e.g. due to absence from employment).
- Repair or replacement of damaged property.
- Police and justice services.
- Welfare services (e.g. counselling, child protection, social work, shelter and income support).

Long-term costs

- Lost productivity due to reduced cognitive, emotional and social capacities.
- Lost productivity due to reduced educational attainment.
- Lost productivity due to mental illness.
- Lost productivity due to physical disability (e.g. from earlier injuries).
- Lost productivity due to chronic physical illness (e.g. reproductive health problems).
- Lost productivity due to physical illness manifested later in life (e.g. heart disease).
- The cost of premature death from violence or its consequences - including lost economic activity and costs such as the psychosocial impact on surviving family members.
- Remedial education to overcome academic deficits.
- Health and social care for chronic or late-manifesting physical and mental conditions.
- Costs from increased criminality and antisocial behavior such as injury, damage to property, police time, judicial administration and prison.
- The hidden costs of disruption to daily life in a society where people fear for their safety because of a high general level of violence.
- The hidden costs of reduced inward investment and tourism because of international awareness of the high level of violence in a country.

Second-generation costs

- Higher prevalence of adult victims and perpetrators amongst people abused in childhood.

- Impaired parenting by victims, leading to problems for their own children.

In addition to the above list of types of cost, some studies have calculated a value for "pain and suffering" - an estimate of the money that could in theory be paid to victims to compensate them for their experiences. However, this type of costing is not relevant to the question of economic impact being considered in this paper.

Ways of calculating costs

A number of methods are used to generate quantified estimates of the costs of violence.[148,149] They are described in brief below:

- Direct accounting - actual "out-of-pocket" expenditure by individuals or the state. The average unit cost of a single case is calculated and then multiplied by the prevalence.

- Present value of lifetime earnings - a lump-sum calculation that assigns a value in the present time to the cost of lost productivity in the future. This includes a discount rate that imposes greater reductions in the current value, the further off into the future the effects take place.

- Population-attributable fractions - the proportion of a particular adverse outcome (such as a specific disease) that can be attributed to a particular risk factor (in this context, violence). Often the adverse outcomes are defined by the international Global Burden of Disease categories.

- Disability-Adjusted Life Years - costs determined by the number of disability-adjusted life years (DALYS) that are lost. This allows a quantification of loss of quality of life and can be converted to a monetary figure for lost productivity, for example by multiplying lost DALYS by per capita GDP. It is also a methodology that facilitates comparisons between countries and between categories of disease or impairment.

- Propensity score matching - using population data on the comparative risks that groups of people with different histories of violence will experience subsequent specific adverse outcomes such as impacts on earnings.

- Social accounting matrices - models of the total financial transactions between the main sub-groups of a national economy (e.g. between government sectors, households and companies). This methodology can allow calculation of the impacts of an issue on specific sectors. For example, it has been used to assess the economic impact of domestic violence on agricultural productivity.[150]

- Proportional direct accounting - the percentage of the budget of a service which is spent on responding to the issue concerned. This can be used when good records are kept of the reasons for service interventions.

Whatever combination is used of the technical methods listed above, analyses of the costs of interpersonal violence can be done in two main ways:

- A retrospective analysis that calculates the current cost of past violence. For example, this might be expressed as the total cost during 2017 of dealing with the consequences of violence against children in that year and previous years.

- A prospective analysis that calculates the future cost of current violence. For example, this might be expressed as the total cost spread out over future years of all the violence against children that happens during 2017.

The prospective approach, involving the future cost of current violence, is more useful in policy terms. This is because it provides a starting point for assessing the value for money of new programs to prevent violence - i.e. the cost of action versus the cost of inaction. However, prospective analyses require more data than retrospective analyses and so are not always as feasible.

While there is widespread acknowledgement amongst experts of the types of cost imposed by violence, and many of the above techniques have been successfully used in a range of studies, no comprehensive framework exists for estimating the true economic burden of violence.[151] The reasons include the difficulty of creating a universal algorithm for diverse settings and the lack of an established protocol for which costs to include or exactly how to apply the various methodologies. For example, the discount rate for calculating a present value of future lost earnings ranges from 2% to 10% in different studies.[152]

Economic cost of violence against children

There are not many studies looking at the economic cost of interpersonal violence against children, fewer in low and middle-income countries[153] and fewer still in Africa. The costs of interpersonal violence are considerably higher as a percentage of GDP in low and middle-income countries than in high-income ones[154], so the greater the income disparity between two countries, the less relevant a study in one becomes as an indication of costs in the other.

Another complicating factor is that the studies in all countries vary greatly in the categories of cost they include. Most consider only a subset of costs and are therefore substantial underestimates of the true cost. As far as we are aware no study has yet undertaken a comprehensive assessment in any country.

Despite the above limitations, there are a number of studies in low and middle-income countries that provide reasonable indications of the impact of violence on their national economies and which are relevant for assessing the likely costs in countries in sub-Saharan Africa. Even with the conservative bias the studies have (because many types of cost are not included) the figures that emerge are still high, and the percentages of national GDP that violence against children imposes are sufficiently big that they should be regarded as a significant economic issue. A particularly relevant study is one undertaken in South Africa, which is summarized below.

Violence against children costs South Africa at least 4% of its GDP. A 2016 study looking at the cost of violence against children in South Africa[155] involved an influential consortium. Its reference group included the Department of Social Development and the National Treasury of the Government of South Africa, it was commissioned by Save the Children and it was jointly published by three universities (Georgia State University in the US, the University of Edinburgh in the UK and the University of Cape Town). It concluded:

"We have established that the costs of violence against children are substantial… preventing violence against children is… an economic imperative."

The calculation of cost was based mainly on an analysis of lost Disability Adjusted Life Years (DALYS) and lost productivity, drawing on data from 65 previous studies of the prevalence and/or consequences of violence against children in South Africa. The results from the original 2016 study were subsequently revised in 2017 to take account of the most up to date Global Burden of Disease data.[156] The breakdown of the main items in terms of percent of national GDP was:

Physical violence against children	2.26% of GDP (2.1% non-fatal and 0.16% fatal)
Sexual violence against children	0.70% of GDP
Emotional violence against children	1.2% of GDP
Total	**4.16% of GDP**

Three methodological points are worth noting regarding the South Africa study because they are relevant to the kinds of results that might be obtained if a similar methodology was used in other countries:

- The calculation of the total cost as a percentage of GDP is described by the study itself as an underestimate because it does **not** include the costs of poor educational outcomes, healthcare use, criminal behavior, reproductive health problems and chronic disease, nor the costs of children witnessing interparental violence. These are all major categories of cost that would be expected to increase the figure for costs as a percentage of GDP, if a future study was able to expand the methodology to include at least some of them. In addition, there are further areas of cost that were not included in the study, such as second-generation effects.

- In calculating the cost of violence, the study used figures for prevalence that are much lower than those found by most surveys in other African countries. For example, for lifetime experience of physical violence it used 24% for boys and 29% for girls, for sexual violence 6% for boys and 9% for girls and for emotional violence 10% for boys and 16% for girls. These are around **half** the median prevalence rates found by CDC studies in six other African countries.

A further study in South Africa published in 2018 calculated the social gains that could theoretically be achieved if violence against children were to be prevented.[157] It found that drug abuse in the entire population could be reduced by up to 14% if sexual violence against children could be prevented, self-harm could be reduced by 23% in the population if children did not experience physical violence, anxiety could be reduced by 10% if children were not emotionally abused, alcohol abuse could be reduced by 14% in women if they did not experience neglect as children, and interpersonal violence in the population could be reduced by 16% if children did not witness family violence. The study estimated that the cost of inaction in 2015 amounted to nearly 5% of the country's GDP.

Other studies have calculated the economic impact of interpersonal violence against children in a range of countries. Some of the findings are below:

Violence against children costs some South-East Asian countries at least 3% of their GDP. A UNICEF study looking at the South-East Asia region found that for lower middle-income countries such as Indonesia, the Philippines and Vietnam, 3.1% of GDP was lost to child maltreatment (it included physical,

sexual and emotional violence, neglect and witnessing violence).[158] This does **not** include the costs of impacts on education and employment, nor the costs of ill-health, behavioral problems and criminality.

The same study also looked at three low-income countries in the region (North Korea, Burma and Cambodia) but the total estimate of cost as a percentage of GDP (1.6%) was low because of poor data.

Violence against children costs China at least 1.7% of its GDP. A study in China arrived at a total cost of 1.7% of GDP from physical, sexual and emotional violence.[159] However, this too was regarded as a substantial underestimate because it does **not** include the costs of impacts on education, impacts on employment, impacts on health beyond a limited number of conditions, healthcare use, criminality, reproductive health problems, welfare services and the police.

Most studies use a retrospective approach to assessing the economic impact of violence. This involves estimating the costs incurred during a specific year of all the instances of violence that occurred during that year or in previous years (the above studies in South Africa, South-East Asia and China all fall into this category). There is a second method of calculating economic impact, which is prospective. This calculates the total lifetime cost stretching into the future of all new cases of violence that occur in a specific year. Prospective costs are more difficult to calculate than retrospective ones because they require data on the long-term consequences of violence. However, they are more useful in assessing the cost-benefit ratios of programs to prevent violence.

A prospective study in the US concluded that **violence against children in the US each year imposes long-term costs equivalent to 1% of GDP**.[160] The study pooled together physical, sexual and emotional violence and neglect, and calculated the total long-term economic burden accumulated during one particular year (2008) to be £124bn, approximately 1% of GDP. As with many other studies of the economic impacts of violence, this was considered to be an underestimate because various categories of cost were not included.

An prospective study in Australia calculated the total long-term economic burden accumulated by child maltreatment in one year (2012-13) to be 9.3 billion Australian dollars,[161] which is in the region of 2% of GDP.

The Overseas Development Institute undertook a study in 2014 that generated estimates of the cost of violence against children far in excess of the studies above - between 15% and 40% of GDP for low income countries.[162] These extraordinarily high figures may be explained by the fact that the study included child labor, armed conflict and violence during emergencies in its definition of violence against children. It also took on a very wide geographical scope in considering countries across the world, and so was of necessity broad-brush in its methodological approach. Similarly broad-brush estimates about the global costs of violence were made by the Copenhagen Consensus.[163]

Economic cost of interparental violence

Part of the purpose of this paper is to gauge the weight that should be given to violence against children as an economic factor in policy-making. This naturally starts by looking at the costs of violence against children and the benefits that might come from programs to prevent such violence. However, there is a second set of costs and benefits that should arguably be included in the overall assessment - those concerning interparental violence. There are three reasons for this:

1. **The impact of interparental violence on parents harms children too.** Violence between parents has many harmful consequences for the parents themselves such as physical incapacity, mental illness and loss of income, and almost all of these will also impact on their capacity to look after their children and support them financially. For example, the children of mothers who suffer domestic violence have higher levels of disease, undernutrition and mortality.[164] Therefore, even if the sole yardstick of success was the wellbeing of children, reducing interparental violence would still be an important objective.

2. **Households with interparental violence are likely to also have violence against children.** Numerous studies have shown a high level of overlap between interparental violence and violence against children. The percentage of households with interparental violence where child abuse is also perpetrated was calculated by three separate reviews to be 45-70%[165], 30-60%[166] and 40%[167]. Two further studies based on police and child protection records calculated overlaps of 64%[168] and 71%.[169] Another study calculated that children living in a domestic violence household were 15 times more likely to suffer maltreatment than other children.[170]

3. **Programs to prevent violence against children will also reduce interparental violence.** It is difficult to envisage any program to prevent domestic violence against children being ring-fenced to focus solely on children and not also addressing general levels of violence in the household. Investments to tackle violence against children are therefore likely to generate additional economic benefits by reducing interparental violence too. These benefits should be included in cost-benefit judgments by policymakers.

As an overall comment on the above three points, domestic violence against children is intertwined with domestic violence between parents. The two kinds of violence take place in the same context, stem from related causes, involve the same perpetrators and feed into each other. The same primary cause - violence in the home - generates both sets of costs, and both sets of costs will be driven down by interventions to reduce that primary cause. These relationships were reviewed globally by a 2016 paper which found that violence against children and interparental violence share risk factors and social norms[171].

A number of studies have examined the economic impact of intimate partner violence against women. This is not an exact equivalent to interparental violence, because not all women with an intimate partner will have children, and some interparental violence will be perpetrated by women against men. However, there are no economic impact studies we are aware of that have looked solely at women with children, or at domestic violence against men. Estimates of the economic costs of intimate partner violence against women are therefore the best available figures to use.

Most studies of this kind look either at direct costs (usually focusing on short-term costs such as healthcare and lost income) or at indirect costs (lost economic productivity). Even within these two categories, studies leave many types of cost out of their calculations.

Some studies of the costs of domestic violence against women in low and middle income countries are listed below. The first one, in Vietnam, is unusual in that it includes both direct and indirect costs:

- **Vietnam: short and long-term costs total 3% of GDP.** A 2012 UN study in Vietnam found that the short-term direct costs of out-of-pocket expenditure and lost income from missed work

were 1.4% of GDP, and the long-term cost in lost productivity was 1.8%.[172] Combining these gives a total of 3.2%.

- **Bangladesh: short-term costs are 2% of GDP.** A 2010 study in Bangladesh by CARE found that short-term out-of-pocket costs and lost income from missed work were 2.1% of GDP.[173]

- **Nicaragua: long-term costs are 1.6% of GDP.** A 1999 study by the Inter-American Development Bank found the cost of lost productivity in Nicaragua to be 1.6% of GDP.[174]

- **Chile: long-term costs are 2% of GDP.** The 1999 study that examined Nicaragua also looked at Chile. It found that the cost of lost productivity was 2.0% of GDP.

The above studies provide a fairly consistent picture of short-term and long-term costs, with each coming to about 1.5-2% of GDP. This means that **the total cost of domestic violence against women in a range of low and middle-income countries may be around 3-4% of GDP.**

For completeness, a final two studies of domestic violence in the global North are worth noting. A 2004 study in the UK calculated a total cost of 1.9% of GDP. It covered service provision and economic output, but also included an estimate of the compensation theoretically due to victims for pain and suffering, and this made up two-thirds of the total cost.[175] A 2004 study in Australia calculated a total cost of 1.2% of GDP. It covered service provision, property, administration, lost production, second generation impacts and also a pain and suffering estimate.[176]

Total cost of violence against children and interparental violence

The available evidence on the economic impact of violence against children and interparental violence is only partial. Many elements that make up the total impact are not accurately known, and no study so far has done a comprehensive analysis. However, the studies reviewed above offer a broad indication.

The cost of violence against children. Regarding the cost of violence against children, the 2016 South African study described earlier is probably the best available gauge of this in an African context, and it found that the impact is at least 4% of GDP.

We do not know how representative this 4% estimate for South Africa is of the costs elsewhere in sub-Saharan Africa. However, it is not unreasonable to make a working assumption that the level might be similar, give the prevalence of violence in many African countries. If 4% of GDP was replicated across sub-Saharan Africa, this would be an annual total of around $60 billion (its GDP being around $1.5 trillion).[177] **For comparison, this is more than all official aid to sub-Saharan Africa from OECD countries** (Official Development Assistance totals $47 billion, including both bilateral and multilateral aid).[178,179]

There are good reasons to suppose (as discussed earlier) that the South African conclusion may be an underestimate of the total economic impact that might be found if a similar methodology was applied in a more thorough way to other countries in the region. First, many important areas of cost were not included in the South African study. Second, the South African calculations are based on prevalence figures that are around half those for the other countries in sub-Saharan Africa for which good data exists. Third, the costs of violence as a percentage of GDP tend to be greater, the lower the per-capita income of the country concerned.[180]

The cost of the impact on children of violence between parents. Regarding the economic impact of the effects that violence between parents has on their children, no study has specifically calculated this. However, there are figures on the economic impact of domestic violence against women. The studies described earlier in countries such as Vietnam and Bangladesh suggest that the combined short-term and long-term costs of this are around 3-4% of GDP. It is not unreasonable to think that the impact might be similar in other lower middle-income countries.

A final point regarding economic impact concerns domestic violence perpetrated by women against men. This is completely absent from the assessments of economic impact we have seen and rarely comes up as an issue in any of the areas of research reviewed for this paper. In the CDC prevalence study in Malawi described in section 3 above, 22% of 18-24 year-old women (compared to 39% of men) said they had used physical or sexual violence against a partner or spouse.[181] For 13-17 year-olds the figures were 17% of girls (compared to 38% of boys). It seems from this data that women and girls assault their partners approximately half as often as men and boys do. While the data do not show how severe the violence is (it is likely to be less severe than when men assault women) this represents a potentially large area of additional economic impact that has not so far been taken into account in costing studies.

5. Action to prevent violence against children

Previous sections of this paper have covered the nature of the problem of interpersonal violence against children in Africa and its consequences, scale and costs. This final section sets out evidence about interventions to prevent such violence - which programs are successful, how they have gone about tackling the problem and what they have achieved.

Taken together, this evidence paints a picture of what a national violence prevention program might look like, if the best interventions from around the world were combined into a major multi-sector effort in a single country (something which as far as we know has never been done before).
It is worth noting two areas not covered by the current paper. The first is the possible cost of a major multi-sector effort to reduce violence against children, so that a cost-benefit comparison could be made between the cost of action versus the cost of inaction. The second is the implementation challenges of scaling up programs that have been successful on a small scale so that they have impact at a regional or national level. Both of these would be worthwhile future pieces of work to undertake.

The section first explains how we have grouped the evidence into four key intervention areas plus four enabling factors. It then gives examples of successful programs in these areas and draws conclusions about the characteristics they often share. Finally, the section sets out various methodological issues regarding the interpretation and application of the evidence that has been covered.

Priorities for action

From the evidence on preventing violence against children (from Africa and from other parts of the world) it seems there are **four areas which offer the most promising interventions** and which deserve to be regarded as priorities for action. These four key intervention areas aim to change attitudes and behaviors in the four contexts which most affect the likelihood that children will experience violence. The first of the four contexts is an internal psychological context: a child's own sense of self and capacity to take action to affect what happens to them. The other three contexts are the external environments in which children spend most of their lives: home, school and the community.

The four key types of intervention dealing with these four contexts are as follows:

1. **The self: training for children in how to avoid being a victim of violence** and how to be an "active bystander" to stop violence against others.

2. **The home: support for parents in using non-violent ways of disciplining children** and other child-rearing skills.

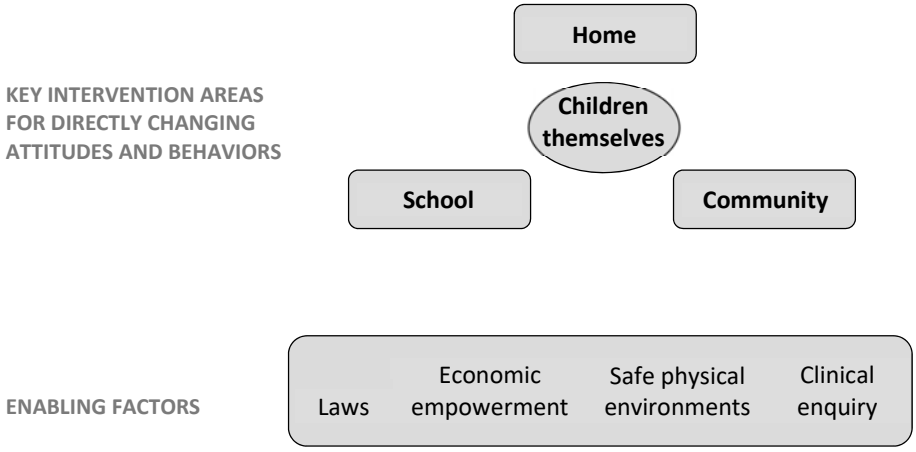
3. **School: programs to change the culture in schools** and so reduce violence by teachers.

4. **The community: mobilization of influential people and networks to change social norms** and thus reduce violence from neighbors, peers, relatives and others.

In addition to these four key intervention areas, there is also evidence for four enabling factors helping to facilitate the reduction of violence. These are a country's legal framework regarding violence, the

economic empowerment of women, the safety of the physical environment (for example street lighting) and the use of clinical enquiry for at-risk populations.

The diagram below shows the four key intervention areas and the four enabling factors:



The above set of priorities is based on an internationally-backed strategy called INSPIRE, launched in 2016 by the UN Secretary-General with the aim of guiding efforts to reduce violence against children.[182] This strategy is backed by UNICEF, WHO, the World Bank, USAID, CDC, PEPFAR and other organizations including a new coalition, the Global Partnership to End Violence Against Children. The board of the Global Partnership includes the heads of UNICEF and WHO and government ministers from countries such as Tanzania, Indonesia, Mexico, Canada, Sweden and the UK.[183]

The strategy sets out seven areas for action, the first letters of which form the acronym INSPIRE:[184]

- 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 category in our diagram “children themselves” is drawn from the “life skills” component of the INSPIRE strategy. The category “home” is drawn from “parent and caregiver support”, “school” is drawn from “education” and “community” is drawn from “norms and values” (although of course norms and values influence the home and school environments as well as the community). Our enabling factors are drawn from the headings in the INSPIRE strategy regarding laws, safe environments, economic strengthening and support services.

The four key interventions

Some of the most impressive programs from around the world in the four key intervention areas (children themselves, the home, school and the community) are set out below.

One aspect of this evidence should be noted, which is that while there are some successful programs focused specifically on preventing violence against children in Africa, many programs that are worth emulating do not have exactly this focus. Some have been used in high or middle-income countries and would need adapting for use in low-income settings. Some have been focused on violence against women and would need adapting if they were to be applied to violence against children. Some are focused on children but have a range of aims of which violence prevention is just one - for example including neglect along with violence in a combined category referred to as maltreatment.

First key intervention: training children how to avoid violence and stop violence against others

Although children are of course less powerful than adults in many ways, this does not mean that they should always be regarded as passive victims of violence. While children are physically not as strong as adults, have fewer psychological resources and are taught by society to be subservient to adults, one of the most powerful ways to prevent violence against children is to train children themselves in techniques that can stop it. This can involve skills a child can use to avoid being attacked themselves, and skills they can use to intervene in potentially harmful situations in order to prevent violence against other children.

A striking example of the effectiveness of this approach is provided by the program No Means No.

No Means No - sexual violence against teenage girls reduced by over 60% with just 12 hours of workshops, at a cost of $1.75 per student

No Means No Worldwide is focused on preventing sexual assault and sexual harassment against girls, and involves a six-week program which teaches girls verbal and physical tactics to prevent sexual violence. Role playing, group discussions and physical self-defense training are used to address issues such as personal awareness, boundaries, empowerment, assertive communication, de-escalation and negotiation.[185] At its heart is the concept of self-efficacy - fostering a belief in the girls that they can change what happens to them.

The format is a weekly two-hour workshop which takes place immediately after the end of the school day, and the age of participants is typically 12-18. The program also works with mothers' groups and the police to arrange further support for the girls. A parallel program for boys called Your Moment of Truth promotes positive masculinity and the need for boys to be "active bystanders" able and ready to step in to stop violence against girls. The girls' workshops are taught by female trainers and the boys' ones by male trainers. While schools are used as a convenient location for the training, it is not part of the curriculum and the schools themselves do not actually provide the training or run the program.

The program started in Kenya in 2009, working with schools in slum areas of Nairobi, and has now trained 180,000 children in Kenya and Malawi. It is delivered by local NGOs working in partnership with

No Means No, who train the local trainers in how to run the workshops. The requirements for trainers are demanding. They must already have acquired at least two years of experience working to reduce gender-based violence in the same communities in which they will be operating for No Means No. They must also receive 270 hours of training and practice on the No Means No program.

There is a substantial amount of evidence regarding outcomes for No Means No, with most of the studies having been led by Stanford University in the US. The results are impressive, especially considering the light-touch nature of the program (12 hours of workshop sessions run as an after-school club). Some of the findings are below:

- A 2013 randomized controlled trial (RCT) involved about 400 girls with an average age of 16 in slum areas of Nairobi.[186] It found a reduction in sexual violence of 62% during the year following the six-week training program. Before their course, 25% of the girls reported having been sexually assaulted in the prior year. When the girls were followed up one year after the course, this had dropped to 9% (this being highly statistically significant, with p=0.001). In a control group receiving general life skills training instead of No Means No, the rate of sexual assault was unchanged. Over half of the girls in the intervention group reported using their new skills to avert sexual assault.

- A 2014 study involving 2,000 girls from 31 schools, also in slum areas of Nairobi, had similar results.[187] Past-year sexual assault dropped by 38% (from 18% to 11%) measured at a one-year follow-up. This reduction is highly statistically significant (p<0.001). Half of the girls (52%) had used their new skills during the year to stop an assault, with 45% of these using just the verbal skills and the rest using the physical defense skills as well. There was also a big increase in the percentage of girls who told someone about an assault, up from 56% to 75%.

- A 2016 study involving 3,000 girls of a younger age range (12-14) found a halving in the rate of past-year sexual assault from 7.3% to 3.6% (a statistically significant result, p=0.03).[188]

- A 2016 study involving 2,750 girls in 68 schools found that the rate of girls dropping out of school because of pregnancy almost halved from 3.9% in the year before the training to 2.1% in the year after it.[189] The rate in a group of control schools was unchanged. This effect is statistically significant (p<0.03).

- A 2015 study assessed the part of the program aimed at boys (Your Moment of Truth) involving 1,250 boys and young men with an average age of 18.[190] It found a tripling in "active bystander" behavior - nine months after the course, 79% had intervened to stop a physical or sexual assault compared to just 26% of controls. Attitudes also changed, with scores on an index measuring positive attitudes to women rising from 18 to 25. Both of these effects were highly statistically significant (p=0.0001).

- A large RCT (of 16,000 girls and 5,000 boys) assessing No Means No in Malawi has been reported as generating preliminary findings that No Means No reduced the incidence of rape by nearly 50%.[191] However, the work is not yet published.

The No Means No program is very inexpensive, costing about $1.75 per student.[192] For context, the cost of standard post-assault hospital services in Nairobi is about $86 for the initial visit alone.

There was some concern that teaching girls physical self-defense techniques might expose them to harm by triggering greater violence from perpetrators, but this worry has not been borne out by the results.

Green Dot - sexual harassment in schools halved in four years

Green Dot started in Kentucky in the US, focusing on sexual assault in schools and colleges. It is based on training students how to spot violence, how to be "active bystanders" by stepping in to stop it, and how to spread the prevention message.

Sexual harassment amongst 90,000 students in 26 Kentucky secondary schools fell by 47% over four years in an RCT, from an average of 300 sexual violence events per school per year to 157.[193] This result was highly statistically significant (p=0.001). It was achieved by giving a five-hour training session to the 12-15% of students in each school who were identified by staff as being the opinion-leaders amongst their peers. There was also a one-hour presentation given to the majority of students.

Green Dot has subsequently been developed in other environments besides schools, and this evidence is covered later in this section under the fourth key intervention area of "community".

Second key intervention: programs to enhance parenting skills

The behavior of parents is the source of much violence against children, and programs to teach parenting skills are a crucial part of the solution.

Parenting programs have been running since the 1960s and there is a considerable amount of evidence showing their effectiveness in improving a range of long-term outcomes for children (for example reducing mental illness and substance misuse) as well as reducing violence.[194,195,196,197,198] They typically include aims such as safe homes, healthy behaviors and enhanced parent-child relationships as well as the prevention of child abuse.[199] The skills they teach include keeping children healthy, how to play and communicate with children and caring for oneself as a parent. The aspects of parenting programs that help prevent violence usually involve teaching parents skills of non-violent positive discipline and how to avoid harsh parenting practices.[200]

Some of the more impressive parenting programs are described below. The word "parent" in this section is intended to include caregivers who are in the position of parenting children, even if they are not actual parents.

The Nurse Family Partnership - an 80% reduction in child maltreatment after two years, maintained over 15 years

The US-based Nurse Family Partnership has been running for 30 years and now reaches 260,000 families in 42 US states. It consists of nurses visiting young first-time low-income mothers in their homes during pregnancy and for the first two years of their children's lives, offering advice on issues such as baby care and positive parenting.[201]

A 1986 RCT involving 300 families in the US, called the "Elmira" study after the community in which it took place, found that amongst the most at-risk mothers (unmarried teens) child maltreatment was dramatically reduced by the program intervention. Maltreatment fell by 80% amongst the mothers receiving the home visits compared to matched controls (4% versus 19%).[202] A follow-up study found that amongst these unmarried teens, officially-verified incidents of child maltreatment stayed 79% lower than controls over a period of 15 years, with the children of mothers in the control group being almost five times more at risk than those with mothers who had received the program (0.11 versus 0.53 incidents per mother).[203,204] While the statistical significance of the original study was borderline ($p=0.07$), the long-term effect found by the follow-up was highly statistically significant ($p=0.001$). Other benefits included these mothers spending a third less time on government welfare than the controls (an average of 60 versus 90 months, statistically highly significant with $p=0.005$) and having 82% fewer police arrests (0.16 versus 0.9 arrests per mother, highly significant with $p<0.001$). A financial analysis found that the Nurse Family Partnership offered an almost six-fold return on investment (a benefit to cost ratio of 5.7:1) in terms of its outcomes with poor, unmarried teen mothers.[205]

Parents Make the Difference - harsh parenting halved in three months

The International Rescue Committee ran a parenting pilot in Liberia called Parents Make the Difference, which used locally-trained facilitators to keep costs low. It delivered 10 two-hour sessions over 13 weeks to groups of 25-30 parents, plus one home visit for each household. A parents' support network was also set up. The sessions covered topics such as parents' own childhood experiences, their goals for the children, the power of praise, the use of play to teach children, empathy, mutual respect, techniques of positive discipline such as ignoring and time-out, improving academic performance through storytelling and word games, the use of routines and rules, and self-care and stress management for parents.

The program was assessed by an RCT involved 135 parents of 3-7 year-olds plus a control group. The results included a 56% reduction in harsh parenting practices such as whipping and slapping in favor of non-violent measures such as "time out".[206,207] This result was highly statistically significant ($p=0.001$).

Parenting for Lifelong Health - physical abuse of teens halved in four months

In 2012 WHO and UNICEF, working in partnership with academics from the global South, developed a suite of parenting programs called Parenting for Lifelong Health, piloted in South Africa and designed to be delivered by paraprofessionals such as community health workers to keep costs down.[208] One of the programs was aimed at the period from pregnancy to six months and focused on responsive parenting.[209] Another program was for parents of two to nine year-olds and involved groups of parents meeting weekly for three months to cover topics such as child-led play, praise, rules and non-violent discipline. A third program was for parents to attend together with their teenaged children, and in a study with 115 parent-teen pairs, both the parents and the teens reported a halving in physical abuse in the home six weeks after the 12 weekly two-hour sessions.[210] The teens reported a 53% drop (63% to 47%) and parents a 52% drop (from 76% to 37%), both highly statistically significant ($p=0.001$). Similar outcomes were found by a 2018 study of the effectiveness of this program.[211]

One challenge the program identified was that the paraprofessionals needed intensive training to be able to perform their role well.

Triple P - giving the program to one in eight families with young children reduced child maltreatment across the entire population by 22% in two years

Triple P (the Positive Parenting Program) is one of the best-known parenting programs and started 30 years ago in Australia.[212,213] It is focused on parents of children under 12, aiming to improve child behavior and address emotional and developmental problems. Various formats are used for individuals and groups at home and in the community, delivered by practitioners who can be trained lay people or professionals. It has reached 4 million children in 25 countries, been translated into 19 languages and assessed in 250 studies of which 142 were RCTs. It has not been used in any low-income countries, although initial discussions are underway regarding possible implementation in Liberia, Uganda, Rwanda and Kenya.[214] The only African country where it has been used is South Africa.

Triple P involves five components: ensuring a safe environment, promoting positive learning, using assertive discipline with clear rules, maintaining age-appropriate expectations of children and taking care of oneself as a parent. Efforts are made to reduce the potential social stigma of taking part by promoting the program as an aspirational route to children being more successful in life, and by normalizing participation via positive media coverage. Challenges the program has identified are ensuring the participation of disadvantaged parents, the quality of support for parents in poorer areas and maintaining sufficient organizational support for programs at local level.

A study in South Carolina in the US implemented Triple P at the population level in a group of counties that contained 85,000 families with children under the age of eight. An estimated 10-16% of these families received Triple P programs (from a wide range of providers) during a period of two years, with the specific intention of reducing levels of child maltreatment. After two years, the intervention counties had a rate of child maltreatment across the whole population of 0-8 year-olds that was 22% lower than the rate in the control counties (11.7 versus 15.1 cases per 1,000 children per year). This was statistically significant ($p=0.03$).[215]

A 2007 Australian study concluded that Triple P offered a 9:1 return on investment.[216]

Bandebereho gender-transformative couples intervention

A program in Rwanda, Bandebereho, was successful in reducing levels of physical punishment of children by parents.[217] It involved a series of 15 sessions of discussion and reflection in small groups for couples and was aimed at changing a range of gender-related behaviors, of which violence against children was one. It was part of a wider program called MenCare+ which aimed to involve men in sexual, reproductive and maternal care.

The impact of the program on the physical punishment of children was to reduce its prevalence from 79% to 68% amongst women ($p=0.001$) and from 67% to 58% amongst men ($p=0.005$), i.e. a decrease of approximately ten percentage points.

Findings from meta-analyses of parenting programs

Three meta-analyses of parenting programs have assessed the scale of their impact and identified factors that are associated with successful outcomes:

- A 2006 meta-analysis of 23 parenting programs aimed at preventing child maltreatment and a 2000 meta-analysis of 56 such programs found a positive effect compared to controls of around half a standard deviation (0.4-0.6).[218,219] In statistical terms, this can be regarded as a moderate effect size.

- The 2000 meta-analysis also found that successful parenting programs had a minimum of 12 contact occasions over a period of at least six months.

- The 2006 meta-analysis also found that effectiveness in preventing child abuse was increased if at least one component of a program was in an individual setting such as at home, rather than in a group context.

Third key intervention: programs to change the culture in schools

Schools are influential institutions in local communities and children's lives, and so offer an effective platform to deliver violence prevention programs. Such programs can address violence in the school itself (including violence perpetrated by teachers and/or students) and in the wider community.[220,221,222] Some programs are delivered by teachers as part of the school's own curriculum, and others use the school as a location for programs delivered by external facilitators.

The Good School Toolkit - violence by teachers reduced by 36% in 18 months

The Good School Toolkit aims to reduce all types of violence in a school and takes a whole-school approach, although its main focus is physical violence perpetrated by teachers against children. It emphasizes the responsibility of teachers to build confidence amongst students, the responsibility of the school administration to be transparent and accountable and the responsibility of all staff and students to create a safe environment. The program is run by the Ugandan NGO Raising Voices. It involves a six-step program which is delivered by staff and students over 18 months, with the process being led by two staff leaders and two student leaders who are trained and supported by Raising Voices.

The six stages of the program are undertaken one at a time. First, program leaders are identified, a school committee is formed, the local community is involved and the school is connected to the wider Good Schools Network that Raising Voices runs.[223] Second, awareness of the issue is raised (e.g. through surveys and activities such as a community mural).[224] Third, the school confirms a renewal of the commitment of teachers and its support of them.[225] Fourth, work to promote positive discipline begins, based on teachers committing to non-violent methods, students committing to better classroom behavior, a school culture committed to recognizing student strengths and a student court for persistent disciplinary issues.[226] Fifth, the focus turns to building a secure, dignified learning environment incorporating life skills, the concept that the actions of students affect others and engaging the community to improve the physical fabric of the school.[227] The sixth and final stage focuses on supporting the school administration to embed the changes to ensure sustainability.[228]

A 2015 RCT published by The Lancet assessing The Good School Toolkit involved about 3,800 students (mainly aged 11-14) and 570 staff in 21 intervention primary schools and 21 control schools.[229] It found that after 18 months, past-week physical violence experienced by children from teachers was substantially lower in the intervention schools than in the control schools (31% compared to 49%, as

reported by children). The study calculated that when statistical adjustments were made, this involved a 42% reduction in the risk of past-week violence from school staff. The proportion of teachers in the intervention schools who reported using physical violence against children was halved compared to the control schools (16% versus 33%). All these results were statistically highly significant (p=0.0001 for the student-reported results and p=0.004 for the teacher-reported results).

A qualitative study assessed the reasons for the improvements and found improved student-teacher relationships, a greater voice for students, less fear of teachers, greater clarify about desired student behaviors and encouragement of desired behaviors through rewards and praise.[230] It also found that teachers valued the use of positive discipline instead of violent discipline.

As an aside, it is worth noting that the physical violence which the study identified was not limited to "usual" forms of school corporal punishment. The teacher-perpetrated violence reported by 434 children (11% of all the children in the study) was so severe that the study team referred them to child protection services.

The program has now reached over 750 schools in Uganda, and the Ministry of Education is considering a wider roll-out.[231] An economic evaluation of the program is in preparation for publication in 2018.[232]

Challenges the program faces include the central resources needed to support large numbers of schools, and the difficulty in getting wholehearted support for the program from all the teachers in a school.

Meta-analysis of school programs - aggressive behavior cut by a quarter

A review of 249 studies of school-based life skills programs tackling violence (most of which were in the US) looked at their effectiveness in reducing aggression by students. On average the programs reduced aggressive behavior by 25% when delivered to all students and by 33% when delivered to selected high-risk groups of students.[233] Boys and girls benefited equally.

GEMS - improved attitudes to gender equality

The Gender Equity Movement in Schools (GEMS) started in India and in 2011 was rolled out to 25,000 schools.[234] It involves 24 lessons over two years delivered by teachers and dealing issues such as violence, relationships and conflict resolution, by using techniques such as role-playing, debates, journals and an annual awareness week. It includes extensive support for teachers (one coordinator for every five schools). One result was that 15% more boys intervened to stop physical violence and 24% more girls intervened to stop emotional violence.[235,236,237]

Fourth key intervention: community mobilization to shift social norms

A powerful approach to violence prevention is to seek to change society's underlying beliefs and assumptions about what are acceptable and desirable attitudes and behaviors - i.e. to shift social norms. One of the most cost-effective and sustainable ways to achieve this is through "community mobilization" - working within local communities to harness the resources they already have. This can involve mobilizing networks of influence via champions, existing organizations and media channels, plus face-to-face work to catalyze attitude and behavior change by individuals. To date, this kind of work has mainly focused on violence against women rather than violence against children, and the evidence set

out below reflects this emphasis. However, as described below work is also underway to adapt these approaches to tackle violence against children.

SASA! - partner violence and women's acceptance of it both halved in four years

SASA! (which means "Now!" in Kiswahili) is focused on preventing violence against women. At its heart are mixed gender workshops that discuss power relations between men and women, arranged in locations convenient for participants (such as workplaces) and led by people who are already trusted in the community and have been trained by SASA! to be activists. The workshop themes are "power within" (personal change), "power over" (control over others), "power with" (the strength of collaboration) and "power to" (taking action). It started in Kampala in Uganda.

The program also includes wider publicity activities and work to engage community leaders such as businesses, landlords, local government officials, marriage brokers, religious leaders, health services and the police. This engagement is tailored to each group - for example encouraging landlords to include a prohibition on domestic violence in their tenancy agreements, and getting local government authorities to waive the fee that was previously required from anyone wanting to report domestic violence.

The SASA! activist facilitators are unpaid but supported by paid staff, with one staff member supporting about 30 activists, and each activist reaching about 500 people in the community. In this way, a single staff member can support the engagement of 15,000 people, which is a cost-effective and sustainable model. The motivations of the volunteer activists for becoming involved often include the social status, self-respect and skills development that SASA! can give them (the activists often move on to other community roles as a consequence of their experience in SASA!).

A 2014 RCT in Kampala led by the London School of Hygiene and Tropical Medicine and involving 2,000 people found a large and rapid drop in reported levels of past-year intimate partner physical violence - 52% lower after four years of SASA! interventions.[238] This figure has been widely cited and is indeed encouraging, but it is important to note that because of an unexpectedly high level of variation in the follow-up data for the control groups, it is not in fact statistically significant. The study also found a dramatic change in attitudes to domestic violence, with a halving in acceptability among women (a statistically significant fall of 46%). There was also a large fall in acceptability amongst men, but this was not statistically significant. These attitude changes were at the population level, suggesting that the program was having a strong diffusion effect on the communities it was operating in, not just amongst the individuals receiving intensive interventions.

The SASA! approach is now being used around the world, including being adapted in Tanzania to address violence against children and in Haiti to address violence against girls (the Haiti program, Power to Girls, is being evaluated by George Washington University in the US[239]). SASA! reports that it has formal agreements for technical assistance with about 60 organizations including the World Bank, the International Rescue Committee and Care International, and that it is keen to develop its methodology so that it can be applied to violence against children.[240]

Green Dot - sexual and partner violence both reduced by a third in five years

Green Dot aims to motivate entire communities to change social norms about violence and to be "active bystanders" in stopping it. As described previously, the program was originally focused on sexual assault against children in secondary schools and colleges in Kentucky in the US. It was then developed to also

target sexual harassment against all ages and intimate partner violence, and was implemented in settings as varied as primary schools, colleges, communities in Alaska and workplaces. It is now being piloted in South Africa, Taiwan and Israel. It is based on social marketing together with training for community influencers in how to spot violence, how to prevent it and how to spread the prevention message.

The program has had good results. In a controlled trial in a US college with a sample size of 7,000, after four years of the program the level of sexual violence was 25% lower compared to control colleges, and the level of all types of violence was 17% lower.[241,242] Both of these results were highly statistically significant (p=0.01).

There are also indications of the program's value in helping to bring about change at the population level as part of a broader effort by local government. In 12 Alaskan counties, two surveys five years apart (in 2010 and 2015) found that intimate partner violence and sexual violence both decreased by one third (this equating to 9,600 fewer cases).[243] This aligned with the period of time that Green Dot had been active. However, only the top-line results of the surveys were made public and they were not part of an academic study.

The main challenge the program usually faces is getting robust community buy-in including at high level.

Program H - the proportion of men who believe women deserve to be beaten halved in six months

Program H uses small group workshops to encourage young men to have more equitable views of gender relations.[244,245,246] While its main focus has been issues such as HIV/AIDS prevention[247], it has also impacted on attitudes to violence. It started in Brazil and Mexico and has now been used in Bolivia, Columbia, Peru, Jamaica, Tanzania, Vietnam and India. The workshops are augmented by social marketing via key influencers in the community, for example to promote a view of relationships as being based on intimacy not conquest. A small-scale pilot study in India (with 126 participants) showed substantial effects over a period of six months. These included a 54% reduction (from 31% to 14%) in the proportion of men who said a woman sometimes deserves to be beaten, an 89% reduction (from 28% to 3%) in the proportion who said it is OK for a man to hit his wife if she will not have sex, and a 75% reduction (from 36% to 9%) in the proportion who said a woman should tolerate violence to keep her family together.[248]

Tostan: dramatic impact on a culturally sensitive form of violence achieved in three years by using an intensive mobilization model

The Tostan program has brought about major change on the issue of female genital mutilation in communities in Senegal and Gambia.[249,250,251] Although this issue does not fall within the category of interpersonal violence that is the focus of this paper, the program is worth learning from because its intensive community mobilization model achieved impressive results.

An RCT involving 1,700 people in 20 villages found that the proportion of 5-10 year-old girls who were uncut more than doubled over three years from 21% to 49%, amongst those whose mothers participated in the program. Even amongst those whose mothers did not participate but lived in the same community, the rate increased to 44%.[252,253] These results were statistically significant, and in

control communities the rate was unchanged. Attitudes also changed dramatically, with the proportion of women who thought that cutting was a necessity falling from 70% to 15%.

These results were achieved by embedding a Tostan facilitator in each participating village for three years. Each facilitator was of the same ethnicity as the village they were placed in and fluent in the local language. The facilitators first supported local women to gain backing from their husbands and traditional leaders. They then recruited 10% of the population into groups of about 30 who met three times a week, arranged the election of a village management committee and put the committee in touch with other villages also tackling the issue.

Ring the Bell - public approval of intervening to stop domestic violence increased by 15% in three years

Bell Bajao! (Ring the Bell) launched in India in 2008 and ran for three years, aiming to persuade bystanders to act to prevent domestic violence (the name refers to ringing a doorbell if abuse is heard inside).[254,255] It involved pro-bono creative work by an advertising agency, a $5m media buy that was paid for by the government, and the involvement of celebrities, social media and touring video vans, together with community mobilization training for groups of 25 people in each targeted community. After being implemented it was backed by the Clinton Global Initiative and the UN Secretary-General. It succeeded in changing attitudes at the population level - for example a longitudinal panel study of 1,600 people found that compared to controls, the percentage who believed that the community should intervene to stop domestic violence went up from 80% to 91% amongst men and 74% to 87% amongst women (an overall increase of about 15%), and the proportion of men who thought a woman would bring shame on her family for seeking help to stop domestic violence decreased from 50% to 16%.[256] However, these results were only statistically significant at the p=0.1 level (i.e. of borderline validity) and they were published by the organization itself rather than in an academic journal. The main challenges faced by the program were the cost of the advertising, maintaining momentum after the initial advertising blitz, staff exhaustion from three years “on the road” visiting local communities, and securing commitment from local partners with a model that did not offer them any money.

Characteristics of successful programs

The designs of the more successful programs in the four key intervention areas of children themselves, the home, schools and the community point to a number of factors as being important in achieving good results:

- **Role-playing**. Role-playing techniques allow trainers to model desirable behaviors and enable those receiving training to practice new skills in a calm and controlled situation. A 2016 meta-analysis of 156 studies of parenting programs found that those using role playing as a training technique had almost double the impact of those that did not (an average effect size of 0.21 standard deviations compared to 0.12).[257]

- **Positive discipline**. One of the main causes of physical violence perpetrated against children by parents and teachers is a belief that corporal punishment is essential to make children well-behaved. Training parents and teachers to apply “positive parenting” techniques involving non-violent methods of discipline is therefore a powerful way to reduce levels of violence.

- **Credible front-line workers.** Many of the best programs recruit front-line workers who are seen as highly credible in the community in which they will be operating. Unsurprisingly, it seems that if these people (often described as trainers, activists or facilitators) understand that community intimately and are themselves embedded within it and invested in its future, they are more effective in their roles.

- **High-quality front-line workers.** Good programs tend to invest a great deal in the training and support of their front-line workers (whether paid or voluntary). This can involve for example, setting demanding requirements for aspiring workers to complete training and apprenticeship periods, or having carefully-managed supervision structures in which more experienced workers mentor junior colleagues. Encouragingly, the evidence indicates that achieving high quality is not dependent on using expensive, fully-qualified professionals such as teachers or nurses. A 2016 meta-analysis of 156 studies of parenting programs found no difference in outcomes between those which used fully-qualified professionals and those which used paraprofessionals.[258]

- **Combining community mobilization with technical assistance.** All over the world, action to change attitudes and behavior on issues of social concern is often successful when it mobilizes resources that already exist within a society - the institutions, networks and influential individuals who collectively have the power to bring about change. This is an especially important approach in cash-poor contexts in which capacity to buy in service delivery is very limited and sustainable, locally-owned solutions are needed. It is an essential approach when trying to tackle issues involving personal behavior in non-public environments such as homes and classrooms, when change requires personal commitment from large numbers of individuals. However, community mobilization cannot be implemented without a certain level of centralized funding. Even though it is a very cost-effective approach that leverages existing resources, it still has cash costs such as managers, advisors, materials and events.

- **Aspirational messages.** Some successful programs emphasize the need to avoid messages that appear judgmental or punitive, and instead to frame calls for action in terms of positive aspirations. For example, in the context of parenting programs this means focusing on the aim of creating happier families and more successful high-achieving children, rather than making parents feel that they are bad caregivers who don't know how to properly look after their own offspring - the latter approach will simply mean that parents close their ears or don't show up. In community contexts it can mean a narrative based on a shared responsibility to do the right thing and make life better, rather than one focused on notions of perpetrators and victims.

- **Local adaptation.** Preparatory work that adapts and tunes a program's curriculum to each local context - for example integrating local issues and using phrases that have local resonance - seems to improve effectiveness. The "formative research" that informs this in advance of a program going live can range from a light-touch approach involving one or two local meetings, to a process lasting months or years with focus groups, pilot projects and bespoke materials.

- **Gender relations.** Because a lot of violence against children involves issues of gender, programs often need to engage participants with issues of how gender affects people and societies, and to encourage them to reflect on how this happens in the context of their own lives. It also seems that successful programs tend to involve both genders (sometimes together, sometimes in

parallel activities), because solutions to violence rarely involve changes in attitude and behavior on the part of just one gender.

Enabling factors

As well as the four key intervention areas, we have also identified four enabling factors (drawn from the INSPIRE strategy) which are laws, economic empowerment, safe environments and clinical enquiry. These are set out below.

Laws to prevent violence

Laws that directly prohibit violence or regulate factors associated with it can have a powerful deterrent and safeguarding effect (if they are enforced). Laws also have an important symbolic value in signaling the direction in which a government wants to take a society. Laws have helped propel major changes in attitude and behavior, mainly in high-income countries. The examples backed by some of the best evidence concern physical violence as disciplinary punishment for children:

- **Sweden: physical violence by parents against children falls from 51% to 14% in 20 years.** In Sweden around the period 1970-80, 50% of parents supported the use of physical violence as punishment and 51% of children said they had been physically punished during the previous year. In 1979 Sweden became the first country in the world to make it illegal for parents to physically punish their children. By 2000 only 14% of children reported having ever been physically punished and by 2009 parental support for the use of physical violence as punishment had dropped to 10%.[259,260]

- **Germany: beating of children by parents falls from 41% to 5% in 10 years.** Although Germany prohibited physical violence as punishment in schools in the 1970s, it took another quarter-century until it made it illegal in the home in 2000. Prior to this, in 1992, 41% of German adolescents said they had experienced being beaten with a stick.[261] This fell to just 5% in 2002, two years after the change in the law. Other measures of physical violence as a punishment in the home also fell dramatically over the same ten-year period - for example, the percentage of adolescents who had been slapped hard across the face fell from 44% to 14% and the percentage who had been beaten to the point of bruising fell from 31% to 3%.

  Not only did the new law make physically punishing one's own child a criminal offence in Germany, it also explicitly introduced into civil law the concept of a non-violent upbringing as an absolute value. This had practical impacts, for example in giving judges in family courts stricter criteria for decisions about the care and custody of children.

- **Declining support and prevalence across 24 countries.** A 2010 review that systematically assessed all 24 countries which at the time had legislative bans on the use of physical violence in the punishment of children (of which 19 were in Europe) concluded that:

  "general support of corporal punishment declines after the enactment of anti-corporal punishment legislation. Likewise, a decline in corporal punishment behaviours appears to be nearly universal after corporal punishment bans or in comparison with countries without corporal punishment bans". [262]

In addition to laws outlawing violence itself, laws on specific issues can be helpful, for example the sale of alcohol. A 2015 review of alcohol consumption studies published since 1950 concluded that increasing the price of alcohol, restricting the times during which it is sold and limiting the clustering of alcohol outlets are all associated with lower levels of violence.[263]

However, passing laws on violence and related issues is not enough on its own - 87% of countries have laws on domestic violence but only 44% fully enforce them, and 76% have laws on corporal punishment but only 30% fully enforce them.[264] Indeed, the 2010 review cited above cautioned that the changes in attitude and behavior after physical punishment was made illegal were not due solely to the new laws, but were a consequence of general cultural shifts which the laws helped to reinforce and accelerate.

This limitation in what laws can achieve in themselves is apparent in the context of Africa, where such laws are already in widespread existence, but much more needs to be done in terms of changing attitudes and behavior in order for the laws to be more than tokenistic. If cultural alignment with the laws is weak and their enforcement is inadequate, they will have very limited effects.

Safe physical environments

Programs to make local communities safer places to live use a range of approaches such as improving the lighting and layout of the built environment and focusing prevention efforts on high-violence locations such as particular streets or bars. Such programs often focus on extreme forms of violence between adults or adolescents in urban contexts, such as gun crime and gang violence. They tend not to focus specifically on children and do not typically disaggregate results by age, but they benefit children along with the rest of the local population.

One especially successful approach is the Cure Violence Health Model.[265] It has been implemented in Chicago, Baltimore, Brooklyn and New York City in the US, San Pedro Sula in Honduras and Cape Town in South Africa. It is based on the idea that violent behavior can be reduced through the same process that would be used to eradicate a disease.[266] The model has three components: interrupting transmission of conflict, reducing the highest risks and changing community norms. Trained workers called violence interrupters work in a community after there has been violence to prevent retaliation and provide mediation. In Chicago it achieved a 38% greater decrease in homicides and 15% greater decrease in shootings in two targeted districts when compared to control districts.

Economic empowerment

Empowering women economically can lower levels of domestic violence against them, because it increases their status in the household and gives them options to escape a violent partner. There is evidence to show that cash transfers, microfinance and savings schemes can make a difference in this respect, especially if they are made dependent on fulfilling requirements such as child health check-ups or they are run alongside other initiatives such as gender awareness training.[267] CDC in the US has prepared packages of recommended actions to address different kinds of violence, which include policy areas such as economic support for families.[268] However, the picture can be a complex one. Economic empowerment in the absence of greater social empowerment can sometimes increase levels of violence (possibly because the women's greater independence arouses resentment amongst men[269]).

Clinical enquiry

One of the seven elements in the INSPIRE strategy is called "response and support services". This includes some activities that are about responding to violence after it has happened, rather than prevention, and so are not covered here. However, it includes one area that is directly relevant for prevention, which is the use of clinical enquiry in cases where potential signs of violence and/or an abusive relationship are noted by a health service worker.

A number of programs in the US screen women who use health services, to identify those at risk of violence to themselves or their children, and then follow up with support and treatment. They have been found to reduce levels of violence against mothers and children by 30-50%.

The Safe Environment Every Kid project sought to identify parental depression, substance abuse and intimate partner violence. An RCT found that it reduced child protection service reports by 31% compared to a control group who received standard pediatric care.[270] Another initiative, led by the Children's National Medical Center at Georgetown University, screened pregnant women and mothers of young children and provided counselling that connected the women to other services. It was found in a randomized trial to reduce intimate partner violence by 52% compared to those not given support.[271]

Complexities behind the headline evidence

So far in this section we have sought to identify some of the most impressive intervention programs for preventing violence, to build up a picture of what a successful multi-sector effort to reduce violence against children might look like. While the picture which emerges is an inspiring and encouraging one, there are a number of cautionary factors that should also be noted - factors which mean that the full picture is more complicated and sometimes less clear than might be apparent from a focus only on the headline results from the best programs. These notes of caution are set out below:

The complexities of data. In each description above of an intervention program, we have included quantitative evidence drawn from formal evaluation studies which we believe to be robust. However, it is important to recognize that such results, and the contexts from which they come, are often more complex than a brief summary can convey. For example, sometimes an array of indicators will have been measured and only some will have involved substantial changes. Sometimes there will have been secondary effects as well as the headline results. Sometimes there will have been wider social changes taking place that affect controls as well as intervention groups. Sometimes results will have been based on small sample sizes. The examples below illustrate some of these issues:

- The results described earlier from the "Elmira" studies of the Nurse Family Partnership are important, impressive and much-cited. However, care is still needed in interpreting them. The sample sizes are not large (the 4%-19% difference in the original study was due to one and eight incidents respectively of maltreatment). Also, the intervention was not effective in preventing child maltreatment in the one-fifth of households that were worst affected by violence between partners - child maltreatment was only reduced in the four-fifths of households where inter-partner violence was moderate or absent.[272] Finally, subsequent replications of the program in other parts of the US, although successful in various ways, did not produce quite such dramatic figures as the Elmira program.[273,274,275]

- The results described earlier for the program Parenting for Lifelong Health involve a halving of violence in the home.[276] This is an impressive and important outcome. Moreover, two other studies of the program also reported successful outcomes, finding improvements in various child rearing practices[277,278] However, another study of a pilot program found a mixture of outcomes - improvements in some measures, absence of impact in others and even, on one measure, a worsening in the intervention group compared to controls.[279]

- The results described earlier for the Triple P program involve a reduction in violence at the population level of 22% after two years in the intervention community compared to control communities. However, this encouraging result was complicated by the fact that rates of maltreatment rose in both the control and the intervention groups in what appeared to be a broader social trend. However, it did so far more so amongst the controls, and so the protective effect of the intervention was statistically significant ($p=0.03$).[280]

- The studies assessing both the Nurse Family Partnership and Triple P used measures of maltreatment (which includes neglect as well as violence) rather than violence only. While it is likely that the figures closely reflect changes in levels of violence, they do not disaggregate the data and so are not an ideal measure for our purposes.

Cultural issues. The issue of violence against children is culturally sensitive and often difficult to address. For example, in some cultural contexts violent punishment of children in the home can be seen as necessary discipline for bringing them up properly, and at school as an essential part of maintaining order in the classroom. Sexual violence can be seen as a shameful stigma for the victim and their family and so regarded as something not to be acknowledged. Cultural contexts also influence the threshold of severity that is regarded as violence and the extent to which emotional abuse is seen as violence.

The causes of violence. The current paper is a practical, results-oriented assessment of various aspects of interpersonal violence. It naturally includes some discussion of the factors that can lead to violence, because these have a direct relevance to which interventions are successful. However, it does not include a detailed exploration of the deeper causes of violence in terms of the complex web of cultural history, social norms, personal psychology, stressors and triggers that exist in any given community or family context. That kind of detailed exploration is beyond the scope of this paper.

6. Leadership on the issue of violence against children

To really "move the needle" on violence against children in Africa, coordinated efforts will be needed in each country affected. This will benefit from the involvement of government ministries such as health, education, social affairs, employment and finance, and the involvement of sectors from outside government such as traditional leaders, religious faiths and business. Such a mobilization across society will require strong, high-level leadership by national governments to drive momentum for change, and support from multilateral bodies.

This final section of the paper sets out examples of governments and multilateral bodies that have shown initial forms of commitment to the agenda (with the policy commitments made in 2017 by the African Union being of particular note).

Leadership by governments

The intervention programs that have been set out in this section are almost all run by NGOs and/or are relatively small scale and run in isolation. It is rare to find large-scale programs aiming to bring about changes in violence at the population level. It is even rarer to find efforts to coordinate different interventions across multiple sectors in a multi-pronged attempt to have a game-changing effect across society.

The only actors that can undertake large-scale efforts of this kind in a sustainable way are governments (working in partnership with relevant NGOs, multilateral organizations and donors). National governments in Africa are crucial in this respect, as are sub-national levels of government and traditional leaders such as chiefs and religious figures.

Examples of leadership. Some national governments and political leaders in Africa have given particular forms of official backing to the violence against children agenda. For example, Tanzania co-founded the Global Partnership to End Violence Against Children and is one of its Pathfinder countries, as is Uganda.[281] The President of Malawi, H.E. Professor Arthur Peter Mutharika and the President of Rwanda, H.E. Paul Kagame are official champions of the UN's "He for She" campaign on gender-based violence.[282,283] Zambia has backed the UN "High Time" campaign on violence against children.[284] The President of Nigeria, H.E. Muhammadu Buhari launched a national campaign on violence against children.

A growing number of countries have demonstrated a commitment to the issue by undertaking prevalence surveys in partnership with the CDC, as described in section 1 of this paper. These include Kenya, Malawi, Nigeria, Tanzania, Swaziland and Zimbabwe (all of which have published survey reports), Rwanda and Zambia (for which reports are expected in late 2017) and Botswana and Uganda (for which surveys are underway).[285]

A number of other governments have a level of interest in the issue of violence against children, such as Cote d'Ivoire, Ghana, Mozambique, Namibia and Senegal.

Cross-sectoral planning. An important starting point for cross-sectoral action by a government is multi-ministry planning, including building capacity for professional sectors and mobilizing key institutions. In

Africa, 56% of countries have national plans to tackle child maltreatment, which is a positive start, but low compared to South-East Asia (88% of countries) and the Americas (91%).[286] Also, the existence of plans does not necessarily that they are well-designed, funded or properly implemented.

Two African countries that have developed multi-sector plans to reduce violence against children are Nigeria and Tanzania:

- **Nigeria.** The 2015 CDC survey on violence against children in Nigeria (described in section 1 above) led the government to create a multi-sector task force and action plan on violence against children.[287] President Buhari launched a campaign to end violence against children by 2030 and asked each state to establish action plans and campaigns (so far, four of the 36 states have done so). Commitments were also made by the federal ministries and the agencies for women, education, health, justice, AIDS, prisons and the police. Awareness work engaged religious and traditional leaders, the media and schools.[288]

- **Tanzania.** After the CDC survey on violence against children in Tanzania, the government launched a series of action plans led by the Prime Minister and involving multiple sectors - including the ministries of health, community development, gender, children, youth, justice, education, employment and local government as well as the police, the statistics bureau, faith organizations, NGOS and others.[289,290] A portion of the government budget is now allocated to child protection. The plans draw on best practice from the INSPIRE strategy and link targets to the UN Sustainable Development goals. There is an emphasis on prevention, monitoring, service coordination, the role of men and boys in preventing violence and recognizing each individual's needs instead of assuming them based on categorization.[291,292]

Leadership by multilateral bodies and others

While action by governments is the key to reducing violence at scale, leadership on the issue from regional and global multilateral bodies can help to raise its political profile, give credibility to solutions and provide powerful partnerships for implementation.

The Global Partnership to End Violence Against Children is the most important global coalition on the issue and was described at the beginning of this section.

The African Union (AU) is the continent's premier political body and very important in any effort to give momentum to particular social or economic issues. There is a strong basis in the AU's official policies for backing action on the violence against children agenda. Firstly, the 2015 policy document, Agenda 2063: the Africa We Want commits to full implementation of the African Charter on the Rights and Welfare of the Child.[293] Secondly, the 2017 policy document, Africa's Agenda for Children 2040[294,295] sets out as one of ten key aspirations that *"every child is protected against violence, exploitation, neglect and abuse"* and says that by 2020, member states should have:

- *"Put in place quality programmes… to prevent and respond to violence against children".*
- *"Implemented legislation prohibiting all forms of violence against children".*
- *"Prohibited corporal punishment as a form of discipline or punishment in schools".*
- *"Embarked on public… campaigns for the abolition of harmful practices".*
- *"Strengthened collaboration with traditional and faith leaders".*

- *"Enhanced collective advocacy efforts to promote nonviolent values and… transform attitudes".*

The new document also says that by 2020, the partner organizations of the AU's members states (such as NGOs and the media) *"should have initiated and engaged in national dialogue to discuss the feasibility of abolishing and eradicating corporal punishment from the private setting of the home".*

The Office of the Special Representative of the Secretary General on Violence Against Children advocates for the prevention and elimination of all forms of violence against children. It reports annually to the Human Rights Council and the United Nations General Assembly.

UNICEF is the official multilateral agency for which the violence against children agenda is most central. Its national offices have often been a focal point for the issue in particular countries.

Together for Girls is a global public-private partnership focused on violence against children, especially sexual violence against girls. It has involvement from UNAIDS, UNFPA, UNICEF, USAID and CDC.

The World Health Organization has produced several reports over recent years on the issue of interpersonal violence, and has a team focused on violence and injury prevention. This team was the source of most of the evidence analysis behind the INSPIRE package of violence prevention interventions launched by the Global Partnership. WHO's General Programme of Work for the period 2019-2023 identifies the prevention of violence against children as a component of its platform on improving human capital across the life course, and includes a target of a 20% reduction in violence against children by 2023.[296]

The African Partnership to End Violence against Children was established to strengthen pan-African regional and national effort in order to create an Africa free from violence against children. This Partnership was initiated by the African Child Policy Forum in collaboration with the Global Partnership to End VAC, African and international child-focused NGOs, regional partners (ECOWAS, EAC), and the United Nations.

Leadership on the issue is also coming from other sectors besides national governments and multilateral bodies, for example from NGOs and private foundations.

Expenditure on ending violence against children

The need for leadership on the issue of violence against children is illustrated by the very low level of resource that is devoted to ending violence against children around the world.

While no figures are available regarding expenditure on violence prevention by African governments or by NGOs, a 2017 analysis of Official Development Assistance (i.e. aid from the governments of high-income countries) shows that violence against children is not generally a priority.[297] Of the total ODA expenditure of £174 billion in 2015, less than 0.6% was spent on ending violence against children (and this was worked out as being 65 US cents per child per year).

Appendix 1: about Big Win Philanthropy

Big Win Philanthropy supports visionary leaders in Africa to deliver transformational economic growth by investing in children and young people.

Our approach
We see children and young people as an asset for creating economic growth and stability - too often they are seen as a problem or a burden. Led by the priorities of our African partners, we focus on three areas of human capital investment: brain development, education and employment.

- Proper brain development enables a child to become a fully functioning person, but is impaired by undernutrition, lack of stimulation and violence.

- High-quality education relevant to economic product-ivity is crucial for a child's own quality of life and contribution to national growth.

- Youth employment can make Africa's population (set to quadruple by 2100) an economic power-house rather than a source of poverty and instability.

Our offer
We support leaders to more effectively define and deliver the "big win" goals they regard as most important. This can include support for:

- Strategy and planning.
- Monitoring of execution and evaluation of impact.
- Strategic program delivery.
- Leverage of knowledge and innovation.
- Facilitation of inter-sectoral collaboration.
- Positioning of programs to secure funding.
- Strategic communications.

About us
Big Win Philanthropy was founded in 2015 and is based in the US and the UK. Key themes for our work include:

- Identifying opportunities with the potential to be national or global game-changers.
- Using data to inform priorities, refine programs and assess results.
- Giving focus and prestige to implementation as well as to policy.

Our experienced staff team is led by our CEO Muhammad Ali Pate, formerly Minister of State for Health in Nigeria.

Please go to www.bigwin.org for more information. If you represent a government or major multilateral body, please get in touch with us at info@bigwin.org to explore the opportunities for partnership.

What our partners say

"I am very pleased that my foundation (FDC) and the Government of Mozambique are working in partnership with Big Win Philanthropy. Big Win is supporting the government to achieve our vision and goals for human development, and to realize a demographic dividend".
Graça Machel, Founder, Foundation for Community Development

"I had a very positive experience of partnership with Big Win Philanthropy when I was Ethiopia's Minister for Health. The Big Win team regarded themselves as working for me, supporting the Ministry to achieve the very ambitious targets in its… Transformation Plan."
Dr Kesetebirhan Admasu, former Minister of Health, Ethiopia

"The greatest contributor to economic growth is not physical infrastructure, but brainpower: what I refer to as "grey matter infrastructure"… I am very pleased with the strategic partnership of the African Development Bank with Big Win Philanthropy to help secure nutrition and drive grey matter infrastructure for Africa."
Akinwumi Adesina, President of the African Development Bank

Board
Jamie Cooper - founding Chair and President. Formerly co-founder, CEO and Chair of the Children's Investment Fund Foundation.
Suprotik Basu - Partner and Founder, Blue like an Orange Sustainable Capital.
Malik Dechambenoit - GM for EA & CC for Africa, Rio Tinto.
Luísa Dias Diogo - formerly Prime Minister of Mozambique.
Mark Dybul - formerly Executive Director of the Global Fund.
Bill Haney - CEO of Credit Benchmark.
Nikos Makris - Chief Investment Officer of Macrosynergy Partners.
Dzingai Mutumbuka - Formerly Minister for Education of Zimbabwe.

Appendix 2: issues of methodology and language

This appendix contains notes on some methodological issues of relevance to research on violence.

Self-reporting
Most research on violence against children and interparental violence relies on self-reports from people who are surveyed or interviewed. This is believed by researchers to mean that most prevalence figures will be underestimates because of the reluctance of some responders to admit to the occurrence of violence. It could also mean in the context of intervention programs that levels of success are over-estimated, because participants know what improvements are hoped for and so exaggerate their reporting of changes in their own behavior.

Confounding variables
Much research about violence takes place in complex experimental or observational contexts where there are many different variables in play. This is particularly the case with studies looking at long-term social dynamics such as the impact of childhood violence on educational or employment outcomes many years later. Some studies use matched control groups and analyze the respective impact of various confounding factors, to separate out the size of the effects that can be reliably attributed to violence. However, not all studies have this level of refinement.

Averages and protective factors
Almost all the figures quoted in this paper involve averages of population samples or experimental groups of tens, hundreds or thousands of people. This can give the impression that any individual child who experiences or witnesses violence is then subject to a similar severity of effect to that indicated by the average. However, in reality children vary greatly in their vulnerability to violence. For example, a wide range of research indicates that a child who has other stable, nurturing adult relationships in their life besides the relationships with their abusers is more likely to have a more robust psychological state that protects them from some of the effects of the abuse. Indeed, just one good adult relationship has a substantial protective effect. In other words, a child who experiences violence is not automatically condemned to the full range and extent of impairments set out in the paper above.

Geography and culture
This paper is dealing with the issue of violence in sub-Saharan Africa. However, many studies about violence against children have been in the global North, mainly in North America or Europe. This means that it is necessary to take a view about the extent to which evidence from high-income countries is valid when assessing the situation in Africa. The approach of this paper is that with areas of enquiry that are inescapably connected to geography, such as prevalence, it is essential that evidence has to come from studies in Africa itself. With areas of enquiry about the response of the human brain and human physiology to stress and trauma, it is reasonable to assume that all human beings will be affected in similar ways regardless of country or culture. In between these two ends of the spectrum are areas of enquiry such as education and employment where it is useful to consider evidence from high-income countries, but caution is needed in applying it to African contexts. Often it may be the case that a basic effect will be the same in different countries, but its magnitude is likely to differ.

Language
In this paper “violence” and “abuse” are used interchangeably, as are “suffered” and “experienced”.

Appendix 3: prevalence data

This Appendix sets out detailed figures for the six African countries in which the US Centers for Disease Control (CDC) coordinated surveys about the prevalence and nature of violence against children (on which the summaries in section 3 of the main paper above are based) It also includes figures for Cambodia, as a non-African comparison at a comparable level of economic development. Big Win Philanthropy compiled the data from the individual country reports, and calculated the medians.

Table 1: the percentage of children who experience violence

Percent	Physical in last year		Of which multiple		Sexual in last year		Of which multiple		Emotional in last year		Of which multiple		Physical ever		Sexual ever		Emotional ever	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
Kenya	49	48	-	-	11	4	-	-	-	-	-	-	66	73	32	18	26	32
Malawi	41	60	83	86	23	12	76	~80	23	26	83	87	42	65	22	15	20	29
Nigeria	38	42	97	91	16	8	64	76	13	19	88	82	50	52	25	11	17	20
Swaziland	-	-	-	-	16	-	-	-	-	-	-	-	22	-	38	-	26	-
Tanzania	51	51	-	-	14	6	65	51	-	-	-	-	74	72	28	13	24	28
Zimbabwe	47	48	-	-	9	2	63	7	18	16	-	-	64	76	33	9	29	38
Median of the above	47	48	90	89	15	6	65	64	18	19	86	85	57	72	30	13	25	29
Median for both genders	48		89		11		64		19		85		65		22		27	
Cambodia	15	13	-	-	3	0	-	-	10	10	78	94	53	54	4	6	19	25

Data in the above table dealing with previous-year experience of violence is from surveys of 13-17 year-olds. Data dealing with ever-experienced violence is from surveys of 18-24 year-olds asking about their experience before age 18 (except with Tanzania which is for 13-24 year-olds). Tanzania data excludes Zanzibar.

Table 2: the nature of sexual violence against children

Percent	All sexual violence		Unwanted sexual touching		Unwanted attempted sex		Pressured sex		Physically forced sex	
	F	M	F	M	F	M	F	M	F	M
Kenya	32	18	21	11	15	7	10	4	7	1
Malawi	22	15	8	7	12	10	2	1	5	1
Nigeria	25	11	12	8	11	4	4	1	9	2
Swaziland	38	-	16	-	21	-	12	-	7	-
Tanzania	27	12	16	9	15	6	3	2	6	2
Zimbabwe	33	9	20	6	15	4	7	1	9	0
Median of the above	30	12	16	8	15	6	6	1	7	1

Data in the above table is from surveys of 18-24 year-olds asking about their experience before age 18 (except with Tanzania which is for 13-24 year-olds). The first column gives the total prevalence of all forms of sexual violence. The subsequent columns give the percentages who experienced various forms of sexual violence.

Table 3: the age of first occurrence of sexual violence against children

Percent	Age 13 or younger		Age 14-15		Age 16-17	
	F	M	F	M	F	M
Kenya	18	25	39	38	43	37
Malawi	29	32	36	23	36	45
Nigeria	20	29	32	16	48	55
Swaziland	-	-	-	-	-	-
Tanzania	19	16	40	27	40	58
Zimbabwe	17	43	27	11	56	46
Median of the above	19	39	36	23	43	46

Data in the above table is from surveys of 18-24 year-olds asking about their experience before age 18.

Table 4: who perpetrates physical violence against children

Percent	Parent or adult family member		Of which mothers or stepmothers		Of which fathers or stepfathers		Teacher	
	F	M	F	M	F	M	F	M
Kenya	52	57	73	61	40	67	59	56
Malawi	24	41	46	24	17	51	69M 22F*	63M 22F*
Nigeria	36	34	41	16	33	57	58M 26F*	54M 10F*
Tanzania	58	57	49	36	37	51	53	51
Zimbabwe	-	-	59	43	28	46	-	-

All data in the above table is from surveys of 18-24 year-olds who had experienced physical violence before age 18 (except Tanzania data which is from 13-24 year-olds) asking about the perpetrator(s). Adult family members and teachers were overwhelmingly the most common perpetrators, which is why other categories from the original data are not included here. Figures for teachers were derived from figures in the reports for authority figures overall and the percentage of these that were teachers. The Zimbabwe report does not give overall figures for parents and teachers. Swaziland data is not included because of comparability issues.

* Data for violence by teachers in Malawi and Nigeria is split into violence by male teachers (M) and female teachers (F).

Table 5: who perpetrates sexual violence against children

Percent	Boy/girlfriend or spouse		Neighbor		Relative		Friend/ Schoolmate		Schoolmate		Stranger		Authority figure		Spouse	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
Kenya	47	43	27	21	15	12	11	12	-	-	6	6	-	-	6	1
Malawi	33	11	14	28	6	8	12	29	15	19	13	9	5	1	-	-
Nigeria	40	18	14	26	8	9	17	17	13	27	13	4	5	6	-	-
Tanzania	25	48	32	17	7	14	10	9	-	-	32	26	15	3	-	-
Zimbabwe	78	27	10	33	5	14	5	3	-	-	-	-	1	1	9	0

Data in the above table is from surveys of 18-24 year-olds who had experienced sexual violence before age 18 (except Tanzania data which is from 13-24 year-olds) asking about the perpetrator(s) on the first instance of abuse. Kenya and Zimbabwe data separates spouses from boyfriend/girlfriends, which is why spouses occur in two separate sets of columns. Kenya, Tanzania and Zimbabwe data combines friends and schoolmates but Malawi and Nigeria data (under the "friend/schoolmate" column in this table) is for friends only. Zimbabwe data about relatives in the table above excludes uncles; the percentages for uncles are 6% for girls and 1% for boys. Swaziland data is not included because of comparability issues. Spouses are listed as a source of violence against children, because in these contexts some people, especially girls, may be married or in unions before the age of 18.

Table 6: where sexual violence takes place

Percent	Own home		Perpetrator's home		Someone else's home		School		When travelling	
	F	M	F	M	F	M	F	M	F	M
Kenya	22	32	26	8	9	10	21	20	27	14
Malawi	22	23	28	21	4	11	20	14	16	18
Nigeria	19	31	51	32	9	12	15	25	12	6
Tanzania	*	*	*	*	*	*	15	13	23	15
Zimbabwe	32	31	31	11	10	3	9	13	19	7

Data in the above table is from surveys of 18-24 year-olds who had experienced sexual violence before age 18 (except Tanzania data which is from 13-24 year-olds) asking about the location(s) where abuse took place. Swaziland data is not included because of comparability issues. The data listed under the "travelling" column in this table has slightly varying definitions in different country surveys - for example "by foot" in Kenya, "on a road" in Malawi and Nigeria and "to and from school" in Tanzania and Zimbabwe.

* Figures for Tanzania did not differentiate between different types of home, using instead the category "in a house", for which the percentages were 49% for girls and 46% for boys.

Table 7: whether children seek help after violence has occurred

Percent	Sexual violence						Physical violence					
	Told someone		Sought help		Received help		Told someone		Sought help		Received help	
	F	M	F	M	F	M	F	M	F	M	F	M
Kenya	32	18	8	14	8	2	-	-	2	3	1	2
Malawi	60	54	8	5	3	1	60	59	14	8	11	6
Nigeria	42	34	5	3	4	3	43	47	1	5	1	4
Zimbabwe	44	17	3	0	2	0	-	-	3	3	2	2

Data in the above table concerns previous-year experience from surveys of 13-17 year-olds. Tanzania data is not included because the country report combines last-year data from 13-17 year-olds with ever-experienced data from 18-24 year-olds. Swaziland data is not included because of comparability issues.

Table 8: attitudes towards domestic violence

Percent	OK for a man to beat wife		Wife should tolerate it	
	F	M	F	M
Kenya	50	60	-	-
Malawi	42	24	41	40
Nigeria	39	28	58	59
Tanzania	58	52	-	-
Zimbabwe	-	-	78	69

Data in the above table concerns the views of 18-24 year-olds except those for Tanzania which are for 13-24 year-olds. The Zimbabwe study did generate statistics on this issue but they are not comparable to those for other countries. The figures for Kenya are approximate. The first column in the table involves questions asking whether the respondents think that it is OK under certain specific circumstances for a man to beat his wife (such as if she burns the food). The second column involves questions asking whether a wife should tolerate violence from her husband for the good of the family.

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