

Violence against Children in South Asia:

A systematic review of evidence since 2015

September 2020



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Children look on in Dhangar Tole, Gaur municipality, Rautahat district, Nepal, a region prone to severe flooding.



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ACRONYMS

ADAP	Adolescent Development and Participation
BALIKA	Bangladeshi Association for Life Skills, Income and Knowledge for Adolescents
BBS	Bangladesh Bureau of Statistics
CRC	Convention on the Rights of the Child
CSO	Central Statistics Organization (Afghanistan)
DHS	Demographic Health Survey
ETCTP	Emergency Top Up Cash Transfer Programme
GAGE	Gender and Adolescence Global Evidence
GBV	gender-based violence
GCPEA	Global Coalition to Protect Education from Attack
GDP	gross domestic product
GEMS	Gender Equity Movement in Schools
GSHS	Global School-Based Health Survey
HTAC	Help the Afghan Children
IES	income and economic strengthening
IPV	intimate partner violence
LGBTQ	lesbian, gay, bisexual, transgender and queer
LMIC	low and middle-income country
MICS	Multiple Indicator Cluster Survey
NACG	National Coordination Group to End Violence Against Children
NGO	non-governmental organization
ROSA	Regional Office for South Asia
SAARC	South Asian Association for Regional Cooperation
SACG	South Asia Coordination Group to End Violence Against Children
SAIEVAC	South Asia Initiative to End Violence against Children
SDG	Sustainable Development Goal
SRGBV	school-related gender-based violence
SVB	school violence and bullying
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAC	violence against children
VACS	Violence Against Children Surveys
VAW	violence against women
WHO	World Health Organization

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Carrying her younger sibling, a girl child stands in the village of Rag-e-shad on the outskirts of the city of Bamyān in Afghanistan.



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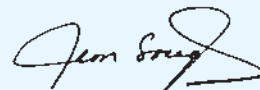
FOREWORD

Every child has the right to be protected from violence, and yet violence is a part of the lives of most children in South Asia. This systematic review, *Violence Against Children in South Asia*, analyses the trends and patterns on violence against children in South Asia – including magnitude, drivers and consequences – since the adoption of the Sustainable Development Goals (SDGs) in 2015 to 2020. This systematic review analysed over 6,000 pieces of research and identified 127 studies on violence against children during this time period.

This systematic review found that violence impacts children's rights in the here and now, and it also has wide-reaching consequences for children, families and countries. Entrenched gender norms continue to impact negatively on both girl and boy children in the region and risk and protective factors within national contexts are grounded within larger structural inequalities in the region. This underlines that while violence affecting children is present in every country within the South Asia Region, analyses show how violence conspires unevenly to create and maintain inequalities between and within countries.

On the positive side, data from the region shows that violence against children is preventable and meeting the SDGs is attainable. This systematic review presents a comprehensive overview of evaluated prevention initiatives across the region. Some of the programmes show promising opportunities for preventing violence against children in the region. In addition, sustained efforts to strengthen the child protection systems, including legislative approaches and social service workforce improvements, are strengthen the foundations for preventing and responding to violence against children.

I am confident that this report will inform the work of all of us to stop the violence. Together we can reach the goal to end violence against children.



Jean Gough

Regional Director, UNICEF South Asia

Families of migrant workers are among those getting a better chance as a result of the 'All For Children' project – a joint initiative by UNICEF and the global clothing chain H&M. The project's aim is to protect the rights of children in the cotton producing areas of Tamil Nadu, southern India.



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EXECUTIVE SUMMARY

In 2015, the Sustainable Development Goals (SDGs) were adopted and the South Asia region made a significant commitment to accelerate evidence and action towards eliminating violence against children (VAC), including harmful practices and gender-based violence against women and girls, as well as creating safe, non-violent and inclusive environments and significantly reducing all forms of violence and related death rates in the region. This systematic review of the prevalence, drivers, and consequences of violence against children, as well as the interventions that seek to prevent such violence, will serve as a baseline of the data produced since the adoption of the SDGs. By using a systematic review methodology, which is a highly rigorous and replicable approach to identifying and extracting data from recent studies, it is envisioned that at the end of the SDGs in 2030, the region will be able to assess evidence-based progress against the SDGs. In the meantime, this review will serve the purpose of generating evidence-based outputs and focusing the prevention agenda for the region.

This systematic review is specifically focused on interpersonal violence against children from data published since the adoption of the SDGs (2015–2020). Although children face risks, harm, and challenges from many directions, all of which can be considered violence in a sense, this report looks at very specific aspects of this larger landscape. The report does not systematically cover the structural violence that underpins these experiences of everyday violence by children in the region. Despite this, it does add fine grained information to the larger picture and will help clarify how these events and trends have been contributing to the levels of violence children are facing within their homes and schools. It will

show whether things are getting better or worse on these fronts, as well as pointing to specific responses that show some promise in terms of stopping violence before it starts.

This systematic review assessed 127 studies carried out in the region since 2015, as well as conducting analyses using 7 datasets on school-related violence. Of these 127 studies, a total of 36 articles and reports had prevalence data, 56 had data on drivers of violence, 37 had data on consequences and 20 presented data from evaluations of interventions. Finally, 22 studies had overlaps and presented data on multiple areas (prevalence, drivers, consequences and interventions). It is important to note that some types of violence are measured more frequently than others, which affects what is highlighted in the findings. Findings from the evidence base on violence against children since 2015 show the following.

Prevalence findings

Physical violence is the most commonly recorded type of violence against children in the region. Data from cross-sectional studies show that approximately half of all children report experiencing some type of physical violence during their lifetime – this can be from parents/caregivers in the form of violent discipline or from teachers, intimate partners or peers. **Over a quarter (27.8%) to nearly half (47.6%) of children experience more severe forms of physical punishment by caregivers/mothers in three out of four of the countries in the region where this is comparably measured. The prevalence of beliefs among caregiver about the need for physical punishment closely matches the**

prevalence of the more severe forms of violent discipline used against children in the region.

The prevalence of being physically attacked in the last year is higher for boys than for girls in every country that administered the Global School-Based Health Survey (GSHS) survey in the region, and in all countries in the region the prevalence of physical attacks among adolescents is higher than the global median, with a low of 38.7% of boys in Pakistan and a high of 66.5% of boys in Bangladesh self-reporting they had been physically attacked – which means that one to two thirds of boys have experienced being physically attacked in the past year. For girls, the prevalence ranges from a low of 23.4% in the Maldives to 55.1% in Bangladesh – which means that nearly a quarter to half of girls have been physically attacked at some point in the past year. These prevalence estimates, especially for boys, are higher than the global median prevalence (32.4%) in every country in the South Asia region that implements the GSHS. In Bangladesh, the adolescent self-reported prevalence of physical attacks is more than double the median global prevalence.

Post 2015, studies across the region have consistently found that approximately 9–14% – or 1 in 10 children – report experiencing sexual violence in childhood, although this is likely to be an underestimation of the true prevalence, as, with the exception of Bhutan, there have been no population-based studies on prevalence since 2015. Cross-sectional studies in Afghanistan and Sri Lanka found that 14% of Afghan adolescents surveyed reported being sexually abused during childhood (O’Leary et al. 2018) and there was an overall prevalence of childhood sexual abuse of 9.1% in Sri Lanka (Chandraratne, Fernando and Gunawardena 2018b). Another study of adolescents in six higher secondary schools in Kolkata, India (n=370), found that 12.7% of students surveyed self-reported experiencing sexual violence in the last year and 32.7% of students reported experiencing either physical or sexual violence or both (Deb et al. 2016).

The previous decade of research has clear evidence relating to girls’ experiences of sexual violence, however, new data since 2015 has highlighted that boys may also be experiencing

increased levels of sexual and gender-based violence. From comparable GSHS data across seven countries, boys report experiencing being made fun of with sexual comments, jokes and gestures more than girls. These bullying behaviours based on gender norms related to concepts of masculinity not only occur between peers, but have also been reported in a large gender norms mixed methods longitudinal study as being perpetrated by male teachers against boys in the form of emotional violence (Ghimire and Samuels 2020). In this study in Nepal, as part of the Gender and Adolescence Global Evidence (GAGE) longitudinal study, it was found that boys feel that one of the reason why male teachers try to humiliate them is to compete for girls’ attention (Ghimire and Samuels 2020).

Similarly, another study conducted in India found a large number of reports of sexual abuse among male students. This study included a total of 6,682 adolescents (aged 13–18) in Thrissur, Kerala who participated in a cross-sectional self-report study on physical, emotional, and sexual violence against children. Between male and female respondents, males reported a higher prevalence sexual abuse compared to females both in terms of one-year frequency (29.5% male, 6.2% female) and lifetime frequency (32.5% male, 8.8% female) (Kumar et al. 2017).

‘Eve teasing’ or sexual harassment and experiences of sexual violence in public spaces, which is often considered a normal part of growing up for girls, creates fear and limits their mobility in public spaces, including to and from school. Qualitative data with 36 participants including adolescents (boys and girls) and adults in Bangladesh found that all respondents reported that public spaces were unsafe, particularly for girls because of ‘eve teasing’, a term used to encompass all forms of unwanted verbal and physical sexual contact directed at females by males. According to adults in all sites, fear of rape is the biggest concern for girls’ safety, both within and outside the home (Mitu et al. 2019). The prevalence of rape and other forms of sexual harassment makes parents anxious about the security of their daughters and, in many cases, this leads them to restrict girls’ mobility (Mitu et al. 2019).

Current husbands were cited as the primary perpetrators of both physical and sexual violence experienced by ever-married adolescents aged 15–19 years old across all countries, based on comparable Demographic Health Survey (DHS) data (Afghanistan, India, Maldives, Nepal, Pakistan), showing that child marriage is a significant risk factor in all forms of violence against children. Among the countries in South Asia with data available we can see that physical violence is the most common form of violence that married women within this age group face, with the exception of two countries: Maldives, where prevalence of emotional violence is greater, and Pakistan, where the prevalence of physical and emotional violence is comparable.

Data show that different groups in the various countries in the region uphold gender norms and attitudes, with changing trends over time, suggesting that more contextual, country-specific approaches to preventing gender-based violence may be required. Comparable data shows quite a lot of variation in increases and decreased in belief in the justification of intimate partner violence by different groups (including adolescent girls, adolescent boys and the wider community) and the relation between these beliefs and actual prevalence estimates. This suggests that different reference networks may be responsible for upholding gendered norms and attitudes in different countries across the South Asia region.

Studies in the region also show that witnessing violence, either between parents or between known adults, is frequently reported by children. For example, in one study among 1,752 children in Grade 6 in Pakistan, it was found that nearly 1 in 10 children (9.7% of boys and 6% of girls) had witnessed their father beat their mother and a smaller percentage had witnessed another relative hit their mother (4.6% of boys and 3.9% of girls) in the past month. Nearly a quarter of the children had also seen their father hit another man in the last month (25.7% of boys and 17.9% of girls) (Karmaliani et al. 2017). In another study with 370 adolescents in Grades 11–12 in Kolkata, India, researchers found that 18.6% (n=69) of adolescents in the study had witnessed violence between adult members of their family (Deb et al. 2016).

Emotional violence is prevalent throughout the region and is almost always present when other types of violence are measured, suggesting that all forms of violence against children contain elements of emotional violence within the South Asia region (CSO and UNICEF 2012; BBS and UNICEF 2019; Central Bureau of Statistics 2015; Bureau of Statistics Punjab 2018; Chandraratne, Fernando and Gunawardena 2018b; NCWC and UNICEF 2016).

New evidence highlights that school violence and bullying is prevalent in the South Asia region and gender dynamics are complex across countries. In all countries that measure comparable data on school violence and bullying (7 out of the 8 countries in the region), among adolescents aged 13–15, boys experience more bullying overall (except in Afghanistan), more physical bullying (except in Pakistan), more physical attacks and more physical fighting than girls. However, when examining trend data, it appears that physical fighting is decreasing for boys, but increasing for girls in the two countries that measure this data over time (the Maldives and Sri Lanka). Both boys and girls experience an approximately similar amount of exclusionary bullying, while more girls in the region experience bullying based on physical appearance.

Nationally representative data in Bhutan found that the most common forms of physical violence against children were committed in the context of corporal punishment in schools. There are several studies from the region on the use of corporal punishment in schools conducted since 2015, one of which is in Bhutan, where a national survey conducted in 2016 found the most common forms of physical violence experienced by children are in the context of corporal punishment. Children reported being subject to tasks involving excessive physical endurance, such as being made to stand for a long time, forced to carry stones or do heavy work (50.5%), and being hit with an object (43.8%). Almost 23% said they had been slapped, punched, kicked, had their ear pulled or twisted, their hair pulled, or their knuckles rapped on their forehead. Another mixed methods study conducted in Bangladesh, which included a survey of 1,769 pupils aged 10 to 12 years in 39 schools and 39 qualitative interviews

in 5 districts in Chittagong Division, found that 84% of adolescents had experienced corporal punishment at school, and this was consistent across the sites (range 83–86%) (Mitu et al. 2019).

Corporal punishment still persists despite legislative bans and may also include forms of school-related gender-based violence (SRGBV). Both India and Bangladesh have conducted studies on corporal punishment in schools, in which data was collected prior to the timeframe used for this systematic review (prior to 2015). It is useful to note, however, that the study in Bangladesh found a promising decline of 26% in teacher’s self-reported use of corporal punishment between 2013 and 2015 (CAMPE 2015). However, the same study found that the acceptability of the use of corporal punishment remains high among school administration and has not declined over time (CAMPE 2015). Similarly, a study conducted in six districts in West Bengal, India and published in 2015 found that despite a legal ban on the use of corporal punishment in schools, it was still being used in nearly one third of schools. This study is also one of the only studies in the region that has documented SRGBV in the form of inappropriate touching of girls by teachers while they were administering corporal punishment (CLPOA, ASHA and ActionAid 2015).

Several countries in South Asia report some of the highest student and educator-targeted attacks (killings, abductions, and threats) globally. According to the Global Coalition to Protect Education from Attack (GCPEA), student and educator-targeted attacks in Afghanistan were among the most prevalent in the world, alongside Israel/State of Palestine, Nigeria, and the Philippines (Kapit et al. 2018). Among countries in the South Asia region, Afghanistan experienced the most attacks on schools (1,458) between 2008–2012, followed by Pakistan with 919 attacks. Between 2013–2017, however, attacks on schools in Bangladesh increased 183% from 2008–2012, surpassing those reported in Afghanistan with 567 and 476 attacks respectively (Kapit et al. 2018).

What we measure matters. Our data is only as good as what we are measuring. Furthermore, the definition of violence used in child protection is almost always limited to interpersonal violence, we

are not capturing the prevalence of other forms of violence such as structural violence. Additionally, while we have made great progress in gathering some comparable data across countries, it is still very limited. Violent discipline data only asks mothers; violence against adolescents captured by DHSs focuses only on girls; and our comparable data in schools is limited to bullying, physical attacks and physical fights among secondary school pupils only. It is unsurprising that the ‘most prevalent’ types of violence, namely violent discipline, intimate partner violence (IPV) and bullying, are also the types of violence for which we have the most data across countries.

Drivers and risk

The drivers of violence are factors at the structural and institutional levels that create environments in which violence is more likely to occur. While these factors are often harder to measure than factors that increase risk at more distal levels, the South Asia region has produced an impressive analysis of these drivers. The common drivers of violence against children across the eight countries in the region based on post-2015 primary study data or recent reviews of the literature are:

- Negative gender norms and inequalities
- Caste and other social inequalities
- Unequal economic growth and poverty
- Natural disasters and other humanitarian emergencies
- Migration
- Weak or ineffective legal frameworks

Of these drivers, negative gender norms and inequalities are measured the most in the literature in relation to perpetuating an environment that allows for violence against children to happen in all of the countries in the region.

An evidence base was identified around a wide range of **risk and protective factors** for violence against children. These risk and protective factors reflect the likelihood of violence occurring (or not) due to characteristics measured at the individual, interpersonal, and community levels. Most of the data that exists is on interpersonal risk factors, of which three factors were especially prevalent in the post-2015 literature across countries as risk

factors in a range of violence against children: **negative gender norms, parental alcohol misuse and the vulnerability of children with disabilities.** The association between violence against children and gender norms permeates much of the post-2015 literature across all levels, from drivers of violence at the structural and institutional levels to risk factors that occur in children's communities and relationships.

The evidence suggests that perhaps the strongest drivers in the region (both structural and institutional drivers), but also the strongest risk and protective factors at all levels (individual, interpersonal and community levels), are negative social and gender norms and inequalities, which create an environment in which violence against both girls and boys is more likely to happen. Gender is not just about differences between boys and girls, it is a conceptual lens for examining intersecting structural power inequalities, as well as a way of understanding how these are constituted and perpetuated in homes, schools, communities and other settings. Some data that compliments the previous data presented above in relation to prevalence are the findings from the largest adolescent longitudinal study, which is focused on understanding gender norms among adolescents and includes two South Asian countries (Nepal and Bangladesh). The GAGE longitudinal study found that discriminatory gender norms and practices around child marriage, son preference, the limited voice and agency of girls, and expectations around their subservience and notions of boy's masculinity still persist in South Asian countries and that these contribute to driving violence against both girls and boys (Samuels, Ghimire and Uprety 2017).

Having adults who used alcohol regularly at home was also found to be an important risk factor in violence in several countries with post-2015 data. In a study of 6,682 adolescents in India, alcohol use was seen as a risk factor for all types of violence against children (Kumar et al. 2017). Alcohol misuse by parents, step-parents and caregivers was found to be one of the most direct triggers of violence against children and was also found to increase other risk factors in a large qualitative study in Bhutan (NCWC and UNICEF

2016). Emerging evidence from the GAGE study, which is the largest global longitudinal mixed methods study, with adolescents from six sites including Bangladesh and Nepal, also highlights the role of alcohol in the perpetration of violence. From the qualitative data from 473 adolescents and adults in 3 districts in Nepal, adolescents reported that gender-based violence occurring in the family was usually triggered by alcohol consumption, usually by the adult male member or occasionally by both parents (Samuels, Ghimire and Uprety 2017). Similarly, a study in Bangladesh, Pakistan and Nepal found that alcohol use combined with parental mental health issues were risk determinants for violence in the home (Gupta and Samuels 2017).

Qualitative evidence both from global reviews and from the region highlight that children living with disabilities are at increased risk of experiencing all forms of violence. From a large qualitative study in Bhutan it was found that both boys and girls living with disabilities were frequently locked away with little or no care until their parents returned from work in the evening and, if they were attending school, often experienced increased violent discipline at home and corporal punishment at school for lagging behind in their studies. This study also found that girls with mental disabilities are at particular risk of sexual violence (NCWC and UNICEF 2016). Similarly, in a large mixed methods study in Cox's Bazar, Bangladesh, adolescents with disabilities appeared to be at greater risk of bullying and these adolescents reported relying on adults to intervene in situations of bullying (Guglielmi et al. 2020).

There is significant evidence on the link between domestic violence and violence against children in recent data. Violence against women in the home is also a risk factor for children experiencing violence in the home. Witnessing domestic violence is often considered in and of itself a form of violence against children, as well as having significant consequences for children. Evidence from Bangladesh also suggests that violent relationships at home, such as a violent relationship between parents, witnessing adults using weapons at home, being bullied by siblings, and adults shouting in a frightening way are

significant risk factors for children experiencing violence (Haque et al. 2019).

The post-2015 literature has also begun to look at **intersecting areas of risk** for children and the findings show that **when an individual, interpersonal or community risk factor is combined with a driver of violence higher rates of all types of violence occur.** A particularly important aspect of new research studies is that they are more likely to explore a range of types of violence, as well as potential risk factors, than many of the studies published prior to 2015.

Consequences

A total of 37 studies explored the link between violence against children and consequences. From data across the region published between 2015–2020, consequences were found in four main areas: 1) physical health, 2) mental health, 3) behavioural and 4) educational impacts. **Post-2015 data from the region highlights that the consequences for children, families and societies as a result of violence against children are vast and wide reaching.** Evidence points to strong associations between physical health, mental health, risky behaviours, exposure to further violence and negative educational outcomes as a result of violence against children.

Importantly, new research has begun to make strong links between early childhood health and morbidity and child sexual abuse and intimate partner violence against their mothers. Cross-sectional survey data were collected from 426 women of Bangladesh who were six months postpartum and found that women who experienced childhood sexual abuse were statistically significantly less likely to exclusively breastfeed babies than mothers who were not sexually abused as children (Islam et al. 2018). Ferdousy and Matin (2015) published a secondary analysis of DHS data to investigate the association between intimate partner violence against women and child morbidity in Bangladesh, India and Nepal. The study found that, after controlling for potential confounders, children of mothers experiencing physical violence, sexual violence or both from their intimate partners were more than 1.5 times more likely to have an acute

respiratory infection (ARI), fever or diarrhoea than children of mothers who were not experiencing intimate partner violence.

Recent data continues to show strong links between experiencing violence in childhood and negative mental health outcomes, and this may be a driver of the high adolescent self-harm rates in the region. Experiencing violence in school in the form of bullying has a significant impact on suicide ideation among adolescents, with those who have experienced bullying reporting that they also seriously considered attempting suicide in the same time period in seven of the eight countries in the region. Suicide ideation linked with bullying experiences ranged from 41.8% of bullied adolescents in Bhutan to a high of 63.1% of adolescents in Nepal. This is quite significant when we look at actual adolescent suicide rates in the Southeast Asia region (which includes five out of the eight countries in the South Asia region: Bangladesh, Bhutan, India, Maldives, and Sri Lanka), as published by the World Health Organization (WHO), where self-harm is the leading cause of death among adolescent girls and the second leading cause of death among adolescent boys (WHO 2012).

New data has increasingly focused on the link between violence against children and negative educational outcomes, which has significant implications for the future of the region. In a study conducted in India, findings suggested that because of the behavioural and emotional impacts of sexual abuse on children their academic functioning was significantly affected. Researchers found a lack of interest in studies, reduced attention, and absent-mindedness in children as a result of their experiences of violence (Choudhary, Satapathy and Rajesh 2019). The Young Lives longitudinal study in India, found that experiencing corporal punishment in school is highly related to having poor educational outcomes and test scores among children (Ogando Portela and Pells 2015). Similarly, a qualitative study in Bangladesh found that experiences of corporal punishment could be a factor in school dropout (Mitu et al. 2019). A study conducted with 1,752 children in Grade 6 in Pakistan also found links between peer victimization and peer perpetration experiences and negative educational outcomes for both boys and girls (Karmaliani et al. 2017).

Violence against children can have a range of consequence for children and their societies, including harm to their physical, psychological and mental well-being. However, there is also evidence that children’s experiences of violence change with age and gender (Morrow and Singh 2016). Also, children have agency to respond to their challenging situations (Morrow and Singh 2016; Reza and Bromfield 2019). For instance, Reza and Bromfield (2019) found that street children in Bangladesh usually engage in financial transactions within their peer networks, and these social networks contribute deeply to their well-being. Based on data collected from the Young Lives longitudinal study in India, Morrow and Singh (2016) assert that children are not passive victims, but often display some resilient responses, such as intervening to protect others from violence, removing themselves from a situation of violence, and refusing or running away from home to escape violence. While the impetus should never be on children to protect themselves, it is also important to not only see children as passive victims and to engage with the evidence in the post-2015 literature on their rights and agency.

Interventions to prevent violence against children

While the challenge of addressing violence against children is daunting, evidence shows that preventing violence is possible, although not necessarily straightforward. The post-2015 era saw the greatest advancements in initiatives to prevent violence against children. The entire field of child protection is now embedded within the **SDGs**, which have several targets that address violence against children directly, as well as targets that address the risk factors and drivers of violence. In addition, **the Global Partnership to End Violence Against Children** has been established to work alongside countries in using data, evidence and learning to develop solutions to prevent violence against children. Two specific data initiatives post-2015 have also been significant in strengthening the evidence base: the **Know Violence in Childhood** initiative and the **What Works to Prevent Violence Against Women and Girls** initiative, both of which are strongly represented in the data highlighted in this review.

International agencies have also demonstrated unprecedented agreement on creating a common framework – the **INSPIRE: Seven Strategies to End VAC** – along with handbooks and indicators (WHO 2016). The INSPIRE package contains our current best understanding of ‘what works’ in the field – or interventions that are proven or highly likely to prevent violence against children (WHO 2016).

INSPIRE’s seven recommended strategies include:

- 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

While INSPIRE is one of the most significant achievements in the field of violence prevention to date, the original publication includes largely northern-developed and tested interventions. This systematic review identified 20 evaluated interventions in the South Asia region since the adoption of the SDGs that add to the regional and global evidence-base on prevention.

The strongest evidence base in the region from evaluated interventions is in the area of education and life skills, which often also addresses social and gender norms. Specifically, four interventions have shown mixed effects on violence prevention: Help the Afghan Children (HTAC), Right to Play, SEHER and the Coping Power Programme showed declines in violence, while Gender Equity Movement in Schools (GEMS) did not show any decline (Corboz et al. 2019; Jewkes et al. 2020; McFarlane et al. 2017; Kerr-Wilson et al. 2020; What Works 2019; Mushtaq et al. 2017; Shinde et al. 2018; Achyut et al. 2017).

One gender norms intervention that compared younger boys (aged 13–14) and older boys (aged 15–19) found that changing gender norm beliefs may be more effective for younger boys, but that these boys may have a lower chance of intervening to stop incidents of violence they had witnessed than older boys. Gupta and Santhya (2020) examined the differential

effect of exposing boys to a gender transformative programme (Do Kadam Program) in India in early and late adolescence on their gender roles, attitudes and practices. They used data from a cluster randomized trial of a gender transformative life-skills education and sports-coaching programme for younger boys (aged 13–14 years) and older boys (aged 15–19 years) and found that the intervention had a significantly greater effect on helping younger boys to espouse gender-egalitarian attitudes and reject men’s controlling behaviours, including wife beating and violence towards unmarried girls, than older boys. Younger boys were twice as likely to report that their peers would respect them for acting in gender-equitable ways compared to older boys. However, younger boys had a lower chance of intervening to stop incidents of violence that they had witnessed, compared with older boys. The research found that these differences in gender norms and behaviours remained significant even when differences in regular exposure to the intervention were adjusted (Gupta and Santhya 2020).

Of the recently evaluated gender norms interventions, most show changes in adherence to negative gender norms, but no direct reduction in violence-related outcomes. For example, a study that explored delivering gender norms prevention programming through sports activities through the Coaching Boys into Men curriculum found that the intervention showed no significant reduction in sexual violence perpetration in the 12-month follow-up (Miller et al. 2014). While the quantitative evaluation was conducted before 2015, a later publication of a qualitative evaluation highlighted the potential impact on the gender norms of the trainers (Das et al. 2016). Another study explored gender norms programming with mothers in Sri Lanka. Herath and colleagues (2018) conducted a quasi-experimental study in two rural villages in Anuradhapura district with women who had a child under five years of age. One village was allocated to receive an intervention developed based on a health promotion approach and the other village was the control group. A community-based mechanism to question selected gender norms among women was developed as the intervention. The pre- and post-intervention assessments of the

level of acceptance of gender norms were done using an interviewer administered questionnaire and focus group discussions. Following the intervention, the acceptance of prominent gender norms was changed significantly, including self-reported positive behaviour changes and greater understanding of gender concepts among the women receiving the intervention than among the control group (Herath et al. 2018). However, this study did not measure reduction in violence outcomes.

Emerging evidence suggests that certain INSPIRE strategies, such as those linked to safe environments, which are more closely related to girls’ experiences of structural violence, may need to be tackled first before other interventions (or components of interventions) can be effective. One example of this is the Compass Programme in Pakistan. This programme provided adolescent girls with weekly life skills sessions in safe spaces accessible only to women and girls, as well as monthly discussion groups for caregivers of enrolled girls. Sessions included topics such as supporting adolescent girls and understanding violence and abuse, as well as targeted training and ongoing support for service providers to enable them to develop knowledge, capacity, and skills on adolescent girls’ needs, particularly after experiencing violence (Asghar et al. 2018). The evaluation of this programme found that lack of safety in public places may lead caregivers to restrict girls’ movement outside the home, which in turn impedes their ability to attend life skills and other forms of programming, even when such programming occurs in a space specifically for women and girls (Asghar et al. 2018). This is an important finding that highlights that certain INSPIRE strategies may need to be focused on before others (e.g., safe environments and gender norms) to ensure that prevention programmes in the region are not undermined.

Parenting interventions have shown increased positive parent-child interactions and delayed child marriage, but the majority do not measure violence reduction outcomes. These interventions measured changes in gender norms, delays in early marriage and also parent-child interactions (which are significant drivers and

risk factors in violence against children), but these interventions did not measure changes in violence prevention. However, they are highlighted for their potential to decrease risk factors that lead to violence. These interventions include the Choices-Voices-Promises intervention in Nepal with parents of adolescents aged 10 to 15 years, which is delivered as three interventions aimed at reducing gender inequity among adolescents (Choices), families (Voices), and communities (Promises) (Lundgren, Gibbs and Kerner 2018). This evaluation found that the intervention created an average increase of seven months delay in child marriage and positive impacts on parents' attitudes about when they want their own daughter to get married (Lundgren, Gibbs and Kerner 2018). The Creative Stress Relief Programme in India was aimed at fostering adolescents' autonomy and promoting their academic potential in a stress-free manner, as well as, most importantly, potential violence prevention and fostering parent connections with adolescents (De Wit et al. 2018). The result of the intervention was that mothers reported spending more quality time with their adolescent children post-intervention and felt good playing and connecting with their children, both of which led to reduced frustrations with their children and improvements in their family relationships (De Wit et al. 2018).

Additional parenting programmes include one developed and evaluated in Pakistan, focusing on reducing authoritarian and neglectful parenting behaviours. Parents of adolescents (n=110) with challenging behaviours (defined as above average delinquency) were screened in five randomly selected schools in Lahore in Punjab, Pakistan and then parents were randomly placed in either the intervention or control group. The intervention group participated in seven sessions of the parent training programme. Findings show that participants in the parent training programme displayed an increase in authoritative parenting behaviours and a decrease in authoritarian and neglectful parenting behaviours during both post-test and follow-up periods. In addition, their children showed reductions in parent-reported challenging behaviours (Kauser and Pinquart 2019). Finally, a video assisted teaching programme on the prevention and management of child abuse was

conducted with 100 purposively selected mothers in India. This intervention was evaluated using a one group pre- and post-test design. Prior to the intervention, 57% of the mothers had moderate knowledge and 43% had inadequate knowledge about the prevention and management of child abuse. After administration of the video assisted teaching programme, the post-test knowledge score was significantly higher than the pre-test knowledge score, however, the evaluation did not measure changes to parenting behaviours (Malla et al. 2018).

The income and economic strengthening (IES) programmes in the region do not focus on reducing violence against children, although some aim to reduce risk factors for violence, such as child marriage, but with mixed results.

While no evaluated interventions were conducted post-2015 that directly assessed the impact on violence against children as a result of an IES programme, three were conducted that addressed risk factors for violence against children and, thus, may hold promise for violence prevention. For example, an Emergency Top Up Cash Transfer Programme (ETCTP) was conducted in Nepal where emergency cash benefits were provided to beneficiaries of government social assistance programmes in the most earthquake-affected districts as a top-up to regular payments post-earthquake in 2015 (UNICEF 2016c). Evaluation surveys were administered to 880 randomly selected beneficiaries across 11 districts. Qualitative evaluation approaches were also used with 22 focus group discussions and 47 key informant interviews also conducted. The findings showed that the ETCTP met immediate household expenditure needs and increased household resilience by reducing the use of negative coping mechanisms and behaviours. Nearly all of the intended beneficiaries received a cash top-up (93%) and the cash was most commonly used to meet basic daily needs such as for food, medicine, clothing and other household essentials (UNICEF 2016c). Similarly, the GAGE study reviewed adolescent economic empowerment globally and found no interventions that specifically assessed its impact on violence against children; however, two interventions were found post-2015 that showed impacts on child marriage, a risk factor

in violence. The Bangladeshi Association for Life Skills, Income and Knowledge for Adolescents (BALIKA) programme and the Kishori Abhijan programme also in Bangladesh, which both focused on vocational/business skill training, had a significant impact on delaying child marriage (Amin et al. 2016; Field et al. 2016). Other programmes, particularly in India, had similar findings prior to 2015 (Stavropoulou 2018). However, a desk review of social protection programmes in the South Asia region found mixed results on the impact of these programmes on children's vulnerabilities including preventing child marriage (UNICEF 2009).

There is still a focus in some violence prevention programmes on only aiming to increase knowledge or awareness of violence, instead of moving towards enhancing skills and reshaping norms and structures related to preventing violence. In India, for example, a structured, multi-session teaching programme on the prevention of sexual abuse was conducted and evaluated using a single group pre-test and post-test design. The study was conducted among 60 high school students who were selected using stratified random sampling. The results of the study showed that the teaching programme improved high school students' knowledge regarding the prevention of sexual abuse by 20.5% (Fulgen 2017). Unfortunately, behaviours and attitudes were not measured. A similar programme was conducted and evaluated with teachers and parents on an intervention to address child abuse in selected government schools. A similar one-group pre-test and post-test design was used with 80 participants, and it was found that the guidelines increased the knowledge and positive attitudes of teachers and parents in responding to violence against children (Rani 2019), but, again, no behaviours were assessed.

Some of the strongest prevention data in the region has come through dedicated funding streams, such as the 'What Works for Preventing Violence Against Women and Girls' initiative, highlighting the importance of dedicated direct evaluation funding for moving the evidence base forward for preventing violence against children. The majority of prevention programmes in the region remain poorly documented and not evaluated. Those that are evaluated often suffer

from limited resources to conduct robust and independent evaluations. However, two recent evaluations were part of What Works to Prevent Violence Against Women and Girls, a flagship programme funded by the Department for International Development (DFID) for £25 million over five years to support primary prevention projects across Africa, Asia and the Middle East. Two programmes highlighted earlier – the HTAC peace education programme and the Right to Play intervention in Pakistan – provide some of the most robust evaluations (and also prevalence data) for preventing violence in the region.

The post-2015 literature also highlights that children are not passive victims of violence; on the contrary, it is recognized that they possess many ways to respond with agency and voice. In fact, different researchers highlight the need to listen to children's voices and to strengthen their agency, for both research around violence and the development of prevention programmes and policies. For example, two longitudinal data collection efforts have prioritized children's voice and agency as central to their research questions and embedded them in their research methodologies. The cross-country longitudinal study, Young Lives, which includes India, promoted seeing children as active agents and enabling them to participate and contribute actively to research (Pells and Morrow 2018; Singh and Vennam 2016). Similarly, the GAGE longitudinal study conducted in Bangladesh and Nepal, among other countries, views children's participation, voice and agency as central to understanding children's lived experiences and making child-centred change.

All neglected areas have poor data and there still remain gaps in the evidence base in the region. For example, there are gaps in research on structural violence and its relationship with interpersonal violence against children and how they are jointly addressed. There is also limited data on interventions to address structural violence. This review found that there is an urgent need to develop systematic data collection systems that provide disaggregated subnational, urban/rural, age and gender specific data on violence against children and gaps in child protection services. This review has highlighted that systematic data collection efforts are piecemeal – only measuring

parts of the puzzle. More disaggregated data is needed. Similarly, there are gaps in measuring violence against children in the early years and among 'younger' children. While there are methodological and ethical challenges involved in conducting research among younger children, it is still crucial to build the evidence base. Similarly, more evaluations are needed on prevention programmes with younger children and on linking the prevention of violence against children to parenting for early childhood development. There is also an increasing need to identify protective factors in relation to violence against children. Globally, risk factors are much more frequently measured than protective factors. However, several large initiatives in the region have started

to bring children's voice and agency into their research, which will hopefully generate much more data on what creates resilience and protects especially high risk children from violence. Finally, new and emerging areas require attention, such as the impact of Covid-19 as a humanitarian crisis in the region, to understand how health pandemics impact on violence against children.

Overall the findings from this systematic review strengthen the knowledge base and knowledge solutions to inform child protection programming in the region and to measure progress towards the achievement of the SDGs to ensure that all children in the South Asia region can live a life free from violence.

In December 2017, children in Bangladesh listen as a young woman tells them a story using a picture book at the child-friendly space in the Balukhali camp for Rohingya refugees in Cox's Bazar. Since late August 2017, some 646,000 Rohingya have fled from Myanmar to neighbouring Bangladesh to escape the violence in their homeland. More than half of them are children – many in dire need of vital support. UNICEF supports 106 child-friendly spaces in Rohingya camps.



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Safia Majeed (10 years old) sits in a UNICEF supported child-friendly space managed by the NGO Peace Foundation in Ahl-e-Hadith camp, Muzaffarabad district in Pakistan-administered Kashmir.

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INTRODUCTION

[The year] 2016 marks the start of the process of implementation of the 2030 Agenda for Sustainable Development which has a distinct target to eliminate all forms of violence against children. This is a historic achievement! It will give further impetus to the wide social support for children's protection from violence in South Asia that has been mobilized over the last 10 years.

– **Marta Santos Pais,**

Special Representative of the United Nations Secretary-General on Violence against Children¹

This study, commissioned by the United Nations Children's Fund (UNICEF) Regional Office for South Asia (ROSA), is a systematic review of the prevalence, drivers, and consequences of violence against children (VAC), as well as the interventions that seek to prevent violence in the eight countries in the South Asia region (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka). By using a systematic review methodology, which is a highly rigorous and replicable approach to identifying and extracting data from recent studies, it is envisioned that at the end of the Sustainable Development Goal (SDG) time period in 2030, the region will be able to assess evidence-based progress against the SDGs. In the meantime, this review will serve the purpose of generating evidence-based outputs and focusing the prevention agenda in the region.

An overview of the situation and challenges faced with respect to child development and child protection and initiatives undertaken in the South Asia region as a whole, as well as by each country in the region, is provided below, followed by the need for and focus of this systematic review.

This systematic review will serve as an evidence baseline of data produced since the adoption of the SDGs in 2015 and will strengthen the knowledge base by developing outputs that will inform child protection programming in the region.

South Asia in context

Children and young people represent a large proportion of the population in South Asia.

Countries in the South Asia region range in size from a population of 395,000 (Maldives) to 1.2 billion (India), but all countries have a significant child and youth population representing a quarter to over half of the population (see *Appendix C, Country profiles*). South Asia is also one of the fastest-growing regions in the world (World Bank 2019).

¹ Press release from UNICEF, see <https://www.unicef.org/rosa/press-releases/end-violence-against-children-south-asia>

A young Rohingya refugee carries her infant sister in Balukhali settlement, Cox's Bazar, Bangladesh.



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The South Asia region has faced numerous socio-political conflicts and complex emergencies, such as the conflicts in Afghanistan and Sri Lanka, the civil insurgency in Nepal, violent agitation in Bangladesh, and militarization practices in India and Pakistan (D'Costa 2016). D'Costa (2016) compiled various analyses regarding children's experiences during periods of conflict, post-conflict and peacetime, concluding that such conflicts put millions of children in marginalized and vulnerable living conditions. Some of the risky situations include the killing and maiming of children, sexual violence, and recruitment and use of children in combat, with countries such as Afghanistan included in the Monitoring and Reporting Mechanism (MRM) for grave violations against children (Fry 2016).

Covid-19 has the potential to significantly increase the risk factors associated with violence against children, but research on understanding the various, and sometimes unexpected, ways that this pandemic is affecting children across the region is limited at present. As much of the global population

moved to COVID-19 lockdown in 2020, and school closures have impacted on many children across the region, restrictions on movement, loss of income, isolation, overcrowding and high levels of stress and anxiety are increasing the likelihood that children experience and observe physical, psychological and sexual abuse at home – particularly those already living in violent or dysfunctional situations (WHO 2020). UNICEF ROSA estimates that as of May 2020, 418 million children are restricted to homes where violent discipline is practised (UNICEF 2020a). Over the first three months of the pandemic, 6.8 million South Asian children born were likely to not be registered (UNICEF 2020a). Violence in the home among parents is also increasing during this time. For example, India's National Commission of Women registered nearly double the number of domestic violence cases in March-April 2020 and child helplines in Bangladesh are reporting a four-fold increase in calls, compared to the months before the lockdown (UNICEF 2020). WHO also highlights that while online communities have become central during this time to maintain children's learning, support and play, it is also

potentially increasing their exposure to online violence including: cyberbullying, risky online behaviour and sexual exploitation (WHO 2020). This is confirmed by anecdotal evidence from the region that suggests that online violence and exploitation, including the sexual exploitation of children and online bullying, are on the rise (UNICEF 2020a). However, not all children in the region have electronic devices, and for these children there is increased isolation, which can also increase their risk of experiencing violence and not disclosing violence or getting help.

South Asia is one the fastest growing, but also least economically integrated, regions in the world. In a recent report by the World Bank (2019), growth was projected at 6.9% in 2019, 7.0% in 2020, and 7.1% in 2021 for the region, based on pre Covid-19 data. The constant and robust increment of economic capital has contributed to declining poverty rates and permitted many positive development outcomes, mainly related to health and education for children. For instance, life expectancy at birth and youth literacy rates have increased over the last 20 years, for both females and males (World Bank 2019). In addition, fertility rates have declined in South Asian countries; having fewer children in families permits women (both adults and children) to spend more time outside the domestic sphere, involving themselves in activities for education or employment (Jones et al. 2010; UNICEF 2016a). Despite the undeniable economic growth, the region is also one of the least economically integrated (World Bank 2019), there are still social disparities, and gender norms produce gender economic inequalities that put children at significant risk of violence.

Child protection systems are becoming stronger, but the learning process is ongoing and continual in the region. A recent mapping of child protection systems in four countries in the region – Bhutan, Maldives, Nepal and Pakistan – found several common positive themes across countries for the protection of children through informal and formal systems (UNICEF 2018a). One of the most profound changes to both the larger field of child protection globally and to the region specifically is that a systems approach has become truly embedded in the discourse, and to some extent in the delivery of services

on the ground, and these services seemed to be improving (this will be covered in the final chapter of this report on ‘Interventions to prevent violence against children’). In addition, all four countries had either passed legislation before the mapping commenced, or had made progress in passing legislation and developing new policies and structures. However, while legislation and policy development are considered to be important to systems strengthening, it continues to be far more challenging to ensure that system changes are being implemented on the ground (UNICEF 2018a).

The social service workforce is growing in response to these child protection systems strengthening challenges, yet vast disparities still exist across the region. The social service workforce includes both paid and unpaid, government and non-government professionals and para-professionals who provide social support to children and their families in communities. This workforce plays a key role in preventing and responding to violence against children and families in the region. A recent mapping across all eight countries in the region found a growing social services workforce, but disparities persist in terms of training, supervision and the provision of services between individual countries (UNICEF 2018c).

Regional South Asian bodies and coordination mechanisms are actively promoting innovative solutions for violence prevention. In 2010, the South Asia Initiative to End Violence against Children (SAIEVAC), a regional intergovernmental body providing a forum for the bilateral and multilateral sharing of information, experience, expertise and good practices aiming to end all forms of violence against children, was established. SAIEVAC is an apex body of the South Asian Association for Regional Cooperation (SAARC). It is governed by representatives from each government, as well as from the South Asia Coordination Group to End Violence Against Children (SACG) and from each National Coordination Group to End Violence Against Children (NACG), and also children, with both a boy and girl representative serving on the board by rotation. SAIEVAC works closely with SACG, which is made up of international regional United

Nations (UN) and non-governmental organizations (NGOs) committed to preventing and responding to violence against children. It also works with NACGs located in each member state and is comprised primarily of local civil society organizations as well as international organizations. As a convener of government bodies, SAIEVAC has also developed regional action plans, for example, to end child marriage, to end child labour and on technical abuse and exploitation.

Need for and focus of review

The Sustainable Development Goals provide a unique opportunity to address the challenges faced in child protection, as well as opportunities for prevention in the region.

In 2015, the South Asia region adopted the SDGs and made a significant commitment to accelerate evidence and action towards eliminating violence against children, including harmful practices, eliminating gender-based violence against women and girls, as well as creating safe, non-violent and inclusive learning environments and significantly reducing all forms of violence and related deaths in the region over the next decade. This systematic review of the prevalence, drivers, and consequences of violence against children, as well as the interventions that seek to prevent such violence, will serve as an evidence baseline of data produced since the adoption of the SDGs.

This systematic review is specifically focused on interpersonal violence against children from data published since the adoption of the SDGs (2015–2020). Although children face risks, harms, and challenges from many directions, all of which can be described as violence in a sense, this report looks at very specific aspects of this larger landscape. It is also important to mention that what we measure matters. Often the most 'prevalent' types of violence are those that have the most data, while there are many types of violence against children and surrounding issues that are not measured or do not have recent data. For example, sibling violence, the violence experienced by children in residential care,



A group of children bathe in Shitalpur Bairgania village in Rautahat district, Nepal. UNICEF provided a tent to a local health post in Shitalpur Bairgania to enable it to continue providing health services after it was adversely affected by flooding.

migrants and working children (including bonded labourers, domestic servants), and children in the justice system, etc.

This report also does not systematically cover all the structural violence that underpins these experiences of everyday violence by children in the region (e.g., forced eviction and destruction of homes, forced migration as with the Rohingya, communal violence, etc.). However, this systematic review does add fine grained information to the larger picture and will help clarify how these larger events and trends are contributing to the level of violence children are facing within their homes and schools. It will show whether things are getting better or worse on these fronts, as well as pointing to specific responses that show some promise in terms of stopping violence before it starts.

2

SYSTEMATIC REVIEW METHODOLOGY

Research questions

The research questions were developed to provide a review of the body of research work that has been undertaken in the region related specifically to the Sustainable Development Goals on ending violence against children. The overall research aim is to understand the nature, magnitude and consequences of violence against children in South Asia. To achieve this aim, the research questions were as follows:

- What is the prevalence and incidence of violence against children in countries in the region and regionally?
- Has there been any reduction or increase in violence against children over the past 15 years?
- What are the drivers and factors that perpetuate violence and the acceptance of violence or that are protective?
- What are the consequences of violence against children for children, families, communities and society in the region?
- Are the prevalence, incidence, drivers, risk and protective factors and consequences similar across the region or are there country-level differences in the nature, magnitude and consequences of violence against children?
- What are the interventions that are proven or promising to end violence against children in the region?

Definitions

Box 1 highlights the key definitions and terms used in this report. It is important to note that the definition of children follows that of UNICEF and covers children under 18 years old.

It is important to note that this study does not include studies on child marriage or child labour as separate forms of violence except when these come up as drivers or consequences of other types of violence against children or when there is violence in the marriage or in the child labour setting.

This systematic review covers the magnitude, nature, consequences and interventions related to violence against children in the region (see *Box 1, Key definitions and terms*). It should be noted that when exploring the nature of violence we have done so from both perpetrator and victim perspectives, as well as through the wider structural lens, where data was available. Where possible, we also looked for changes in the nature of violence (e.g., by comparing earlier review documents with our own findings). Some of this reflects changes in the research landscape and some reflects the changing nature of violence; we discuss this as far as is possible with the existing data.

This review focuses on data published related to interpersonal acts of violence. The United Nations Convention on the Rights of the Child (CRC) definition of violence limits the scope of this report to acts perpetrated by individuals against children. However, the violence that harms children goes well beyond these individual acts. Structural forces, defined in this review as structural violence, often trigger and exacerbate the prevalence of personal acts of violence. Many scholars see the exclusions and deprivations resulting from structural forces to be a kind of violence in their own right.

This review recognizes and cites the structural underpinning of violence against children through additional contextualized data that is not part of the formal systematic review. It is also useful to highlight the recent report on structural violence against children completed by UNICEF ROSA (UNICEF 2018b).

Review inclusion criteria

Based on the definitions of violence and the research questions, studies were included in the systematic review (secondary analysis) if they were:

- Primary research studies on the prevalence, incidence, drivers, risk and protective factors, or consequences of violence against children (under the age of 18)
- Conducted in one of the eight countries covered by UNICEF ROSA (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka)
- Data gathered between 25 September 2015 (as far as can be determined) and January 2020.

It is important to note that data gathered in the studies relating to the occurrence of violence must be after the adoption of the SDGs on 25 September 2015, and inclusion of the study was not merely based on the date of publication. The only exception being if a dataset was older (such as Young Lives longitudinal data), and a new secondary analysis that had never been analysed with data on violence was published after 2015, then these studies were included. In addition, it was not always possible to determine if the publication date was before or after 25 September, if the study was published in 2015, in which case the study was included by default. Reviews of literature (systematic, traditional and meta-analyses) were also included if the data could not be accessed or was not available in other sources.

This systematic review includes studies with data published between 25 September 2015 and January 2020 to reflect the period of the Sustainable Development Goals in the region. Some earlier studies were also included separately for contextualization.

In relation to prevalence/incidence studies, additional inclusion criteria were:

- Participants were recruited from a student or general population (which could include out of school children populations, for example)
- Quantitative methods were used to estimate the prevalence/incidence of the violence during childhood (e.g., younger than 18 years)
- Prevalence or incidence of violence against children reported in the study
- Recorded violence reported directly by the victims, parents, legal guardians or any caregiver

For the inclusion of drivers, risk and protective factors, an additional criterion was that the primary research (quantitative, qualitative or mixed methods) explores the relationship between at least one form of violence against children and factors at the structural, institutional, community, interpersonal or individual levels that make that violence more likely to happen.

BOX 1. KEY DEFINITIONS AND TERMS

Violence against children, according to the Convention on the Rights of the Child (1989), refers to “physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child”. Spaces and settings outside of the traditional home and school areas are included in the definition, which includes community spaces and online spaces, and encompasses war, conflict and terror-related violence. Children living independently and outside of some form of caregiver support are also included.

Structural violence against children means “the patterns of differences within large-scale social structures – differences of power, wealth, privilege, education and health – that are unjust and unequal” as they relate to violence against children (UNICEF 2018b). Some examples of such differences include differences in age, gender, religion, ethnicity, geography, caste, disability, socio-economic status, education and so forth.

Drivers of violence against children are defined by the UNICEF Office of Research and University of Edinburgh *Multi-Country Study on the Drivers of Violence Affecting Children* (Maternowska et al. 2018) as: “factors at the institutional and structural levels that create the conditions in which violence is more likely to occur”.

Risk and protective factors in violence against children are defined as follows: “a risk factor is anything that increases the probability that a young person will be a victim of violence or a person will perpetrate violence including environmental or structural factors,

a protective factor has the reverse effect: they enhance the positive outcomes and lessen the likelihood of negative consequences as a result of exposure to risk” (Maternowska et al 2018).

Magnitude of violence against children refers to both the prevalence (lifetime experiences of violence) and incidence (past-year experiences) or frequency of experiences in these timeframes.

Consequences of violence against children refers to impacts in the areas of health and well-being (physical and mental) including sexual and reproductive health outcomes, exposure to further violence and criminality, and education and livelihoods for children, families, communities and society as a whole after violence has already occurred (adapted from the model used in the East Asia and Pacific systematic review, UNICEF 2012).

Interventions refers to interventions that are proven or promising to end violence against children and include: evaluated and non-evaluated, but documented grey literature or published journal articles, interventions that fall within the seven areas of the INSPIRE framework, namely: 1) implementation and enforcement of laws, 2) norms and values, 3) safe environments, 4) parenting and caregiver support, 5) income and economic strengthening, 6) response and support services, and 7) education and life skills. The definition provided by the South Asia Financial Benchmarking report (UNICEF 2020b) was also used, which, like the INSPIRE framework, sees both prevention (e.g., before violence ever happens) and response services (e.g., after violence has happened) as key interventions.

In addition, for a consequences study to be included it must be primary research that explores the relationship between at least one form of violence against children and its impact on employment, education, mental health, physical health, health behaviours, aggression, violence, criminality, exposure to further violence, formal and informal care and service use, among other things.

Included studies were published in journal articles or as research reports or papers. Originally, the research team explored studies published in English, Arabic, Hindi, Tamil or Urdu languages as represented by the language capacity of the research team. However, all the studies found that met the inclusion criteria were published in the English language.

Specific exclusion criteria were:

- If the study contained non-disaggregated data (making it impossible to analyse findings according to any of the countries in the region or the region as a whole)
- If the study contained non-disaggregated data that spans childhood and youth (e.g., making it impossible to determine findings for children aged 0–18)
- If the study related to the same population (duplication)
- If the study did not meet the quality threshold around ethics, methodology or analysis (*see section on 'Data extraction and quality assurance' later in this chapter*)

Search strategy

Academic journal articles

This systematic review employed three main search strategies including a comprehensive review of international databases for country and regionally specific studies, a search of grey literature websites and data sources, and outreach to key stakeholders and experts in each country, including UNICEF country offices, for sources of data, particularly grey literature. The research team searched the following electronic databases for journal articles that met the inclusion criteria

based on previous experience of conducting systematic reviews in this area: PubMed/Medline, PsycINFO (EBSCOhost), CINAHL-ebSCO, ERIC and Google Scholar. In addition, articles were hand reviewed from the following journals that are key in the field of child protection: 'Child Abuse and Neglect', 'Child Maltreatment', 'Child Abuse Review', and 'Journal of Interpersonal Violence'. The bibliographies of all included articles, research reports and papers were also reviewed for additional data to include in the systematic review.

The review used both free text and controlled vocabulary of subject heading and keyword searches to identify articles and grey literature via the electronic databases. To provide the broadest coverage of articles, the initial search term consisted of the population, type of violence and country/region, with some slight variations according to the research question. The search strings for the academic databases for the study were based on our operational definitions and the key thematic search word headings used frequently for violence against children studies (*see Appendix A, Search strings*).

Grey literature

Key grey literature sources included research done by international non-governmental organizations (INGOs), UN agencies and community-based organizations (CBOs), as well as research reports from national and provincial/district government sources. A thorough scan of key websites publishing violence against children studies was completed in addition to liaising with UNICEF ROSA. This scan helped to identify both grey literature and organizations/individuals that may have links to grey literature. These websites were informed by SACG's Resource List 2018, but also included:

- www.crin.org (and www.crin.org/bcn)
- www.endcorporealpunishment.org
- www.unicef-irc.org and other UNICEF websites (ROSA and country level)
- Sexual Violence Research Initiative (SVRI)
- World Health Organization (WHO)
- Save the Children
- ECPAT International

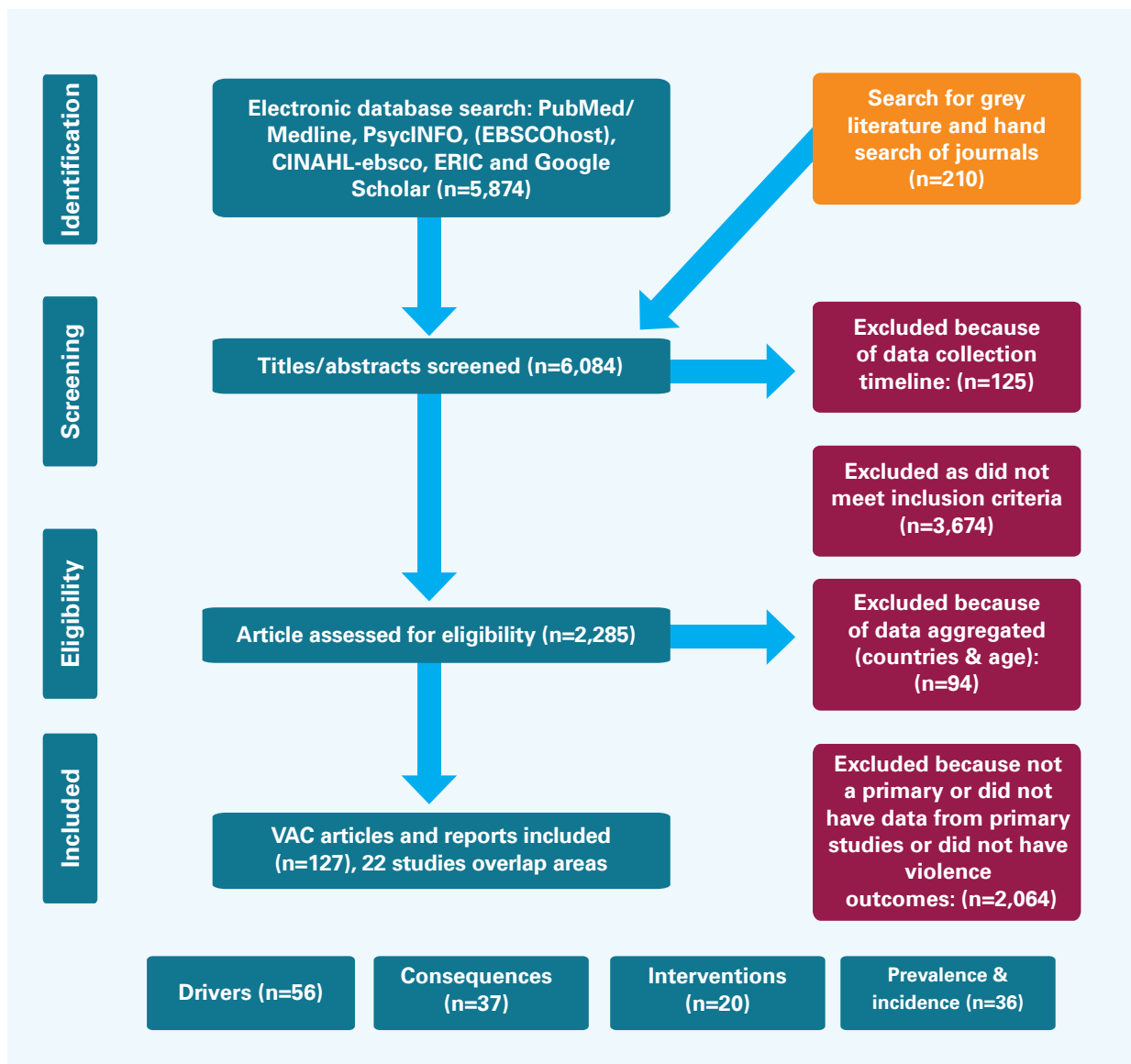
Study selection

All abstracts (for peer reviewed journal articles) and grey literature executive summaries were examined to determine whether they met the inclusion criteria developed for this review. If they met the inclusion criteria, full documents were retrieved and again reviewed against the inclusion criteria by two researchers. When the abstract or executive summary did not provide sufficient information to determine inclusion, the full article was retrieved for further examination. Articles and other documents that ultimately met the inclusion criteria were reviewed and key variables of information extracted. In addition, the bibliographies of all included articles, as well

as relevant review articles, were examined as an additional measure to ensure that all articles meeting the inclusion criteria were located.

Research studies often publish multiple articles on either the same data or different aspects of the research. For the purposes of this review, only one article of multiple articles or reports that had the same data were included in the review (although all were included in the bibliography of this report). When there were multiple articles, we included the study that most directly related to the research question and if multiple articles directly related to the research question then we chose the publication published in the stronger peer reviewed journal (for journal articles) or most

FIGURE 1. Flow diagram for the systematic review



recently produced (for grey literature). However, when multiple articles from the same dataset/research study explored different aspects of child maltreatment, those articles were combined together into one data extraction form.

A total of 127 studies were found where data was published in the last five years. Of these, 22 studies had overlaps and presented data in multiple areas (between prevalence, drivers, consequences and interventions). A total of 36 articles and reports had prevalence data, 56 had data on drivers of violence, 37 had data on consequences and 20 presented data from the evaluation of interventions. Where data from reviews is included, it is always indicated that the data came from a review as opposed to a primary research study.

Data extraction and quality assurance

Data was extracted into an Excel file based on key publication/research information. Within the Excel file, four separate tabs were created, one for each research question or type of data: 1) prevalence/incidence, 2) drivers, risk and protective factors, 3) consequences and 4) interventions data. Extracted information for all studies included, among other variables: year of publication; authors; original language of publication; location of study; research question; study design; methods/setting of data collection; duration of data collection; underpinning model/theory (if available); study eligibility criteria; sample size; type of violence measured; definition of each type of violence measured; author-reported limitations/weaknesses of study design and methods. In addition, findings variables were extracted for each of the types of data on prevalence/incidence, drivers, risk and protective factors, and consequences data.

Quality assurance was undertaken throughout the study both in terms of assessing the quality of research studies to be included in the review, but also structures to ensure quality throughout the entire research process. This process examined five main areas of research and report writing: inferences, methods, representativeness, the nature of the population and reporting bias. The intention was to examine each area in turn by asking specific questions about the way in which

information and research had been structured, implemented, recorded, reported and applied. The idea was to retain articles that are robust in their research and reporting, but allow for those that may be poorly written and may not have large samples (especially in the case of focus groups/interviews). These documents are still of great importance because they may contain rich ethnographic data necessary for accurately representing populations, contexts and broader concepts. Concurrently, what this process seeks to do is reject articles that serve an agenda, over/under state figures, use poor methodologies or have unclear research design and research questions.

Due to the wide range of literature types identified in this review, the questions that were posed were intended to allow the documents to meet a quality threshold. There are innumerable factors involved in quality appraisal and the scoring system, and this process is designed to allow the reader discretion in determining the quality of a particular document. The process is simple and involves answering a series of 'yes' or 'no' questions linked to the data extraction form. This was done alongside data extraction. The total 'yes' responses give an outcome of 15 points or under; if this total is a score of 7 or above (this is based on ALL questions having been answered), the document was deemed of sufficient quality and without significant bias and, therefore, acceptable for inclusion in the systematic review. This approach was used in the UNICEF and University of Edinburgh Multicountry Study on the Drivers of Violence Affecting Children, *Research that Drives Change: Conceptualizing and Conducting Nationally Led Violence Prevention Research* (Maternowska et al. 2018).

Examining trend data over time

To answer the component of the research question about whether or not the scope, magnitude, consequences and/or risk and protective factors have changed in the last decades, two methods were employed:

- Firstly, a review was undertaken of all nationally comparable data on the prevalence of violence against children. This currently exists in national

datasets such as Demographic Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), and Global School-Based Health Surveys (GSHS), among others. Where data was already published in a comprehensive report (such as in the DHS or MICS), these reports were included in the systematic review and the data extracted from the reports. For datasets where there were no reports, such as the GSHS, we downloaded and analysed the data on prevalence directly for this systematic review. Frequencies between two data points were calculated between years to determine if the prevalence was rising, declining or remaining constant. Where possible, the results are also gender disaggregated for all types of violence for each country.

- Secondly, a comparison of key themes emerging in reviews, systematic reviews and meta-analyses published in the early 2000s

was conducted and compared to those published more recently to qualitatively explore the consistent and/or divergent themes in 1) scope – e.g., types of violence, settings where it occurs, perpetrators and victims, etc., 2) magnitude – e.g., prevalence and incidence, 3) consequences, and 4) drivers, risk factors and protective factors.

Additionally, four in-depth key informant interviews were held with senior UNICEF child protection chiefs and advisors, providing a glimpse of the child protection landscape between 2000 to 2015 in order to contextualise trend data in the region.

The next chapters present the findings of the review on the magnitude of violence against children, drivers, risk factors and protective factors, consequences and evaluated interventions, followed by a brief conclusion outlining the gaps in the research.



Nine-year-old Sabin Gurung carries wood in Laprak, Gorkha district, Nepal. More than 600 houses in Laprak were destroyed during the 2015 earthquake. Sabin's family lost their home and his father, the only breadwinner, broke his leg; since then he has not been able to generate any income for his family. Sabin's grandmother, 69-year-old Purni Maya Gurung received an emergency top-up cash grant from UNICEF after the earthquake.

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A man relaxes after attending a session for parents of adolescents who participated in an adolescent life skills education programme in Nepal. One of the issues covered by the programme was child marriage.

3

MAGNITUDE OF VIOLENCE AGAINST CHILDREN IN SOUTH ASIA

We need not to be discouraged by the magnitude of the problem but rather to focus on the solutions that have already proven to bring effective results for children.

- Susan Bissell,

Founding Director, the Global Partnership to End Violence against Children²

What was already known before 2015

Pre-2015 saw the start of measuring violence against children through comparable and representative survey methodologies, with national Violence Against Children Surveys (VACS), conducted jointly by national governments, the United States Centers for Disease Control and Prevention (CDC), Together for Girls and UNICEF.³ These surveys were important because, for the first time, a nationally representative survey specifically on violence against children was being implemented *in multiple countries*. Before this, data was still being collected in some countries, but it was very much a national effort and not something that was coordinated across countries for comparable data.

The pre-2015 era also witnessed other routinely collected household surveys add violence related measures to their surveys, including violence discipline in MICs and sometimes DHSs, and domestic violence modules in DHSs. Similarly, the first GSHS, which measures bullying and other

forms of peer-to-peer violence, was conducted in Tobago in 2007. This was also the same year that the first VACS study from Swaziland (now Eswatini) was published. This shift to recognizing violence against children as something that should be measured and accounted for through data was an important step forward in the field. It does not mean that all the measures are perfect or that there was not significant important learning about methods and ethics along the way, but it was a pivotal decade for building the evidence base on violence against children.

Violence against children is prevalent in every country where it is measured. Every survey conducted to date on violence against children has found that it is a significant issue and prevalent for both boys and girls. Violence against children does not exist in only certain countries or among certain population groups – it impacts on children and families in *every country where it has been measured*. This was highlighted in key synthesis publications that galvanized the field of child protection forward including the WHO

² Press release from UNICEF, see <https://www.unicef.org/rosa/press-releases/end-violence-against-children-south-asia>

³ See www.togetherforgirls.org for resources and publications related to Violence Against Children Surveys globally.

World Report on Violence and Health (2002) and the United Nations Secretary-General's *Study on Violence Against Children* (2006), and through key synthesis publications from UNICEF and others including UNICEF's *Hidden in Plain Sight* (2014c).

Global context since 2015

A landmark publication from 2016, using the world's best data, has highlighted for the first time that 1 billion children globally have experienced past-year sexual, physical or emotional violence (Hillis et al. 2016). This data also shows that Asia has one of the largest prevalence of past-year violence against children globally. Approximately 64% of all children aged 2–17 in the region – or over 714 million children – have experienced at least one form of severe violence including severe physical violence, emotional violence, sexual violence, bullying, or witnessing violence in the past year (see *Figure 2*).

The publication by Hillis et al. (2016) set the stage in terms of the global magnitude of violence against children and provided the backdrop against which the studies in this current systematic review sit.

Snapshot of post-2015 data in South Asia

The following data examines the prevalence and incidence of various forms of violence against children in the region. Primary studies include data on the magnitude of violence in the last five years (e.g., 2015–2020 since the adoption of the SDGs), while trends of violence over time are also examined, based on data from the past decade and earlier. Also, it is important to note that the scope of this work did not include conducting a meta-analysis of prevalence data – this may be an important next step for the region – but like other regional reports, this study presents the range of prevalence data from each study

FIGURE 2. Global past-year prevalence estimates for exposure to at least 1 type of severe violence against children aged 2–17 years (sexual, physical or emotional violence, bullying or witnessing violence)

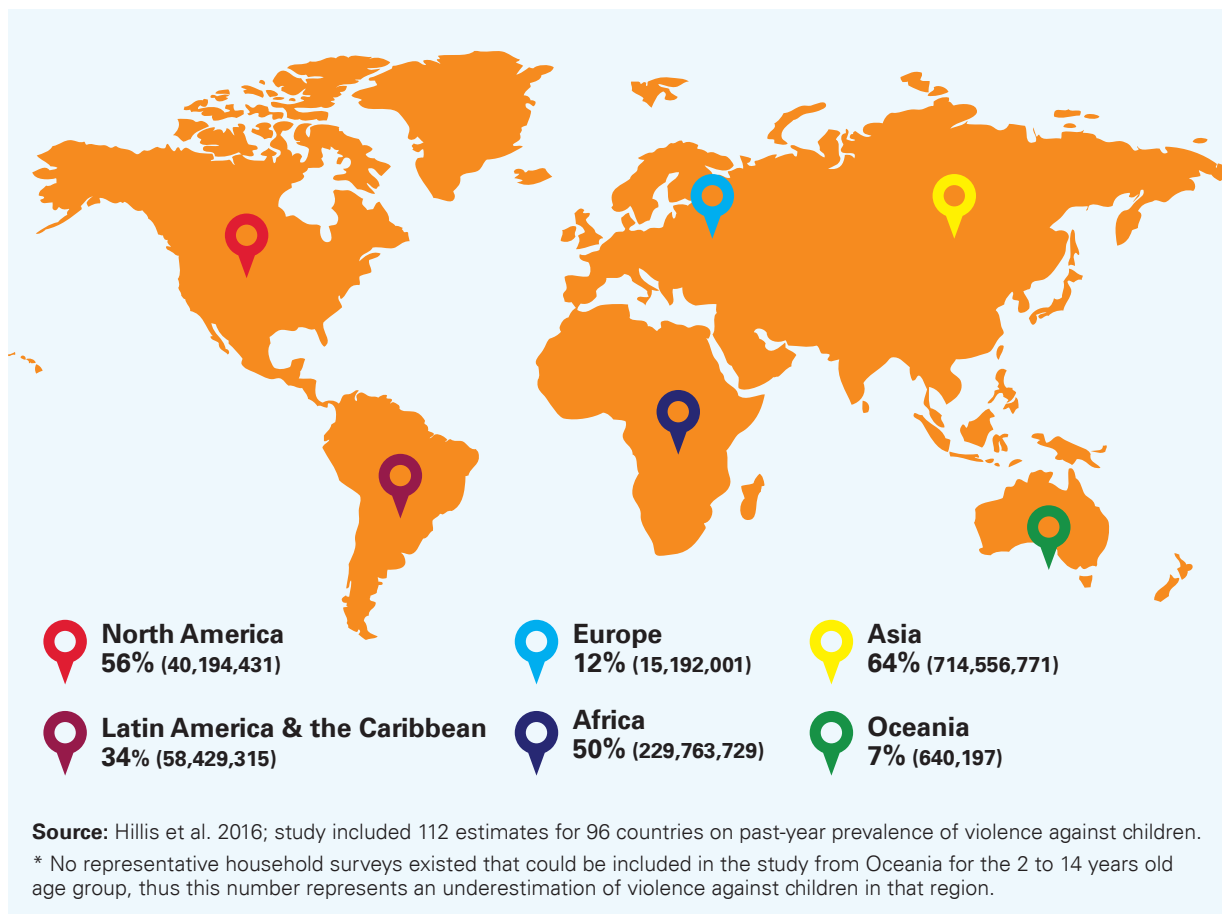


TABLE 1. List of routinely collected surveys in the region with violence modules, by country and year

Country	Global School-Based Health Survey (GSHS)	Demographic Health Survey (DHS)	Multiple Indicator Cluster Survey (MICS)
Afghanistan	2014	2015	2010–2011
Bangladesh	2014	1993–1994/1996–1997/ 1999–2000/2004/2007/2011/2014/ 2017–2018*	1993/1995/2006/2012–2013/2019
Bhutan	2016	-	2010
India	-	1993–1994/1998–1999/2005–2006/2015–2016/ 2019–2020*	-
Maldives	2009/2014	2009/2016–2017	1995/2001
Nepal	2015	1996/2001/2006/2011/2016/2020*	1995–1997/2010/2014/2019*
Pakistan	2009/2016*	1990–1991/2006–2007/2012–2013/ 2017–2018/2018–2019*	2014/2016–2017/2017–2018/2019*
Sri Lanka	2008/2016	1987/2006–2007	-

- no surveys conducted

* data not yet available

without pooling data. Table 1 lists the comparable surveys that include violence against children data alongside corresponding years for data (noting that not every survey included violence modules and several of the 2020 studies do not yet have a publishing data) that are available in the region.

The main comparable data across the region that are representative are from the GSHS on 13 to 17 year olds, DHS and MICS, both with representative household samples of 15 to 49 year olds (of which we examined the age range 15–19, as this best matched the disaggregation available in the reporting of this data, except for some trend data). The GSHS includes variables on violence experienced in school, mainly bullying and physical attacks, but also physical fighting between peers and sexual harassment (bullying with sexual comments, jokes or gestures). The DHS includes data on sexual and physical violence that girls experience from intimate partners, but also by other perpetrators, as well as gender normative beliefs around the justification of intimate partner violence (specifically wife beating). The MICS includes questions on violent forms of discipline including physical punishment and psychological aggression by mothers/caregivers towards children aged 1–14 years in the home. These data are complimented by a range of studies carried out in the last five years by governments of countries in the region and review reports that include data from the region, both of which are also highlighted in this section. These cross-sectional studies are not typically comparable across countries as

they use different questionnaires for measuring violence, focus on different types of violence, as well as employ varying sampling strategies.

Other key prevalence data collection efforts post 2015 include:

- Know Violence Initiative
- Young Lives Longitudinal Study (India)
- Gender and Adolescence Global Evidence (GAGE) study (Bangladesh, Nepal)
- Baseline data from What Works Initiatives (Afghanistan, Pakistan)
- National VAC Study (Bhutan)
- Several cross-sectional surveys, reviews and new secondary analyses of existing data

What this review adds

Sexual violence

The previous decade of research has firmly rooted evidence relating to girls’ experiences of sexual violence, however, new data since 2015 has highlighted that boys may also be experiencing increased levels of sexual and gender-based violence. From comparable GSHS data across seven countries, boys report experiencing being made fun of with sexual comments, jokes and gestures more than girls. These bullying behaviours based on gender norms related to concepts of masculinity not only occur between peers, but have also been reported in a large gender norms mixed methods longitudinal

study as being perpetrated by male teachers against boys in the form of emotional violence (Ghimire and Samuels 2020). In this study in Nepal as part of the GAGE longitudinal data, it was found that boys feel that one of the reasons why male teachers try to humiliate them is to compete for girls' attention (Ghimire and Samuels 2020).

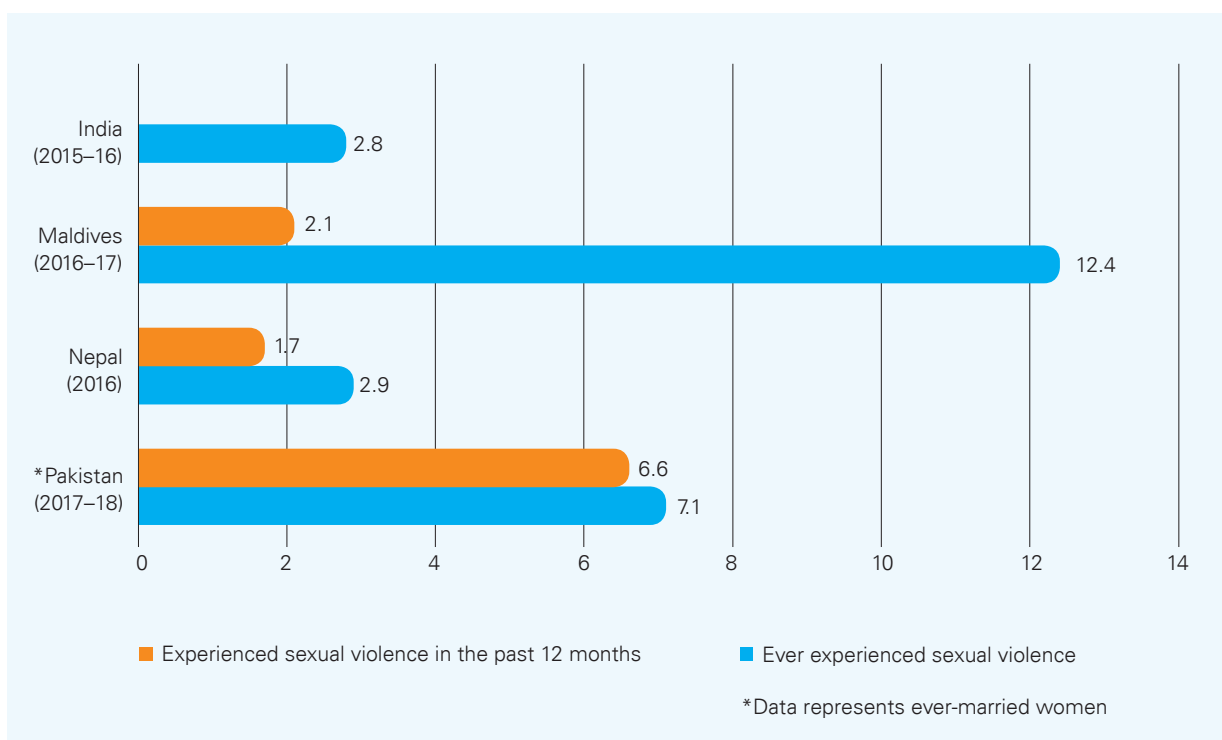
Regarding the experience of sexual violence among boys, Moynihal and colleagues (2018) conducted a review that identified 42 studies from 23 countries, providing evidence that the sexual exploitation of boys is an issue in both high- and low-income countries. Among the countries studied, Pakistan was included with a sample size of 565 boys (aged 5–19). The study found that among boys who lived on the street there was a 41% prevalence of sexual exploitation.

Similarly, another study conducted in India found high reports of sexual abuse among male students. This study included a total of 6,682 adolescents (aged 13–18) in Thrissur, Kerala who participated in a cross-sectional self-report study on physical, emotional, and sexual violence against children. Between male and female respondents,

males reported a higher prevalence sexual abuse compared to females in relation to both one-year frequency (29.5% male, 6.2% female) and lifetime frequency (32.5% male, 8.8% female) (Kumar et al. 2017).

'Eve teasing' or sexual harassment and experiences of sexual violence in public spaces, which is often considered a normal part of growing up for girls, creates fear and limits their mobility in public spaces including to and from school. Qualitative data from 36 participants in Bangladesh, including adolescents (boys and girls) and adults, found that all respondents reported that public spaces were unsafe, particularly for girls because of 'eve teasing', a term used to encompass all forms of unwanted verbal and physical sexual contact directed at females by males. According to adults in all sites, fear of rape is the biggest concern for girls' safety, both within and outside the home (Mitu et al. 2019). The prevalence of rape and other forms of sexual harassment makes parents anxious about the security of their daughters and, in many cases, this leads them to restrict girl's mobility (Mitu et al. 2019).

FIGURE 3. Prevalence (%) of women aged 15–19 who have ever experienced sexual violence by any perpetrator, and prevalence (%) of women aged 15–19 who have experienced sexual violence in the 12 months preceding the survey, in four South Asian countries, DHS data 2015–2018



Data from all countries highlights that most perpetrators are known to the victims. DHS measurements of the prevalence of sexual violence by a range of perpetrators for adolescents aged 15–19 is available in four countries within the South Asia Region, namely, India (2015–2016), Maldives (2016–2017), Nepal (2016–20), and Pakistan (2017–2018).

Post-2015 studies across the region have consistently found that approximately 9–14% – or 1 in 10 children – report experiences of sexual violence in childhood, although this is likely to be an underestimate of the true prevalence, as, with the exception of Bhutan, there have been no population-based studies on prevalence after 2015. In Kabul, Torkham, and Jalalabad areas of Afghanistan, a survey of 149 children (Grades 7–8) and 104 parents found that 14% of adolescents reported being sexually abused during childhood (O’Leary et al. 2018).

Another cross-sectional descriptive study in Sri Lanka conducted with 1,479 young people aged 18–19 years old who were studying in Sinhala medium Advanced Level (A/L) classes in state schools in the Gampaha district found that the overall prevalence of childhood sexual abuse was 9.1% (n=135, 95% CI: 7.6–10.5). Prevalence was higher among females (11.5%, n=93, 95% CI: 9.4–13.7) than males (6.4%, n=42, 95% CI: 4.6–8.3). The sample comprised 810 girls (54.8%) and 669 boys (45.2%) and reflected the age and sex distribution of A/L students in Sri Lanka (Chandraratne, Fernando and Gunawardena 2018b). In another study with adolescents in six higher secondary schools in Kolkata, India (n=370), researchers found that 12.7% of students surveyed self-reported experiencing sexual violence in the last year and 32.7% of students reported experiencing either physical or sexual violence or both (Deb et al. 2016).

The Cox’s Bazar Panel Survey (CBPS) of 2,280 adolescent girls and boys (aged 10–12 and 15–19) and their caregivers in 3 camps for internally displaced person camps and 2 host communities that surround these camps in Bangladesh found that 4% of older adolescents (aged 15–17) reported experiencing some kind of gender-

based violence (GBV) in the past 12 months and 1% reported ever having been rape or sexually abused. When asked about other members of the community, 12% of older adolescents report having witnessed rape or sexual abuse and 64% report hearing about it (Guglielmi et al. 2020). Similar to data in the previous section, this study shows that across locations, married girls were at greater risk with 17% of older married girls having experienced GBV in the past 12 months, compared to 4% of their unmarried counterparts (Guglielmi et al. 2020).

Among all countries in the South Asia region, Bhutan has a particularly comprehensive set of data on child experiences with sexual violence at school and at home, sexual harassment and online sexual violence from its national violence survey. This data was collected through a household survey conducted in all regions and Dzongkhags (districts) of Bhutan, with a total of 3,272 children and young people interviewed. The study found that more than 1 in 10 children who participated had experienced at least one incident of sexual violence in their lifetime (12.8%), with a slightly larger proportion of girls (13.5%) than boys (11.9%). Unwanted sexual acts ranged from pulling down underwear to touching of girls’ breasts and buttocks to ‘forcing sex’. The most common type of sexual violence reported was sexual touching (11.5% of boys, 13.1% of girls), with a much smaller proportion of both boys and girls having experienced forced sexual intercourse. Children reported that they experienced sexual violence in one form or another at a young age, with 4.8% experiencing it before the age of 13 years, and 7.3% had experienced it between the ages of 13 and 17 years (NCWC and UNICEF 2016).

This study also found that in the home sexual abuse was more prevalent among girls than boys, usually committed by fathers, stepfathers, brothers-in-law or family friends. A greater proportion of girls experienced sexual violence by ‘other’ adults (3.9%), with most of it perpetrated by male strangers, rather than neighbours or community members. A much smaller percentage experienced verbal sexual harassment at home or in another person’s home (2.7%) (NCWC and UNICEF 2016).

Bhutan also conducted a national violence against women survey, which asked about child sexual abuse before the age of 15 among 2,184 female respondents aged 15–64 and found the lifetime prevalence to be 7% (NCWC and UNDP 2019). This study also asked women about their first sexual experience under the age of 18 and found that 20.9% of respondents said that they did not want to have sex during their first experience and 19.6% reported their first sexual experience was forced (NCWC and UNDP 2019).

Sexual violence prevalence is higher among more vulnerable groups of children. For example, one study in Kathmandu, Nepal found that over one quarter (27.2%) of vulnerable children rescued from child labour/trafficking who were now living in out of home care situations self-reported experiencing sexual abuse in their lifetime (Dhakal et al. 2019). Similarly, a systematic review of sexual abuse studies conducted between 2006 and 2016 in India found that commercial sex workers, men who have sex with men, and women with psychiatric disorders were at higher risks for sexual abuse during childhood (Choudhry et al. 2018). Illiterate and poor children are also vulnerable to sexual violence. A landmark inquiry conducted by the Afghanistan Independent Human Rights Commission looked at the practice of Bachabazi, which is where local powerful individuals keep with them one or more boys typically aged between 10 to 18 years for the purpose of sexual exploitation and other forms of sexual violence (AIHRC 2002). These children are usually kept by rich individuals in the role of bodyguard, apprentice, servant at home, or other paid job or through coercion, threat, deception, intimidation or enticement and are often treated as sex slaves (AIHRC 2002).

Child trafficking and commercial sexual exploitation

Despite limited data, global estimates highlight that South Asia is one of the most affected global regions for trafficking for sexual exploitation and forced labour. Accuracy in extracting the number of child trafficking victims and commercial sexual exploitation of children in its various forms is extremely difficult, as these child victims are largely invisible to the mainstream

culture (Miller-Perrin and Wurtele 2017). Due to this, there is a limitation on the information available on types of exploitation for trafficking in South Asia. Despite this, trafficking for sexual exploitation and forced labour appear to be higher in South Asia than other global regions (UNODC 2018). Based on the *Global Report on Trafficking in Persons by the United Nations Office on Drugs and Crime* (UNODC 2018), it is estimated that 30% of the victims being trafficked are children and that 50% of trafficking in South Asia is done for commercial sexual exploitation, with children equally exploited as adults and women and girls most at risk (UNODC 2018).

According to this latest report from UNODC on trafficking, more than 60% of trafficking victims in Afghanistan, 15% of the victims trafficked between 2016 and 2018 in Bangladesh, and 20% of victims trafficked in India during 2015 were children (UNODC 2018). Between 2015–2016, 69% of trafficking victims in Nepal were children, with more girl than boys as victims (UNODC 2018). Bhutan seems to be seeing an increase in cases of child trafficking, although there is limited data on its prevalence (Wangmo 2018). UNODC also highlights that the Maldives and Sri Lanka do not have data on the prevalence of child trafficking, other than a handful of police investigation cases (UNODC 2018). However, a situational analysis of the data in Sri Lanka suggests that child trafficking is a more systemic problem than indicated in police records in Sri Lanka (UNESCAP, n.d.). This analysis also highlights that the vulnerability of adolescents is almost always higher.

Intimate partner violence

Intimate partner violence (IPV) may impact on children in two ways: they may witness violence between their parents or caregivers, which is a form of violence in and of itself, or such violence can also happen directly within adolescent relationships. According to WHO, intimate partner violence refers to any behaviour that causes physical, psychological, or sexual harm to those in the relationship. Between the perpetrator and victim, these aggressions can take the form of physical abuse such as hitting or beating, psychological abuse such as intimidation, belittling and humiliation, or forced intercourse

and sexual coercion. Intimate partner violence can also be delivered through various controlling behaviours between partners, including isolation from their family and friends, monitoring their movements, or restricting their access to information and assistance (Krug et al. 2002).

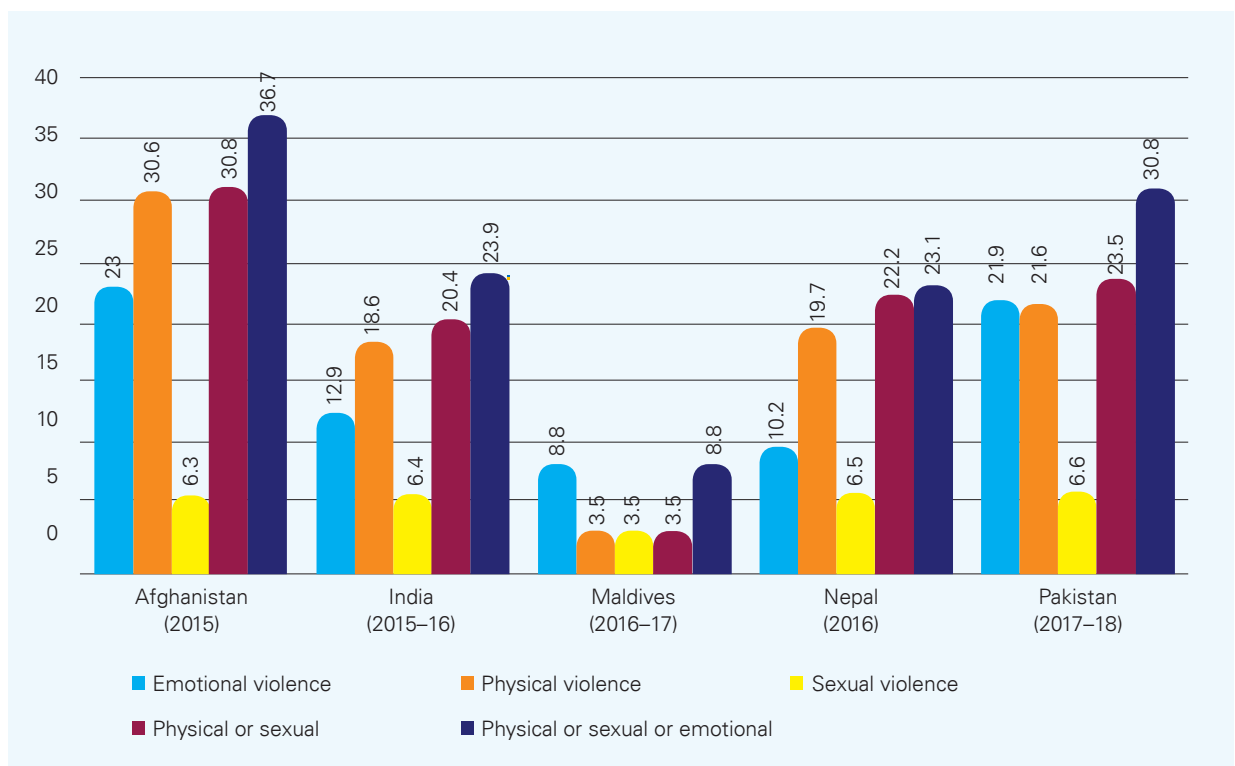
An early seminal study agrees that both men and women can be perpetrators of intimate partner violence, however, the vast majority is perpetrated by men against their female partners (Heise et al. 1999). This is also supported by global data provided by the Demographic Health Surveys and a global review conducted by the World Health Organization (WHO 2013).

Current husbands were cited as the primary perpetrators of both physical and sexual violence experienced by ever-married adolescents aged

15–19 across all countries, based on comparable DHS data (Afghanistan, India, Maldives, Nepal, Pakistan), showing that child marriage is a significant risk factor for all forms of violence against children. Among the countries in South Asia with data available we can see that physical violence is the most common form of violence that married women within this age group face, with the exception of two countries: Maldives, where prevalence of emotional violence is greater, and Pakistan, where the prevalence of physical and emotional violence is similar.

Similarly, a national survey conducted on violence against women with 2,184 respondents aged 15–64 in Bhutan found that 53.4% of 15 to 19 year olds reported experiencing physical, sexual, or emotional violence or controlling behaviours within their relationship in the 12 months preceding the survey and 68.5% of this age group reported ever experiencing any of these forms of violence or controlling behaviours (NCWC and UNICEF 2016). Teenagers aged 15–19 were the highest affected age group in terms of experiencing controlling behaviours from an intimate partner (NCWC and UNICEF 2016).

FIGURE 4. Percentage (%) of ever-married women aged 15–19 who have ever experienced violence committed by their spouse, in five South Asian countries, DHS data 2015–2018



Negative gender norms around intimate partner violence

Where measured, adolescent girls hold negative gender attitudes towards wife beating more frequently than adolescent boys in all countries in the region, with the exception of Pakistan. Attitudes toward wife beating are captured through DHS and MICS household surveys by asking if respondents think that a husband is justified in beating his wife under the following situations:

- If she goes out without telling him
- If she neglects the children
- If she argues with him
- If she refuses to have sex with him
- If she burns the food
- If she neglects the in-laws (Kishor et al. 2008)

When comparing data across all age groups we see that such attitudes about wife beating (as justified) are more prevalent among younger women in most countries, with the exception of India and Bangladesh, where the prevalence of justifying attitudes among women rises consistently through the age groups. The data also shows that, except for Pakistan and Bangladesh (and Bhutan because male attitudes are not recorded), all South Asian countries see higher rates of attitudes that justify wife beating among women than men, beginning with adolescent age groups (see Appendix B, Additional trend data graphs).

When comparing attitudes among women aged 15–19 across surveys we see that the lowest prevalence is in Bangladesh (17.4%), according to the most recent MICS report from 2019, whereas the highest prevalence is found in Afghanistan (78.3%), according to the 2015 DHS. Afghanistan also has the highest prevalence of this attitude among men of this age group (70.6%), among South Asian countries with available data.

In a secondary analysis of Young Lives Data collected through household/caregiver and child surveys in India from 2002, 2006, 2009 and 2013, Pells and Morrow (2018) capture both quantitative measurements of violence committed against children as well as rich qualitative anecdotes from individuals that were interviewed throughout their

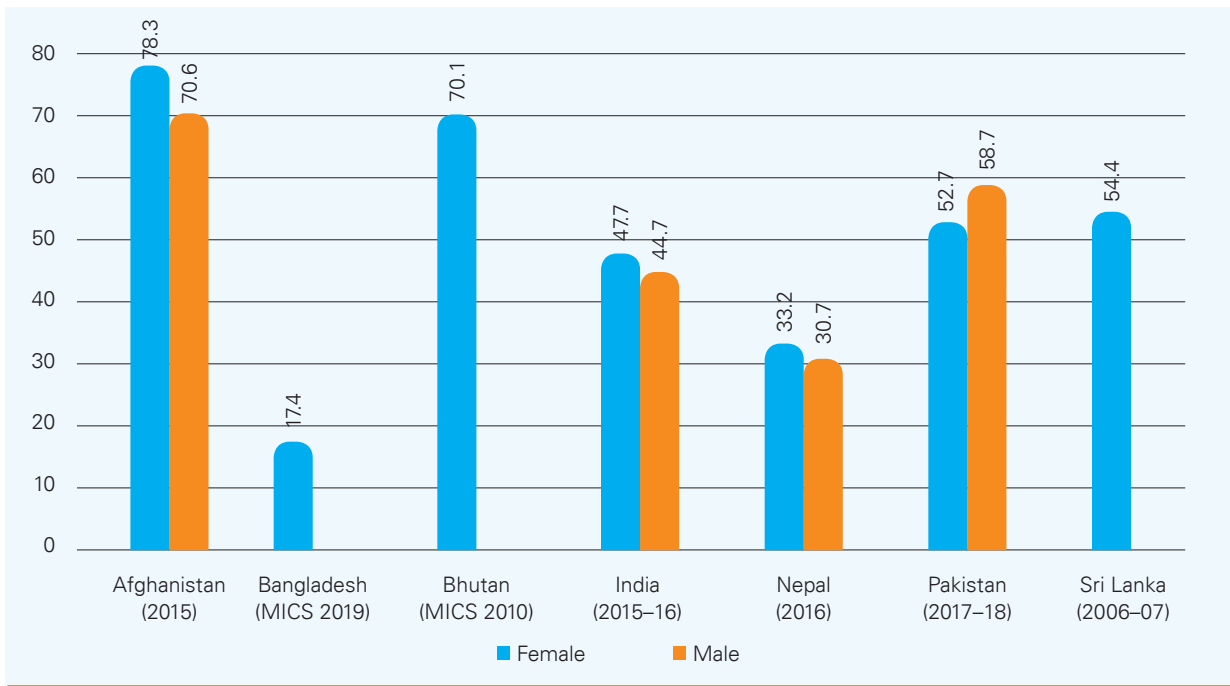
childhood and adolescence in country-level Young Lives studies. One such anecdote illustrates how one boy's intentions and attitudes toward wife-beating changed over time.

During an interview conducted with the boy, Ravi, when he was 12 years old as part of the Young Lives longitudinal study, he said that he was certain he would not beat his future wife as he had witnessed his father doing so with his mother at the time. A few years later at sixteen he described how he even became involved a domestic dispute in order to stop his brother-in-law from beating his wife. Later, at 20 years old, another interview was conducted with Ravi who was then recently married with his pregnant wife. While mentioning that he wanted to take care of her, he also said that “she gets a beating... I hit her when she tells me anything...she won't keep quiet [after a quarrel], she keeps muttering to herself... She just nags, I get angry”. (Pells and Morrow 2018)

Although the DHS data does not fully capture the timeframe of Ravi's earliest attitudes toward wife-beating, the departure from his childhood intentions represents a complex attitude and behaviour change during the transition into adulthood, one that is experienced everywhere, as we see in the DHS data presented in the graphs in Appendix B, and varies between country, age, and sex.

There is a lot of variation between countries in relation to the belief that wife-beating is justified by adolescents alongside the prevalence of physical IPV experienced by adolescents aged 15 to 19 years old.

FIGURE 5. Prevalence (%) of women and men aged 15–19 who believe wife beating is justified in any of the five scenarios, in South Asian countries, DHS data 2006/07–2019



- **In Afghanistan, community norms and adolescent norms around justifications for IPV are similar** (76.3% of both males and females aged 15–49, compared to 70.6% of adolescent boys and 78.3% of adolescent girls agree with at least one of the gender normative IPV statements), while self-reported physical IPV among ever-married adolescent girls is reported at 30.6%. The gender norms data for the justification of IPV in Afghanistan is also among the highest in the region.
- **In Bangladesh, we see a much closer match between the prevalence of gender norm beliefs among adolescent girls and their experiences of physical IPV** (41% agree with one of the five statements justifying IPV and 39.5% also reported experiencing physical IPV). Although the data comes from two different rounds of DHS, it is important to measure these relationships over time.
- **In the Maldives, the prevalence of the justification of IPV and the experience of IPV are very different.** Adolescent justification of IPV is higher than community-wide gender norms (34.6% of adolescent girls and 32.8% of adolescent boys aged 15–19, compared to 23.25% of the wider community between the ages of 15 to 49, agree with at least one of the IPV justification statements) (*see Appendix B*).

Trend data from the DHS shows different changes in beliefs around the justification of IPV in certain scenarios among adolescents (both boys and girls), the wider community (men and women aged 15–49) and self-reported experiences of IPV among adolescent girls in the different countries of the region. This highlights how important context is in interpreting trend data. Most of these countries also only have two trend data points, so it will be useful to monitor these different scenarios over time (*see Appendix B*). It is also important to highlight that there are only a handful of questions on beliefs related to violence in the DHS and they are all related to perceptions around various justifications for wife beating.

Scenario 1. Declining beliefs around the justification of IPV among adolescents:

- **Bangladesh** only has gender norms data for girls, but we see an impressive decline in the agreement with gender normative justifications of IPV among adolescent girls, from 41% in 2007 to 28.8% in 2014. Since Bangladesh was one of the countries where the prevalence of experiences and the prevalence of agreement with these gender normative statements was very close, it will be interesting to see if self-reported physical IPV prevalence also declines in the future.

Scenario 2. Declining beliefs around the justification of IPV among both adolescent girls and boys, but slightly increasing IPV among adolescent girls:

- **India's** trend data shows that in the last decade the agreement with negative gender norm statements justifying IPV has declined among adolescent girls (from 61.1% agreeing in 1998/99 to 47.7% in 2015/16), among adolescent boys (from 56.8% in 2005 to 44.7% in 2015/16) and among the wider community (from 52.7% to 46.9%). The slope of decline is greater among adolescent boys than among the wider community. In terms of physical IPV experiences among adolescent girls, this has increased, but only slightly, between 1998/99 and 2015/16 (from 12.8% to 14.9%). What is interesting is that between 1998/99 and 2015/16 self-reported IPV nearly doubled, peaking at 25.3% in the 2005 data collection round.

Scenario 3. No decline in negative gender norm beliefs around IPV for girls, but attitudes justifying wife beating in adolescent boys have declined and actual IPV among adolescent girls has declined:

- **Nepal:** Unlike India, the agreement with justifications for IPV in certain scenarios among adolescent females has not substantially changed in the last 15 years in Nepal (32.1% in 2001 and 33.2% in 2016). Whereas it has declined for adolescent boys (46.3% in 2001 to 30.7% in 2016), which may reflect the impact of gender norms programming specifically among boys. The agreement with these IPV related gender norms has also declined slightly in the wider community. Self-reported physical IPV prevalence has also declined by 3% for adolescent girls in the 10 years between 2001 and 2011.

Scenario 4. No change in negative beliefs around IPV for girls; steep increase for adolescent boys, but actual IPV among adolescent girls has declined:

- **Pakistan:** Similar to Nepal, the gender norm beliefs around the justification of IPV among

adolescent girls in Pakistan has not changed in the last five years (52.8% in 2012/13 and 52.7% in 2017/18). Whereas, unlike the other countries that have seen steep declines in these gender normative beliefs among boys, the data shows a steep rise in these beliefs among adolescent boys in the last five years (from 33.3% in 2012/13 to 58.7% in 2017/18). The prevalence of wider community beliefs has also slightly increased over the same time period. Self-reported physical IPV among adolescent girls has declined in Pakistan by nearly the same percentage as Nepal over time (from 24.4% in 2012/13 to 21.6% in 2017/18).

There are several ways to interpret these conflicting trends in the data: 1) perhaps the questions on the justification of wife beating do not actually capture normative beliefs, 2) perhaps there are not enough trend points to draw meaningful conclusions from the data, or what perhaps is most likely: 3) there are real contextual differences between countries, including in their prevention programming, in understanding the relationship between adolescent and community norms and beliefs, and the experiences of IPV by girls over time.

Studies in the region also show that witnessing violence, either between parents or between known adults, is frequently reported by children.

For example, in one study among 1,752 children in Grade 6 in Pakistan, it was found that nearly 1 in 10 children (9.7% of boys and 6% of girls) had witnessed their father beat their mother and a smaller percentage had witnessed another relative hit their mother (4.6% of boys and 3.9% of girls) in the past month. Nearly a quarter of the children had also seen their father hit another man in the last month (25.7% of boys and 17.9% of girls) (Karmaliani et al. 2017). In another study with 370 adolescents in Grades 11–12 in Kolkata, India, researchers found that 18.6% (n=69) of adolescents in the study had witnessed violence between adult members of the family (Deb et al. 2016). Finally, a large national study in Bhutan found that among mothers who reported that they had experienced intimate partner violence, 57.4% reported that their children had witnessed this violence at least once (NCWC and UNICEF 2016).

Physical violence

Physical violence is the most commonly occurring type of violence against children in the region. Data from cross-sectional studies show that approximately half of all children report experiencing some type of physical violence during their lifetime – this can be from parents/caregivers in the form of violent discipline, teachers, intimate partners or peers.

Over a quarter (27.8%) to nearly half (47.6%) of children experience the more severe forms of physical punishment called ‘violent discipline’ by caregivers/mothers in three out of four countries where this is comparably measured. Specifically, the data measures physical punishment including ‘any’ physical punishment and what is defined as ‘severe’ physical punishment – being hit or slapped on the face, head or ears or being hit over and over with an implement. Of the countries that included the physical punishment questions in their latest round of MICS, it shows that over half of all children in the region experience some form of physical punishment (ranging from 51.4% of females in Nepal to 73% of males in Pakistan).

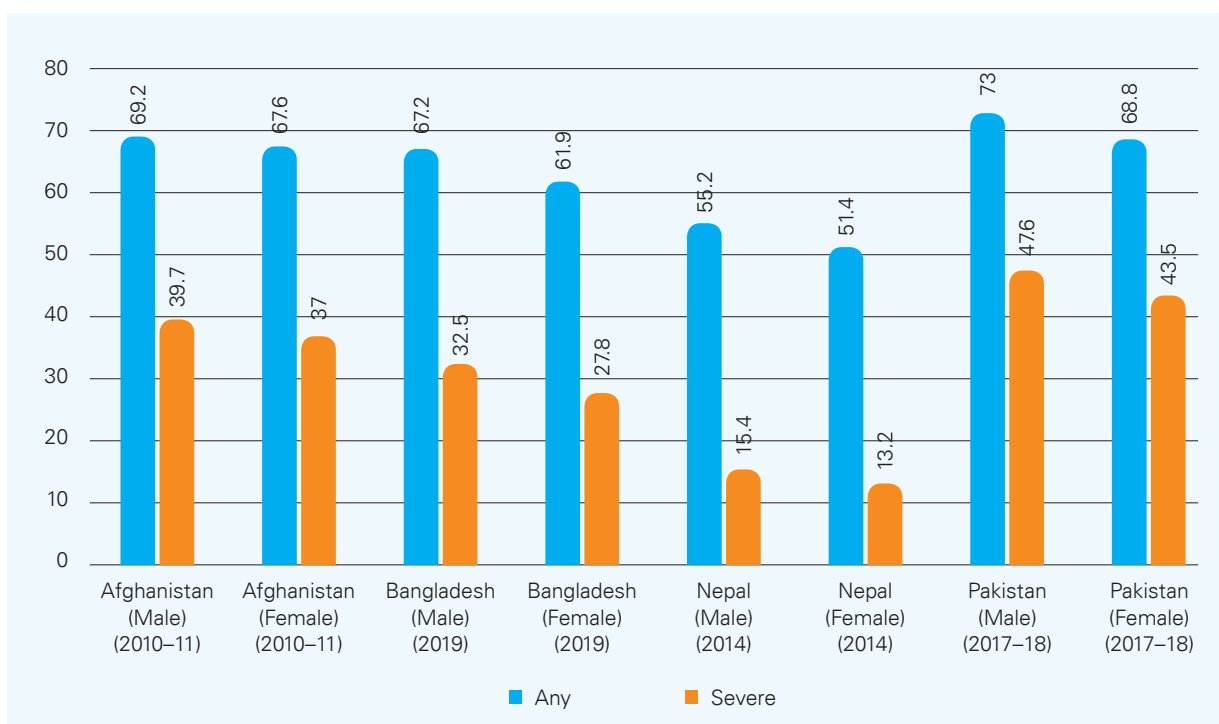
There is a much wider range of severe physical punishment used between countries, with a low of 13.2% used against girl children by their caretakers/mothers in Nepal to a high of 47.6% used against boy children in Pakistan.

Boys and girls experience similar levels of physical punishment in the region. Overall, when examining the use of physical punishment – either ‘any’ physical punishment or ‘severe’ physical punishment – the prevalence of caretakers/mothers who report using this against their boy and girl children is very similar (usually near five percentage points or less difference between boys and girls).

While there are no major gender differences in the region on who experiences violent discipline, there are major differences between countries in the region on prevalence overall (over 20 percentage points difference in prevalence between the highest use country, which is Pakistan, and the lowest use country, which is Nepal).

The belief in the necessity of physical punishment is much lower than the use of physical punishment by caretakers/mothers.

FIGURE 6. Prevalence (%) of children aged 1–14 who have experienced physical punishment (any and severe), in four South Asian countries, MICS data 2010/11–2019



The MICS asks about the attitudes of caretakers/ mothers regarding the necessity of physical punishment to 'bring up, raise, or educate a child properly'. Figures 7–8 highlight the prevalence of adherence to this belief – which is very similar across countries that ask this question – with a high of 40.9% of caretakers in Pakistan and 35% of caretakers in both Bangladesh and Nepal respectively. Meaning more caretakers/mothers use any physical punishment than those who believe it is necessary (the difference between use and belief and is nearly 25–35 percentage points).

The prevalence of caregiver beliefs in the necessity of physical punishment most closely matches the prevalence of the more severe forms of violent discipline used against children in the region. For Pakistan, 40.9% of caretakers/mothers believe physical punishment is a necessity for raising children and 43.5% and 47.6% use severe physical punishment against their children (girls and boys, respectively). Similarly, in Bangladesh, 35% of parents believe that the use of physical punishment is a necessity, while 27.8% and 32.5% report using it against

their girls and boys, respectively (see Figure 7). The biggest difference between beliefs and use of severe physical punishment is in Nepal where 35% of caretakers/mothers believe it is necessary to use physical punishment against their children, but where only 13.2% and 15.4% reported using it against their girls and boys, respectively. Further research could help elucidate whether positive discipline programming has reduced the use of severe physical punishment by caretakers in the home in Nepal.

Where measured, large differences can exist between use of physical punishment between regions within the same country. In Pakistan, we are able to see how both caretaker beliefs and the use of both any and severe physical punishment differ by region. In Figure 8, we can see quite a big difference between regions, especially in the use of severe physical punishment with the difference between the lowest use region (Khyber Pakhtunkhwa) and the highest use region (Punjab) being nearly triple in relation to the amount of self-reported severe punishment for boys and nearly double for girls.

FIGURE 7. Prevalence (%) of physical punishment (both 'any' and 'severe') among boys and girls aged 1–14, and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise or educate a child properly, Bangladesh, MICS data 2012/13 and 2019

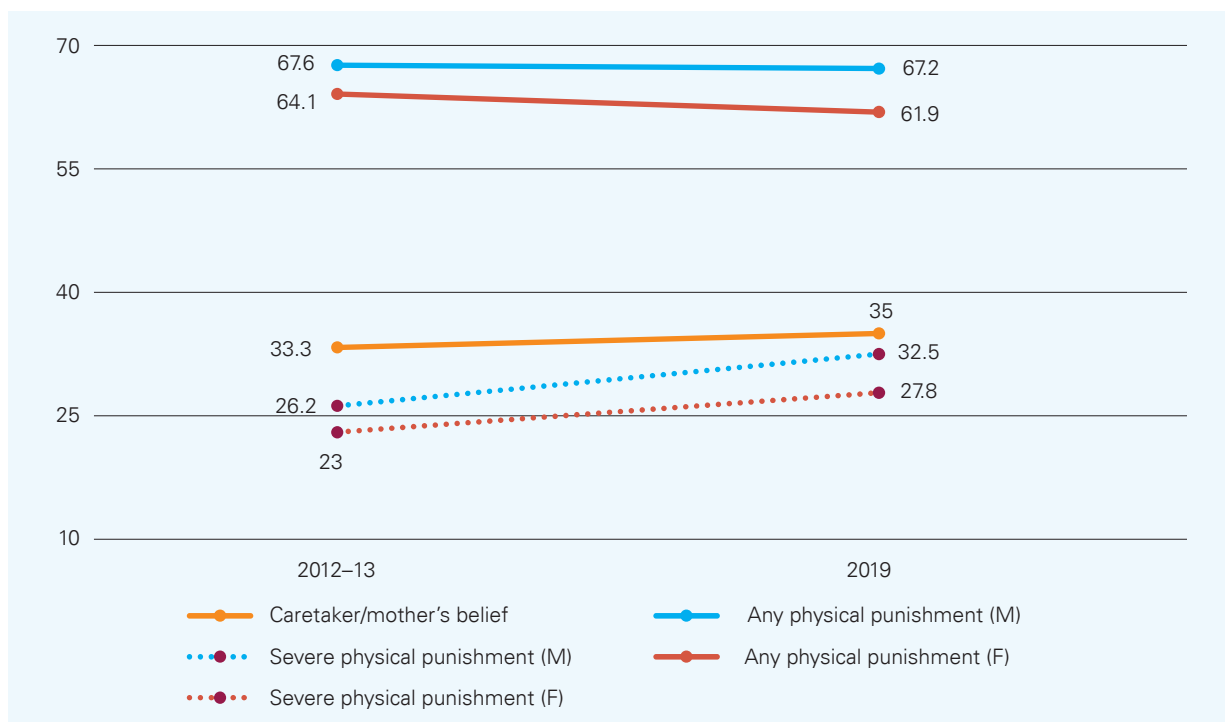
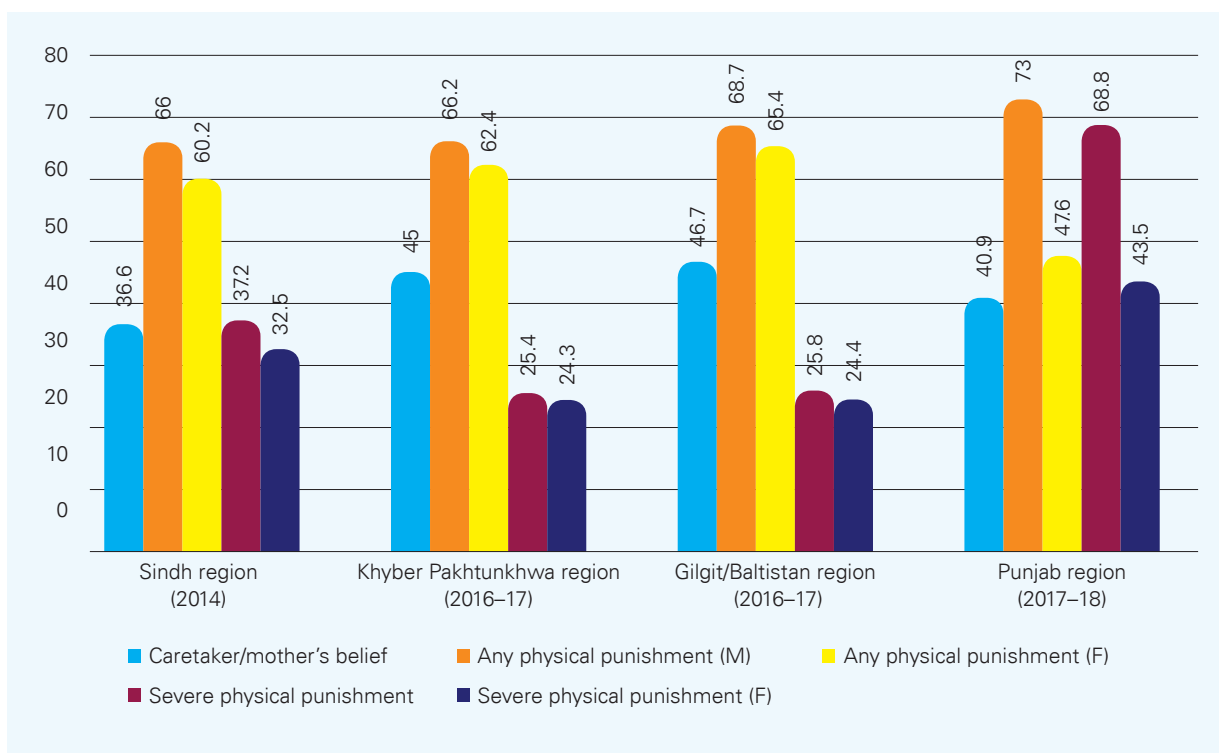


FIGURE 8. Prevalence (%) physical punishment among boys and girls aged 1–14 and prevalence (%) of caretakers/mothers of children aged 1–14 who believe physical punishment is needed to bring up, raise, or educate a child properly, Pakistan, MICS regional data 2014, 2016/17 and 2017/18



What we also see in the Pakistan Punjab region, similar to in Bangladesh, is that the self-reported use of severe physical punishment is increasing more rapidly than the beliefs around the necessity of the use of physical punishment. However, unlike Bangladesh, in Punjab, Pakistan, the self-reported use of severe physical punishment has surpassed the prevalence of attitudes related to the necessity of using physical punishment in the latest collection of MICS data. One hypothesis could be that other parental stressors that also influence the use of physical punishment may be driving the increase in the use of more severe forms of physical punishment, rather than beliefs about the necessity of physical punishment in raising children alone (*see the next chapter on 'Drivers, risk and protective factors'*).

Emotional violence

Emotional violence is prevalent throughout the region and is almost always present when other types of violence are measured, suggesting that all forms of violence against children within the South Asia region contain

elements of emotional violence (CSO and UNICEF 2012; BBS and UNICEF 2019; Central Bureau of Statistics 2015; Bureau of Statistics Punjab 2018; Chandraratne, Fernando and Gunawardena 2018a and b; NCWC and UNICEF 2016).

When comparing the scope of psychological aggression against children aged 1–14 in the context of discipline across countries in the region, we see that the prevalence is very similar between boys and girls and ranges from 61–86% of children whose caretakers/parents were surveyed. UNICEF MICS data also allows us to see the prevalence of psychological aggression experienced against children aged 1–14 in Afghanistan (2010–2011), Bangladesh (2019), Nepal (2014), and Pakistan (Punjab 2017–2018) (CSO and UNICEF 2012; BBS and UNICEF 2019; Central Bureau of Statistics 2015; Bureau of Statistics Punjab 2018).

Other studies conducted elsewhere in the South Asia region allow us to observe the prevalence of emotional abuse between boys and girls in cross-sectional studies.

Similar to MICS data, approximately one-half to three-quarters of children in the region report having experienced emotional violence in childhood through other cross-sectional studies with a few exceptions.

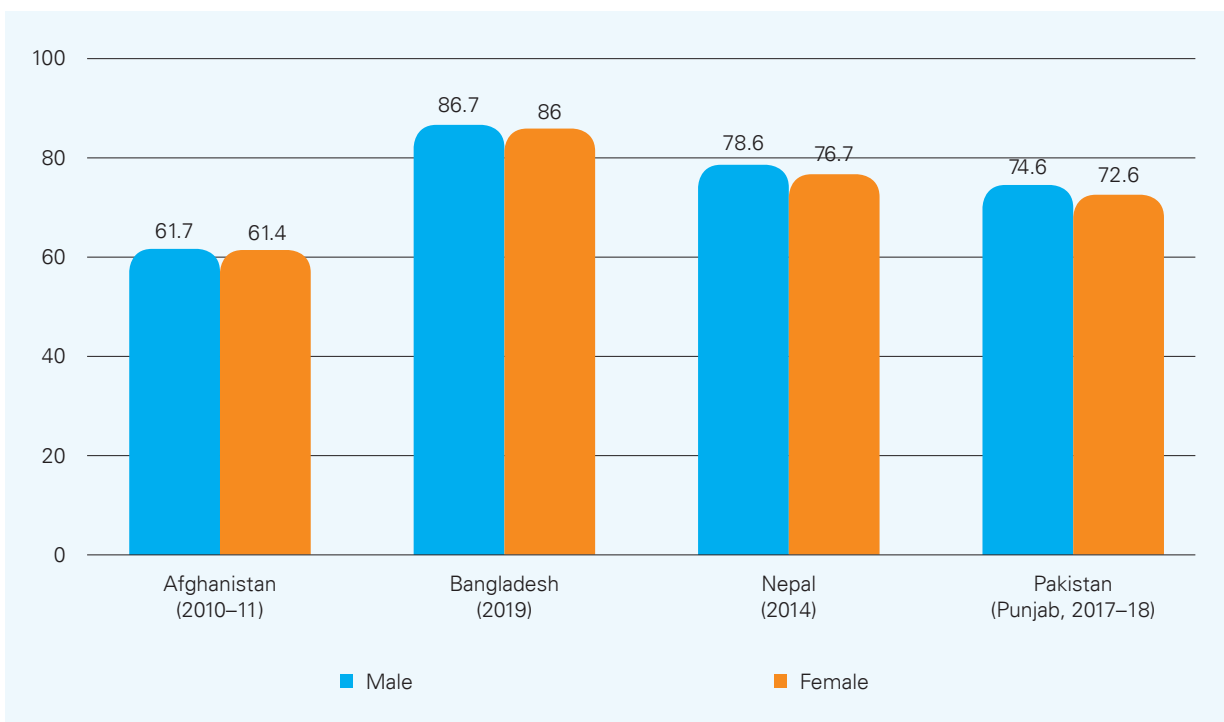
A cross-sectional study in India covering a total of 370 adolescents (Grades 11–12) from 6 higher secondary schools in Kolkata found that 52.4% of adolescents suffered psychological violence in the last year. Older adolescents (aged 17–18) suffered more psychological violence than the younger ones (aged 15–16). More than three-fifth (61.9%) of adolescents experienced at least one type of violence (emotional, physical and/or sexual) (Deb et al. 2016). In another study in India, 6,682 school attending adolescents (aged 13–18) in Kerala state participated in a survey measuring violence experiences in childhood within one year and lifetime prevalence. Emotional abuse occurring over the previous one year occurred among 89.5% of boys and 75.7% of girls. Similarly, boys also reported a higher prevalence of emotional abuse in terms of lifetime frequency, with 90.1% compared to 78.1% among girls (Kumar et al. 2017). Similarly, in Afghanistan a study with a sample size of 149 children (Grade 7–8) and 104 parents found that 78% had been aggressively

screamed at within the past year (O’Leary et al. 2018).

Lower, but still high, estimates of emotional violence are found with nationally representative samples and those that ask young adults to reflect back on emotional violence experienced in childhood.

Two of the lower estimates of emotional violence in the region come from a young adult recall study in Sri Lanka with a sample size of 1,479, that found 40.7% reported experiencing emotional abuse during their childhood (Chandraratne, Fernando and Gunawardena 2018b). In the only nationally representative study in the region, we see similar emotional violence prevalence estimates. In the Bhutan national study on violence against children (n=3,272 participants), nearly half of all children reported experiencing at least one form of emotional violence in their lifetime (47.4%), with prevalence rates higher for girls (52.3%) than for boys (40.9%). A fifth of children (20.2%) said they had experienced emotional violence most frequently when they were younger than 13 years. Overall, the most prevalent form of emotional violence reported by children aged 13–17 was the feeling of being unloved (27.8%),

FIGURE 9. Prevalence (%) of children aged 1–14 who have experienced psychological aggression by a caretaker/mother in the context of discipline, in four South Asian countries, MICS data 2010/11–2019



followed by humiliation or public shaming (24.5%), and intimidation or threats (21.1%). However, a significantly larger proportion of girls (35.4%) than boys (18.2%) recalled experiencing lack of love (NCWC and UNICEF 2016).

School violence and bullying

New evidence highlights that school violence and bullying (SVB) is prevalent in the South Asia region and gender dynamics are complex across countries. In all countries that measure comparable data on school violence and bullying (7 out of the 8 countries in the region), among adolescents aged 13–15, boys experience more bullying overall (except in Afghanistan), more physical bullying (except in Pakistan), more physical attacks and more physical fighting. However, when examining trend data over time it appears that physical fighting is decreasing for boys, but increasing for girls in the two countries that measure this data over time (Maldives and Sri Lanka). Both boys and girls experience an approximately similar prevalence of exclusionary bullying, while more girls in the region experience bullying based on physical appearance.

School violence and bullying (SVB) is a term coined by UNESCO which refers to physical, psychological and sexual violence. Within this definition, “physical violence includes physical attacks, physical fights, corporal punishment and physical bullying; psychological violence includes verbal abuse, emotional abuse, social exclusion and psychological bullying; and sexual violence includes completed and attempted non-consensual sex acts, unwanted touching, sexual harassment and sexual bullying” (UNESCO 2019).

Bullying is pulled out as another term within the umbrella term SVB, because available data show that bullying is the most common form of school

violence and because the main global surveys monitor bullying separately from other forms of violence (UNESCO 2019). SVB is an effort to have an umbrella term that covers all aspects of violence against children that happens in and around school settings.

Comparable data exists in seven of the eight countries in the South Asia region through the GSHS. Four of the seven countries (Bhutan, Nepal, Pakistan and Sri Lanka) in the region have data since the implementation of the SDGs and three (Afghanistan, Bangladesh and the Maldives) have data prior to the SDGs, which is included for comparison purposes.

For all school-related data, it is important to note that not all children are in school. The percentage of out of school children is high in some countries in South Asia and there are also differences in school enrolment and attendance, and this may affect boys and girls differently.

Bullying

Within the GSHS, bullying is described as occurring “when a student or group of students say or do bad and unpleasant things to another student. It is also bullying when a student is teased a lot in an unpleasant way or when a student is left out of things on purpose. It is not bullying when two students of about the same strength or power argue or fight or when teasing is done in a friendly and fun way” (UNESCO 2019).

The prevalence of bullying ranges quite substantially across countries in the region and is higher for boys in every country, with the exception of Afghanistan where it is slightly higher for girls (see Figure 10). According to the GSHS data, the prevalence of bullying of boys and girls is nearly equal in Afghanistan, Bhutan and the Maldives, but different in Bangladesh, Nepal, Pakistan and Sri Lanka, where boys experience bullying much more frequently than girls. The largest difference is in Sri Lanka, where boys report experiencing bullying 21.4% more than girls.

Similar bullying prevalence estimates were found in a cross-sectional study in India among 11 to 15-year-olds. Another study conducted in

selected schools in Baramulla Kashmir, India also sought to investigate patterns between school bullying and its impact on school-aged adolescents (Parveen 2017). The study revealed that bullying was prevalent among students aged 11 to 15 years old, 42% of whom were bullied one or more times a day, 31% one or more times a week, 14% one or more times a year, and 12% one or more times a month. Regarding perpetrators, this study found that 47% were bullied by peers, followed by teachers at 33%, and seniors at 32%. Data on the different kinds of bullying was also collected (96% experienced verbal bullying, 76% experienced physical bullying, 45% experienced cyber bullying, and 23% experienced sexual bullying) (Parveen 2017).

Physical bullying among adolescents aged 13–15 in school differs across countries in the region, but is higher than average in Afghanistan and Bhutan for boys and in Pakistan for both boys and girls. The GSHS asks a series of questions on the types of bullying that adolescents experience. Physical bullying includes being hit, kicked, pushed, shoved around, or locked indoors. The prevalence of physical bullying, as self-reported once or more times during the

month before the survey, varies throughout the region from a low among girls in the Maldives (3.9%) to a high among girls in Pakistan (33.9%). The countries of Afghanistan and Bhutan have higher rates of physical bullying for boys than the global median (16.2%), while Pakistan has higher prevalence rates among both boys and girls than the global median (see UNESCO 2019 for global medians).

In contrast, being left out of activities on purpose or ignored was one of the least common types of bullying in the South Asia region. This is a trend that is replicated worldwide with a global median prevalence of 5.5% (UNESCO 2019). According to GSHS data, two countries in the region had twice the prevalence of the global median for exclusionary bullying behaviours – Afghanistan with a high of 14.6% for girls and 12.9% for boys – and Sri Lanka had one in every 10 boys (10%) and nearly the same prevalence for girls (9.4%). The other four countries had similar prevalence rates, ranging from a low of 2.5% of boys and 1.6% of girls in Pakistan to 4.5% of boys and 5.1% of girls reporting this type of bullying in the Maldives.

FIGURE 10. Percentage (%) of students aged 13–15 who were bullied on one or more days during the 30 days preceding the survey, by sex, in seven South Asian countries, GSHS data 2014–2016

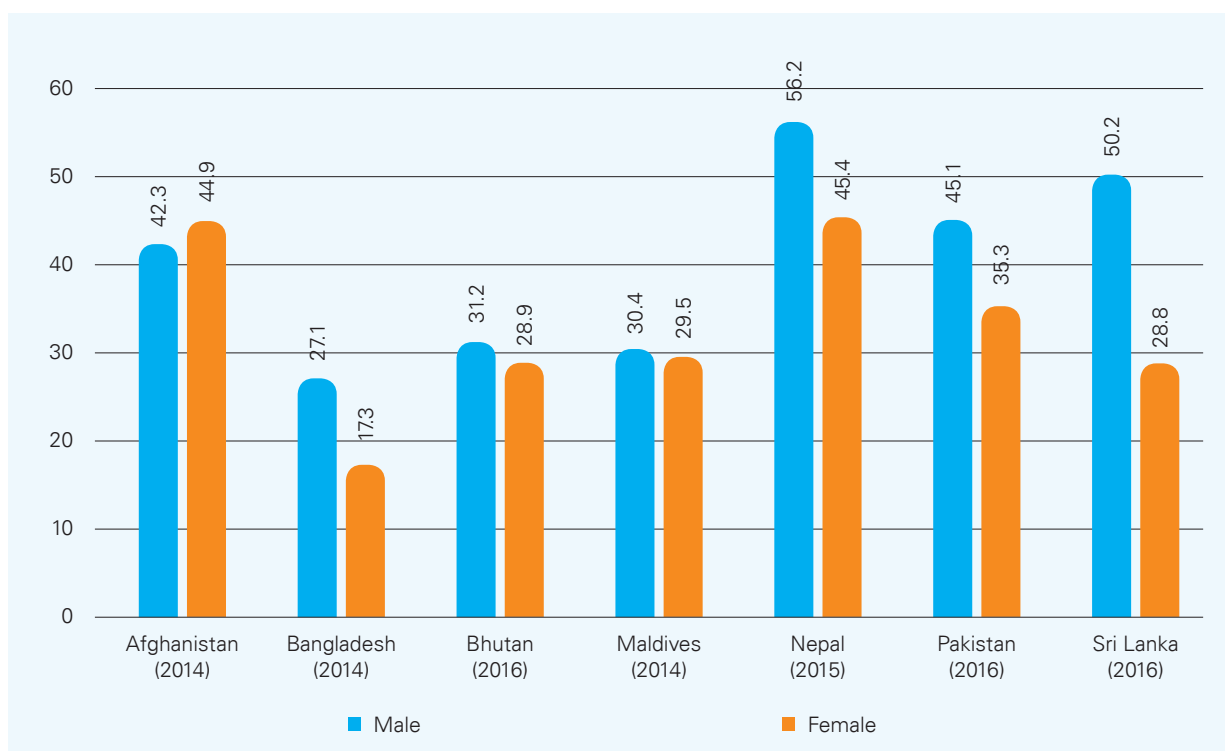
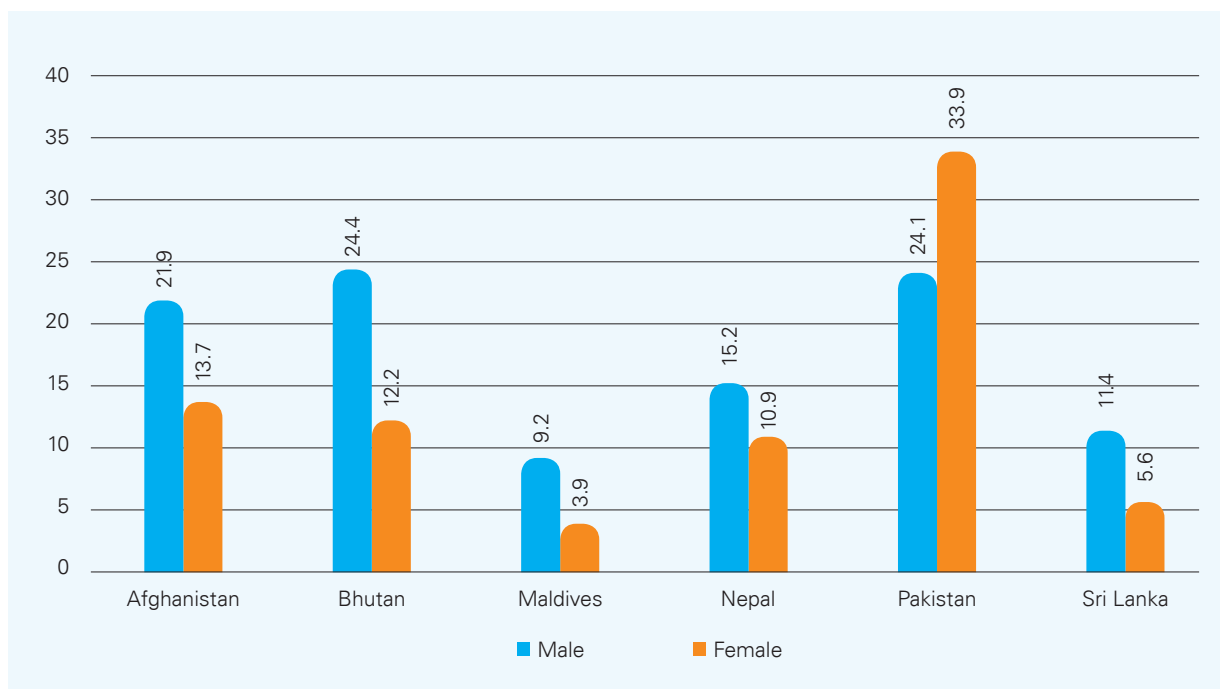


FIGURE 11. Prevalence (%) of students aged 13–15 who have experienced being hit, kicked, pushed, shoved around or locked indoors once or more during the 30 days before the survey, by sex, in six South Asian countries, GSHS data 2014–2016



Similarly, being made fun of because of their religion was also one of the less frequently self-reported types of bullying in the region, according to GSHS data, with a few exceptions.

The global median for being made fun of because of one's religion is 4.6% (UNESCO 2019), with three countries in the region – Afghanistan (11.4% boys, 14.7% girls), Nepal (9.8% boys, 6.5% girls) and Pakistan (7% boys and 2% girls) – having higher prevalence rates than the global median. In the other countries (Bhutan, Maldives and Sri Lanka), which are below the global median, bullying based on religion ranges in prevalence from a low of 3% among girls in Bhutan to 4.1% of boys in the Maldives.

Being made fun of with sexual jokes, comments or gestures – often referred to as sexual harassment in many country contexts – was prevalent and reported more frequently by boys than girls in most countries, according to GSHS data. For five out of the six countries, boys self-reported experiencing this more frequently than girls (with the exception of Bhutan, where girls reported experiencing these behaviours more than boys). This is similar to findings in the Asia and Pacific region, where boys also report

higher prevalence of bullying in the form of sexual harassment. It is not uncommon that school-related gender-based violence (SRGBV), which will be covered more later) also happens to boys, as bullying may include favouring specific notions of masculinity and devaluing femininity, and be bound up in social norms with respect to gender non-conformity, which can lead to bullying (Parkes et al. 2016; UNESCO 2019).

Similar prevalence estimates are found across the region among both boys and girls reporting that they were made fun of because of their race, nationality or colour. From GSHS data, adolescents in Pakistan reported the highest prevalence of this type of bullying, with 18.1% of boys and 10.5% of girls reporting they had experienced this in the month before the survey. Afghanistan also had a slightly higher prevalence, with 15.2% of boys and 12.3% of girls reporting they had been made fun of because of their race, nationality or the colour of their skin. The remaining countries (Bhutan, Maldives, Nepal and Sri Lanka) were only different by five percentage points in relation to the prevalence of this type of bullying among girls, ranging from 7.1% in Nepal to 12% in Sri Lanka. For boys, in the four

remaining countries, prevalence differed by only two percentage points, ranging from a low of 9.6% in Nepal to 11.1% in Maldives.

Unlike other global regions, being made fun of based on appearance was the most commonly cited reason for bullying in only three out of the six countries. The GSHS asks adolescents if they have been made fun of because of how their body or face looks. In most global regions, bullying based on appearance is the most common reason cited by adolescents for bullying (UNESCO 2019). However, in the South Asia region, this is only the most commonly cited reason for bullying in three countries: the Maldives (15.1% for boys and 21.7% for girls), Sri Lanka (11.7% for boys and 19.1% for girls) and for girls only in Bhutan (26.9%), with Bhutan and Maldives having a higher prevalence for both boys and girls and Sri Lanka having a higher prevalence for girls only than the global median of 14.7%.

For the two countries in the region that have trend data from the GSHS, the Maldives and

Sri Lanka, we see differing trend trajectories for bullying. In Sri Lanka, bullying has increased slightly (from 46.9% to 50.2%) for boys in the past eight years and has plateaued for girls (from 28.6% to 28.8%) over the same period. Whereas in Maldives we see the reverse trend, with bullying prevalence declining by nearly 10 percentage points for boys over the last five years (from 39.9% in 2009 to 30.4% in 2014). A similar, but less steep, decline in prevalence was also found for girls where 34.1% of 13 to 15 year olds reported experiencing bullying on one or more days during the month before the survey in 2009, which decreased to 29.5% in 2014. It would be useful for more countries in the region to conduct at least a two time point survey to allow for more trend comparisons.

Physical attacks

The GSHS also asked students aged 13–15 if they had been physically attacked one or more times during the year before the survey.

FIGURE 12. Prevalence (%) of students aged 13–15 who have been made fun of with sexual jokes, comments or gestures once or more during the 30 days preceding the survey, in six South Asian countries, GSHS data 2014–2016

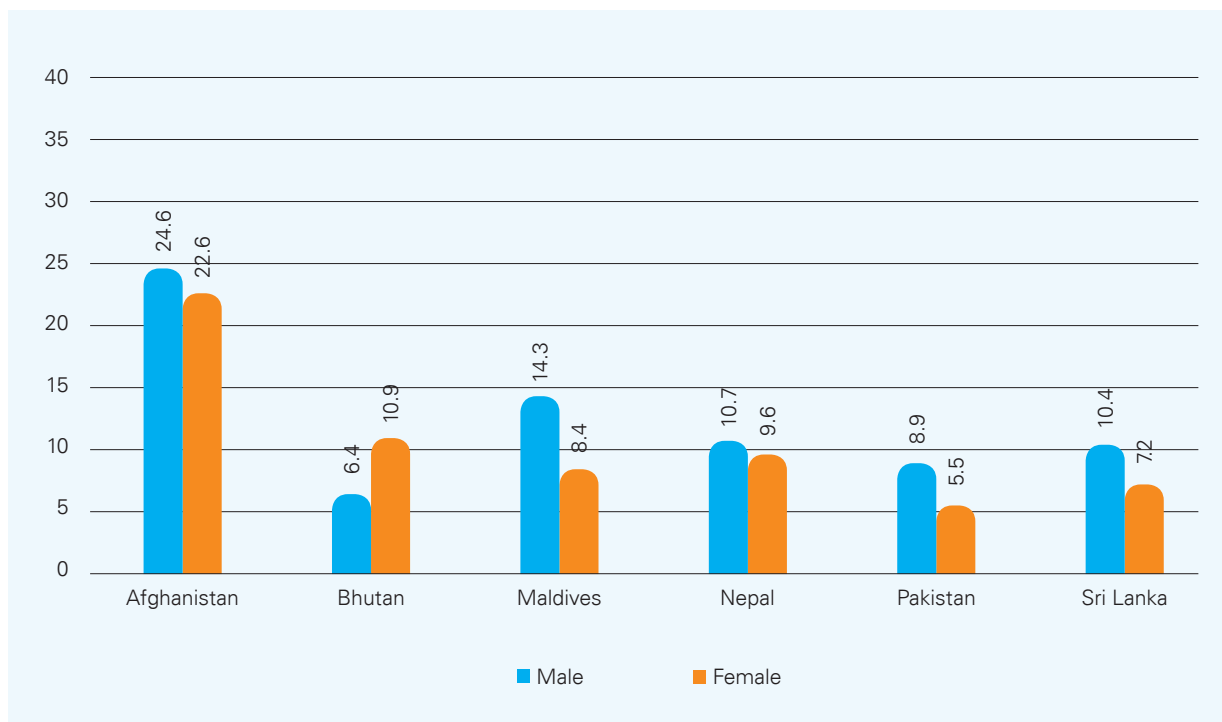
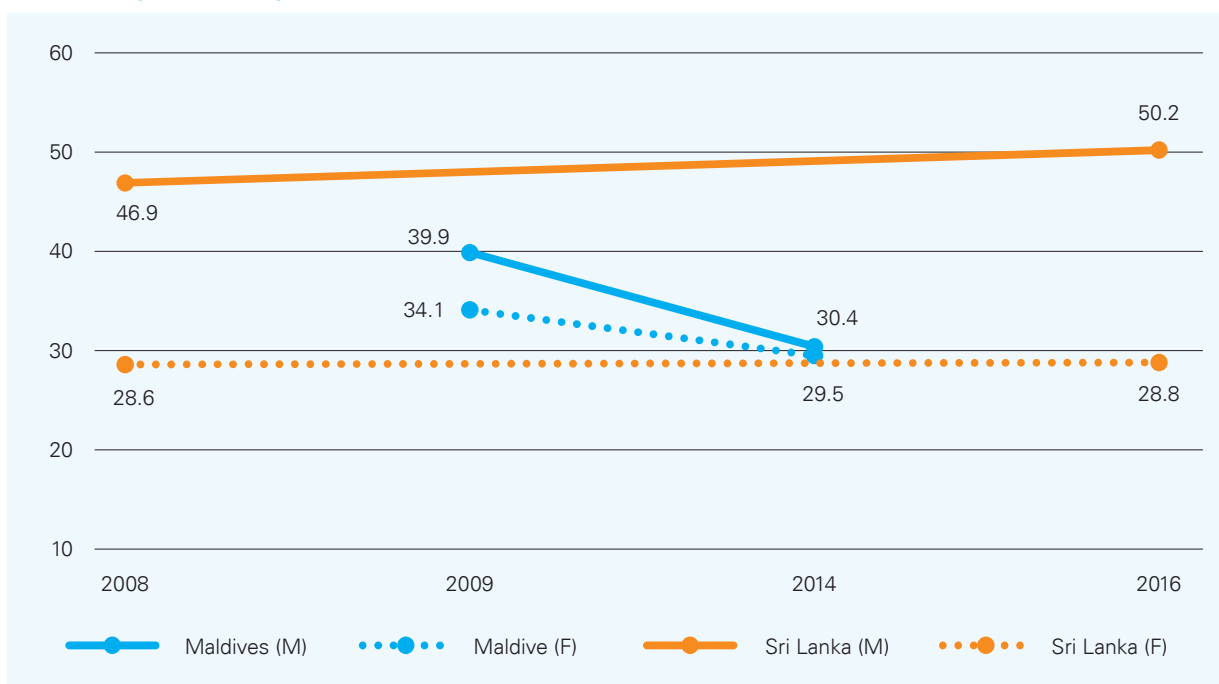


FIGURE 13. Prevalence (%) of students aged 13–15 who were bullied on one or more days during the last 30 days preceding the survey at time 1 and time 2, by sex, in Maldives (2009, 2014) and Sri Lanka (2008, 2016), GSHS data



While this question does not specify the location or perpetrators of the attack, it is a good measure of how much physical violence outside of bullying that children may be facing in the region. A physical attack was described as occurring “when one or more people hit or strike someone or when one or more people hurt another person with a weapon (such as a stick, knife, or gun). It is not a physical attack when two students of about the same strength or power choose to fight each other” (UNESCO 2019).

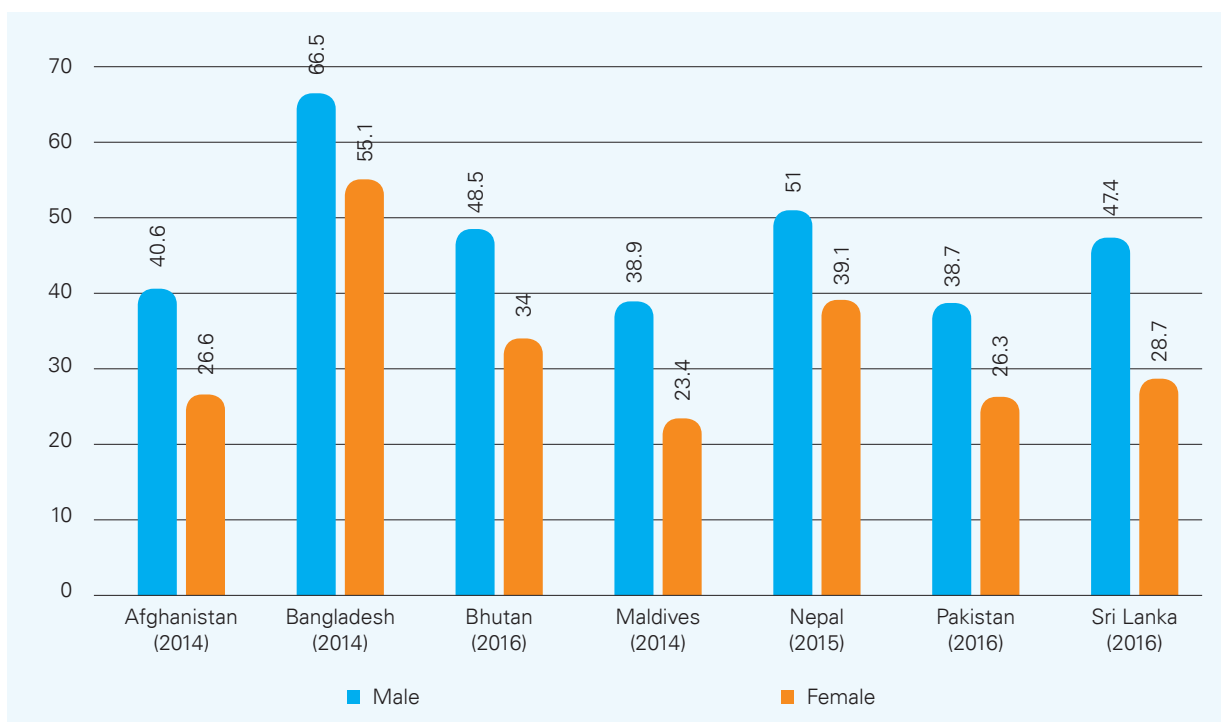
The prevalence of being physically attacked in the last year is higher for boys than for girls in every country that administered the GSHS in the region and all countries in the

region are higher than the global median for the prevalence of physical attacks among adolescents, with a low of 38.7% of boys in Pakistan and a high of 66.5% of boys in Bangladesh self-reporting they had been physically attacked – which means that one to two thirds of boys have experienced being physically attacked in the past year. For girls, the prevalence ranges from a low of 23.4% in Maldives to 55.1% in Bangladesh – which means that nearly a quarter to half of all girls have experienced being physically attacked at some point in the past year. These prevalence estimates, especially for boys, are higher than the global median prevalence (of 32.4%) for every country in the South Asia region that implements the GSHS. In Bangladesh, the adolescent self-reported prevalence of physical attacks is more than double the median global prevalence.

For the Maldives and Sri Lanka, the two countries in the region that have more than one time point for this data, we see a decreasing trend in the prevalence of physical attacks for both boys and girls (see Figure 15).

Similar to the physical attack data, self-reported physical fighting is more prevalent

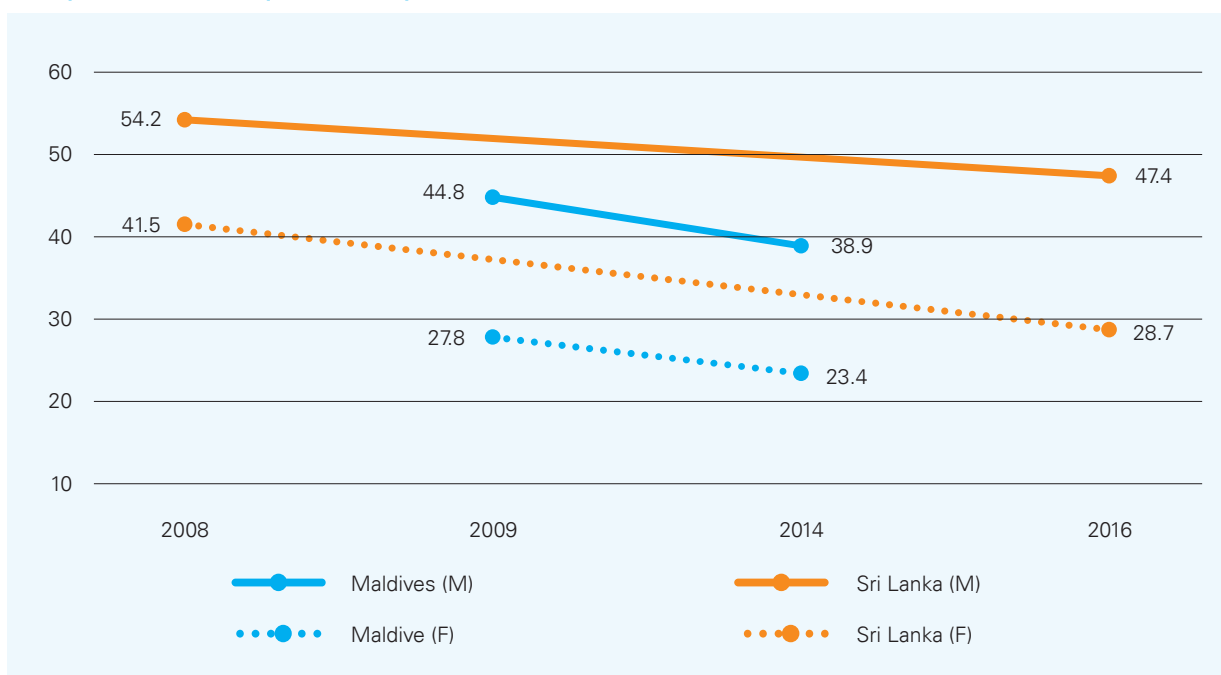
FIGURE 14. Prevalence (%) of students aged 13–15 who were physically attacked one or more times during the 12 months before the survey, by sex, in seven South Asian countries, GSHS data 2014–2016



among boys than girls in all countries in the region that conducted the GSHS. A physical fight was described as occurring “when two students of about the same strength or power choose to fight each other” (UNESCO 2019). The prevalence

of physical fighting for boys ranged from 56.7% in Sri Lanka to 27.1% in Bangladesh (with 47.1% in Afghanistan, 51.7% in Bhutan, 41.1% in Maldives, 45.2% in Nepal and 46.9% in Pakistan). For girls, the prevalence ranged from 36.1% in Sri Lanka to

FIGURE 15. Prevalence (%) of students aged 13–15 who were physically attacked one or more times during the 12 months preceding the survey at time 1 and time 2, by sex, in Maldives (2009, 2014) and Sri Lanka (2008, 2016), GSHS data



10.2% in Bangladesh (with 31.6% in Afghanistan, 34.4% in Bhutan, 22.8% in Maldives, 35.1% in Nepal and 22.5% in Pakistan). What is perhaps most interesting is that the country that had the highest self-reporting of physical attacks, Bangladesh, is also the country with the lowest self-reporting of both bullying and physical fighting among 13 to 15 year olds, perhaps suggesting that the high prevalence of physical attacks is being perpetrated by people other than peers.

In the two countries with GSHS trend data, the prevalence of physical fighting appears to be declining for boys, but increasing for girls.

We see some interesting patterns emerging for physical fighting trend data from the two countries with this data in the region. For physical fighting among boys, both countries report slight decreases over time (from 60.1% to 56.7% for Sri Lanka over an eight-year period and from 45.3% to 41.1% for Maldives over a five-year period). However, both countries are seeing increases in the prevalence of physical fighting among girls with a gradual increase for Sri Lanka from 33.5% to 36.1% between 2008 and 2016 and a steeper increase in a shorter amount of time in the Maldives from 16.6% to 22.8%. This data highlights that bullying for girls may be decreasing, but peer aggression through physical fighting is increasing in the Maldives, whereas for Sri Lanka

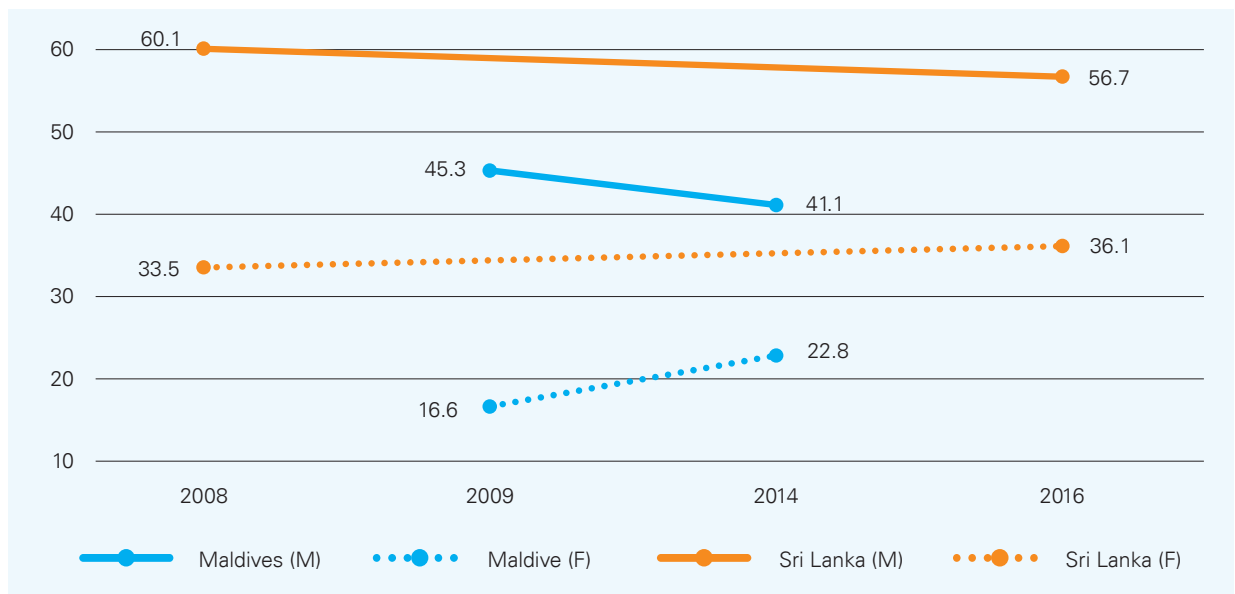
both bullying and physical fighting are increasing for girls.

An additional six cross-sectional studies and several regional and global reviews have been conducted since the adoption of the SDGs on school violence and bullying, including on SRGBV (outside of corporal punishment by teachers, which is highlighted in the next section).

A global meta-analysis of perpetrator data including data from South Asia found that students are the second most common perpetrator of physical and emotional violence against children after household members.

This perpetrator specific data comes from a recently published meta-analysis that incorporates data from a systematic review of studies combined with the data available in comparable education and violence surveys (e.g., GSHS, the Health Behaviour in School-Aged Children Survey [HBSC], Trends in International Mathematics and Science Study [TIMSS], Progress in International Reading Literacy Study [PIRLS], Violence Against Children Surveys [VACS], EU Kids Online and other datasets with SVB data) from 296 countries (Devries et al. 2018). This is echoed by nationally representative data from Bhutan where the prevalence of physical violence at home and at school was measured through a national household survey conducted

FIGURE 16. Prevalence (%) of students aged 13–15 who were in a physical fight one or more times during the 12 months preceding the survey at time 1 and time 2, by sex, in Maldives (2009, 2014) and Sri Lanka (2008, 2016), GSHS data



with 3,272 children and young people. It was found that among children who had experienced physical violence at least once in their lifetime, more than half of them (67.3%) reported that they had experienced physical violence at school. Twenty-three per cent (23%) of children reported experiencing physical violence by their peers, mostly boys of the same age or older (NCWC and UNICEF 2016).

Studies from the region show that children are often both perpetrators and victims, especially when it comes to peer-to-peer violence. A study conducted in 3 districts of Jawzjan province (Sheberghan, Aqcha, and Faizabad) in Afghanistan with a total of 770 children (Grades 7–8) explored the prevalence of peer violence measured through a 16-item peer victimization scale with questions in four areas: physical victimization, verbal victimization, social manipulation, and property attacks (Corboz et al. 2018). Nearly half of all boys (49.7%) and 43.3% of girls reported having experienced more than one instance of violent victimization in the past month, and 31.7% of boys and 17.6% of girls disclosed perpetration of more than one instance of violence in the past month, with considerable overlap found between experience of victimization and perpetration, particularly among boys (Corboz et al. 2018).

Another study conducted in Pakistan, which used the same peer victimization scale, also found similar overlaps between victimization and perpetration of peer violence (Karmaliani et al. 2017). In this study, 1,752 children were recruited into a baseline for what was to eventually become a cluster randomized controlled trial with 40 fairly homogeneous public schools (20 for girls and 20 for boys) in Hyderabad, Pakistan. This study found that few children had no experience of peer violence, with 78.3% of girls and 93% of boys stating they had experienced peer violence in the last month. Some reported being victims only (28.6% of girls, 17.9% of boys), some reported perpetrating peer violence only (3.3% of girls, 2.5% of boys), but mostly both boys and girls self-reported that they both perpetrated and were victims of peer violence (46.4% of girls, 72.6% of boys) (Karmaliani et al. 2017).

Another study published from the same sampling of schools in Hyderabad found that children reported considerable engagement in and exposure to violence at school and at home, with more exposure being reported by boys. According to the results of the Peer Perpetration Scale, 75.5% of boys and 50.6% of girls had perpetrated some form of peer violence on more than one occasion during the past month. Among these percentages, many also reported experiencing peer violence, while 17.8% of boys and 28.5% of girls were victims of peer violence without perpetration themselves (Asad et al. 2017).

School-related gender-based violence

Included within the definition of school violence and bullying is a specific form of violence termed 'school-related gender-based violence' (SRGBV), which is defined as physical, sexual and psychological acts of violence, underpinned by norms, stereotypes, inequalities and exclusions.



Eleven-year-old Mohammad Raihan hails from Dhaka in Bangladesh. His whole family is suffering from malnutrition. After receiving a conditional cash transfer from UNICEF, his father bought a rickshaw, which is now the only income source for the family.

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In 2015, the first-ever United Nations resolution on SRGBV was signed at the 196th session of the Executive Board of the United Nations Educational, Scientific and Cultural Organization (UNESCO) (196/EX/30, 2015), with agreement on the following definition: School-related gender-based violence is “an expression of gender stereotyping and gender inequality at work in all of our societies, the reproduction of which is sustained through that violence and includes all forms of violence and threats of violence directed specifically against a pupil because of gender and/ or that affects girls and boys disproportionately”. This violence can be of a “physical, sexual or psychological nature and take the form of intimidation, punishment, ostracism, corporal punishment, bullying, humiliation and degrading treatments, harassment, sexual abuses and exploitation and can be inflicted by pupils, teachers or members of the educational community”. This violence can happen: “within the school; in its outbuildings; on the way to or from school; during extracurricular activities or through the increasingly widespread use of information and communication technology (ICT) (cyberbullying, sexual harassment through mobile phones)” and is recognized as having serious and long-term consequences (196/EX/30, UNESCO 2015).

In terms of the scale of SRGBV in the South Asia region, the data evidence is scattered and difficult to compare across countries due to varying methodological approaches. In addition, the prevalence of SRGBV is not entirely captured, as it frequently goes unreported as students fear stigma, ridicule, and victimization or because everyone including themselves, teachers, and parents consider it acceptable and required as part of their education in school (UN Women 2016). Several pre-2015 country-specific studies have clearly documented the nature and magnitude of SRGBV, including sexual and gender-related harassment (Alam, Roy and Ahmed 2010), sexual violence perpetrated in schools (Das et al. 2016, and the full range of SRGBV behaviours (Kacker 2007), among other studies.

The nationally representative violence study in Bhutan, in which both boys and girls reported experiencing verbal sexual harassment most often in school settings, offers some insight into SRGBV. Despite the gap in SRGBV data in the region, the NCWC national household survey in Bhutan explored the prevalence of sexual harassment and sexual violence experienced among children at school, and also found that both boys and girls experienced verbal sexual harassment most often in school (19.2%). Boys and girls also reported that they were most frequently verbally sexually harassed by their peers (20.2% of boys, 20.3% of girls). The vast majority of verbal sexual harassment was reported as occurring in day schools (14.9%), with more than 4% reporting that they experienced it while in boarding school or school with informal boarding (4.3%). Sexual violence, however, was more frequently experienced at boarding schools (5.4%) than in day schools (2.2%), with the vast majority of perpetrators from within their peer group, presumably school mates (10% of boys, 8.6% of girls reported the perpetrator was from their peer group). This study also found that more than twice the number of boys reported exposure to pornography at school (11.3% of boys, 4.1% of girls) and in public places (3.4% of boys, 0.9% of girls). Boys reported accessing pornographic websites while at day school (4.3%) or boarding school (3%) (NCWC and UNICEF 2016).

Other cross-sectional studies also highlight the unique ways that boys experience SRGBV, including humiliation and even revenge by male teachers. A qualitative study with 222 respondents in one rural and one urban area in Nepal also found that boys experience SRGBV. This study found that among older adolescent boys emotional violence in school was common and severe with boys reporting that they were subject to emotional abuse from male teachers and that these teachers humiliate them in class for no apparent reason. The boys in this study felt that male teachers see them as rivals, which is why they humiliate them in front of girls in the classroom (Ghimire and Samuels 2020). The boys in this study also felt that such teachers favour girls and try to win their attention, but they do not report this because they worry that the teacher

might seek revenge against them and because of prevailing gender norms that dictate that “men/boys should not complain about small things, but should take care of them themselves” (Ghimire and Samuels 2020).

While both boys and girls experience SRGBV perpetrated by males, it is much less frequent in the region for peer or other violence to be perpetrated by females against males, although data on this is limited. For example, data from the nationally representative survey on violence in Bhutan found that 16% of boys were intimidated by male peers, while a much smaller proportion were intimidated by female peers (1.7%). Girls and young women were intimidated or threatened by both male and female peers: 7.9% of girls and young women were intimidated



A group of boys stand outside Shaheed Abdul Ahad Khan Karzai Orphanage in Kandahar, Afghanistan. The orphanage supports more than 180 children from 6 to 18 years old.

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by female peers, while 4.5% were intimidated by male peers (NCWC and UNICEF 2016).

Emerging qualitative data from Bangladesh highlights that girls fear violence on the way to and from school and report feeling safer at school than on the journey to school. Qualitative data with 36 respondents (adolescents and adults) in Bangladesh found that sexual harassment and sexual violence on the way to and from school was a particular concern among respondents. The interviews found that although girls experience some peer violence at school, they felt safer there than when they were going to and from school, especially when they were alone (Mitu et al. 2019).

According to global reviews, lesbian, gay, bisexual, transgender and queer (LGBTQ) adolescents in the region may experience a higher prevalence of peer victimization, but more studies are needed. More recent studies show that LGBTQ students are a particular group facing bullying in educational institutes in South Asia (UN Women 2016), showing that power differentials and complex societal norms play a critical role in violence (UN Women 2016). Research on peer violence and victimization on the basis of LGBTQ identity is receiving more attention in an effort to better understand its prevalence among children in school settings. Multiple global reviews suggest that LGBTQ identities receive more peer victimization compared to their non-LGBTQ peers (Know Violence in Childhood 2017; UNESCO 2019; USAID 2016; UNESCO 2014). In a recent study, Nepal reported 16% psychological bullying in the form of verbal abuse, among other forms of SRGBV, towards LGBTQ students (UN Women 2016).

Corporal punishment in school

Corporal punishment and violent discipline are often used interchangeably as terms in the field of child protection. Violent discipline is more often used with reference to violence against children in the home perpetrated by caretakers/parents (see section above), whereas the term corporal punishment is used to describe the same behaviour in schools.

Corporal punishment is “any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting (‘smacking’, ‘slapping’, ‘spanking’) children, with the hand or with an implement – whip, stick, belt, shoe, wooden spoon, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, burning, scalding or forced ingestion” (UN Committee on the Rights of the Child 2007). If enshrined in law, the CRC not only prohibits the use of corporal punishment in any setting (home or school), but requires that States Parties “take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child’s human dignity” (Article 28, CRC, 2007).

Nationally representative data in Bhutan found the most common forms of physical violence against children were found in the context of corporal punishment in schools.

There are several studies from the region on the use of corporal punishment in schools collected since 2015, one of which was in Bhutan, where a national survey conducted in 2016 found the most common forms of physical violence experienced by children are in the context of corporal punishment. Children reported being subject to tasks involving excessive physical endurance, such as being made to stand for a long time, forced to carry stones or do heavy work (50.5%), and being hit with an object (43.8%). Almost 23% said they had been slapped, punched, kicked, had their ear pulled or twisted, their hair pulled, or their knuckles rapped on their forehead. Three quarters (75%) of the

children attending day school experienced physical violence at least once by a teacher “most likely in the context of corporal punishment”. Corporal punishment was reported less frequently by children attending boarding school (22%). The survey also found “confusion among local leaders and teachers about the status and provisions of different laws and policies,” with a number of teachers saying they did not know whether or not policy banning corporal punishment in schools was reaffirmed in the Child Care and Protection Act (NCWC and UNICEF 2016).

Another mixed methods study conducted in Bangladesh, which included a survey of 1,769 pupils aged 10 to 12 years old in 39 schools and 39 qualitative interviews in five districts in Chittagong Division, found that 84% of adolescents had experienced corporal punishment at school, and this was consistent across the sites (ranging from 83–86%) (Mitu et al. 2019). Corporal punishment was found to be more common in madrasas⁴ (94%) and private schools (86%), compared to government schools (77%) (Mitu et al. 2019). Across all school types, girls reported experiencing corporal punishment less than boys with the greatest disparity seen in government schools, where girls were 25% less likely to report experiencing corporal punishment in school than boys.

Corporal punishment still persists despite legislative bans and may also include forms of SRGBV. Both India and Bangladesh have conducted studies on corporal punishment in schools in which data was collected prior to the timeframe used for this systematic review. It is useful to note, however, that the study in Bangladesh found a promising trend of decline by 26% in teacher’s self-reported use of corporal punishment between 2013 and 2015 (CAMPE 2015). However, the same study found that the acceptability of the use of corporal punishment among school administrations remains high, and has not declined over time (CAMPE 2015). Similarly, a study conducted in six districts in West Bengal, India and published in 2015 found that despite a legal ban on the use of corporal punishment in schools, it was still being used in nearly one

third of schools. This study is also one of the only studies in the region that has documented SRGBV in the form of inappropriate touching of girls by teachers while they were administering corporal punishment (CLPOA, ASHA and ActionAid 2015).

Evidence from longitudinal data in two states in India highlights that corporal punishment may be more prevalent among younger pupils than older pupils, and among boys than girls.

The Young Lives study, which has followed two cohorts of children in Ethiopia, India (the states of Andhra Pradesh and Telangana), Peru and Viet Nam over the last 20 years, found that in India 78% of 8 year olds and 34% of 15 year olds said they had been physically punished by a teacher in the past week (Ogando Portela and Pells 2015). This data highlights that younger children are at greater risk of corporal punishment than adolescents, with the incidence of corporal punishment at age 8 more than double the rate reported by 15 year olds in all 4 countries of the Young Lives longitudinal study (Ogando Portela and Pells 2015). Similarly, 93% of 8 year olds and 68% of 15 year olds said they had seen other children being physically punished in India. Among the 8 year olds in India, corporal punishment was self-reported to be more common for boys (83%) than girls (73%), with similar prevalence in rural (79%) and urban areas (75%) and in public (80%) and private schools (77%) (Ogando Portela and Pells 2015).

Schools in conflict settings

According to the Global Coalition to Protect Education from Attack (GCPEA), a violent attack on education is defined as any threatened or actual use of force against students, teachers, academics, education support, transport staff, and education officials, as well as attacks on education buildings, resources, materials or facilities. These can be committed for political, military, ideological, sectarian, ethnic, or religious reasons (Kapit et al. 2018). Various means of attacking education have been employed around the globe and include physical attacks on schools, attacks on students and staff, military use of facilities, child recruitment, sexual violence by armed parties, and attacks on universities and higher education facilities.

⁴ Islamic educational institutions.

TABLE 2. Education under attack data, 2008–2017 (Kapit et al. 2018)

Country	Attacks on schools		Death of students, teachers, or education personnel		Injury of students, teachers or education personnel		Other attacks (abduction, verbal threats, arrests, etc.)	
	2008–2012	2013–2017	2008–2012	2013–2017	2008–2012	2013–2017	2008–2012	2013–2017
Afghanistan	1,458	476	99	109	510	147	8	251
Bangladesh	200	567	no reports	no reports	no reports	10	no reports	no reports
India	140	104	20	3	87	103	9	18
Pakistan	919	190	51	9	85	4	138	45

Several countries in South Asia report some of the highest student and educator-targeted attacks (killings, abductions, and threats) globally. According to the GCPEA, student and educator-targeted attacks in Afghanistan were among the most prevalent in the world alongside Israel/State of Palestine, Nigeria, and the Philippines (Kapit et al. 2018). Among countries in the South Asia region, Afghanistan experienced the most attacks on schools (1,458) between 2008–2012, followed by Pakistan with 919 attacks. Between 2013–2017, however, attacks on schools in Bangladesh increased 183% from 2008 to 2012, surpassing those reported in Afghanistan with 567 and 476 attacks, respectively (Kapit et al. 2018). This is also highlighted in the most recent *Report of the Special Representative of the Secretary-General for Children and Armed Conflict*, which monitors grave violations of the rights of children (United Nations General Assembly 2019). Table 2 shows the reported incidents in South Asian countries between 2008–2012 and 2013–2017.

Polyvictimization

New global evidence highlights the magnitude of the polyvictimization of children, or children experiencing multiple forms of violence or violence in multiple settings, however, this area is still under-researched in the region. Within research it is more common to measure the prevalence of different types of violence than to measure how many types any one child has experienced. This makes it complicated to understand if children are experiencing multiple types of violence or if different children are experiencing these different types of violence. A recent global systematic review and meta-synthesis of polyvictimization in studies was conducted in countries around the world, 10 of

which happen to be in the South Asia region (Le et al. 2016). Among these studies, 2 were conducted in Afghanistan, 5 in India, 2 in Nepal, and 1 in Sri Lanka. Across all studies analysed, including those from countries outside of the South Asia region, it was found that the prevalence of polyvictimization was rarely captured, although many did record the mean number of traumatic experiences among their target groups. Among the 10 studies in the South Asia region only the study from Afghanistan (Panter-Brick et al. 2009) measured the prevalence of polyvictimization, finding that 8.4% (95%CI: 6.7–10.1%) of the 1,011 students who participated in the study had experienced 5 or more traumatic events (including events other than violence related) (Le et al. 2016). These traumatic events included being beaten or frightened and witnessing severe violence (community violence, domestic violence, death from rocket explosion, forced displacement from home) (Le et al. 2016).

Global data highlights that nearly three-quarters of children experience at least one of the many forms of violence and this prevalence is even higher among children and adolescents from war-affected settings (85% of children) (Le et al. 2016). From this systematic review, in non-war settings, for example, one study from India (Swain et al. 2014) estimates that 33.1% of the sample group (n=381) experienced at least one form of victimization in the past six months) (Le et al. 2016). Regarding war settings, five studies conducted in Afghanistan, Nepal, and Sri Lanka were highlighted among those that measured the prevalence of at least one form of victimization among the targeted sample group. Two studies in Afghanistan found that 63.5% (Panter-Brick et al. 2009; n=1,011) and 77% (Catani et al. 2009; n=287) of the target group had experienced one

or more form of victimization (Le et al. 2016). One study from Nepal (Kohrt et al. 2010) found 100% prevalence of experiencing at least one form of violence among the target group (n=142) (Le et al. 2016). Lastly, two studies from Sri Lanka (Catani et al. 2008; Elbert et al. 2009) measured the prevalence of experiencing at least one form of violence as 82.4% and 91.9% among their target groups (n=296; n=420), respectively (Le et al. 2016). This global meta-analysis, as well as the recent studies in this regional review of the South Asia region, show that this trend of polyvictimization is continuing and highlight that it is an important area for consideration when addressing violence against children and designing interventions in the region.

What we measure matters. Our data is only as good as what we are measuring. Furthermore, the definition of violence used in child protection is almost always limited to interpersonal violence, we are not capturing the prevalence of other forms of violence such as structural violence. Additionally, while we have made great progress in generating some comparable data across countries, it is still very limited. Violent discipline data only asks mothers; violence against adolescents captured by DHSs focuses only on girls; and comparable data in schools is limited to bullying, physical attacks and physical fights among secondary school pupils. It is not surprising that the ‘most prevalent’ types of violence against children – violent discipline by caregivers in the home, sexual and physical violence of adolescent girls by intimate partners and bullying against children by their peers in schools – are also the types of violence for which we have the most data across countries.

It is not surprising that the ‘most prevalent’ types of violence against children – violent discipline by caregivers in the home, sexual and physical violence against adolescent girls by intimate partners, and bullying against children by their peers in schools – are those that are measured in a systematic way across almost all the countries in the region through routine household and school-based surveys.

We do not know if these are actually the most frequently occurring types of violence, or if they are merely the ones most frequently measured and reported.

Once-off studies are being increasingly conducted throughout the region, but these are often not comparable with other studies because they use different questions on violence, the number of questions asked varies, and the studies use different definitions, age ranges, and sampling cohorts, among other things. The impact of this is that they produce a wide range of prevalence estimates, especially for more frequently occurring types of violence, such as emotional and physical violence. While this field is still growing, including learning about documenting, collecting and analysing data, there is much to learn from the data that we do have. This is why exercises such as this systematic review are so important – to analyse and synthesise all of our existing data – so that our future data collection efforts are done with purpose to achieve our goal of furthering violence prevention in the region.



Child in a village in Bumthang district, Bhutan.

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A man with his child in Basmara Internally Displaced People camp, Muzaffarabad district, Pakistan-administered Kashmir. There are 222 families (1,200 people) in Basmara IDP camp.

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DRIVERS, RISK AND PROTECTIVE FACTORS

To understand children's lives in their entirety, then one needs to push further to understand how the big macro forces that define the context in which violence happens – the drivers of violence –also need to be understood.

- Dr Catherine Maternowska,

Data, Learning and Evidence at the Global Partnership to End Violence Against Children⁵

What was already known before 2015

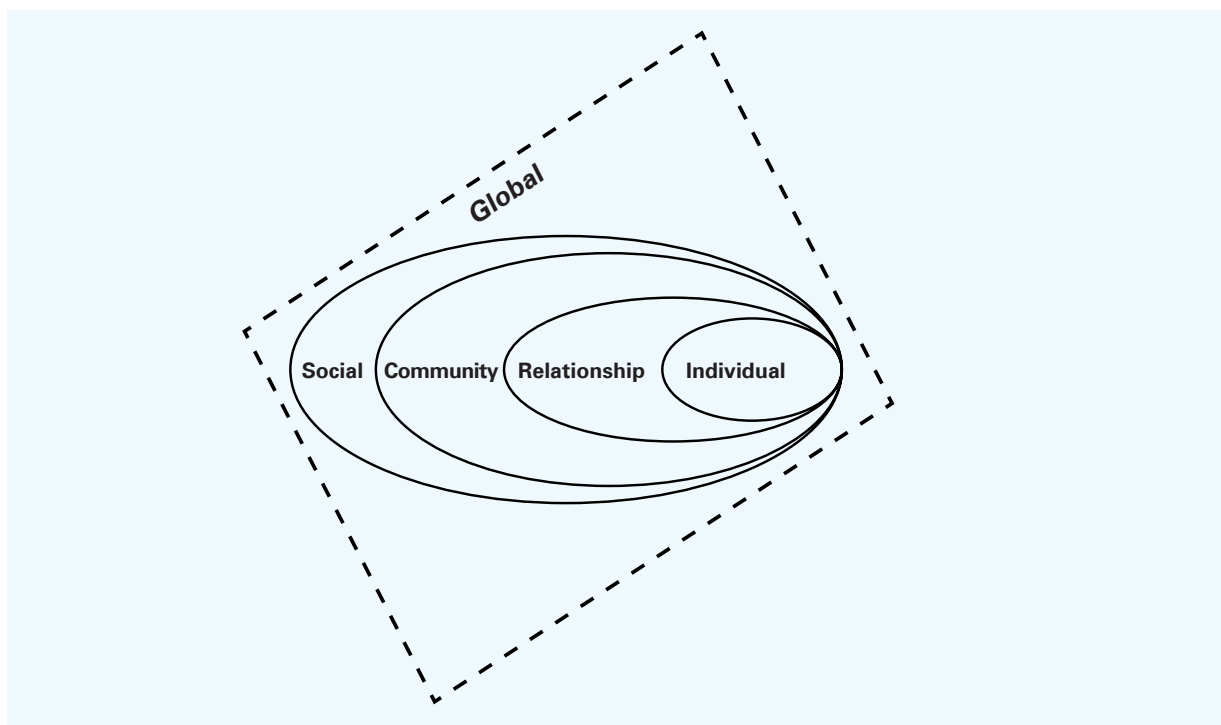
Violence happens as a result of a variety of factors at various levels and we can better understand these interrelationships by examining the socio-ecology of violence. Pre-2015, theorising about the causes of violence was instrumental in shaping the field of violence prevention. The World Health Organization, which has been at the forefront of this theorising, was among the first to apply the socio-ecological model developed by Bronfenbrenner (1975) to violence against children. This model posits that there is no one single cause of violence, but instead a myriad of intersecting factors that influence whether violence will happen or not. A public health approach to violence was also adopted by framing these factors as either 'risk' factors (those that increase the chances that perpetration or victimization will happen) or 'protective' factors (those that prevent violence from happening, even if risk factors are present). This approach was adapted and used by many researchers over

time to explore both violence against children, but also violence against women. The socio-ecological approach to violence also highlighted that violence happens at multiple levels of this social ecology, with various typologies for these levels, including at societal, community, interpersonal and individual levels (*see Figure 17*).

The South Asia region has a strong research history of exploring the concept of structural violence. From the seminal theoretical work done by Amartya Sen to the research conducted by community-based and academic organizations in the region, including BRAC, Aga Khan University, and countless others, and the groundbreaking work of violence against women (VAW) researchers throughout the region captured in several review reports, the South Asia region has a long history of tackling some of the most complex research challenges and framing interpersonal violence within a larger structure of power and privilege that results in everyday and intersecting inequalities for women and children.

⁵ Q&A interview with Dr. Catherine Maternowska, see <https://www.unicef-irc.org/article/1879-unpacking-report-drivers-violence-against-children.html>

FIGURE 17. An example of the socio-ecological model for violence prevention (Fulu and Miedema 2015)



Negative gender norms and inequalities were strongly evidenced in pre-2015 data as perpetuating an environment that allows violence against children to happen in all countries in the region. There was an already strong evidence base pre-2015 on gender norms and inequalities in the region, in part thanks to the work on VAW. A seminal review report entitled *Violence Against Women and Girls: Lessons from South Asia* highlights the strength of this evidence base (Solotaroff and Pande 2014).

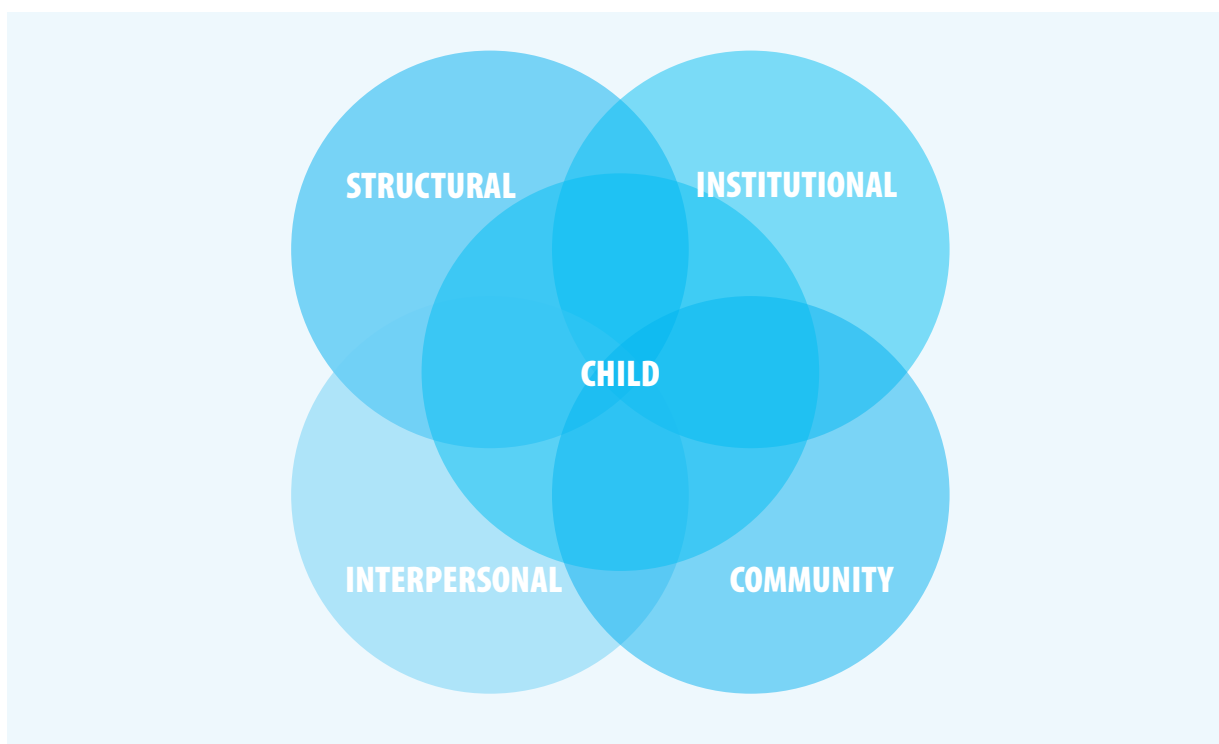
The environment in South Asia has also changed since 2015 with regards to conflict, natural disasters, the economy and other factors, and this is the backdrop against which current evidence is situated. For example, Sri Lanka and Nepal were at civil war, refugees had moved into Pakistan, and there was conflict in Afghanistan, in addition to increasing natural disasters in the region. Just before, during and after 2015, the economy improved and some countries in the region graduated to lower middle-income status. Some of these changes are highlighted in the introductory chapter to this report, and are important to recognize as they set the context for the current evidence base.

Global context since 2015

Post-2015 theorising has begun to conceptualize the difference between drivers and risk/protective factors contributing to violence against children. The Integrated Child-Centred Framework is a newly developed adaptation of the socio-ecological framework, exploring the drivers of violence against children or the institutional and structural level factors that create the conditions in which violence against children is more (or less) likely to occur. These are distinct from the risk and preventative factors, which reflect the likelihood of violence occurring due to characteristics most often measured at the individual, interpersonal, and community levels (Maternowska et al. 2018).

This new adaptation of the socio-ecological model moves away from the categorization of data by place/setting or type of violence, as factors overlap and are not siloed and the 'drivers' impact on multiple risk and protective factors. In this way, the key structural and institutional drivers map in different ways on to what happens to children in their everyday lives at home, in schools and in the community (see *Figure 18*).

FIGURE 18. The integrated child-centred framework



Source: Maternowska et al. 2018

The integrated framework in Figure 18 shows the potential intersectionality of each level, rather than presenting them in a diagrammatic manner, which may be misinterpreted as less dynamic and more hierarchical than intended (Maternowska et al. 2018). Importantly, it maintains the child at the centre – interacting, interfacing and overlapping with a variety of drivers, risk and preventative factors throughout their life time.

Post-2015 theorising and data also highlight the importance of context in understanding drivers, risk and protective factors. Violence against children is a universal phenomenon. Pre-2015 studies have demonstrated that there are common factors underlying children’s vulnerability. However, it is also known that violence is a complex and changing phenomenon. New theorising and research work since 2015 has also highlighted how each context has singularities that we need to understand in order to promote preventive measures. In other words, drivers, risk or protective factors may be similar across countries, but enacted or manifest in very different ways because of the country context.

What this review adds

Drivers

The common drivers of violence against children across the eight countries in the region, based on post-2015 primary study data or recent reviews of the literature, are:

- Negative gender norms and inequalities
- Caste and other social inequalities
- Unequal economic growth and poverty
- Natural disasters and other humanitarian emergencies
- Migration
- Weak or ineffective legal frameworks

These drivers all create environments for increased interpersonal violence, but are also underpinned by *structural violence* or “the patterns of differences within large-scale social structures – differences of power, wealth, privilege, education and health – that are unjust and unequal”, as they relate to violence against children (UNICEF 2018b). Some examples include age, gender, religion, ethnicity, geography, caste, disability, socio-economic status, and education, among others.

The evidence suggests that perhaps the strongest drivers in the region (both structural and institutional drivers), but also the strongest risk and protective factors at all levels (individual, interpersonal and community levels), are negative social and gender norms and inequalities, which create an environment in which violence against both girls and boys is more likely to happen.

Key themes highlighted in a seminal review of violence against women and girls in the region published in 2014 are complimented by data found post 2015. The conceptions of being a boy and a girl tend to value the former more than the latter. Traditional social norms in the region, based on patriarchal ideology, place females (of all ages) at higher risk of violence than males. These notions lead to a preference for sons over daughters, oppressive female roles, expectations on boys and men to be breadwinners, rigid constructed notions of masculinity, and gender socialization processes and sanctions that keep these norms in place (Solotaroff and Pande 2014; Gupta and Samuels 2017; Rodriguez et al. 2018). Currently, the largest adolescent longitudinal study globally is focused on understanding gender norms among adolescents and includes two South Asian countries (Nepal and Bangladesh). In qualitative findings with 473 participants in Nepal, the GAGE longitudinal study found that discriminatory gender norms and practices around child marriage, son preference, the limited voice and agency of girls, and expectations around their subservience still persist and that these factors contribute to driving violence, particularly against girls (Samuels, Ghimire and Uprety 2017).

The Global Early Adolescent Study (GEAS), which included participants in New Delhi, India, also found that these gender norms are part of the socialization process during adolescence for both boys and girls. This study, which included qualitative participatory activities with adolescents and parents, found that gender roles and mobility in Delhi were more strictly enforced for girls than boys. Sanctions for violating norms about boy-girl relationships were often punitive, including the beating of adolescents by their parents (Basu et al. 2017).

Gender is not just about differences between boys and girls but is a conceptual lens for examining intersecting structural power inequalities, as well as a way of understanding how these are constituted and perpetuated in homes, schools, communities and other settings. Gender is a particularly important concept for looking at both structural drivers and risk factors for violence against children where gender norms are often learned in everyday interactions, and where normative deviations are controlled through exclusion and violence as well as the often hidden, implicit practices, which reproduce inequality and injustice. (Parkes 2015)

Child marriage, which is also underpinned by negative gender norms and inequalities, is a common concern in research in the region.

It reflects gender inequality that perpetuates discrimination against girls, placing them in a vulnerable position for many types of violence (UNICEF 2014a). In particular, gender-specific norms regarding chastity and respectability for girls play a role in pressuring families to marry their daughters early in countries across South Asia (Roest 2016). Risk of increased exposure to violence also restricts a girl's possibility to use public spaces, sometimes even their attendance at school, as families fear that their daughters might be hurt or 'dishonoured'. In line with this, marrying girls early is seen as a way to protect them from violence, despite what the data cited earlier shows: that girls are often at a greater risk of sexual and physical intimate partner violence within child marriages (Roest 2016; UNICEF and UNFPA 2018; see analysis of DHS data in previous chapter). Reviews have found that these concerns do not typically apply to boys in South Asia, in that their marriageability and family honour are

not affected by them engaging in premarital sex, exposure to violence or more education (Singh and Vennam 2016; UNICEF 2014a; Yarrow et al. 2015; UNICEF and UNFPA 2018).

The caste structure has also been identified as a structural driver of violence. The relationship dynamics governed by caste influence a range of inequalities for girls, including discriminatory family codes and limited resource rights and entitlements for women and girls, among other things (Jones et al. 2010; Stephen 2015; UNICEF 2018b). There is a tendency within the literature to relate caste-based hierarchies with India and Nepal; however, there are many others parts of South Asia, like Bangladesh and Pakistan, that also maintain these traditions (UNICEF 2018b).

Despite recent economic growth, the region is also one of the least economically integrated and there are still social disparities and gender norms that produce gender and social economic inequalities that put children at significant risk of violence (World Bank 2019). For instance, son bias creates unequal investments in care, nurture and the allocation of resources within households, favouring sons rather than daughters (Jones et al. 2010; UNICEF 2018b). Furthermore, the impact of economic growth and its related issues, such as globalization, also produces new challenges, including unemployment, out-migration, insecurity and increased vulnerability to exploitation and abuse – all of which create environments in which violence against children is more likely to occur (UNICEF 2016a).

The South Asia region has faced continuous socio-political conflicts and complex emergencies, such as the conflicts in Afghanistan and Sri Lanka, the civil strife in Nepal, violent agitation in Bangladesh, and militarization practices in India and Pakistan, as well as the recent Covid-19 pandemic. Data has shown that humanitarian crises and emergencies, including environmental disasters and socio-political conflicts, often increase the likelihood of violence against children, including violence within the home due to increased parental stressors, as well as gender-based violence (D'Costa 2016; SAIEVAC, ECPAT International and UNICEF 2016;

Fry 2016; NCPCR 2012; UNICEF and UNFPA 2018). Some of the risky situations include the killing and maiming of children, sexual violence, and recruitment and use of children in combat (Fry 2016). The hazards produced during crises and displacement (e.g., sexual violence) may also contribute to parents' decisions to marry their daughters, as a protection measure (Women's Refugee Convention 2016; UNICEF and UNFPA, 2018)

Lessons from Nepal's earthquake and Sri Lanka's tsunami emergencies could be analysed to establish child protection measures (SAIEVAC, ECPAT International and UNICEF 2016). After the 2015 earthquake in Nepal, Standing, Parker and Bista (2016) collected opinions from women's activist to develop lessons to respond to violence against women and girls in emergency situations. One of the learnings is that there is a need to analyse women and girls' situations considering complexities such as age, caste, marital status, and other issues of intersectionality. These authors also stressed the need to offer safe spaces for woman and girls. The Covid-19 global health pandemic is also creating an unprecedented environment in which various types of violence against children may increase. The child protection challenges and innovations during this time will need to be carefully documented and researched in order to better understand the extent of the impacts of this global crisis on the protection of children.

Migration and displacement are frequently mentioned in the literature as societal changes in the region that create environments in which violence against children is more likely to happen. Their impacts, such as the separation of members of a family, an increase in poverty and family stressors, for example, affect children in many different ways. Data from Sri Lanka, has highlighted that the massive outmigration to the Middle East has led to increased demand for and supply of domestic workers and, consequently, the rise of children labour, as they are willing to work for less money (UNICEF 2018b). Which, while not necessarily a form of violence in itself, child labour may put children at increased risk of violence.

Recent reviews of legislation have shown big changes since 2015, but there is still work to do to ensure that there is legislative accountability for violence against children. A recent review of legislation in the region comprehensively explored all areas of child protection, prevention and legislative responses, showing many legislative changes in countries across the region (see UNICEF 2020c). Earlier studies carried out in the region highlight the need for the enforcement of existing legislation, including protecting children from violent situations and child labour (Baro 2016), enforcing bans on corporal punishment in schools (UNICEF 2018a), as well as addressing inequalities in existing legislation (Rodriguez et al. 2018).

According to a recent policy review in Bangladesh, the current legal framework addresses the prohibition of some types of violence, such as corporal punishment in school settings. However, there are gaps in many other types of violence, such as punishment in alternative care institutions and penitentiary settings (World Vision 2019). The study also found that some laws do not fully protect children, such as the current laws on commercial sexual exploitation or laws against child labour (World Vision 2019).

Some of the areas identified in the literature that impact on weak or ineffective legal frameworks include the public having limited knowledge about the laws protecting children from violence. Other factors include the challenges and bottlenecks in the legal system itself, such as the potentially re-traumatizing way that victims are identified or responded to when they interact with legal systems; legal systems that may still be based on historical patriarchal ideologies that have shaped legal frameworks and processes; or the weak administration and capacity of local governments to counter these challenges within systems (Rodriguez et al. 2018; Save the Children 2010; World Vision 2019). Similarly, lack of rule of law and corruption, ambiguity and gaps in the law and limited access to justice for victims were cited by the Afghanistan Independent Human Rights Commission as drivers of the practice of Bachabazi, or the sexual exploitation and abuse of vulnerable boys by powerful and often rich men in the country (AIHRC 2002).

Risk and protective factors

This review identified studies exploring a wide range of risk and protective factors at individual, interpersonal and community levels. The factors identified in post-2015 studies are presented in Table 3.

The three most cited risk factors in the post-2015 data in the region are negative gender norms, parental alcohol misuse and the vulnerability of children with disabilities.

In a secondary analysis of violent discipline data in Nepal (and from our previous chapter on the magnitude of violence), it was found that the proportion of physical punishment was high among children whose mothers accept the justification for wife beating (50%) (Kandal et al. 2017). Similarly, a study with 1,752 children in Grade 6 in Pakistan asked students questions from a gender inequitable attitude scale (8 items) and found statistically higher levels of peer victimization and perpetration among both boys and girls who also reported gender inequitable attitudes (Karmaliani et al. 2017). Another study conducted by Save the Children (2018) in India showed that two in every five boys in the study held the negative gender belief that lack of evidence that a girl resisted can make it difficult to class an act as rape and this was a risk factor for peer GBV and SRGBV. Qualitative findings from the GAGE longitudinal study in Nepal highlight that these negative gender norms also impact on boys, as they are expected to implement social sanctions within the family. The qualitative research found that as girls reach puberty, their brothers (and fathers) also start to face relentless judgement in relation to their sister's (daughter's) behaviour and that men's honour remains intact only if the females in their family strictly abide by expected norms within the community (Ghimire and Samuels 2020).

Having adults who use alcohol regularly at home was also found to be a risk factor in violence in several countries with post-2015 data. In a study of 6,682 adolescents in India, alcohol use was seen as a risk factor for all types of violence against children (Kumar et al. 2017). In a large qualitative study in Bhutan, alcohol misuse by parents, step-parents and caregivers was found to be one of the most direct triggers of violence

TABLE 3. Risk and protective factors for violence against children found in post-2015 literature at the individual, interpersonal and community levels

Risk and protective factors for violence against children reflect the likelihood of violence occurring (or not) due to characteristics measured at the individual, interpersonal, and community levels	Individual, interpersonal and community level risk and protective factors found in post-2015 studies in the region include:		
	COMMUNITY FACTORS: <ul style="list-style-type: none"> - Geography/border areas - Features of the neighbourhood - Gender norms (and fear of 'eve teasing' and sexual harassment) - Community mobilization (protective factor) - Religious norms (identified as both risk and protective factor) 	INTERPERSONAL FACTORS: <ul style="list-style-type: none"> - The level of education and occupations of parents and caregivers - Maternal age - Presence of father in the household - Extended family households - Intergenerational households (protective) - Parental mental health - Parental substance misuse - Parental stress - Children's and parent's belief in negative gender norms - Intimate partner violence in the home - Violence on the way to and from school (as risk factor for violence in other settings) - Parental conflict and marital/discord - History of violence and child abuse in adults - Child marriage - Child labour - Children experiencing other forms of violence - Belief in negative gender norms around IPV - Negative parenting practices - Single parenting - Poor sibling relationships 	INDIVIDUAL FACTORS: <ul style="list-style-type: none"> - Age - Gender - Disability - Religion - Socio-economic status - Food insecurity - Individual skills and knowledge to cope with risky situations of stress (protective) - High level of self-esteem

against children and to increase other risk factors (NCWC and UNICEF 2016). Emerging evidence from the GAGE study on adolescents from six sites including Nepal also highlights the role of alcohol on the perpetration of violence. From the qualitative data on 473 adolescents and adults in three districts in Nepal, adolescents reported that gender-based violence occurring in the family was usually triggered by alcohol consumption, usually by the adult male member and occasionally by both parents (Samuels, Ghimire and Uprety 2017). Similarly, for children's exposure to domestic violence in the home, parental mental health and use (misuse) of alcohol were found to be risk factors in Bangladesh, Pakistan and Nepal (Gupta and Samuels 2017).

Evidence from global reviews and from the region highlight that children living with disabilities are at increased risk of experiencing all forms of violence. Data on the prevalence of violence against children with disabilities is limited, especially in low and middle-income

countries (LMICs), but all studies documenting prevalence show that children with disabilities are at increased risk (see, for example: Jones et al. 2012; Devries et al. 2014; Fry et al. 2017). From a large qualitative study in Bhutan it was found that both boys and girls living with disabilities were frequently locked away with little or no care until their parents returned from work in the evening and, if they were attending school, often experienced increased violent discipline at home and corporal punishment at school for lagging behind in their studies (NCWC and UNICEF 2016). This study also found that girls with mental disabilities are considered at particular risk of sexual violence (NCWC and UNICEF 2016). Similarly, in a large mixed methods study in Cox's Bazar, Bangladesh adolescents with disabilities appeared to be at greater risk of bullying and these adolescents reported relying on adults to intervene in situations of bullying (Guglielmi et al. 2020). Having a disability was also found to be an associated risk factor for childhood victimization in a study in Afghanistan (Corboz et al. 2018).

Parental and adolescent mental health is also an important risk factor for violence, according to emerging studies in the region. Fathers who reported economic work-related stress were also more likely to report depression, suicide ideation, previous arrests, and use of violence (Gupta and Samuels 2017). Similarly, mental health was found to be a risk factor for adolescents in conflict with the law. In this study in India, parental mental health and negative parenting practices (e.g., permissive and inconsistent) were found to be risk factors for emotional and behavioural problems among adolescents (Aboobaker et al. 2019).

There is significant evidence on the link between domestic violence and violence against children in recent data. Violence in the home against women is a risk factor for children also experiencing violence in the home, as is witnessing violence in the home. Witnessing domestic violence is often considered a form of violence against children in and of itself, as well as having significant consequences for children (see next chapter). For example, Haque and colleagues (2019), in their study in Bangladesh, found that women who experienced violence were more likely to have witnessed their father hitting their mother as children than women who had not experienced violence. Evidence from Bangladesh also suggests that violent relationships at home, such as violent relationship between parents, witnessing adults using weapons at home, being bullied by siblings, and adult shouting in a frightening way are significant risk factors for children experiencing violence (Haque et al. 2019).

Research throughout this review has also highlighted that the same risk factors that underpin violence against women often underpin violence against girls. A qualitative study with 274 participants, 177 of whom were adolescents aged 10 to 15 years in one urban and one rural area in Bangladesh highlighted how gender norms that perpetuate sexual harassment or 'eve teasing' make it unsafe for girls to go out and that they start covering themselves, often as early as 12 years old, and avoid specific places in the community due to these gender normative community risk factors (Camfield, Rashid and Sultan 2017). This study also found that adolescent girls and their families fear the reputational effects

of 'eve-teasing' and sexual harassment, which reduce the likelihood that they will seek justice or inform the police (Mitu et al. 2019). Similarly, findings from a large mixed methods study in Cox's Bazar in Bangladesh found that adolescents in camps reported feeling unsafe, as many parts of the camps are unlit, despite the installation of 7,200 solar streetlights in early 2019 (Guglielmi et al. 2020). The survey revealed that only 14% of adolescent Rohingya girls felt safe walking in their camp at night, compared to 37% of boys, referencing their fear of sexual violence. Adolescents in the host community cohort also reported feeling unsafe at night, with only 24% of girls feeling safe, compared to 43% of boys, with girls also reporting being concerned about 'eve teasing' (Guglielmi et al. 2020).

Links between violence in various settings presented risk factors for children experiencing violence in other settings, a form of polyvictimization. For example, a study with a large sample size in India found adolescents who had diminished feelings of safety at school were more likely to experience violence (including physical, sexual and emotional) (Kumar et al. 2017). Another study in India found violence in school settings to be a risk factor for child marriage (which is also a risk factor for other forms of violence). This study in India found that 65% of families in certain communities preferred to marry off their girl child at a young age instead of facing trouble in finding a groom within the community due the girl experiencing sexual abuse on the way to school, which would damage her reputation (Save the Children 2018).

Similarly, the included studies show evidence that, depending on the characteristics of a child's closest surroundings, their neighbourhoods and the areas in which they live could be a protective or a risk factor for violence. For instance, the evidence suggests that the neighbourhood literacy level could be a protective factor against intimate partner violence (Ahmad 2018; Gupta and Samuels 2017). Geographically, border regions deserve special attention when analysing community risk factors. The evidence shows that in South Asian countries, border areas may be risky sites for violence and interstate trafficking (UNICEF and UNFPA 2018). One

review found that in Afghanistan the demographic features of the country make it harder to prevent violence against children, with parents fearful of sending their daughters to school if it is far away due to the risk of sexual violence (UNICEF 2018b).

Traditional and religious norms can also be an important community level factor that can be both a risk and a protective factor.

Despite the fact that religion is identified as a risk factor due to some norms that might condone violence, Payne (2018) also found that religious leaders could be potential partners, after analysing a preventive intervention with families in Bangladesh. Consequently, mobilizing and involving communities in the prevention of violence seems to be a pivotal strategy, especially vulnerable communities (SAIEVAC, ECPAT International and UNICEF 2016). A large qualitative study in Bhutan on the drivers of violence against children found that violence is prompted by traditional beliefs and practices including several examples such as the belief in karma and the acceptance of a 'light beating' as an appropriate ways of disciplining a child (see previous chapter on norms around child discipline) through to what they defined as the cultural practice of 'night hunting'⁶ (NCWC and UNICEF 2016). In addition, a study carried out by Thakkar and colleagues (2020) in school settings in India found that age, gender, caste, socio-economic status and religion are predictive factors for whether a child is a bully or has been bullied.

One important finding is that post-2015 studies are better at measuring the intersecting drivers and risk factors and experiences of multiple forms of violence (polyvictimization) and linking these to discussions of structural violence. Studies have found that gender and social norms combined with other features result in more complex dynamics. A literature review about violence against children in Pakistan (Hyder and Malik 2007) suggests that the confluence of drivers, such as poverty, poor legal protection, illiteracy, large family size, and unemployment, increase the possibility of violence against children.

Intersectionality is a concept that explores how overlapping or intersecting social identities and factors may make an individual child or group more likely to experience violence, as well as how institutions often unknowingly exclude or give privileges to certain groups over others (Etherington and Baker 2018). For example:

- **How social identities such as caste and gender combine with social norms** (which this review has identified at all levels of the socio-ecological framework) and how these relate to gender to create intersecting vulnerabilities for children (UNICEF 2018b). These norms then shape the legal framework that limits women from inheriting and owning property and also impact on child protection systems, within which these families and children are more impacted and become even more vulnerable to violence (Jones et al. 2010; UNICEF 2018a; De Silva 2007; Solotaroff and Pande 2014).
- Research has shown **links between socio-economic status and how this impacts some families more than others because of structural poverty.** These factors then also intersect with identities, such as households with single mothers, to create risk factors for children to experience violence (Gupta and Samuels 2017; NCWC and UNICEF 2016).
- In a large mixed methods study in Cox's Bazar that included adolescents in both the refugee camps and host communities, findings showed that **household poverty coupled with new stressors, such as commodity price increases,** have recently increased violence in the home, both experienced and witnessed by adolescents. In the camps respondents mentioned how this interacted with gender norms with Rohingya parents beating their daughters if they go outside their home because of the risk of gossip and having their 'purity' questioned, which was seen as particularly distressing for parents trying to organize a suitable marriage for their daughters (Guglielmi et al. 2020).

⁶ 'Night hunting' literally means 'going towards a girl' and this courtship ritual involves a boy entering a girl's house at night for courtship or coitus with or without consent (see Penjore 2009 for more information).

- **Researchers agree that low family income or socio-economic factors at the family level are a predictor of violence against children and this is also linked to the structural factors experienced by many families in relation to poverty.** Most of the post-2015 data for this risk factor focuses on the links with child marriage and child labour – both of which are also risk factors for violence. Studies in the region have shown that poverty and lack of food security lead families to employ children (Baro 2016; Engro and Bhat 2017; O’Leary et al. 2018; Engro and Bhat 2017).
- Reviews and studies from the region found that when there are **structural situations (e.g., financial stress, stress from natural disasters and humanitarian emergencies) that create parental stress (and for some parents more than others depending on other structural factors)**, this parental stress, when combined with other factors such as substance abuse or a parental history of childhood violence, increases the risk of children experiencing violence (e.g., NCWC and UNICEF 2016; Fry 2016; Gupta and Samuels 2017; Payne 2018).
- **These same stressors combined with structural poverty can interact with parenting.** A recent study carried out in India by Moitra, Mukherjee and Chatterjee (2017) shows that economic disadvantage is also a risk factor for adolescents to commit crimes. The authors found a relationship between a permissive parenting style and adolescents in conflict with the law.

In addition to gender norms, social norms of acceptance and condoning violence are widely recognized as potential risk factors (e.g., UNICEF 2016b). Regarding corporal punishment, for example, there is a common belief that it is necessary for educating children and there is a lack understanding of its impact (SAIEVAC, ECPAT International and UNICEF 2016). Research carried out by Li and colleagues (2018) in Afghanistan collected data from 916 adolescents (aged 9–16) and 454 parents to explore their attitudes towards interpersonal violence. The results showed that despite most of the participants rejecting violence, they justified its use in many specific situations,

including husbands beating wives or parents hitting children. A quarter (25%) of all respondents expressed agreement with the belief that threatening a child if he or she speaks out against harmful traditional practices is necessary. As for the parental justification of violence, results did not vary significantly depending on parental education or wealth. More fathers rejected all justification for the use of violence than did mothers. And women were statistically more likely to justify wife-beating (75.0% versus 58.6%), beating of daughters (78.5% versus 60.6%), and teachers hitting students (62.9% versus 51.5%) than men (Li et al. 2018). This compliments evidence presented in the previous chapter on women’s beliefs in negative gender norms that justify the use of violence against women and children.

Post-2015 studies continue to point out that age and gender matter in both the types of violence children experience and the drivers, risk and protective factors.

For gender:

- **Consistently the evidence shows that girls experience different types of violence, such as sexual abuse, in comparison to boys, who experience physical violence more than girls. However, the data shows that violence against boys is also increasing in the region – often also linked to the same negative gender norms as violence against girls, which have a strong impact on boys** (e.g., UNICEF 2016a and b; UNICEF 2018b; Rodriguez et al. 2018). Gender norms related to patriarchal dynamics – described earlier – such as son bias and caste traditions, situate girls in a more vulnerable position than boys. However, there are some settings where gender dynamics have different nuances. For instance, in both education and home contexts, boys seem to be more likely to suffer from corporal punishment and physical abuse than girls (UNICEF 2016b; Thakkar et al. 2020; Kendal et al. 2017). Boys are also more prone to be perceived as both bullies and bully victims than girls (Thakkar et al. 2020). Girls, in turn, have more likelihood of being sexually assaulted or suffering psychological forms of bullying (UNICEF 2016a and b). Data from the

Young Lives longitudinal study in two states in India, Peru, Viet Nam and Ethiopia, also shows the differences in types of violence by gender. The results from India shows that boys are significantly more likely to report experiencing corporal punishment than girls. However, girls are often at greater risk of forms of humiliating treatment and sexual violence (Ogando Portela and Pells 2015). Similar to what was presented earlier related to gender-based violence, the evidence shows that both boys and girls are at risk of experiencing violence if they are perceived as deviating from traditional prescribed gender roles (UNICEF 2016b).

- **The literature suggests these gender differences become particularly pronounced when structural factors such as poverty are also present.** This was found in studies related to the trafficking of children. The *Global Report on Trafficking in Persons* (UNODC 2018) indicates that girls and woman are more likely to be trafficked. The demand for ‘cheap’ sex makes women and girls from poor backgrounds extremely vulnerable. In addition, shared beliefs around women’s subordinate position, as well as the commodification of women’s bodies, also create risk factors that make girls more vulnerable.
- **Food insecurity and poverty may manifest differently as drivers and risk factors for girls and boys – new research from the region highlights that for boys it may increase their perpetration of violence, but not victimization, for girls it may increase their victimization and impact on their mental health.** Corboz and colleagues (2018) conducted an interesting study on violence in school settings in Afghanistan that evidences the intersection between gender and other risk factors. After statistical analyses to estimate the factors associated with peer violence, the research concluded that for boys, food insecurity is a risk factor in the perpetration of peer violence, but not for victimization. Experiencing corporal punishment at school in the last month was significantly associated with both peer victimization and perpetration, for boys. In turn, for girls, food insecurity, having

more depressive symptoms and experiencing any beating at home were identified as risk factors for both violence victimization and perpetration at school (Corboz et al. 2018).

For age:

- **The norms within society based on age-related hierarchies, shaped by power relationships, also increase children’s vulnerability in the region.** Common beliefs about children that may increase vulnerability are that they are more vulnerable, less likely to report violence, less able to resist violence and easy to deceive (UNICEF 2018b).
- **There is a shared belief that children must obey their elders, particularly younger children,** who are more likely to experience violent discipline at home (e.g., Haque et al. 2019) as well as at school (e.g., Ogando Portela and Pells 2015).
- **Individually, due to child development features, younger children are less physically and mentally able to protect themselves from abuse and may be targeted for that reason** (UNICEF 2018b). For instance, a review found that the recruitment of young children as child soldiers was due to the fact that they are less likely to be searched or questioned by authorities because there is a belief that children are unlikely to engage in military activities. Similarly, children are willing to work for less money than adults are and, combined with other age-related hierarchies and powers, this makes them more vulnerable to child labour and exploitation in labour situations (NCPCR 2012).
- Depending on the age at which societies consider children to be mature enough to take on adult responsibilities, there is evidence that suggests that **older children in the region receive more pressure to engage in activities to contribute to household needs.** For instance, in Afghanistan, Bangladesh and Pakistan, engaging in some form of work is a rite of passage from childhood to adulthood (UNICEF 2018b).

Studies in the region highlight the risk factors involved in large numbers of household members living together, but also that intergenerational families may be protective against violence. For example, in India, one study conducted with 6,682 adolescents found that determinants of physical, emotional and sexual violence among participants included having no grandparents at home, as intergenerational homes were protective factors (Kumar et al. 2017). As has been found in studies in other regions, in a qualitative study in Bhutan, extended families could also be risk factors for violence (NCWC and UNICEF 2016). Specifically, respondents highlighted cases of girls who were sexually violated by their brothers-in-law and the challenges faced when these familial perpetrators were also key income earners for the extended household (NCWC and UNICEF 2016).

Several individual level factors such as parental levels of education, maternal age, absentee

fathers, and individual knowledge and skills continue to be important risk factors in the literature. For example, in a study in Afghanistan it was found that higher levels of education and parents who had more skilled occupations used violence less as a discipline method (O’Leary et al. 2018). In a study in rural Pakistan that collected data from 1,302 disadvantaged mothers and their pre-schoolers, findings showed that maternal education is positively related to children having prosocial behaviours as early as four years old (Armstrong-Carter et al. 2020). In a secondary analysis of violent discipline data in the home in Nepal, it was found that the prevalence of physical punishment was 42% less likely among mothers older than 35. In contrast, the highest likelihood of physical punishment was from mothers younger than 24 years old (65%). Regarding the presence of a father in the household, the study found that the prevalence was higher among those whose father were abroad (49%), or in the country, but away from home (53%) (Kendal et al. 2017).



Girija, aged 7, takes care of her 1-year-old cousin in Dholpura village, India. Children of divorced parents are often left behind when parents move on, to be taken care of by extended family members such as Girija, often without the supervision of an adult.

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A man stands with his family outside their house in Rabat Mirzaha village, Herat Province, Afghanistan. UNICEF supports a behaviour change communication initiative through the National Soldierly Programme in Rabat Mirzaha.

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Kajol (aged 11) and her mother Mehroon laugh and embrace in their new home in the village of Kirinda in Sri Lanka. Their former home and grocery store were completely destroyed by the tsunami in 2014. International donors funded the construction of their new house, but they do not have the financial means to re-open the store, so they are temporarily running the business out of their home. Mehroon has also started an informal restaurant service to make extra money. Kajol and her brother attend a UNICEF-supported school.

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5

CONSEQUENCES OF VIOLENCE AGAINST CHILDREN

Violence breeds fear. And freedom from fear is as fundamental to life as freedom from want and freedom from hunger. We firmly believe that ending childhood violence should become a priority for the world to achieve truly sustainable human development.

- A.K. Shiva Kumar and Baroness Vivien Stern,
Global Co-Chairs, Know Violence in Childhood⁷

What was already known before 2015

Pre-2015 research had focused significantly on the health and well-being consequences of violence against children providing an excellent evidence-base globally. The ground breaking Adverse Childhood Experiences (ACE) Study in the United States was led by the Centers for Disease Control and Prevention in collaboration with an insurance company called Kaiser Permanente. The original study was conducted in California from 1995 to 1997, with two waves of data collection from over 17,000 participants receiving physical exams, who then also completed confidential surveys regarding their childhood experiences and current health status and behaviours.⁸

Adverse childhood experiences are defined as stressful events occurring in childhood including:

- Domestic violence
- Parental abandonment through separation or divorce
- A parent with a mental health condition

- Being the victim of abuse (physical, sexual and/or emotional)
- Being the victim of neglect (physical and emotional)
- A member of the household being in prison
- Growing up in a household in which there are adults with alcohol and drug use problems

The study found that as the number of adverse childhood experiences increased in the population studied, so did the risk of experiencing a range of health conditions in adulthood. There have been numerous other studies using the same questionnaire that have found similar findings in countries around the globe. This study was pivotal in making strong links between violence against children and a wide range of negative health and well-being outcomes.

Global context since 2015

The Know Violence in Childhood Global Initiative, which started in South Asia, paved the way by synthesizing the pre-2017

⁷ Know Violence in Childhood press release, see <http://www.knowviolenceinchildhood.org/images/pdf/KV%20press%20release%20FINAL.pdf>

⁸ Visit the Centers for Disease Control and Prevention website to learn more about the original of ACE, as well as additional ACE studies and resources: <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

evidence base of research on violence against children and making concrete links between violence in childhood and sustainable human development. The *Global Report on Ending Violence in Childhood* is informed by input from 44 research papers exploring the causes and impact of, and responses to, childhood violence, commissioned from over 100 authors. These papers drew on over 3,100 articles, books, and reports, including over 170 systematic reviews of evidence on preventing childhood violence (Know Violence in Childhood 2017). This review found that the annual financial cost of physical, sexual and psychological violence against children is estimated to range from 2–5% of global GDP, or about US\$7 trillion, with catastrophic, but often hidden, impacts affecting families, society and children in every country – rich and poor, north and south (Know Violence in Childhood 2017).

Some of the first burden of violence against children studies were conducted in 2015 and subsequent years, and calculated the economic impact of violence against children on societies as well as the impact on health, well-being and education. These burden of violence against children studies – conducted in 35 countries to date including many countries in the Asia-Pacific region – shows that every year countries lose between 2–6% of their GDP because of the impact

of violence on individuals, families, communities and wider society (Fang et al. 2015, 2017).

What this review adds

A total of 37 studies that explored the consequences or outcomes of violence against children were included in this review. These consequences can be grouped into four areas: 1) physical health, 2) mental health, 3) behavioural and 4) educational impacts. This data builds on an already existing strong evidence-base related to the health impacts of violence against children. Importantly, this review highlights that new research has begun to make strong linkages in newer fields of inquiry by showing:

- The links between violence against women and violence against children by highlighting the early childhood health and morbidity consequences of intimate partner violence against mothers
- The relationship between various forms of violence against children and the subsequent mental health outcomes that lead to suicide, suicide ideation and self-harm among both older and younger adolescents in the South Asia region
- The unequivocal link between violence against children and negative learning and educational outcomes for both boys and girls in the region

TABLE 4. Types of consequences of violence against children measured in post-2015 studies

Data from post-2015 studies in the region show the following impacts or consequences on children, families and society due to violence against children occurring:			
Physical health impacts:	Mental health impacts:	Behavioural impacts:	Educational impacts:
<ul style="list-style-type: none"> - Infant morbidity (acute respiratory infection, fever and diarrhoea, low birth weight, premature birth and babies small for gestational age) - Bruises, redness, swellings or sores due to violence - Broken bones, fainting, unconsciousness - Being overweight or obese - Disability including long-term damage to an eye or ear, suffering permanent scars, loss of walking - Increased accidental injuries 	<ul style="list-style-type: none"> - Anxiety disorders - Poor emotional adjustment - Low self-concept/self-esteem - Positive and negative cognitive coping strategies - Perceived social support - Depressive symptoms - Suicide ideation - Increased fear - Feeling lonely - Trouble sleeping because of worry 	<ul style="list-style-type: none"> - Maternal behaviours related to exclusive breastfeeding - IPV perpetration - IPV victimization - Poor body boundaries - Early smoking initiation - Alcohol use - Drug use - High sexual risk-taking behaviours - Impact on friendship networks (lack of close friends) 	<ul style="list-style-type: none"> - Reduced attention - Low academic functioning - Poor test scores - High probability of leaving formal education - Repeating a grade - Increased school absenteeism - Fearful of attending schools because of violence - Low mean school performance scores

Physical health impacts

Several post-2015 studies and reviews found specific physical health impacts on children as a result of experiencing violence during childhood, ranging from infant morbidity due to maternal experiences of intimate partner violence through to increases in accidental injuries in vulnerable children, physical health consequences and, in rare cases, disability caused by physical violence.

Both violence in childhood and mothers' experiences of intimate partner violence impact on early childhood health and morbidity in the South Asia region.

Cross-sectional survey data were collected from 426 women in Bangladesh who were six months postpartum to examine: the individual and combined effects of multiple forms of child maltreatment on exclusive breastfeeding outcomes, and whether postpartum depression and maternal stress act to mediate or moderate the association between a woman's own violence experiences in childhood and her use of exclusive breastfeeding as a mother. The study found that women who experienced childhood sexual abuse were statistically significantly less likely to exclusively breastfeed babies than mothers who were not sexually abused as children (Islam et al. 2018). When a composite measure was created to examine the additive effects of adverse childhood experiences, a dose-response association was observed between the reported number of different types of child maltreatment and early termination of exclusive breastfeeding. Similarly, postpartum depression and maternal stress were found to be moderators, such that the odds of early termination of exclusive breastfeeding were notably higher among mothers who experienced child sexual abuse in combination with postpartum depression or high levels of stress (Islam et al. 2018).

Ferdousy and Matin (2015) published a secondary analysis of DHS data to investigate the association between intimate partner violence against women and its impact on child morbidity in Bangladesh, India and Nepal. The study found that, after controlling for potential confounders, children of mothers experiencing physical violence, sexual violence or both from their intimate partners were more than 1.5 times more likely to have an acute respiratory infection (ARI), fever or diarrhoea than

children of mothers who were not experiencing intimate partner violence. Similarly, a global review of the prevalence and consequences of sexual intimate partner violence and non-partner sexual violence found that perinatal health is impacted by such experiences, including an increased risk of low birth weight (<2.5 kg), premature birth (gestational age <37 weeks) and babies being small for gestational age (birth weight below the 10th percentile), compared to mothers who had not experienced IPV or non-partner sexual violence (WHO 2013).

Other physical health impacts of violence against children include bruises, redness, swelling or sores on their body because of violence.

A three-phased study conducted over a period of three years with 3,272 children and young people in Bhutan found that more than 6% of children sustained these types of injuries (NCWC and UNICEF 2016). Similarly, 3% of children were left with cuts or bleeding as a result of physical violence (3.3%). The survey also revealed that more girls sustained bodily injuries than boys. This national study also found that some children suffered from broken bones, fainting or unconsciousness as a result of violence (NCWC and UNICEF 2016).

Children who are vulnerable and at a higher risk of violence may also experience more accidental injuries.

A study in Bangladesh with 75 street children, many of whom experienced violence before living and/or working on the streets, found that they encounter unprecedented dangers and experience frequent accidental injuries and repeated episodes of sickness. These children rely mostly on members of their social network for a range of support. Network members, primarily peers, help devise treatment plans, accompany them to treatment centres, buy medicine and nurse sick youth. In addition, the study found that caregivers struggle to balance their own life and work while engaged in caregiving practices, with evidence of detrimental effects on friendship ties in some cases (Reza and Henly 2018).

The GSHS also collected self-reported data on being overweight or obese and associations with experiencing bullying in the past 30 days.

As we saw in the chapter on the magnitude of

violence, one of the most frequently cited reasons for bullying was because of physical appearance. Like some of the other variables captured in the DHS, it is difficult to determine whether being overweight or obese is a risk factor for violence or a consequence of experiencing violence. Like mental health variables, it is likely to be both and is, thus, included in this section. Data from countries in the South Asia region show that the prevalence of being overweight or obese in bullied and non-bullied students is very similar, except for in Bangladesh, where more students who reported being bullied also reported being overweight or obese (11.4%), compared to their non-bullied peers (8.4%). The opposite association was found in Afghanistan, where the percentage of non-bullied students who also self-reported being overweight or obese was slightly higher (16.1%) than the prevalence of bullied students (13.5%).

New studies and data from the region highlight the link between experiences of violence and subsequent disability. Data from around the world highlights how children with disabilities are at increased risk of experiencing violence, although there is limited global evidence of violence against children also causing disabilities (Jones et al. 2012). A couple of studies from the region add to this evidence base. A national household survey conducted in Bhutan found that a few children had experienced long-term damage to an eye or ear or permanent scarring as a result of being beaten (NCWC and UNICEF 2016). Similarly, a cross-sectional descriptive study was conducted among 1,479 students in Sri Lanka that asked about a range of physical violence experienced, such as being ‘beaten with an object’, ‘hit or punched’, ‘cut or stabbed on purpose’ or ‘shaken hard’. ‘Long-term disability’ was defined as loss of hearing, permanent scarring or difficulty walking, and 0.7% of participants who were beaten with an object reported such consequences (Deb et al. 2016). While these consequences are of lower prevalence, they are high impact and we know that the double negative impact is that children who are living with disabilities are then also at increased risk of all types of violence (Jones et al. 2012).

Mental health impacts

There is a strong evidence-base for the mental health impacts of violence against children in the South Asia region. Studies in this area highlight the impact that various types of violence against children have on key mental health outcomes, like anxiety disorders and symptoms, emotional adjustment, self-esteem, positive and negative cognitive coping strategies, perceived social support, depressive symptoms and suicide ideation.

There is a link between attitudes and norms and mental health, particularly in relation to restrictive gender attitudes and self-esteem. In data from the large adolescent longitudinal study of which Bangladesh is one site, researchers explored restrictive gender attitudes and restrictive gender norms, both risk factors for violence, and their impact on physical and mental health (Baird et al. 2019). The study found that both restrictive gender attitudes and norms were pervasive in Bangladesh and that norms were sharply more gendered than attitudes. While they did not find any significant findings between these attitudes and norms and physical health, there were significant findings on the relationships between these attitudes and norms and mental health (Baird et al. 2019). There was a strong and large positive association between restrictive gender attitudes and the items on the General Health Questionnaire-12 (indicating worse mental health) in Bangladesh, particularly in rural areas (Baird et al. 2019). The study also found a strong negative association between restrictive gender attitudes and a measure of self-esteem (Rosenberg’s Self-Esteem Scale) in Bangladesh for both boys and girls, but with evidence indicative of larger impacts for girls and in urban areas (Baird et al. 2019). This study is important as it highlights that even the risk factors for violence – such as a negative gender attitudes and norms – can be detrimental to adolescents’ health and well-being.

One element of self-concept that has been specifically researched in the region is around the relationship between violence against children and self-esteem and how this may

be mediated by social support networks. A study of 90 adolescents (aged 14–15) in Kerala state in India explored self-esteem and perceived social support. The researchers found a significant difference in self-esteem between adolescents who reported challenges at home (using a mix of qualitative and quantitative tools, this was defined as experiences of death, fights, sibling quarrels, comparison, humiliation, teasing, physical abuse, and sexual abuse) and those who did not (Valsala, Devanathan and Kuttappan 2018). Specifically, the researchers observed that humiliation within the family and comparison between children may be more subtle forms of abuse that might escape notice in their occurrence and impact, but which were included under the concept of 'challenges at home'. The links between self-esteem and perceived social support were also interesting in that high self-esteem was perceived to promote better perception of social support, whereas negative perception of social support seemed to result in reduced self-esteem among adolescents. The study found that the relationship between parents and adolescents was moulded by challenges perceived by the adolescent and was found to influence their self-esteem and perceived social support within the family context (Valsala, Devanathan and Kuttappan 2018). Alternately, the personal attributes (low self-esteem and improper perceptions of family and relationships) might influence parental relationships as well (Valsala, Devanathan and Kuttappan 2018). This type of relationship is not unusual with violence against children, where it is possible to see factors such as mental health as both a risk factor for violence as well as a consequence of violence.

Different types of violence impact on mental health differently, but anxiety disorders are common among childhood survivors of violence. In India, a cross-sectional study of 370 adolescents (in Grades 11–12) from 6 higher secondary schools in Kolkata attempted to understand the nature of violence experienced by the adolescents and to identify the relationship with mental health variables, particularly in the area of anxiety, adjustment, and self-concept. When looking at the different types of violence adolescents experienced, it was found that sexual abuse was particularly damaging to adolescents' self-concept or self-esteem, while

emotional violence or the witnessing of violence prompted higher anxiety scores, poorer emotional adjustment, and lower self-concept compared to adolescents who had not experienced these types of violence (Deb et al. 2016).

Anxiety disorders as a consequence of violence against children were also found in Nepal. A study was conducted with 103 young people aged 12–18 living in out-of-home care institutions and rescued from child labour/trafficking who completed translated versions of selected modules from the Juvenile Victimization Questionnaire, the Youth Inventory, and the Strength and Difficulties Questionnaire. Care-home employees responsible for looking after the young people completed the Adolescent Symptom Inventory and the Strength and Difficulties Questionnaire. The study found that negative consequences indicative of anxiety disorders and trauma were commonly reported, especially in victims of childhood violence, which made up nearly three-quarters of the sample (Dhakal et al. 2019).

Positive and negative mental health coping strategies often exist together. Anxiety, adjustment and self-reflection were also found to be key mental health outcomes in a study conducted by Volgin, Shakespeare-Finch and Shochet (2019), which assessed the narratives of 26 girls (aged 13–18) who were survivors of commercial sexual exploitation in Nepal. Data were taken at two time points during their participation in a 6-week group psycho-education and art therapy programme in Kathmandu. Themes emerging from Time Point 1 were psychological distress in the form of anxiety and grief over loss of family, psychosomatic symptoms, empathy and compassion, and post-traumatic growth (e.g., new possibilities, relating to others, and personal strength). The themes emerging from Time Point 2 were empathy and compassion and post-traumatic growth themes (e.g., cognitive restructuring, new possibilities, relating to others, and personal strength). The positive growth aspects highlight the importance of providing psychosocial care after trauma experiences for children (Volgin et al. 2019).

Similarly, positive and negative coping strategies were also found to coexist in a study conducted with 210 adolescents in Pakistan (Ahmad, Ishtiaq

and Mustafa 2017). In this study, the researchers explored different types of coping strategies such as problem-focused coping, emotion-focused coping, and non-constructive coping of adolescents witnessing and experiencing domestic violence. Problem-focused coping strategies were categorized into four types: cognitive decision making, direct problem solving, avoidant actions, and support seeking. Emotion-focused coping strategies were categorized into four types: expressing feelings, withholding feelings, aggressive actions, and negative cognitions/worrying. The non-constructive coping strategies were also categorized into four types: positive cognitive restructuring, distracting actions, cognitive avoidance, and non-coping efforts. The study found that adolescents adopted emotion-focused and problem-focused coping strategies more than non-constructive coping strategies. This study found that the difference in age was significantly associated with using problem-focused coping strategies, as compared to emotion-focused or non-constructive coping strategies, with adolescents aged 16–18 using these coping strategies more than adolescents aged 13–15. This study also highlighted that gender had a significant relationship with the adoption of emotion-focused coping strategies, rather than other strategies, with the majority of males (59.8%) adopting emotion-focused coping strategies a lot, compared to females (40.2%) (Ahmad et al. 2017).

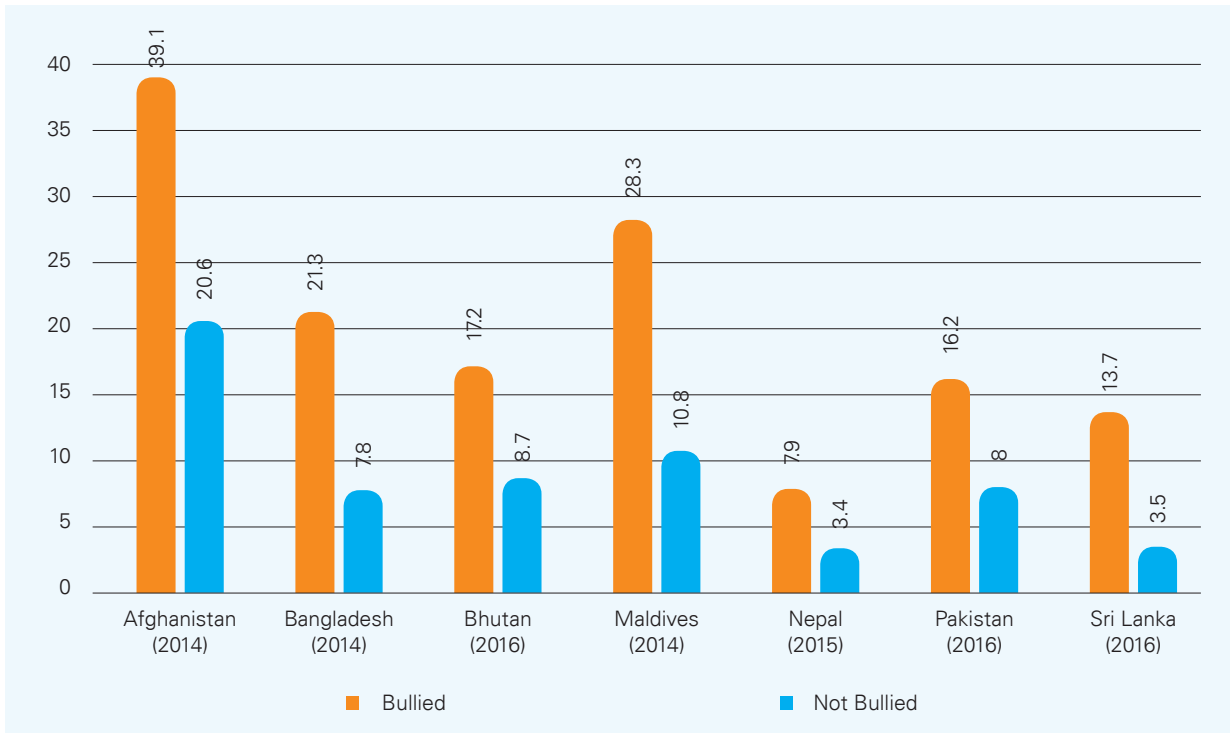
These same emotional aspects were also found in a descriptive study in one school with 100 children aged 10–14 in Kashmir, India that explored the impact that bullying has on children. Results revealed that the highest area of impact for children as a result of bullying was in emotional aspects (Shaiju, Rahman and Parveen 2019). Similarly, another study conducted with 11 to 15 year olds in India on the impact of bullying also found that the highest impact of bullying among school children was in the area of emotional well-being, followed by social, academic, psychological and physical (Parveen 2017).

Depression was also a common mental health consequence of violence against children found in post-2015 studies from the South Asia region.

A total of 1,752 Grade 6 children were interviewed to examine the prevalence of depressive symptoms and the associated occurrence of peer perpetration and victimization in a study in Pakistan. In addition to measuring peer violence, depressive symptoms were also measured through a 28-item Children's Depression Inventory 2 (CDI-2). Symptoms were assessed through self-ratings on aspects like prevalence of sadness, disliking oneself, thoughts of suicide, difficulty sleeping, exhaustion, and feelings of self-importance within the family. Boys reported significantly more depressive symptoms as well as perpetration and victimization compared to girls (Asad et al. 2017; McFarlane et al. 2017). Among boys, depression was associated with older boys, whereas among girls depression was associated with younger girls. For both boys and girls, depressive symptoms were higher among those who had witnessed their father fighting with other men or beating their mother (Asad et al. 2017). For girls, depression was also associated with a greater likelihood of engagement in peer violence, experience of punishment at home, and witnessing their father fighting with other men or beating their mother (Asad et al. 2017; McFarlane et al. 2017). Other factors also had strong connections with depressive symptoms, such as witnessing violence between parents and experiencing corporal punishment at school and at home, which will be discussed further in the remaining sections of this chapter (Asad et al. 2017).

Post-2015 data from the region also highlights that humanitarian crises, such as displacement, present consequences for children's mental health, which in turn can create risk factors for problems with peers. In Bangladesh, Khan and colleagues (2019) assessed child mental health problems among 622 children in clinics in refugee camps due to the displacement of Rohingya people. Over half of the children (52%) were in the abnormal range for emotional symptoms on a validated scale, and rated 25% higher for peer problems. Significant risk factors interacting with mental health were being parentless and having lost one or more family members in the recent crisis (Khan et al. 2019). Similarly, data has shown that the vulnerability of child migrants has increased as a result of the 2017 political violence against the Rohingya people in the state of Rakhine.

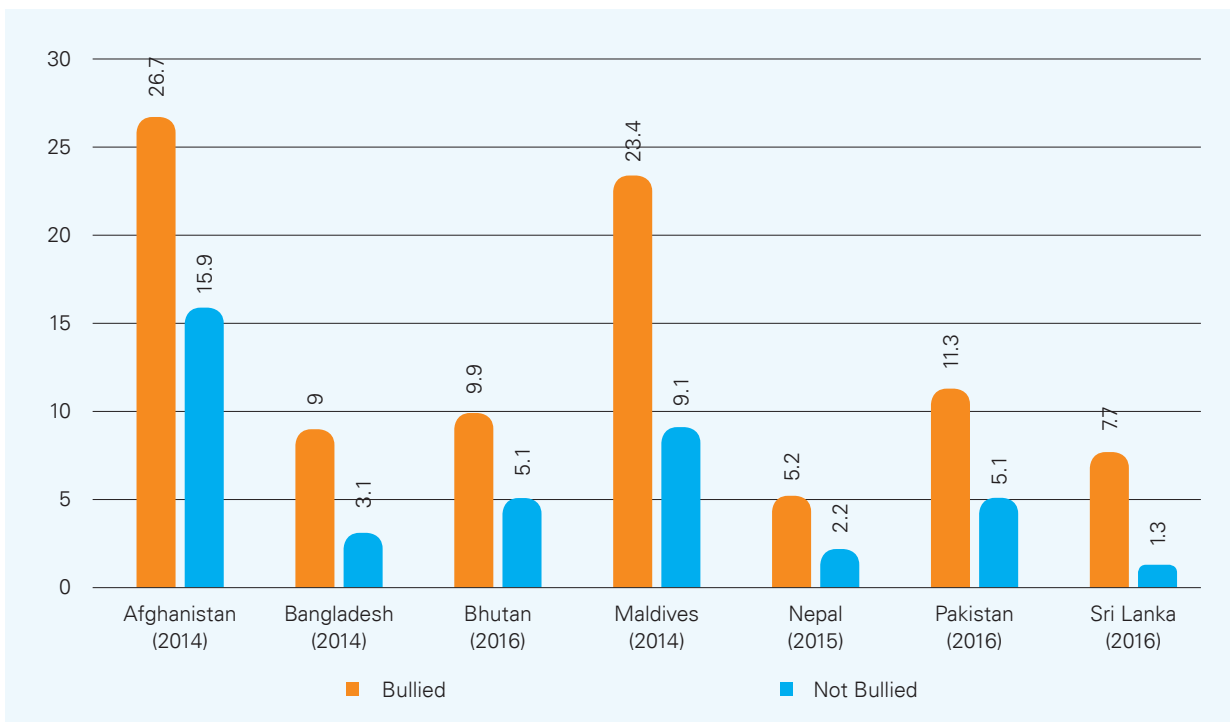
FIGURE 19. Prevalence (%) of students aged 13–15 who felt lonely who were bullied versus non-bullied, in seven countries in South Asia, GSHS data 2014–2016



Bullying in schools is linked to feelings of loneliness among adolescents. The GSHS includes several questions on mental health and well-being outcomes and if we look at these

in conjunction with experiences of bullying we see statistically significant relationships emerge across the region. In every country that conducts the GSHS, there was a much higher

FIGURE 20. Prevalence (%) of students aged 13–15 who were so worried they could not sleep at night who were bullied versus non-bullied, in seven South Asian countries, GSHS data 2014–2016



prevalence of loneliness among children who reported experiencing bullying in the past month, compared to students who reported that they did not experience bullying. This difference is quite pronounced in Bangladesh, Maldives and Sri Lanka where prevalence estimates of feeling lonely were three times as high for those who had experienced bullying, and prevalence estimates were double those in the other countries (Afghanistan, Bhutan, Nepal, and Pakistan).

Bullying also significantly impacts on children’s ability to sleep well at night, which can have impacts on both mental and physical health as well as concentration in school. Across the region, children who experienced bullying were more likely to also report being so worried that they could not sleep at night during the same time period, as reflected in GSHS data. The highest prevalence is for children in Afghanistan and the Maldives, where approximately a quarter of children who reported this anxiety that led to sleepless nights also reported experiencing bullying in the past month.

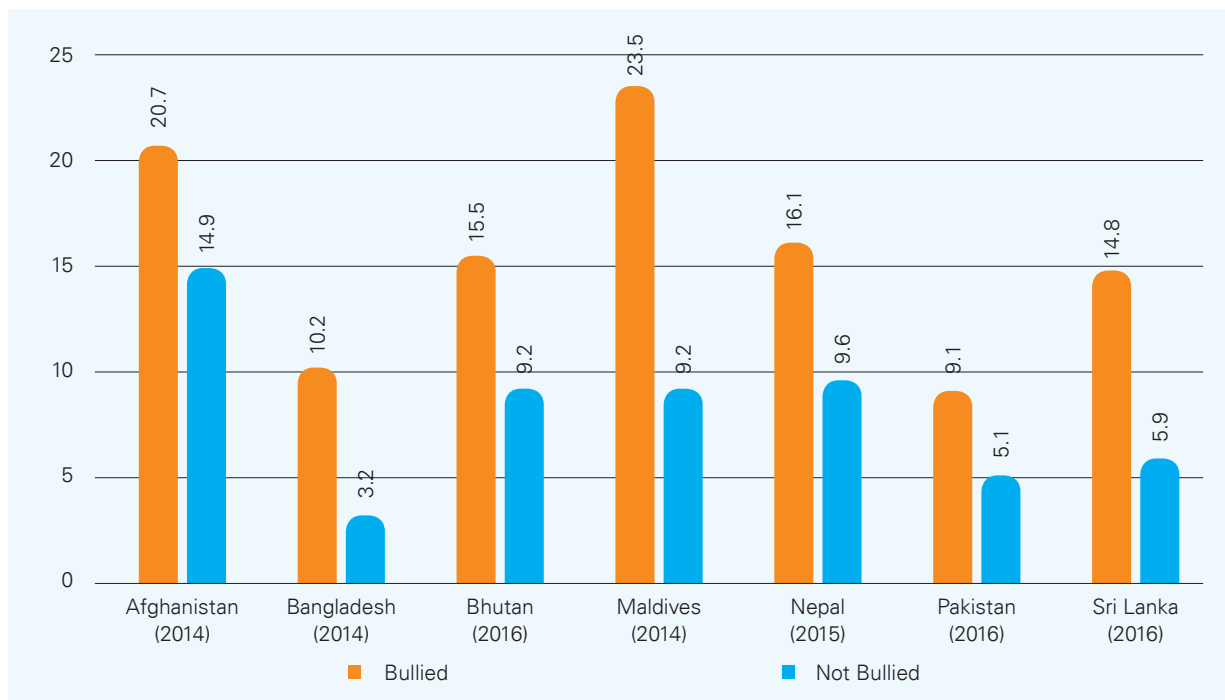
Experiencing violence in school in the form of bullying also has a significant impact on suicide ideation among adolescents, with

those who had experienced bullying reporting that they had also seriously considered attempting suicide in the same time period. Nearly a quarter of adolescents who reported contemplating suicide in the Maldives had also experienced bullying in the past month, with large percentages also seen in Sri Lanka, Nepal, Bhutan and Afghanistan.

When we explore the combination of violence experiences with mental health outcomes and experiencing bullying a pattern emerges, which clearly shows that experiencing violence in the form of bullying has a significant impact on adolescents’ mental well-being across all countries in the region (GSHS data and Murshid 2017).

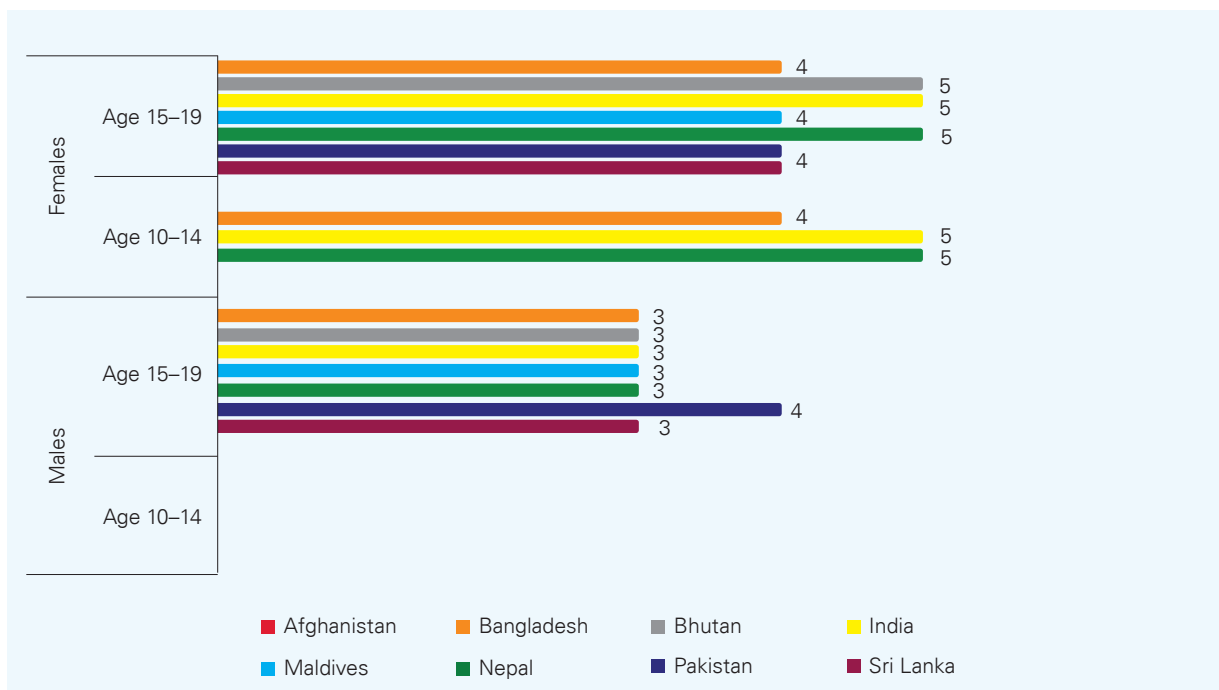
Self-harm is one of the leading causes of death among adolescents in South Asia. The GSHS measures suicide ideation as a result of bullying, which ranged from 9.1% of bullied adolescents in Pakistan to a high of 23.5% of adolescents in Maldives (see Figure 21). This is quite significant when we look at where self-harm ranks in the top five causes of adolescent deaths in South Asia, as published on the World Health Organization Maternal, Newborn, Child and Adolescent Health Data Portal.⁹ From Figure 22, we can see that

FIGURE 21. Prevalence (%) students aged 13–15 who seriously considered attempting suicide who were bullied versus non-bullied, in seven South Asian countries, GSHS data 2014–2016



⁹ The WHO Maternal, Newborn, Child and Adolescent Health Data Portal can be found at: <https://www.who.int/data/maternal-newborn-child-adolescent>

FIGURE 22. Rank of self-harm among top five causes of death in South Asian countries, by age and gender, 2020 (from the World Health Organization Maternal, Newborn, Child and Adolescent Health Data Portal)



self-harm is the third leading cause of death for boys aged 15–19 in most countries in the region and either fourth or fifth leading cause of death for girls of the same age. Importantly, self-harm is also impacting on young adolescents, specifically younger girls where it was the fourth leading cause of death in Bangladesh and the fifth leading cause of death in Nepal and India, but did not rank in the top five in any countries for younger adolescent boys.

Behavioural impacts and exposure to future violence

Smoking, alcohol and drug use

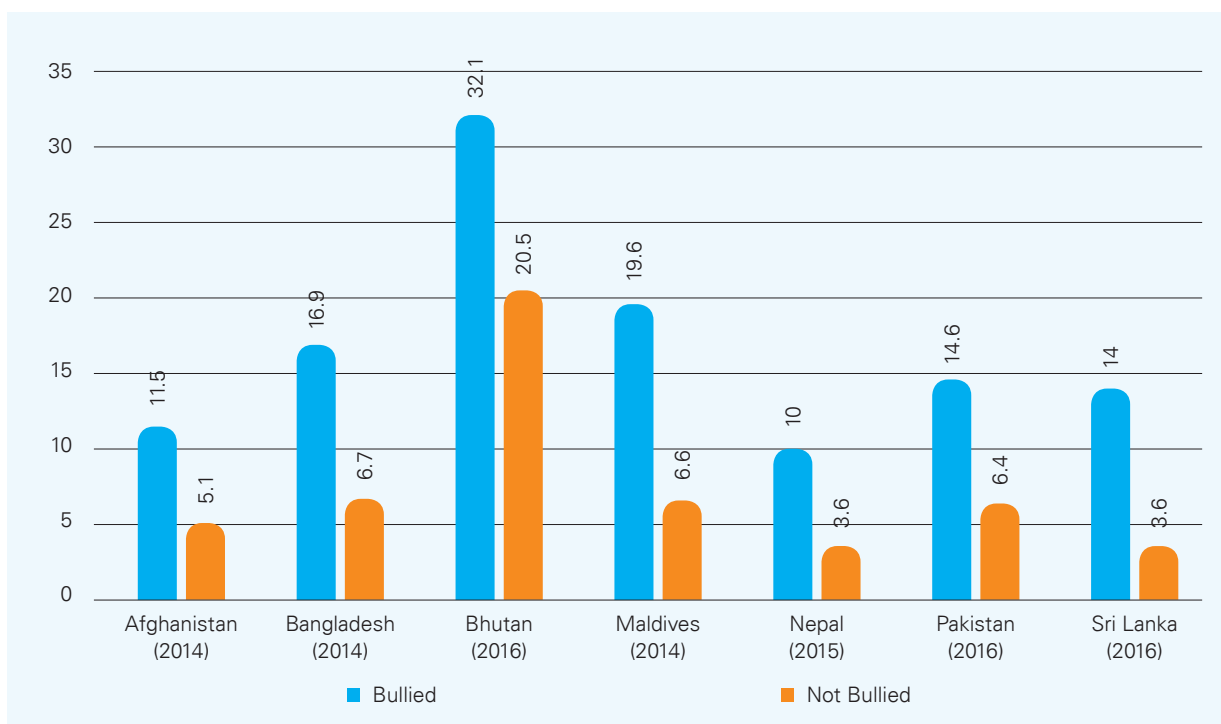
Exposure to violence increases the possibility of children engaging in further risk behaviours such as drug use, early smoking initiation and risky sexual behaviours, which consequently affect their health and well-being. The data presented below from the GSHS highlights that children who suffer violence are more likely to engage in other high-risk activities, such as drug use, or the early initiation of smoking and risky sexual behaviours. Figure 23 illustrates the relationship between experiences of bullying in the past month and the use of tobacco among 13 to 15 year olds. In

all countries (Afghanistan, Bangladesh, Bhutan, Maldives, Nepal, Pakistan and Sri Lanka) the use of tobacco was higher among students who reported being bullied than in those who did not. In the Maldives, for instance, figures show considerable differences: 19.6% of students who reported being bullied used tobacco, compared to only 6.6% of student who were not bullied. Similarly, in Bhutan, 32.1% of bullied students used tobacco, compared to 20.5% of non-bullied students.

Similarly, there is evidence of a strong connection between the use of alcohol and drugs and children experiencing violence.

In India, research carried out with 7,560 students aged 12–19 years that investigated the prevalence, patterns and correlates of alcohol use among adolescents found that one of the risk factors associated with lifetime alcohol use was history of non-contact sexual abuse (Jaisoorya et al. 2016). Similarly, the GSHS data from Bangladesh, Bhutan, Nepal and Sri Lanka indicate that the percentage of students who were using alcohol was higher among those who reported also being bullied. As an illustration, in Bangladesh, less than 1% (0.6%) of students who currently use alcohol did not report experiences of bullying. On the contrary, 4% of

FIGURE 23. Percentage (%) of students who currently use tobacco who were bullied versus non-bullied in the month before the survey, in seven South Asian countries, GSHS data 2014–2016



students who use alcohol had experienced bullying at school. Bhutan had the highest prevalence, nearly a quarter of participants who reported

current alcohol use had also experienced bullying in the past month, compared to a smaller percentage of students who were not bullied (15.7%).

FIGURE 24. Percentage (%) of students who currently use alcohol who were bullied versus non-bullied in the month before the survey, in four countries South Asian countries, GSHS data 2014–2016

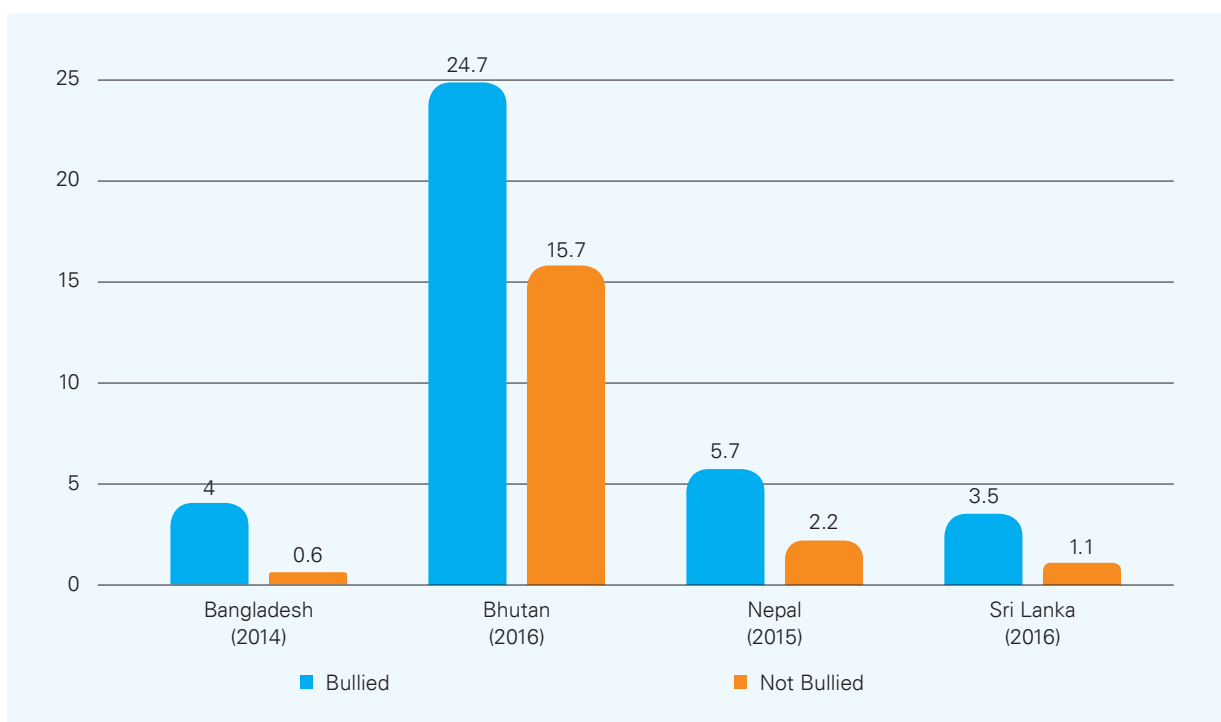
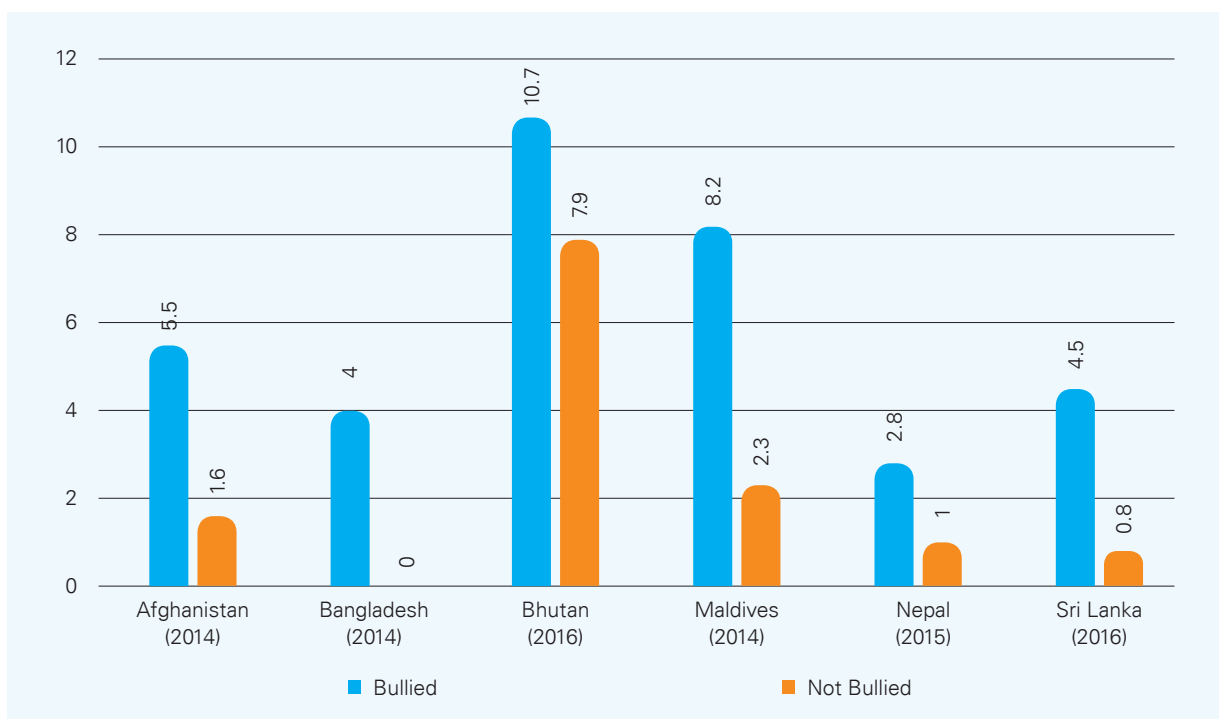


FIGURE 25. Percentage (%) of students who currently use marijuana who were bullied versus non-bullied in the month before the survey, in six South Asian countries, GSHS data 2014–2016



A similar connection was found between the use of marijuana and experiences of violence in the GSHS data across Afghanistan, Bangladesh, Bhutan, Nepal, Sri Lanka and Maldives. The percentage of students who used marijuana was higher in bullied students compared to those who did not experience this type of violence. Further analysis of the data showed that the Maldives shows a greater link: 8.2% of students who used marijuana also reported experiencing bullying, in comparison to 2.4% who had not experienced bullying, and Bhutan also reported the highest percentage of marijuana use among those who were bullied (10.7%).

Early sexual initiation and high-risk sexual behaviour

Besides the use of alcohol and drugs, high-risk sexual behaviour was also found to be associated with experiencing violence in childhood. A study in India focused on child sexual abuse and its impact on the number of recent HIV risk behaviours and lifetime risk behaviours (Tomori et al. 2016). Researchers gathered data from adult men who have sex with men and found that 22.4% of the participants (from a total of 11,788) had experienced child sexual

abuse. Qualitative findings provided a deeper explanation, showing that child sexual abuse also led some participants to engage in sex work. Participants who experienced child sexual abuse also had more prevalence of lifetime, as well as HIV-related, risk behaviours (Tomori et al. 2016).

In the same line, another study, also conducted in India, interviewed children, their caregivers and professionals, to understand the impact of child sexual abuse (Choudhary, Satapathy and Rajesh 2019). Behavioural changes were frequently mentioned as one of the most common impacts. Adults (both parents and professionals) stressed the fact that children who had experienced sexual violence had poor body boundaries with adults, using their bodies to seek their attention and approval.

GSHS data also shows a link between early sexual initiation among adolescents and experiences of bullying in some countries in the region. In both Bangladesh and Bhutan, among students who had ever had sexual intercourse, the number of students who had experienced bullying was higher than the number of non-bullied students. This was the opposite in Nepal, where the percentage of non-bullied

students (19.3%) was higher than the percentage of bullied students (17.2%) among children who had ever had sexual intercourse.

Fear and exposure to further violence

Research from the region shows that violence against children impacts on their sense of trust and security. The researchers found that this led to hypersensitivity behaviours, including anger and fear, especially related to being touched by others (Choudhary, Satapathy and Rajesh, 2019). Murshid and Murshid (2019) focused on attitudes towards violence among a sample of 520 adolescents (aged 12–19) from rural and urban Bangladesh. Researchers established that the feeling of fear is significantly linked to exposure to violence. Likewise, they found that the attitude to retaliate was higher in adolescent girls than in boys, and the willingness to use weapons was connected to their direct experiences of violence.

Child marriage is a risk factor for violence against children as well as later exposure to intimate partner violence as an adult. There are significant statistical associations between child marriage and experiences of intimate partner violence in the South Asia region. In a secondary analysis of DHS data (Kidman 2017), marriage as a child (at age 15 or under, compared to under 18) predicted past year IPV in adulthood for women in several countries including India, Nepal and Pakistan. Women who were married as children under the age of 15 had 1.60 increased risk of past year physical IPV in India, compared to women not married as children. For women in Nepal the risk of experiencing physical IPV in the past year was two-fold and in Pakistan it was over 3 times higher for women married under the age of 15. The risk was also higher for those married between the ages of 15 and 17, with Indian women 1.5 times, Nepal women at 1.35 times and Pakistan women at 2.41 times more likely to experience past year physical IPV compared to women not married as children. In relation to the impact on adult sexual IPV experiences, we see a 1.5 times increase in risk in India and a 1.37 times increase in risk in Nepal for women who were married before the age of 15 (data for Pakistan was not available) (Kidman 2017). Another study in Bangladesh used panel data from 3,355 women first married 4–12

years prior in 77 Bangladeshi villages. Almost a half (44.5 %) of the women reported experiencing physical IPV and 78.9 % had married before the age of 18. This analysis found that marrying aged 18 or later significantly protected against physical IPV, but that this relationship was negated in villages where very early child marriage (< age 15) was prevalent, highlighting the importance of tackling early child marriage (Yount et al. 2016).

Data from the region shows that experiencing violence in childhood also increases IPV perpetration among men. The UN *Multi-Country Study on Men and Violence in Asia and the Pacific* found that all forms of childhood violence (physical abuse, sexual abuse, a combination of physical and sexual abuse, emotional abuse, neglect, and witnessing abuse of mothers) were significantly associated with all forms of IPV perpetration in adulthood across all six countries (Fulu et al. 2017; also see Fulu et al. 2013). A secondary analysis of the Sri Lankan data (Fonseka, Minnis and Gomez 2015) found that men's experiences of childhood sexual abuse and childhood emotional abuse were significantly associated with the perpetration of *all forms* of IPV (physical, sexual, emotional, and financial), and childhood sexual abuse was associated with double the odds of *sexual* IPV perpetration and *any form* of IPV perpetration. A secondary analysis of this same dataset, but with data from Bangladesh, found that among younger married men (aged 18–34 years old) 50% reportedly ever having perpetrated physical IPV and the majority (64%) reported childhood exposure to violence. The secondary analysis found that a man with more childhood exposure to violence had a higher likelihood of perpetrating physical IPV and a man living amid the most equitable gender norms had a lower likelihood of committing such acts (Yount, James-Hawkins and Naved 2018). Similarly, a national survey on violence against women in Bhutan found that women who have ever experienced partner violence reported that their partner was also hit more frequently in childhood than women not reporting partner violence (NCWC and UNICEF 2016).

Data from several South Asian countries highlights that witnessing father to mother violence in childhood makes men more likely

to perpetrate IPV in adulthood. In a secondary analysis of Sri Lankan data, witnessing the abuse of one's mother was the strongest predictor of physical IPV perpetration by men (Fonseka et al. 2015). Similarly, analysis of the International Men and Gender Equality Survey (IMAGES) data from eight countries (including India) found that witnessing IPV in childhood was the strongest predictor of physical IPV perpetration by men in adulthood (Fleming 2015). A secondary analysis of DHS data in Bangladesh found that witnessing father to mother IPV in childhood and living among strong norms of masculine dominance were associated with higher adjusted odds of justifying IPV, controlling family decisions, and perpetrating physical IPV (Yount, Roof and Naved 2018).

New secondary analyses have also found that men who experienced being bullied, teased, or harassed in school or in the neighbourhood in which they grew up as children also perpetrated higher levels of IPV in their adult relationships (UNESCO 2019). Secondary analyses also show that the link between men's experiences of childhood violence and witnessing parental IPV and perpetration of physical violence against a partner in adulthood may also be connected to alcohol or substance use and having a higher number of sexual partners (Fulu et al. 2017).

Children who have experienced violence that leads them to live and work on the streets are also highly vulnerable to further abuse or exploitation. For instance, Reza and Bromfield (2019) collected data from 75 street children in Bangladesh and their findings showed significant vulnerability for children, such as lack of well-being and survival conditions, including access to food, shelter and safety. In this scenario, in their daily life children deal with the need to engage in income generation along with income uncertainty. To support this evidence Moynihal and colleagues (2018), as part of a cross-country review of studies around sexual exploitation, found that there was a 41% prevalence of sexual exploitation among boys aged 5–19 in Pakistan (from a sample of 565 boys who live on the streets). The study also concluded that a higher proportion of children living on the streets exchange sex for shelter, food or entertainment money (16.7%) and drugs (13.5%). Furthermore, it found that more boys

who engaged in sex had also used any drug, than boys who did not engage in sex.

Friendship networks

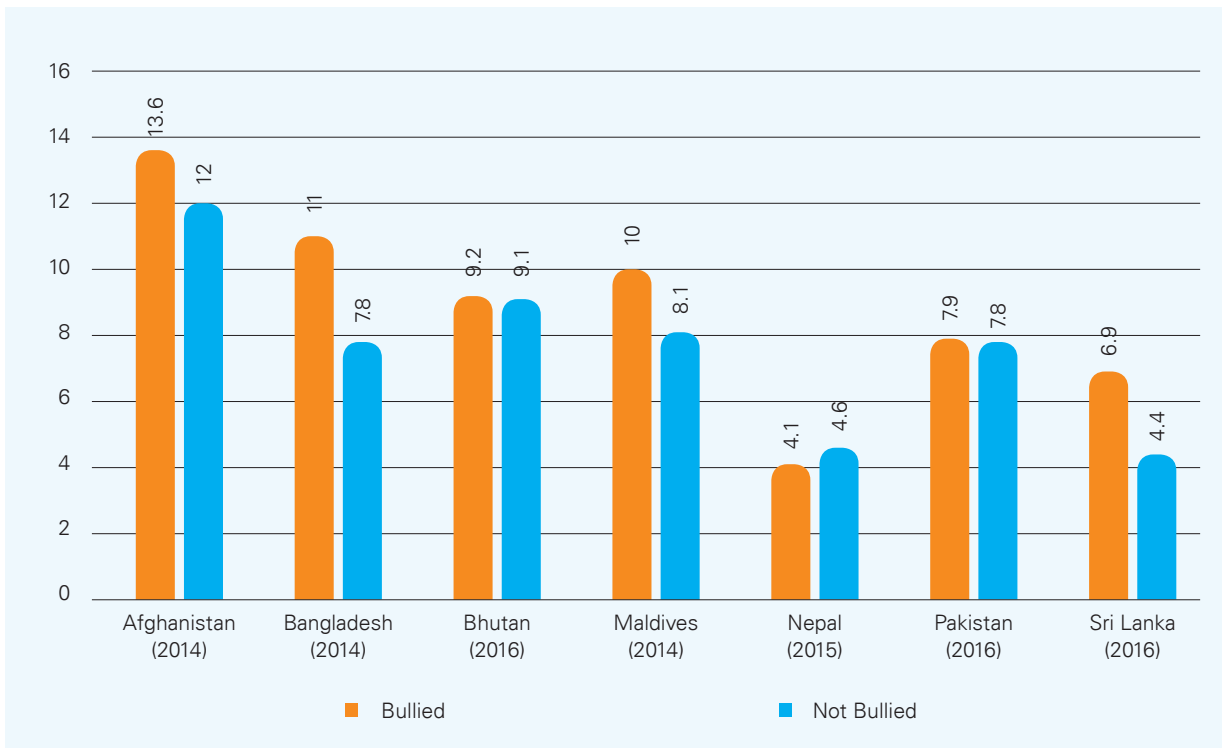
Having close social networks during childhood such as friends and peer groups could also be affected by the experience of violence. In Afghanistan, Bangladesh, Bhutan, Maldives, Pakistan and Sri Lanka, GSHS data found that the percentage of students with no close friends was higher among students who reported being bullied in the last month compared to their non-bullied peers.

Educational impacts

Global and regional data show that experiencing violence in childhood also has a significant impact on educational outcomes, such as the capacity to learn, as well as academic attainment and future education and employment prospects (Ogando Portela and Pells 2015; UNESCO 2019; Fry et al. 2018). Figures from a global systematic review and meta-analysis of studies from 21 countries, including countries in the South Asia region, found that children who have experienced any form of violence in childhood have a 13% predicted probability that they will not graduate from school. This global meta-analysis also found that males who experience bullying are nearly three times more likely to be absent from school and girls who have experienced sexual violence have a three-fold increased risk of school absenteeism, which further impacts on educational outcomes for these pupils (Fry et al. 2018). In a study conducted in India, findings suggested that because of the behavioural and emotional impacts of sexual abuse on children, their academic functioning was significantly affected. Researchers found a lack of interest in studies, reduced attention, and absent-mindedness in children as a result of their experiences of violence (Choudhary, Satapathy and Rajesh 2019). The Young Lives longitudinal study in India, found that experiencing corporal punishment in school is highly related to also having poor educational outcomes and test scores among children (Ogando Portela and Pells 2015).

The recent *Global Status Report on School Violence and Bullying* published by UNESCO in 2019, which

FIGURE 26. Percentage (%) of students who report having no close friends who were bullied versus non-bullied in the month before the survey, in seven South Asian countries, GSHS data 2014–2016



examined all educational and violence datasets found that bullied children are more likely to have worse educational outcomes than those students who had not experienced bullying, including lower scores in maths and reading tests. In addition, these analyses found that students who have experienced bullying have a higher probability of leaving formal education after finishing secondary than their non-bullied peers (UNESCO 2019).

In a study conducted with 1,752 children in Grade 6 in Pakistan, it was found that both peer victimization and peer perpetration experiences are linked to negative educational outcomes. However, there are significant differences according to gender. Boys who reporting perpetrating violence against and having ever been victimized by peers also reported a statistically significant higher prevalence of both having repeated a grade in school (27.5%) and absence from school in the last four weeks (88.1%), than boys who had either been victims only or those who had never experienced any peer victimization or perpetration (Karmaliani et al. 2017). For girls, the percentage of those who had a lower mean school performance score and those reporting that their last day absent from school was because they were too afraid to attend

school because of bullying was significantly higher for those who reported peer perpetration and victimization than for victims only or for girls who had never experienced violence (Karmaliani et al. 2017). A qualitative study in Bangladesh also found that teachers and other adults participating in the qualitative research said that experiences of corporal punishment could represent a factor in school dropout (Mitu et al. 2019).

Humanitarian emergencies also compound the link between violence against children and negative educational outcomes. Children, as well as women and elderly populations, are one of the groups at more risk of being affected by disasters (Ireland 2016; SAIEVAC, ECPAT International and UNICEF 2016), as well as climate change (Wijenayake 2018), in South Asia. The impacts on children include different kinds of risk, such as inability to access education and hazards to their psychosocial well-being, which also affect their education (Ireland 2016). A review that focused on the impacts of climate-related disasters in South Asia and examined adolescents' experiences of post-disaster gender-based violence, child labour, and family break-ups, found that all pose barriers to their development and learning (Hawrylyshyn and Harris 2012).

Resilience and child agency

Violence against children can have a range of consequences for children and their societies, including harm to their physical, psychological and mental well-being. However, there is also evidence that children's experiences of violence change with age and gender (Morrow and Singh 2016). In addition, children have agency to respond to their challenging situations (Morrow and Singh 2016; Reza and Bromfield 2019). For instance, Reza and Bromfield (2019) found that street children in Bangladesh usually engage in financial transactions within their peer networks, and those social networks contribute deeply to their well-being. Based on data collected

from the Young Lives longitudinal study in India, Morrow and Singh (2016) assert that children are not passive victims, but often display some resilient responses, such as intervening to protect others from violence, removing themselves from a situation of violence, and refusing or running away from home to escape violence. While the impetus should never be on children to protect themselves, it is also important to not only see children as passive victims and to engage with the evidence in the post-2015 literature on their rights and agency.

The next chapter highlights interventions in the region that have been effective in preventing violence against children.



Abdul Farah, aged 4, stands in the back of a truck at an encashment centre for returning refugees set up by UNHCR in Pul-e-Charkhi, on the outskirts of Kabul, Afghanistan. Abdul, his parents and his four brothers and sisters arrived at the centre the night before from Peshawar in neighbouring Pakistan. The family is returning after 12 years in exile to their home village of Charasiah in the central province of Logar. Abdul's father hopes to work as a tailor and send his children to school.

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UNICEF Afghanistan is working on the frontline providing first-hand information to vulnerable populations, such as people in internally displaced person camps like Hazrat Bilal in Mazar-e-Sharif, North of Afghanistan. An outbreak of COVID-19 could spread easily through the overcrowded confines and unsafe conditions typical of many camps and settlements.

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6

INTERVENTIONS TO PREVENT VIOLENCE AGAINST CHILDREN

In total, 20 post-2015 evaluated interventions in the South Asia region were identified in this review. The majority of interventions focused on:

- Education and life skills
- Parenting and caregiver support
- Norms and values (specifically gender norms programming)

A few interventions focused on:

- Income and economic strengthening specifically to prevent violence against children
- Response and support services, despite the abundance of programming in these areas

There has been an improvement in the robustness of evaluation methods used in recent studies. Published study evaluations post-2015 are more likely to include randomized or cluster-controlled trials or quasi-experimental designs with specific violence related outcome variables, and are also more likely to address more INSPIRE strategies, than interventions in previous reviews of research conducted in the previous decade. This does not mean that all evaluations are as robust as they could be, as there are still a lot of pre- and post-test designs (or post-test only) without control groups that only measure knowledge or awareness. Dedicated evaluation funding streams such as 'What Works for Ending Violence Against Women and Girls' have been crucial in supporting high quality evaluations of interventions, particularly in Afghanistan and Pakistan.

What was already known before 2015

Pre-2015, the violence prevention space was starting to shift towards more holistic and systemic approaches to child protection, as evidenced by the following reports and initiatives:

- WHO 2004 and 2014 reports on violence prevention
- The global Child Protection Systems Conference held in India
- Regional initiatives such as the South Asia Coordinating Group on Action against Violence against Children (SACG) and South Asia Initiative to End Violence against Children (SAIEVAC)
- Strong evidence and learning from violence against women (VAW) interventions, gender-norms, and community-based evaluations

The South Asia region also has rich data from previous interventions (many of which may still be ongoing, but from which no new evaluation data has been collected post-2015). Recent reviews have highlighted these previous interventions for preventing violence against children (see, for example, Solotaroff and Pande 2014; Fry 2016). Despite these reviews and the shift to systems thinking, there was still a dearth of interventions, both in the region and globally, on preventing violence that were documented and evaluated, compared to the number of interventions that were implemented.

Global context since 2015

Enhanced evidence base

The post-2015 era saw the greatest advancements in initiatives to prevent violence against children. The entire field of child protection is now embedded within the **Sustainable Development Goals**, which have several targets that address violence against children directly as well as targets that address the risk factors and drivers of violence. In addition, the **Global Partnership to End Violence Against Children** has been established to work alongside countries globally in using data, evidence and learning to develop solutions to prevent violence against children. Two specific data initiatives post-2015 have also been significant in strengthening the evidence base: the **Know Violence in Childhood** initiative and the **What Works to Prevent Violence Against Women and Girls** initiative, both of which are strongly represented in the data highlighted in this review.

The INSPIRE seven recommended strategies

In addition to this enhanced evidence base, one of the biggest advancements in the field of preventing violence against children has been the launch and publication of the **INSPIRE technical package** by the World Health Organization and endorsed by those working in this field. The INSPIRE package is our current best understanding of ‘what works’ – or interventions that are proven or highly likely to prevent violence against children to date.

INSPIRE’s seven recommended strategies include:

Strategy 1. Implementation and enforcement of laws

According to the INSPIRE evidence, laws prevent violence by defining the scope and definition of violence against children and giving a national endorsement that these violent behaviours are not acceptable, which may in turn help to shape social and legal norms (WHO 2016). In addition, legal frameworks can help to disrupt the key risk factors and drivers of violence (which were identified earlier in this report), as well as ensuring

consequences for those who do not follow the laws, which can disrupt notions of impunity for perpetrating violence against children (WHO 2010; Fry 2016). However, laws are not enough on their own to prevent violence, the enforcement of laws is also included as a crucial part of this INSPIRE strategy for prevention (WHO 2016). Developing and strengthening legal protections and policies for children must be combined with the means to enforce these protections in order to prevent violence against children.

Strategy 2. Norms and values

Beliefs about what others do, and what others think we should do, maintained by social approval and disapproval by those important to us, often guide a person’s behaviour, including the use of violence against children (Bicchieri and Penn Social Norms Training and Consulting Group 2015). Recent conceptual frameworks have sought to bring the concept of power much more centrally into social and gender norm theories (Pulerwitz et al. 2019). This framework argues that the role of power in decisions to adhere (or not) to existing norms and who benefits from those norms is central to changing social and gender norms (Pulerwitz et al. 2019). Norms are difficult to measure (Mackie et al. 2015), but despite this there is growing evidence of the effectiveness of these approaches – particularly around gender norms interventions in the South Asia region.

This review has highlighted that gender inequalities and negative gender norms, alongside other power dynamics related to intersectional identities in childhood, often drive violence against children in the region. A recent global review has found that programmes working with adolescent boys to promote gender-equitable notions of masculinities can be effective in preventing gender-based violence, especially where safe spaces for reflection are included and where issues of intersectionality are addressed (Marcus, Stavropoulous and Archer-Gupta 2018).

The post-2015 studies in this review also show that individuals and communities following restrictive and harmful social and gender norms are more likely to perpetrate physical, sexual and emotional violence against children (see previous

chapter on drivers of violence; findings from other evaluations conducted pre-2015 can be found in Solotaroff and Pande 2014 and Kerr-Wilson et al. 2020). Understanding, based on evidence, how these power dynamics intersect at all levels of the socio-ecological framework can lead to targeted prevention programming to leverage norm change.

Strategy 3. Safe environments

Safe environments prevent violence by creating child friendly spaces and ensuring that built environments and public spaces eliminate risks for children (WHO 2016). These types of interventions may also focus on policing or policies and interventions to reduce specific risk factors (specifically those related to the harmful use of alcohol and drugs and use of and access to firearms) (WHO 2010). These interventions can also relate to urban upgrading and neighbourhood modifications to prevent violence against children (WHO 2014).

Strategy 4. Parent and caregiver support

Parent and caregiver support not only prevents violence between caregivers/parents and their children, but can also prevent the early development of violent behaviour in children by enabling safe, stable and nurturing relationships and by addressing the risk factors that impact on parental capacity, knowledge, skills, and social support as well as attachment between parents/caregivers and their children (WHO 2010). Several global reviews of parenting programmes exist, including the review of reviews of violence prevention through parenting programmes undertaken as part of the Know Violence in Childhood global initiative (Desai et al. 2017), a review of Cochrane reviews on parenting (Barlow and Coren 2018), a review of the transportability of parenting programmes developed in high-income contexts to LMICs (Gardner, Montgomery and Knerr 2016), and the recent review of parenting interventions and impacts on adolescents in LMICs conducted by the GAGE study (Marcus, Kruja and Rivett 2019). Findings from all these reviews suggest that parenting programmes can impact directly on preventing violence against children (Desai et al. 2017; Gardner, Montgomery and Knerr 2016) and on reducing risk factors that

cause violence (Barlow and Coren 2018; Marcus, Kruja and Rivett 2019). The review of reviews on violence prevention found that there is a lack of good evidence from LMICs, where the risk of violence against children is greatest (Desai et al. 2017). Findings suggest that parenting programmes developed in different contexts can be 'transported' to LMICs and still achieve impacts, although this review did not include any studies from the South Asia region (Gardner, Montgomery and Knerr 2016). A review of challenges faced in LMICs in implementing parenting programmes found three key areas: whether or not parenting programmes were considered top-level priorities, gaps in the existing local knowledge base, and implementation challenges (Mejia et al. 2017).

Strategy 5. Income and economic strengthening

Empowering families economically prevents violence by reducing parental stressors linked to poverty, improving mothers' access to financial resources, which are often used for children, and preventing intimate partner violence, thus reducing children's exposure to family violence (WHO 2010). Emerging evidence from the INSPIRE technical package suggests that income and economic strengthening (IES) efforts are more likely to have the intended impact when they:

- Are combined with interventions that strengthen social assets, such as parent support programmes, life-skills education, or gender-norms change and gender-equity training
- Are carefully monitored to assess implementation and impact, particularly the influence of unanticipated factors (including for children)
- Include staff with economic and business skills as well as social welfare backgrounds
- Seek to link with broader social services and systems (WHO 2016)

According to INSPIRE, IES requires "careful assessment of safety risks to children and women and the need for additional child protection efforts linked to the programme. It is important to monitor children's safety and time-use patterns to make sure the programme is not harming them" (WHO 2016).

Two areas of IES programmes have specifically focused on addressing violence either directly or indirectly through addressing risk factors: cash transfer programmes for resource constrained households and IES for adolescents directly. A recent global review of 11 completed evaluations has shown that cash transfer programmes have protective impacts in some of the programmes, whereas others show no statistically significant links to violence prevention. The conclusion from this review is that more research is needed before cash transfer programmes can be claimed to reduce childhood violence in diverse LMICs (Peterman et al. 2017). A recent global review was also conducted by the GAGE programme assessing interventions promoting adolescent girls' economic capabilities and a key finding was that more evidence is needed to clarify the relationship between girls' economic empowerment and their vulnerability to violence (Stavropoulou 2018). Finally, a global review of what works to prevent violence against women and girls found that social protection programmes such as cash or food transfers are effective in preventing women's experiences of IPV, especially when they are combined with social components (group discussions, or other conditionalities) (Kerr-Wilson et al. 2020). Similarly, combined economic empowerment and social empowerment interventions (such as gender norms programming) are effective in preventing women's experiences of IPV (Kerr-Wilson et al. 2020). These are important findings for eliminating violence within the home, which this review has shown is a significant risk factor in violence against children and violence against girls married as children.

Strategy 6. Response and support services

Providing services to victims and perpetrators of violence against children can potentially disrupt cycles of violence by decreasing the reoccurrence of violence by providing services for children who have already been victimized and by mitigating the negative mental health consequences of violence against children, which can also be risk factors for further exposure to violence (WHO 2016). Previously cited examples from the region include the SAARC and SAIEVAC Hotline initiative that aims to have the same phone number for child abuse helplines across South

Asia (Fry 2016). Similarly, the 2011 evaluation of the National Child Protection Action Network (CPAN) in Afghanistan, which is a government-led network of government organizations and NGOs, aims to improve understanding and coordinate approaches across agencies in order to protect children (Zar 2012). The innovative model used in this initiative is now recognized as an example of a systematic approach to social and behaviour change with inter-locking and coordinated child protection systems resulting in a comprehensive network of prevention and response mechanisms from the community level through to the national level (Zar 2012).

Strategy 7. Education and life skills

Life skills and education prevent violence by fostering abilities for cognitive, emotional, interpersonal and social skills to foster self and social awareness, positive relationships, and responsible decision-making (CDC 2015). This area has the most evaluated interventions post-2015 in the South Asia region. A global systematic review of school-based peer violence and bullying prevention programmes identified 963 studies of various evaluation designs (Lester, Lawrence and Ward 2017). Of these, only 8 studies were identified from LMICs, including one study in South Asia (India) (Lester, Lawrence and Ward 2017). A more recent global review on interventions to prevent violence against women and girls through the 'What Works' Department for International Development (DFID)-funded initiative highlights data from evaluation trials in the region including as of yet unpublished data, specifically related to education and life skills for violence prevention (Kerr-Wilson et al. 2020).

A recent consultation was conducted with over 32,787 young people aged 15–24 through social media in the 8 countries in the region on young people's thoughts on education and life skills (Ernst & Young, UNICEF and ViaMo 2019). This consultation found that young people feel that education systems are not delivering the skill development they need and there are various pressures on young people to financially support their families, which can lead them to make choices earlier in life that impact on their education and employment later in life. Young people also

felt that females were much more disadvantaged in accessing work than males (Ernst & Young, UNICEF and ViaMo, 2019).

In order for these discrete strategies to work together to contribute to the common goal of ending violence, the INSPIRE technical package highlights that governments need to ensure they are:

- Embedded in a well-coordinated, resourced and regulated child protection system
- Overseen and supported by qualified and mandated professionals
- Informed by systems to monitor progress and evaluation effectiveness, and
- Multisectoral spanning health, social services, education, and justice sectors (WHO 2016)

While INSPIRE is one of the most significant achievements in the field of violence prevention to date, the original publication includes largely northern-developed and tested interventions, which reflects the historical development of prevention evaluation research globally. This systematic review seeks to identify evaluated interventions in the South Asia region since the adoption of the SDGs in order to add to the regional and global evidence-base for prevention.

What Works for Ending Violence Against Women and Children and GAGE

The What Works for Ending Violence Against Women and Children initiative has been central in producing high quality evaluations of interventions, particularly in Afghanistan and Pakistan. Additionally, the Gender and Adolescence: Global Evidence (GAGE) longitudinal study, which has just started and includes two countries from the region (Bangladesh and Nepal) has produced a series of global evidence reviews on various interventions including social protection, parenting and life skills, as they relate to gender norms and some instances violence prevention (see for example Stavropoulou 2018; Marcus, Kruja and Rivett 2019; and Kerr-Wilson et al. 2020, among others).

What this review adds

Interventions are embedded in systems, which are hard to evaluate, and structural drivers impact on these systems. The reviewed papers show findings around how having institutions that provide quality services can contribute to preventing and responding to violence against children (Jones et al. 2010; D'Costa 2016 Solotaroff and Pande 2014). However, researchers stress the need to strengthen the protection systems and promote child-friendly mechanisms to respond to children effectively, considering their particular needs (Save the Children 2010; UNICEF 2018a). This is reiterated in a study by Rotabi and colleagues on the Integrated Child Protection Scheme in India and relevant juvenile justice legislation, which found that it is vital to continue building the system at the local level, giving support to children and families, in order to improve the community response (Rotabi et al. 2019).

In one review, the literature identifies lack of funding as one of the most mentioned reasons for the failure of protection systems (Save the Children 2010). This lack of resources can lead to difficulty in allocating budgets for training professionals, ensuring adequate services and so on. In this regard, Deshpande and colleagues (2015) explored the knowledge and attitudes towards physical child abuse among medical and dental residents in India. The conclusion drawn was that lack of training and adequate knowledge among professionals and providers of services limits the adequate functioning of the protection system. In addition, as mentioned earlier from regional reviews, the patriarchal gender bias and barriers produce inequality, discrimination and exclusion, which can also influence the implementation of policies (Jones et al. 2010; Solotaroff and Pande 2014).

A recent review of child protection systems in Bhutan, Pakistan, Nepal and Maldives gives information about the challenges that need to be overcome to strengthen these systems (UNICEF 2018a). The study identifies how external and contextual factors, including natural disasters and political upheaval, as well as long-term population

trends, such as intergenerational changes in attitudes towards child marriage, domestic violence and physical punishment, interact with child protection systems and how these systems respond. What is commonly known and highlighted in a policy study in Bangladesh is that certain types of violence (such as sexual abuse) may garner less attention than child marriage, child trafficking and child labour (De Monchy 2016). From the regional review, all four countries faced challenges in improving the system in relation to the boundary between child protection and other systems, especially for gender-based violence in Nepal and child rights in Pakistan (UNICEF 2018a).

There has been a considerable effort post-2015 to map systems and legislation across the eight countries in the South Asia region. While it is beyond the scope of this systematic review to explore the child protection systems of the South Asian countries in-depth, several comprehensive reviews have been conducted that are useful for understanding the systems background within which evaluated prevention interventions are situated:

- **A review of legal frameworks for child protection in South Asia (UNICEF 2020c).** This comprehensive mapping exercise reviews legislation against international law and standards in the areas of child care and protection services, including mandates for prevention and early interventions and responses as well as procedures and services for reporting, assessing and responding to violence against children. Specific areas such as alternative care, adoption, guardianship, *kafalah* and surrogacy, justice for children, and children in conflict with the law are also explored. Finally, this comprehensive publication maps all the different pieces of legislation by type of violence. It is important to highlight that important legal shifts have happened in the region since 2015, including Nepal prohibiting all forms of corporal punishment (the only country in the region to do so).
- **A review of child protection systems in four countries in South Asia (Bhutan, Pakistan, Nepal and Maldives) (UNICEF 2018a).** This

review found that while a legal framework is necessary, there is also strong agreement that its existence is not sufficient to improve child protection (UNICEF 2018a). The review found that, in most cases, the system does not have the resources or policy framework needed for the enforcement of laws on child protection (UNICEF 2018a).

- **A review of legal and policy frameworks for adolescents in the eight countries of South Asia (Camilletti 2018).** This review found that, overall, the results suggest that some countries have laws or policies to protect children from many types of violence. However, there are still gaps, and more improvements need to be made to existing frameworks to meet international human rights laws and standards.
- **A review of the state of the social service workforce in South Asia (UNICEF 2018c).** This report describes the policies, education, funding and support available to the social services workforce, defined as paid or unpaid, governmental and non-governmental professionals and para-professionals and includes data on the composition of the workforce in each of the eight countries. This review found differences across countries in the region. For example, in relation to degree programmes for the social services workforce: high regional numbers were driven by a large number of social work and other degree programmes in India and Pakistan (UNICEF 2018c). The review also found that every country in the region has a unique configuration of how government ministries employ their social services workforce in providing services to children and families and the importance of the allied workforce, which includes professionals, para-professionals and volunteers involved in sectors such as education, health and justice, who also work towards the care, support, and promotion of rights and empowerment of children and families (UNICEF 2018c). This review contains a comprehensive mapping of this workforce and a summary of the statistics can be found in the country profiles in Appendix C.

These reviews are complimented by a global review, which sought to identify which UNCRC recommended child protection measures, such as policies, reporting systems, and services for child victims of violence were most important in establishing a basic level of child protection in 42 countries including India and Pakistan (Svevo-Cianci, Hart and Rubinson 2010). This mixed methods study found that when child protection is judged as comparatively more successful among study countries it is the result of the country having child protection infrastructure (legislation plus services) and information based intervention support programmes. These support programmes are often in the form of a mandate for the establishment of social services in policies designed to protect children (Svevo-Cianci, Hart and Rubinson 2010). The study also found that the most effective combination of strategies for meeting the UNCRC was legislation and social policies that support the provision of social services to all children, which are enforced/implemented in practice, supported by trained human resources, funded by government and/or partners, and accepted and used by an aware, informed public, especially those who have been victims of violence (Svevo-Cianci, Hart and Rubinson 2010).

The strongest evidence base in the region from evaluated interventions is in the area of education and life skills, which often also addresses social and gender norms. Specifically, four interventions on the prevention of violence have shown declines in violence – Help the Afghan Children (HTAC), Right to Play, SEHER and Coping Power Programme – and one programme, Gender Equity Movement in Schools (GEMS), did not show any decline.

- **The peace education programme Help the Afghan Children** was conducted and evaluated in Afghanistan for its impacts on children’s experiences of violence victimization and perpetration (Corboz et al. 2019). The evaluation of Peace Education in Afghanistan was a modified, interrupted time series design (with no control group) with a random sample of children interviewed in 11 intervention schools on 3 occasions approximately 6 months apart. The evaluation findings showed statistically

significant declines for both boys and girls in peer-violence victimization and perpetration across the time points, as well as a decline in corporal punishment and significantly fewer patriarchal attitudes among participants. These impacts were found to all be sustained to the 18-month endline measurement (Jewkes et al. 2020).

- **In Pakistan, the What Works Positive Child and Youth Development Programme implemented by the NGO Right to Play** trained coaches to provide 120 sessions of around 35 to 40 minutes of structured play to schoolchildren over a 2-year period (McFarlane et al. 2017). The programme aims to build children’s social and emotional skills through a play-based learning curriculum, including communication skills, gender equity, confidence-building, non-violence and leadership themes (Kerr-Wilson et al. 2020). The cycle of the play in the intervention included the following elements: 1) experience play (through a physical activity), 2) reflect (on activity), 3) compare and connect (with previous activity experience), and 4) apply (explain how the experiences can be applied in other situations in life) (What Works 2019). Children also participated in community-based thematic play days, tournaments, and summer camps. About five children per school were trained as junior leaders to assist the coaches. This randomized controlled trial with 1,752 Grade 6 students found that children who participated reported significant reductions in the perpetration and experience of peer violence, and also significant reductions in corporal punishment at school (Kerr-Wilson et al. 2020). Peer victimization scores were reduced by 33% for boys and 59% for girls and peer perpetration scores by 25% for boys and 56% for girls. In addition, depression scores dropped by 7% for boys and 10% for girls; gender attitudes scores by 14% for boys and 18% for girls; and corporal punishment at school by 45% for boys and 66% for girls; and physical punishment at home reduced by 62% for boys and 77% for girls (What Works 2019).
- **In Pakistan, the Coping Power Programme** is aimed at reducing aggressive behaviour and improving other positive behaviours and was

evaluated through a randomized control trial of pre- and post-testing with 112 fourth-grade boys in the intervention group and waitlist control group. The intervention group showed a significant reduction in aggression at post assessment, in comparison to the control group. Boys who received the Coping Power intervention also showed improvements in behaviour, social skills, and social cognitive processes, with better anger control and problem-solving strategies, in comparison to the control group (Mushtaq et al. 2017)

- **In India, SEHER, meaning 'dawn' in Hindi, is a multi-component, whole-school health promotion intervention** implemented in government-run secondary schools in Bihar state (Shinde et al. 2018). The intervention includes content on hygiene, bullying, mental health, substance use, reproductive and sexual health, gender and violence, rights and responsibilities, and study skills. Whole-school activities that are implemented alongside the life skills intervention include: 1) a school health promotion committee, 2) various awareness-raising activities, 3) a confidential letterbox platform for children to voice their concerns, 4) a wall magazine to build knowledge on key themes for the month, 5) and self- or teacher-referred counselling sessions in various formats (Shinde et al. 2018). The evaluation was done through a cluster randomized trial with 13,035 ninth-grade participants at the baseline and 14,414 at the end of the intervention. The lay counsellor implemented version of the SEHER programme showed significant increases (compared to the teacher implemented version and the standard government life skills programme) at follow-up for improving the school environment; reducing depression, bullying, violence victimization, and violence perpetration; and improving attitudes towards gender equity and knowledge of sexual and reproductive health (Shinde et al. 2018).
- **The International Center for Research on Women's (ICRW) Gender Equity Movement in Schools (GEMS) intervention** is a school-based programme for young adolescents aged 12 to 14 years (Grades 6–8) to prevent peer violence in India, Bangladesh and Viet Nam

(Achyut et al. 2017). The intervention includes activities to promote equitable attitudes and norms related to gender and violence among girls and boys, strengthen their understanding and skills to resolve conflicts without violence, and create a safe school culture that supports egalitarian and non-violent attitudes and behaviours (Achyut et al. 2017). GEMS was evaluated in two randomized control trials (with 40 schools per arm in India) and in a quasi-experimental study with 30 schools per arm in Bangladesh (Achyut et al. 2017). The findings show that it did not reduce the levels of peer violence perpetrated or experienced by girls or boys in any setting, although it is important to note that the prevention of peer violence was a secondary outcome for the intervention (Achyut et al. 2017).

There is mixed evidence on the effectiveness of teacher implemented prevention programmes in the region. The **SEHER** intervention, when delivered by a layperson (e.g., someone external to the school) demonstrated the effectiveness of the intervention in terms of improved school climate, depression, bullying, violence victimization, attitudes toward gender equity, and knowledge on reproductive and sexual health. Baseline data were collected at the start of the academic year, and endline data were collected eight months later at the end of the academic year. No significant differences were found, compared to a control condition, for SEHER delivered by teachers (Shinde et al. 2018).

A similar evaluation highlighted the challenges with teacher implemented school-based prevention curriculums and lessons for implementing these types of programmes in the future. For example, one intervention included training and supporting government middle school teachers to deliver the Youth First **Resilience Curriculum** also in Bihar, India. The evaluation consisted of a Participatory Action Research study of the resilience curriculum among 792 middle school youth and 55 teachers at 15 government schools. A number of schools showed relatively high levels of interest, session reliability and fidelity, student interaction and teacher facilitative abilities, but there was great variation within the sample. Three leverage points emerged to facilitate future scale-up: factors for

successful site assessment and programme initiation, supporting teacher success via interest and motivation, and responding to varied teacher skill levels (Leventhal et al. 2018).

One gender norms intervention that compared younger boys (aged 13–14) and older boys (aged 15–19) found that changing gender norm beliefs may be more effective for younger boys, but that these boys may have a lower chance of intervening to stop incidents of violence they had witnessed than older boys.

Gupta and Santhya (2020) examined the differential effect of exposing boys to a gender transformative programme (**Do Kadam Program**) in India in early and late adolescence on their gender roles, attitudes and practices. The study used a cluster randomized trial design with panel surveys of boys aged 13–21 years from intervention and control cricket clubs (15 each in the two branches of the trial) at baseline and endline and repeated in-depth interviews with selected baseline participants in the intervention branch conducted before, during, and at the conclusion of the intervention. At baseline, 1,149 boys were interviewed and at endline 1,033 (90% of baseline respondents were re-interviewed), with loss to follow-up being mainly due to migration (73–75% of boys who were lost to follow-up) and refusal by the respondent or his parents (14–16%). The sociodemographic characteristics of boys who were interviewed and those lost to follow-up were similar. Of the boys interviewed at both baseline and endline, 38% were aged 13–14 years (N=393), and 55% were aged 15–19 years (N=569) (Gupta and Santhya 2020).

The Do Kadam Program trial explored the gender transformative life-skills education and sports-coaching programme for younger boys (aged 13–14 years) and older boys (aged 15–19 years) and found that the intervention had a significantly greater effect on helping younger, more than older, boys to espouse gender-egalitarian attitudes and attitudes rejecting men's controlling behaviours, including men's perpetration of wife beating and violence towards unmarried girls. Younger boys were twice as likely to report that their peers would respect them for acting in gender-equitable ways compared with older boys. However, younger

boys had lower chances of intervening to stop incidents of violence that they had witnessed, compared with older boys. The research found that these differences in gender norms and behaviours remained significant even when differences in regular exposure to the intervention was adjusted (Gupta and Santhya 2020).

Of the recent evaluated gender norms interventions, most show changes in adherence to negative gender norms, but no direct reduction in violence related outcomes.

This may be due to the intervention itself or the evaluation approaches used, which often do not have long enough timelines post-intervention to measure changes in violence against children.

For example, a study that explored delivering gender norms prevention programming through sports activities was also conducted in India. This was delivered to male athletes, aged 10 to 16 from 27 schools, and evaluated in a quasi-experimental study with 19 schools in a comparison arm. The intervention showed no significant reduction in sexual violence perpetration at the 12-month follow-up (Miller et al. 2014). While the quantitative evaluation was conducted before 2015, a later publication of a qualitative evaluations highlights the potential impact on the gender norms of the trainers. The qualitative evaluation explored the impact on the trainers of the intervention by holding 20 interviews with the female partners and kin of male cricket coaches who were trained to deliver the **Coaching Boys into Men** curriculum to boys.

Many of the women interviewed observed shifts in the men's attitudes towards doing household work and helping female members with chores and child care. Most women also reported an increase in interaction between them and their husband/brothers/sons. The interviews with wives of husbands who had taken part in the Parivartan programme probed for changes in sexual relations with their husbands. The majority of wives reported significant changes in their sexual relations, including increased decision-making power and shared responsibility for family planning, and almost all women reported that the level of aggression among men had decreased tremendously during the programme implementation period (Das et al. 2016).

Another study explored gender norms programming with mothers in Sri Lanka. Herath and colleagues (2018) conducted a quasi-experimental study in two rural villages in Anuradhapura district including women who had a child under 5 years of age. One village received an intervention developed based on a health promotion approach and the other village was the control group. A community-based mechanism to question selected gender norms among women was developed as the intervention. The pre- and post-intervention assessments of the level of acceptance of gender norms were done using an interviewer administered questionnaire and focus group discussions. Following the intervention, the acceptance of prominent gender norms was changed significantly, including self-reported positive behaviour changes and greater understanding of gender concepts among the women receiving the intervention, compared to the control group (Herath et al. 2018).

Emerging evidence suggests that certain INSPIRE strategies, such as those linked with safe environments, which are more closely related to girls' experiences of structural violence, may need to be tackled first before other interventions (or components of interventions) can be effective. One example of addressing multiple INSPIRE strategies at once is the **Compass Programme** in Pakistan. This programme provided weekly life skills sessions for adolescent girls in safe spaces accessible only to women and girls, as well as monthly discussion groups for the caregivers of enrolled girls. The sessions included topics such as supporting adolescent girls and understanding violence and abuse, as well as targeted training and ongoing support for service providers to enable them to develop knowledge, capacity, and skills on adolescent girls' needs, particularly after experiencing violence (Asghar et al. 2018). As such this intervention included many of the INSPIRE strategies (safe environments, parent and caregiver support, response and support services, and education and life skills). Quantitative pre-test and post-test findings found significant improvements in movement and psychosocial well-being, and some improvements in social support, knowledge of services, and gendered

rites of passage, whereas, findings on changes to safety and comfort discussing life skills topics were not significant (Asghar et al. 2018)

The evaluation of the **Compass Programme** consisted of a single-group, within-participant, pre-test and post-test survey of adolescent girls aged 12–19 enrolled in the intervention (n=78) in three districts of Khyber-Pakhtunkhwa province. The evaluation found that lack of safety in public places may lead caregivers to restrict girls' movement outside the home, which in turn impedes their ability to attend life skills and other forms of programming, even when such programming occurs in a space specifically for women and girls (Asghar et al. 2018). This is an important finding that highlights the fact that certain INSPIRE strategies may need to be focused on first (e.g., safe environments and gender norms) to ensure that other prevention programmes are not undermined in the region.

Parenting interventions have shown increased positive parent-child interactions and delayed child marriage, but the majority do not measure violence reduction outcomes. Three interventions from the South Asia region were included in the review of parenting programmes by GAGE, two of which were conducted post-2015 (Marcus, Kruja and Rivett 2019). These interventions measured changes in gender norms, delays in early marriage and also parent-child interactions (which we have seen in this review are significant drivers and risk factors for violence against children). Although they did not measure changes in violence prevention, they are highlighted for their potential to decrease risk factors that lead to violence. The first programme is the **Choices-Voices-Promises** intervention in Nepal with parents of adolescents aged 10 to 15 years old, which is delivered as three interventions aiming to reduce gender inequity among adolescents (Choices), families (Voices), and communities (Promises). Two communities received the individual-level Choices intervention as well the family and community Voices and Promises interventions and two comparison communities received only Choices (Lundgren, Gibbs and Kerner 2018). The sample included 1,200 adolescents and 600 parents, who were

interviewed at the baseline before implementation and at a follow-up one year later (Lundgren, Gibbs and Kerner 2018). Voices used videos followed by discussions to influence parents' gendered behaviour and attitudes around expectations for their children (e.g., division of household tasks and food, allowing equal homework time, and bringing hope to girls and boys) (Lundgren, Gibbs and Kerner 2018). This evaluation found that the intervention created an average increase of seven months delay in child marriage and positive impacts on parents' attitudes about when they want their own daughter to get married (Lundgren, Gibbs and Kerner 2018). The overall findings are promising and suggest that adding family and community interventions may improve gender equity (Lundgren, Gibbs and Kerner 2018).

The other evaluated intervention highlighted in the GAGE review (Marcus, Kruja and Rivett 2019) is the **Creative Stress Relief Programme** in India. This programme aimed at fostering adolescents' autonomy and promoting their academic potential in a stress-free manner and, most importantly for potential violence prevention, fostering parents' connection with their adolescent children (De Wit et al. 2018). The result of the intervention was that mothers reported spending more quality time with their adolescent children post-intervention and felt good playing and connecting with their children, both of which led to reduced frustrations with their children and improvements in their family relationships (De Wit et al. 2018).

Two additional parenting intervention evaluations were found in this review that were evaluated post-2015. These include a parent training programme that was developed and evaluated in Pakistan, which focused on reducing authoritarian and neglectful parenting behaviours. Parents of adolescents (n=110) with challenging behaviours (defined as above average delinquency) were screened in five randomly selected schools in Lahore in Punjab, Pakistan and then parents were randomly placed in either the intervention or control group. The intervention group participated in seven sessions of the parent training programme. Findings show that participants in the parent training programme displayed an increase in authoritative parenting behaviours and a decrease in authoritarian and neglectful parenting behaviours at both post-test

and follow-up periods. In addition, their children showed reductions in parent-reported challenging behaviours (Kausar and Pinquart 2019).

A video assisted teaching programme on the prevention and management of child abuse was conducted with 100 purposively selected mothers in India. This intervention was evaluated using a one group pre- and post-test design. Prior to the intervention, 57% of the mothers had moderate knowledge and 43% had inadequate knowledge about the prevention and management of child abuse. After administration of the video assisted teaching programme, the post-test knowledge score was significantly higher than the pre-test knowledge score, however, the evaluation did not measure changes in parenting behaviours (Malla et al. 2018).

The income and economic strengthening (IES) programmes in the region do not focus on reducing violence against children, although some aim to reduce risk factors for violence such as child marriage with mixed results.

While no evaluated interventions were conducted post-2015 that directly assessed impact on violence against children as a result of an IES programme, three were conducted that addressed risk factors for violence against children and, thus, may hold promise for violence prevention. For example, an **Emergency Top Up Cash Transfer Programme (ETCTP)** was conducted in Nepal where emergency cash benefits were provided to beneficiaries of government social assistance programmes in the most earthquake-affected districts as a top-up to regular payments post-earthquake in 2015 (UNICEF 2016c). Evaluation surveys were administered to 880 randomly selected beneficiaries across 11 districts. Qualitative evaluation approaches were also used with 22 focus group discussions and 47 key informant interviews also conducted. The findings showed that the ETCTP met immediate household expenditure needs and increased household resilience by reducing the use of negative coping mechanisms and behaviours. Nearly all of the intended beneficiaries received a cash top-up (93%) and the cash was most commonly used to meet basic daily needs such as for food, medicine, clothing and other household essentials (UNICEF 2016c).

Similarly, the GAGE programme reviewed adolescent economic empowerment globally in three intervention areas: 1) financial education and/or assets interventions, 2) vocational and/or business skills training interventions, and 3) integrated interventions that have an economic component (Stavropoulou 2018). No interventions were found that specifically assessed the impact on violence against children, however, two interventions were found post-2015 that had impacts on child marriage, a risk factor for violence. The Bangladeshi Association for Life Skills, Income and Knowledge for Adolescents (**BALIKA**) programme and the **Kishori Abhijan** programme also in Bangladesh, both of which focused on vocation/business skill training, had a significant impact on delaying child marriage (Amin et al. 2016; Field et al. 2016). Other programmes particularly in India also found the same findings prior to 2015 (Stavropoulou 2018). However, a desk review of social protection programmes in the South Asia region found mixed reviews on the impact of these programmes on children's vulnerabilities, including preventing child marriage (UNICEF 2009).

There is still a focus in some violence prevention programmes on only aiming to increase knowledge or awareness of violence, instead of moving towards enhancing skills and reshaping norms and structures related to violence prevention. In India, for example, a structured, multi-session teaching programme on the prevention of sexual abuse was conducted and evaluated using a single group pre-test and post-test design. The study was conducted among 60 high school students who were selected using stratified random sampling. The results of the study showed that the teaching programme improved high school students' knowledge regarding the prevention of sexual abuse by 20.5% (Fulgen 2017). Unfortunately, behaviours and attitudes were not measured. A similar programme was conducted and evaluated with teachers and parents on an intervention to address child abuse in selected government schools. A similar one-group pre-test and post-test design was used with 80 participants, and it was found that the guidelines increased the knowledge and positive attitudes of teachers and parents in responding

to violence against children (Rani 2019). Again, no behaviours were assessed.

Some of the strongest prevention data in the region has come through dedicated funding streams, such as the 'What Works for Preventing Violence Against Women and Girls' initiative, highlighting the importance of dedicated direct evaluation funding for moving the evidence base forward for preventing violence against children. The majority of prevention programmes in the region remain poorly documented and not evaluated. Those that are evaluated often suffer from limited resources to conduct robust and independent evaluations. However, two recent evaluations were part of What Works to Prevention Violence Against Women and Girls, a flagship programme funded by DFID for £25 million over five years to support primary prevention projects across Africa, Asia and the Middle East. Two programmes highlighted earlier—the HTAC peace education programme and the Right to Play intervention in Pakistan—provide some of the most robust evaluations (and also prevalence data) for preventing violence in the region.

The post-2015 literature also highlights that children are not passive victims of violence; on the contrary, it is recognized that they possess many ways to respond with agency and voice. In fact, different research highlights the need to listen to children's voices and to strengthen their agency, for both research around violence and the development of prevention programmes and policies. For example, two longitudinal data collection efforts have prioritized children's voice and agency as central to their research questions and embedded them in their research methodologies. The cross-country longitudinal study, Young Lives, which includes India, promoted seeing children as active agents and enabling them to participate and contribute actively to research (Pells and Morrow 2018; Singh and Vennam 2016). Similarly, the GAGE longitudinal study conducted in Bangladesh and Nepal, among other countries, views children's participation, voice and agency as central to understanding children's lived experiences and making child-centred change. In addition, studies in Bangladesh recognize the

need to empower children, peers, parents and caregivers, and professionals to identify risks, seek help and create solutions before violence takes place (World Vision 2019). A recent study on child activism to prevent child marriage in the country shows the need to promote strategies to recognize children as right holders and social actors (Tisdall and Cuevas 2019).

Information from two reviews of interventions related to tackling violence against children in Nepal and Bangladesh, carried out as part of the GAGE longitudinal study, *found that interventions focus on enhancing children's agency and empowerment have great results*. For instance,

the research in Nepal asserts that programmes need to provide girls with opportunities to interact with peers and role models, access information, learn life skills, and grow their aspirations and voice. It offers an example of how to provide information about menstruation to adolescents, helping them to be less worried and scared about this natural process (Samuels, Ghimire and Uprety 2017). The research in Bangladesh indicated that participation in clubs enables girls to develop their leadership and communication skills, increasing their self-confidence, and their ability to express their concerns and engage in decision-making processes (Stavropoulou et al. 2017).



Young Rohingya children draw in the UNICEF child-friendly space in Balukhali Refugee Camp, Cox's Bazar, Bangladesh. Many refugee children are not able to speak of the violence that they witnessed or experienced in Myanmar. UNICEF has established children friendly spaces to give children a safe outlet in which to express and process some of the trauma.

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A girl peers out of her home among the narrow lanes of Shivaji Nagar slum in Mumbai. Shivaji Nagar has a population of approximately 25,000 and a density of about 1.2 persons per metre.



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7

CONCLUSION AND GAPS

All neglected issues have bad data.

- Dr Lincoln Chen,
Global Chair Know Violence¹⁰

This review found that children experience multiple forms of violence and that this violence has a significant impact on their health, well-being and educational outcomes. The landscape in this field has changed significantly since 2015, with the inclusion of more trend data, which shows decreases in some areas including small declines in the beliefs around the necessity of physical punishment of children by mothers/caretakers; decreases in adolescents reporting being physical attacked; and mixed findings (a combination of decreases and increases in certain countries across the region) for adolescent IPV and beliefs around the justification of using IPV in certain situations, bullying and physical fighting among adolescents in school, and the use of physical punishment in the context of discipline against children aged 1–14 by mothers/caretakers. This regional trend data highlights the importance of the individual country context for interpreting data. Post 2015 we have also seen the region's first nationally representative violence against children survey in Bhutan and several key reviews on mapping child

protection systems, the social services workforce and a legislative review. The evidence base has also shifted since 2015 to include more data on the intersections of identity and inequalities with risk factors to better understand children's experiences of violence, although more could be done to better disaggregate data. The evidence base is also expanding, beyond only exploring the health impacts of violence against children to examining educational and learning outcomes as well. This review has highlighted how the prevention landscape has shifted with some key initiatives since 2015 and also identified some very promising evaluated interventions that can end violence against children, including interventions that can be conducted in school-based settings, that address social and gender norms, and that are underpinned by an effective child protection system.

The goal is to use these findings to measure progress going forward to accelerate evidence and action to address the SDGs for violence prevention. In order to do this, several gaps in the

¹⁰ Cited by a respondent in an in-depth interview

evidence have been identified by this review, including the following:

- **There is a gap in research on structural violence and its relationship with interpersonal violence against children and how they are jointly addressed.** There is also limited data on interventions to address structural violence.
- **There is an urgent need to develop systematic data collection systems that provide disaggregated subnational, urban/rural, age and gender specific data on violence against children and gaps in child protection services.** This review has highlighted that systematic data collection efforts are piecemeal – only measuring parts of the puzzle. More disaggregated data is needed.
- **Gaps exist in data on school-related gender-based violence (SRGBV),** and it is difficult to determine the scope of these types of violence, as evidence is scattered and difficult to compare across countries due to varying methodological approaches. Particular gaps include identifying the magnitude and scope of SRGBV with quantitative data to explore how it impacts on girls and boys differently, including on sexual violence that is experienced in schools and on the way to and from school. However, it is important to note that violence happens across children’s lives and research on violence in schools should explore violence in other settings.
- **Gaps exist in data on violence against children in the early years and among ‘younger’ children.** While there are methodological and ethical challenges to conducting research among younger children, it is still crucial to build the evidence base. Similarly, more evaluations are needed on prevention programmes with younger children and linking the prevention of violence against children to parenting for early childhood development.
- **There is an increasing need to identify protective factors for violence against children.** Globally, risk factors are much more frequently measured than protective factors.

However, several large initiatives in the region have started to bring children’s voices and agency into their research, which will hopefully generate more data on what creates resilience and protects especially high risk children from violence.

- **Increased data on the impacts of Covid-19 as a humanitarian crisis in the region is needed to add to our understanding of how health pandemics impact on violence against children.** While at the time of writing this report, Covid-19 is just emerging in the region, based on evidence from this review we can expect it to be a major driver of multiple forms of violence against children. It will be important to measure and study these impacts to understand how early interventions can help prevent violence in these situations.
- **Increased data is needed on intersecting drivers and risk factors and experiences of multiple forms of violence (polyvictimization).** What is clear from this review is that there is now a trend in research studies to explore multiple types of violence and multiple risk factors in one study. This trend should be encouraged and pushed further to develop more pathways for the analysis of different types of violence by age and gender.
- **We need better understanding of the links between gender attitudes and gender norms so that existing data can be used more effectively for programming.** Comparable data exists for gender attitudes related to intimate partner violence and trend data in this area varies between countries. More research should be done to better understand how this data is linked to perpetration and victimization data so that it can be better used for gender norms programming.
- **Children living with disabilities were found in this review to be at an increased risk of violence,** but more research is needed on effective interventions to address this in the region.
- While data in the region is growing in terms of showing the impact of violence against children on educational outcomes, it is also

important to **research the economic impact of violence against children** by exploring the impact on employment, wage earnings, human capital and GDP in the region. Part of this would involve more research on the **impact of violence against children on education in the early years** and how this may set inequitable trajectories for certain children over time.

- **Research is needed on gang violence and other forms of community violence against children.** A global systematic review of youth gang violence interventions in LMICs, including in South Asia, found that while there were a large number of reports documenting gang violence (n=368), most did not specifically mention a prevention intervention and, of those that did (n=30), none included evaluation measures that could report on effectiveness (Higginson et al. 2016). This is a large gap in the field of violence prevention research globally.
- **There is a gap in the evaluation of income and economic strengthening programmes**

that focus on violence prevention outcomes for children. These cash plus type programmes could substantially enhance the evidence base in this area, which is still mainly focused on consumption and education and preventing violence against women outcomes.

- **There is a gap in evaluated interventions around creating safe environments** – including specific policing approaches, creating safe spaces, urban upgrading, and interventions to limit alcohol sales points – as well as whether these interventions either alone or in combination with other INSPIRE strategies actually prevent violence against children in the region.
- **There is also far greater work needed to understand the impact of programmes that have been found to be effective on diverse population groups**, to learn under what conditions they are effective, how they can be scaled up, and what the pathways of effect and change are so that they can be adapted in different contexts.



Children play in a tent house – a UNICEF-supported child-friendly space in Tundikhel, Kathmandu, Nepal – after the earthquake in 2015. A UNICEF counsellor was present at the space to talk with children about what they had endured.

© UNICEF/UN014/1138/Karki

A girl in the camp for internally displaced people at Hazrat Bilal in Mazar-e-Sharif, Afghanistan.



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Appendix A

SEARCH STRINGS

Core search string:

(child OR childhood OR children OR adolescents)
AND ('maltreatment' OR 'violence' OR 'sexual abuse' OR 'physical abuse' OR 'emotional abuse' OR 'mental abuse' OR 'neglect' OR 'negligent treatment' OR 'exploitation' OR 'abuse' OR 'bullying' OR 'trafficking' OR 'polyvictimization' OR 'war' OR 'conflict' OR 'terror*') AND ('Afghanistan' OR 'Bangladesh' OR 'Bhutan' OR 'India' OR 'Maldives' OR 'Nepal' OR 'Pakistan' OR 'Sri Lanka' OR 'South Asia')

Search String 1: Prevalence/incidence of violence against children

Core search string + AND 'prevalence' OR 'incidence'

Search String 2: Drivers, risk and protective factors in violence against children

Core search string + AND 'Structural' OR 'Institutional' OR 'Community' OR 'Norms' OR 'Interpersonal' OR 'Individual' OR 'risk factors' OR 'protective factors' OR 'drivers' OR 'causes' OR 'environment' OR 'religion' OR 'caste' OR

'ethnicity' OR 'disability' OR 'gender' OR 'war' OR 'terror*' OR 'conflict'

Search String 3: Consequences of violence against children

Core search string + AND 'consequences' OR 'sequelae' OR 'impact' OR 'mental health' OR 'well-being' OR 'physical health' OR 'health' OR 'criminal*' OR 'aggression' OR 'education' OR 'learning' OR 'livelihoods' OR 'employment'

Search String 4: Interventions for violence against children

Core search string + AND ('prevention' OR 'response' OR 'child protection' OR 'systems' OR 'legislation' OR 'policy' OR 'norms' OR 'parenting' OR 'program*' OR 'family support' OR 'counsel*' OR 'treatment' OR 'birth registration' OR 'life skills' OR 'education' OR 'income support' OR 'economic' OR 'support services' OR 'reporting' OR 'referrals' OR 'police' OR 'law enforcement' OR 'safe environments' OR 'care' OR 'alternative care' OR 'social welfare' OR 'social work' OR 'psycho-social' OR 'recovery' OR 'offender treatment')

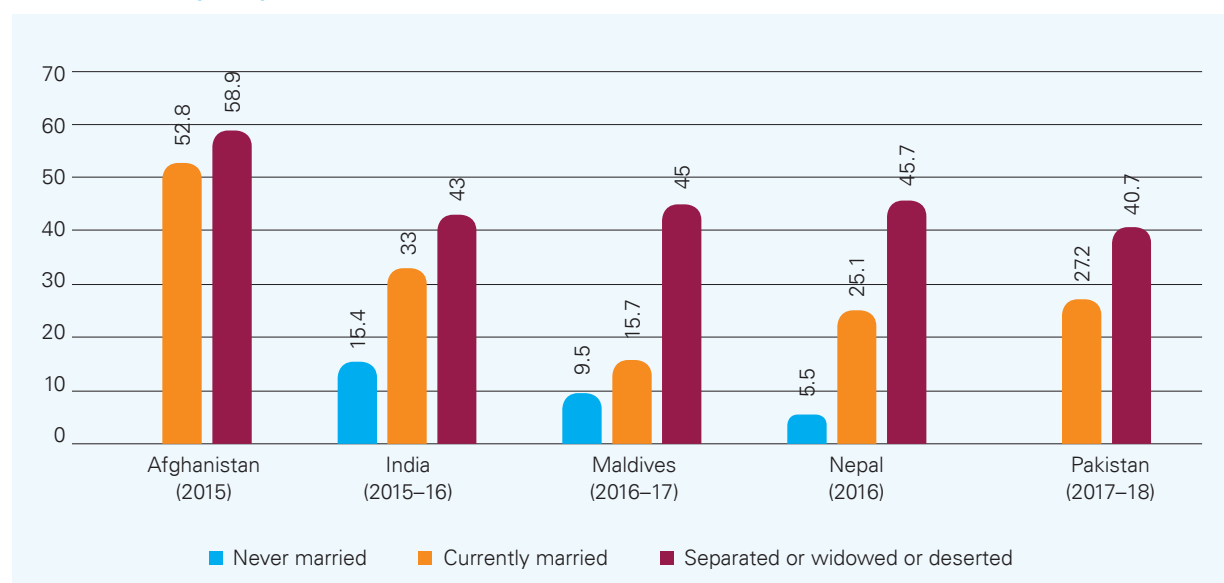
Appendix B

ADDITIONAL DHS TREND DATA GRAPHS ON INTIMATE PARTNER VIOLENCE AND BELIEFS AMONG ADOLESCENTS

Measurements provided by the DHS on the prevalence of physical violence allow us to observe specific acts committed by a current or former husband or male intimate partner upon adolescent women aged 15–19. These physical

acts are classified as: slap; twist arm or pull hair; push shake, or throw something at her; punch with his fist or with something that could hurt; kick, drag, or beat-up; try to choke, or burn on purpose; threaten or attack with a knife, gun, or

Figure B1. Prevalence (%) of women aged 15–49 experiencing physical violence since age 15, by marital status (DHS)



any other weapon. It also includes 'yes' responses to the following questions:

- Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?
- From the time you were 15 years old has anyone (other than your/any husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically (Macquarrie, Mallick and Allen 2017)?

When comparing DHS data on the prevalence of women aged 15–49 who had experienced any aggression or physical violence since the age of 15 we see that reports are highest among women who are separated, widowed, or deserted from their spouse or partner across all countries, followed by women who are currently married. DHS data collected in India, Nepal, and Maldives show that the experience of physical violence among women drops sharply among those who have never been married.

Justifications for wife-beating by age and gender among countries in South Asia¹¹

Figure B2. Prevalence (%) of men and women aged 15–59 who believe wife-beating is justified in any of the five scenarios (DHS 2015)

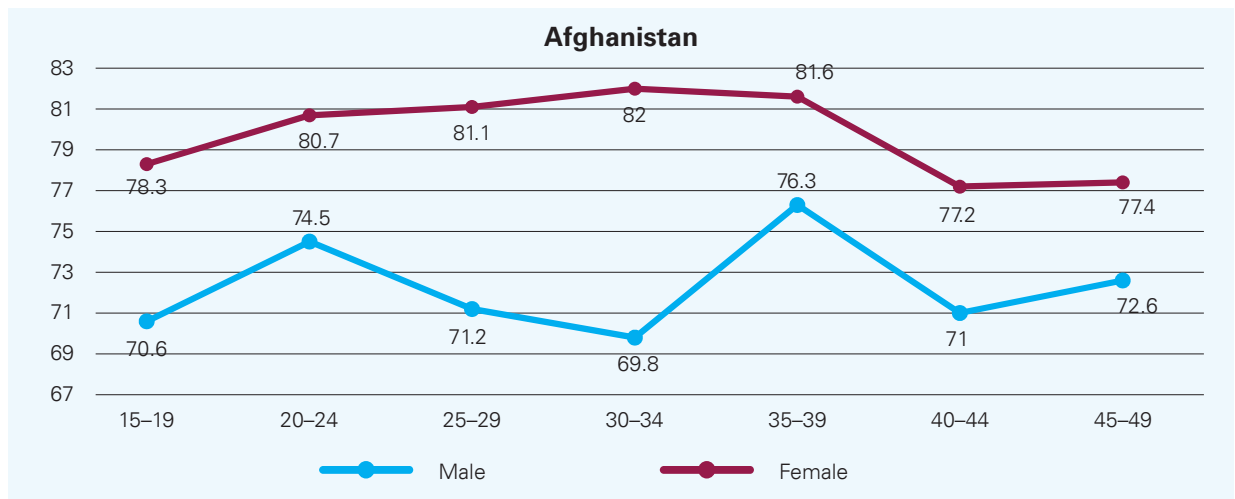
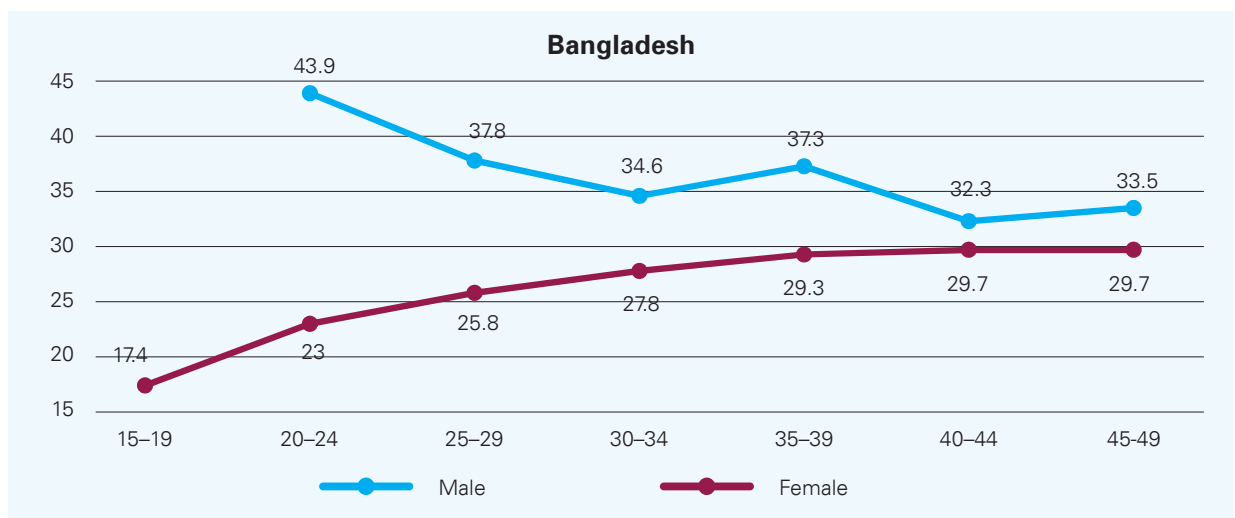


Figure B3. Prevalence (%) of men and women aged 15–59 who believe wife-beating is justified in any of the five scenarios (DHS 2007, 2014)



¹¹ Attitudes toward wife beating are captured through DHS and MICS household surveys by asking if respondents think that a husband is justified in beating his wife under the following situations: if she goes out without telling him; if she neglects the children; if she argues with him; if she refuses to have sex with him; if she burns the food; or if she neglects the in-laws (Kishor et al. 2008).

Figure B4. Prevalence (%) of men and women aged 15–59 who believe wife-beating is justified in any of the five scenarios (DHS, 2015)

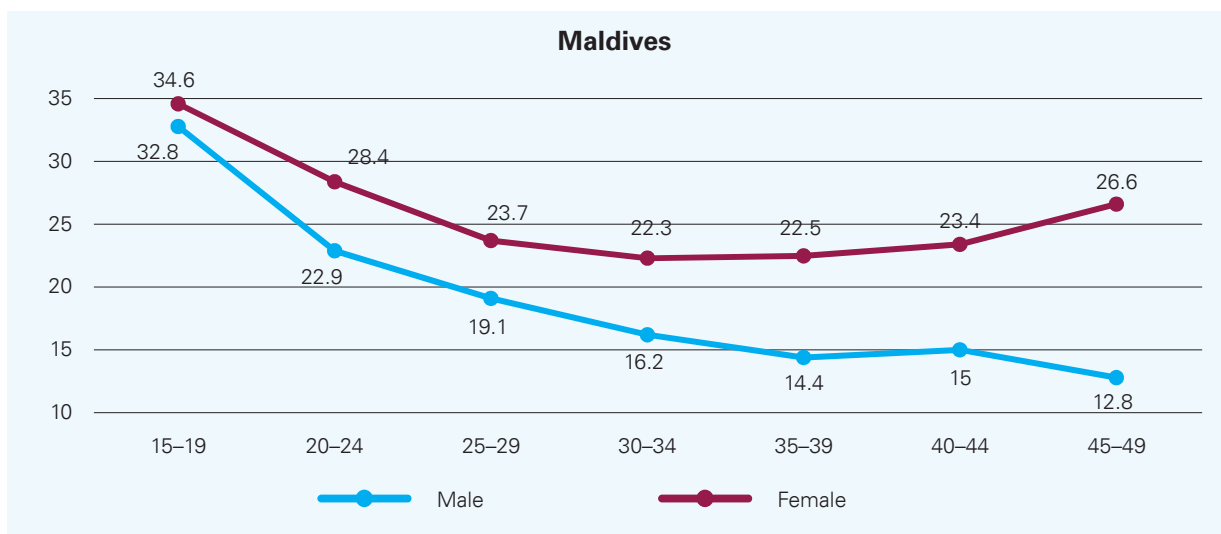


Figure B5. Prevalence (%) of men and women aged 15–59 who believe wife-beating is justified in any of the five scenarios (DHS 2015–2016)

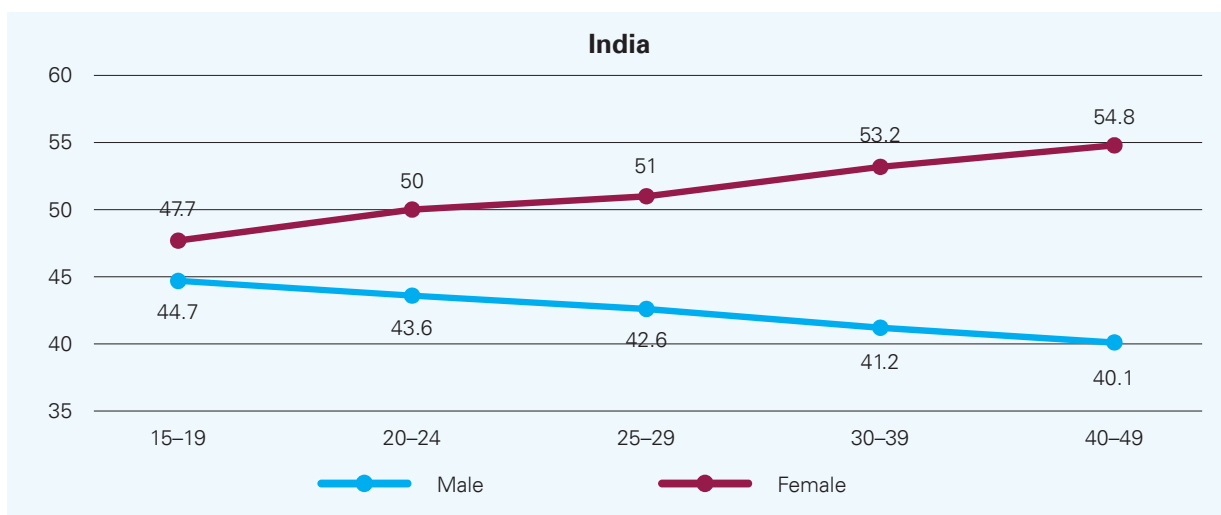
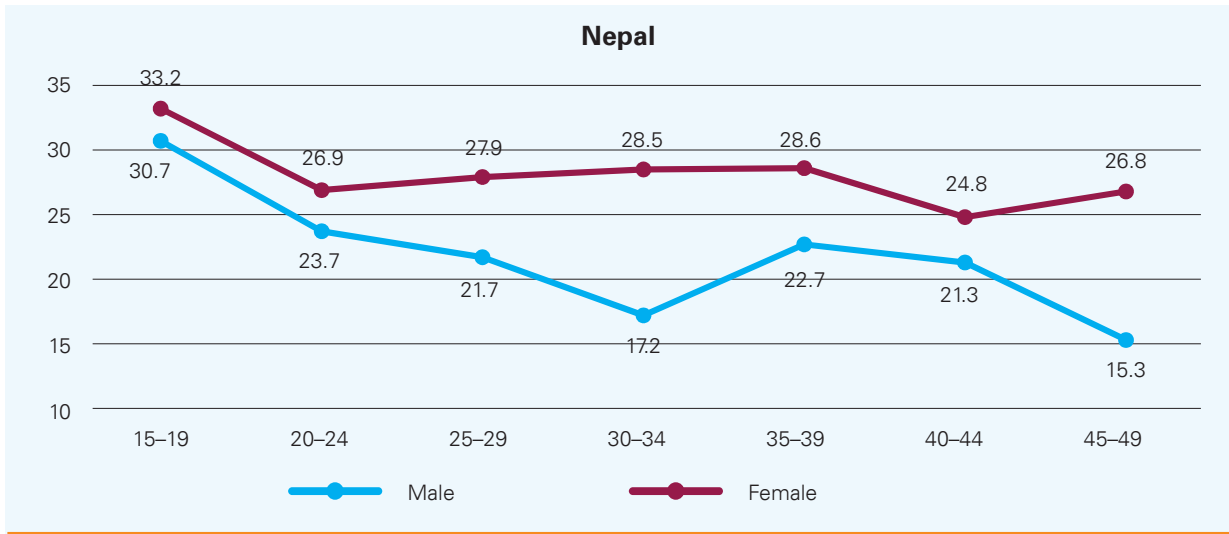


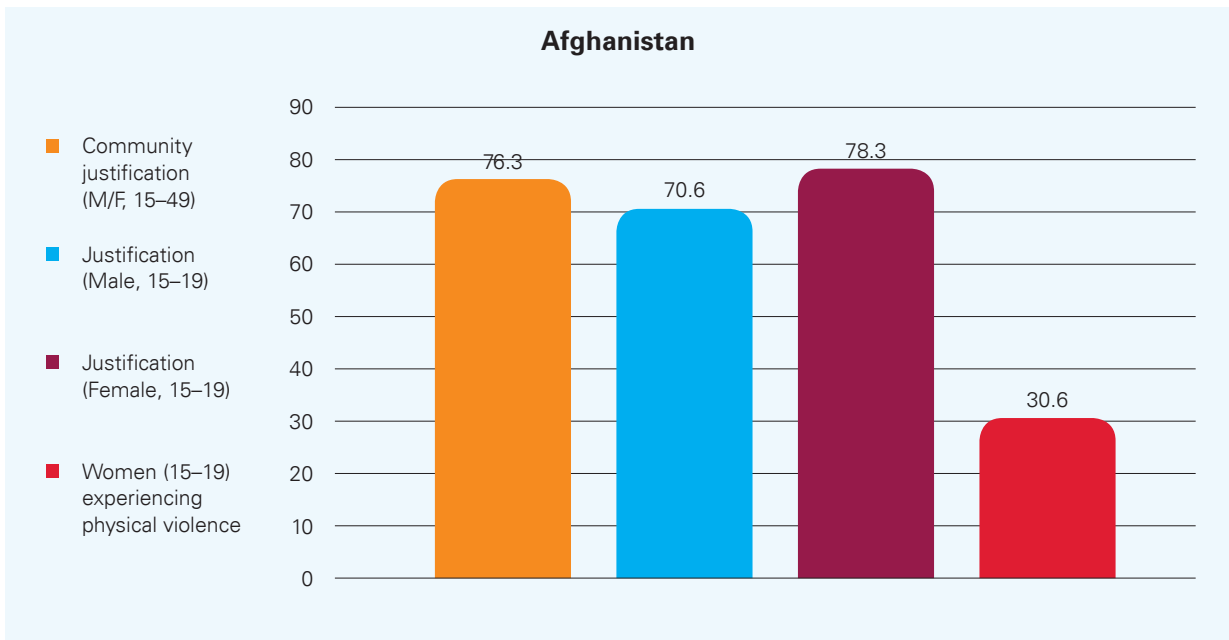
Figure B6. Prevalence (%) of men and women aged 15–59 who believe wife-beating is justified in any of the five scenarios (DHS 2016)



In Afghanistan, community norms and adolescent norms around justifications for IPV are similar (76.3% of both male and females aged 15–49 compared to 70.6% of adolescent boys and 78.3% of adolescent girls agree with at least one

of the gender normative IPV statements), while self-reported physical IPV among ever-married adolescent girls is reported at 30.6%. The gender norms data for the justification of IPV in Afghanistan is also among the highest in the region.

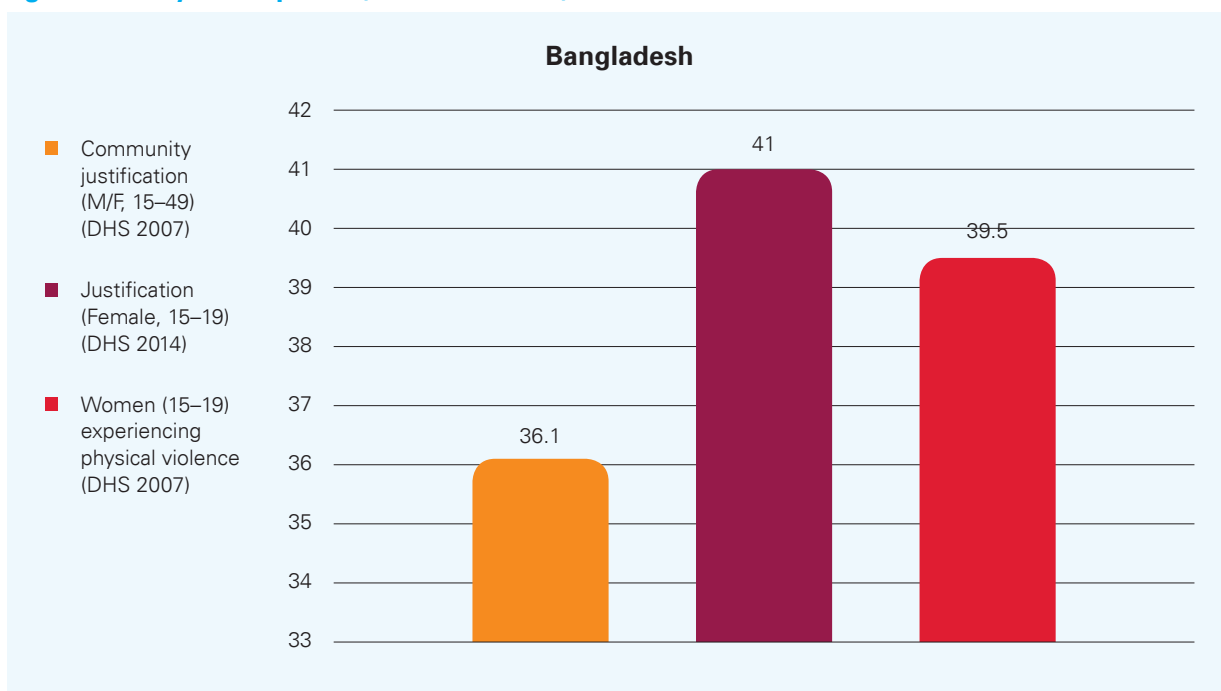
Figure B7. Prevalence (%) of men and women aged 15–19 who believe wife-beating is justified in any of the five scenarios, and prevalence (%) of physical violence among ever-married women aged 15–19 by their spouse (DHS 2015)



In Bangladesh, we see a much closer link between the prevalence of gender norm beliefs among adolescent girls and their experiences of physical IPV (41% agree with one of the five statements

justifying IPV and 39.5% also reported experiencing physical IPV). Although the data comes from two different rounds of DHS, it is important to measure these relationships over time.

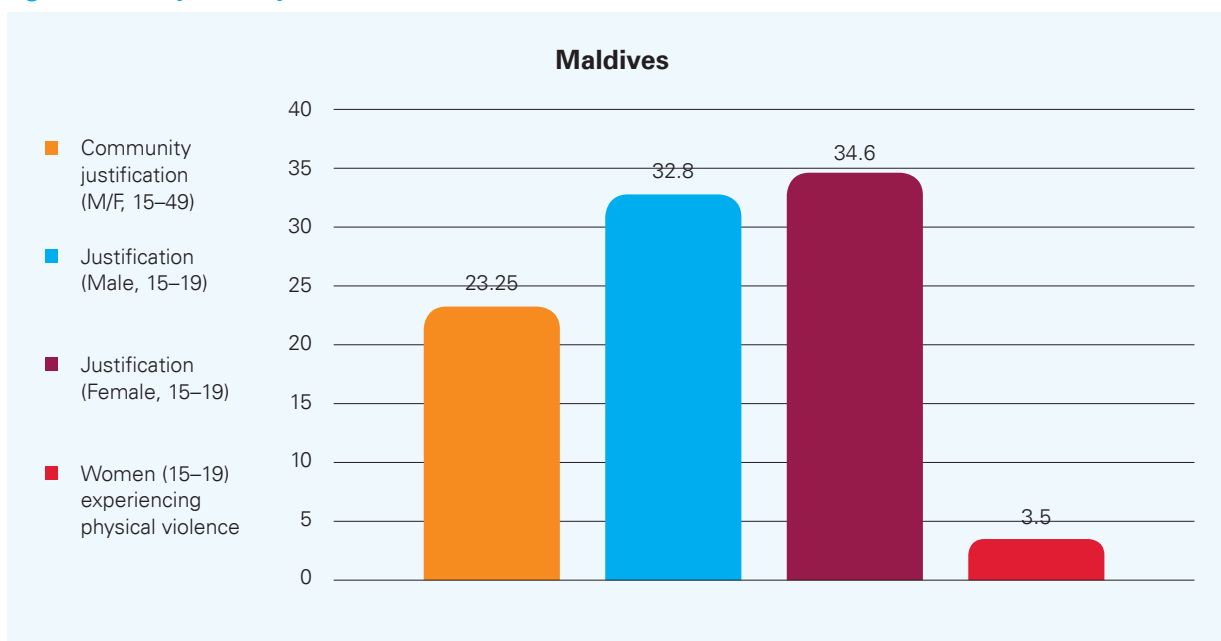
Figure B8. Prevalence (%) of men and women aged 15–19 who believe wife-beating is justified in any of the five scenarios, and prevalence (%) of physical violence among ever-married women aged 15–19 by their spouse (DHS 2007, 2014)



Whereas in the Maldives, the prevalence between the justification of IPV and the experience of IPV is very different. Adolescent justification of IPV is higher than community wide gender norms (34.6%

of adolescent girls and 32.8% of adolescent boys aged 15–19 compared to 23.25% of the wider community between the ages of 15 to 49 agree with at least one of the IPV justification statements).

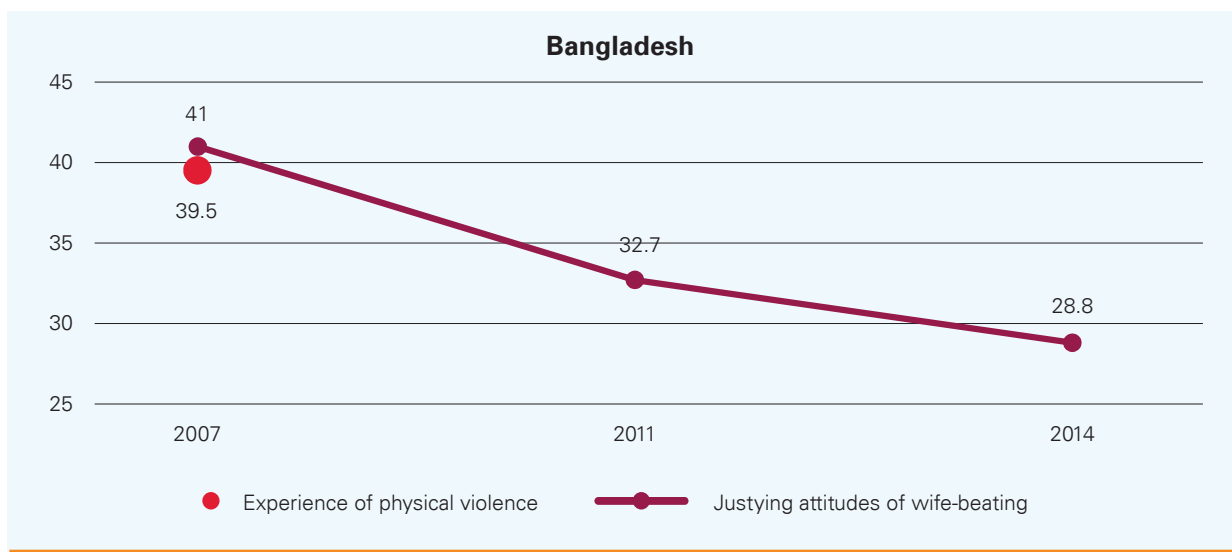
Figure B9. Prevalence (%) of men and women aged 15–19 who believe wife-beating is justified in any of the five scenarios, and prevalence (%) of physical violence among ever-married women aged 15–19 by their spouse (DHS 2015)



If we look at trend data of gender norms in the beliefs around the justification of IPV in certain scenarios among adolescents (both boys and girls), the wider community (men and women aged 15–49) and the self-reported experiences of IPV among adolescent girls we see some interesting findings in the region.

Bangladesh only has gender norms data for girls, but we see an impressive decline in the agreement with gender normative justifications of IPV among adolescent girls from 41% in 2007 to 28.8% in 2014. As Bangladesh is one of the countries where the prevalence of experiences and the prevalence of agreement with these gender normative statements was very close, it will be interesting to see if self-reported physical IPV prevalence also declines in the future.

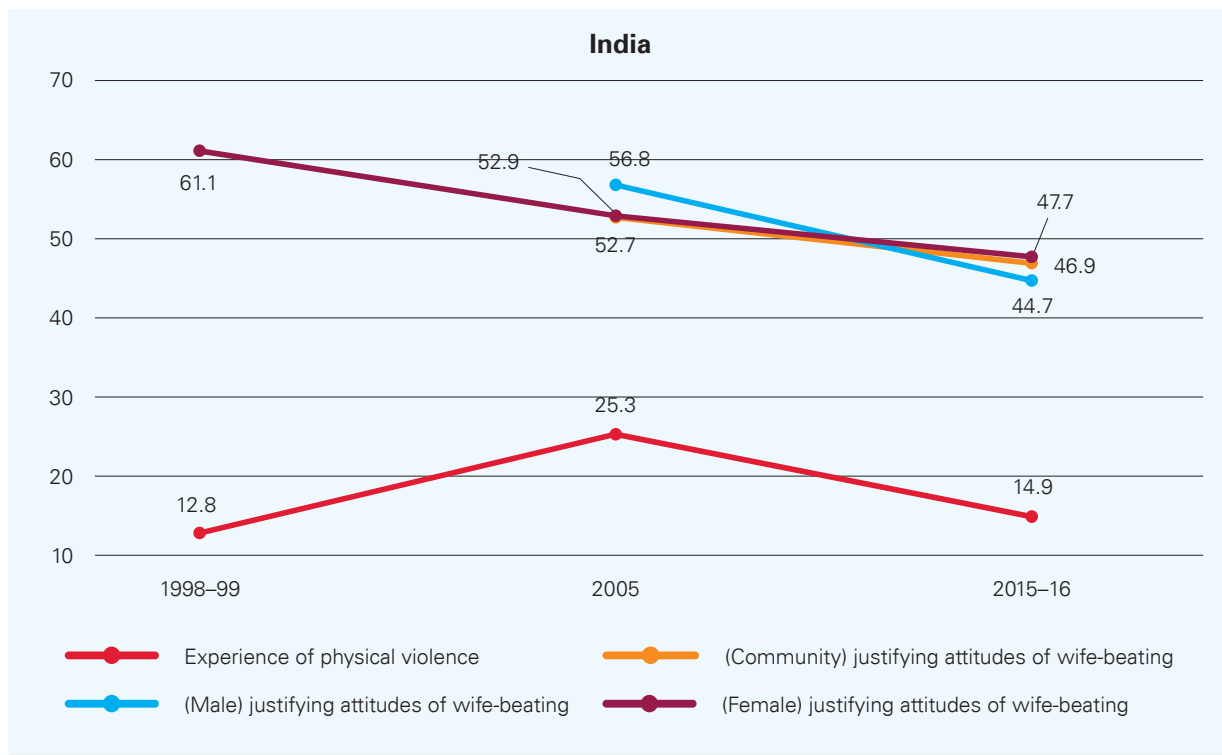
Figure B10. Prevalence (%) of women aged 15–19 who believe wife-beating is justified in any of the five scenarios, and prevalence (%) of physical violence among ever-married women aged 15–19 by their spouse (DHS)



India's trend data shows that in the last decade the agreement with negative gender norm statements justifying IPV have declined among adolescent girls (from 61.1% agreeing in 1998/99 to 47.7% in 2015/16), among adolescent boys (from 56.8% in 2005 to 44.7% in 2015/16) and among the wider community (from 52.7% to 46.9%). The slope of decline is greater among adolescent boys than

among the wider community. In terms of physical IPV experiences among adolescent girls, this has increased, but only slightly, between 1998/99 (12.8%) to 14.9% in 2015/16. What is interesting is that between 1998/99 there was nearly a doubling of self-reported IPV, which peaked at 25.3% in the 2005 data collection round.

Figure B11. Prevalence (%) of males aged 15–19, females aged 15–19, and combined males and females aged 15–49 (community) who believe wife-beating is justified; and prevalence of physical violence among ever-married women aged 15–19 by their spouse (DHS)



Unlike India, the agreement with justifications for IPV in certain scenarios among adolescent females in **Nepal** has not substantially changed in the last 15 years (32.1% in 2001 and 33.2% in 2016), whereas it has declined for adolescent boys (46.3% in 2001 to 30.7% in 2016), which may reflect the impact

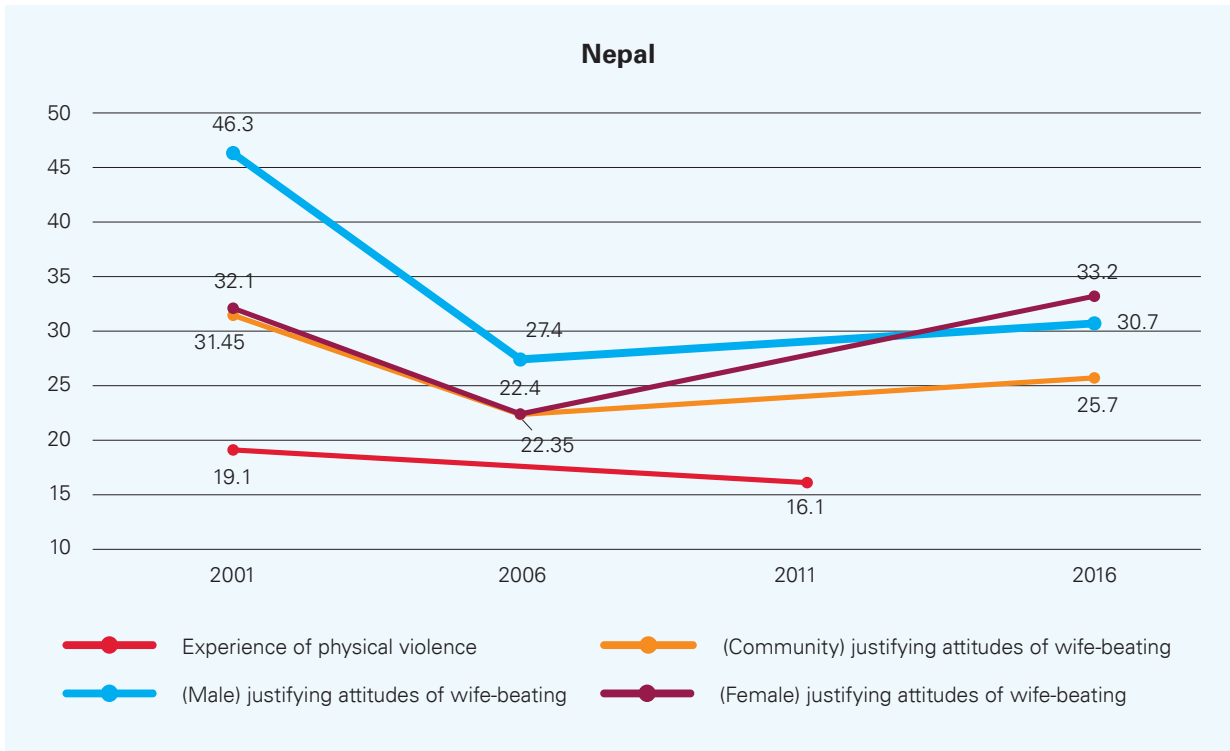
of gender norms programming specifically among boys. The agreement with these IPV related gender norms has also declined slightly in the wider community. Self-reported physical IPV prevalence has also declined by 3% for adolescent girls in the 10 years between 2001 and 2011.



Children at the UNICEF supported child-friendly space managed by Peace Foundation in Ahl-e-Hadith camp, Pakistan-administered Kashmir.

© UNICEF/UNI15582/Pirozzi

Figure B12. Prevalence (%) of males aged 15–19, females aged 15–19, and combined males and females aged 15–49 (community) who believe wife-beating is justified; and prevalence of physical violence among ever-married women aged 15–19 by their spouse (DHS)



Similar to Nepal, the gender norm beliefs around the justification of IPV among adolescent girls in **Pakistan** has not changed in the last five years (52.8% in 2012/13 and 52.7% in 2017/18). Unlike other countries that have seen steep declines in these gender normative beliefs among boys, the data shows a step rise in these beliefs among

adolescent boys in the last five years (from 33.3% in 2012/13 to 58.7% in 2017/18), and wider community beliefs have also slightly increased over the same time period. Self-reported physical IPV among adolescent girls has declined in Pakistan by nearly the same percentage as Nepal over time (from 24.4% in 2012/13 to 21.6% in 2017/18).



Imran Shahid (aged 14) with his family in his house in Rehmat Colony, Rahim Yar Khan district, Punjab province, Pakistan.

© UNICEF/UN0308106/Zaidi

Figure B13. Prevalence (%) of males aged 15–19, females aged 15–19, and combined males and females aged 15–49 (community) who believe wife-beating is justified; and prevalence of physical violence among ever-married women aged 15–19 by their spouse (DHS)

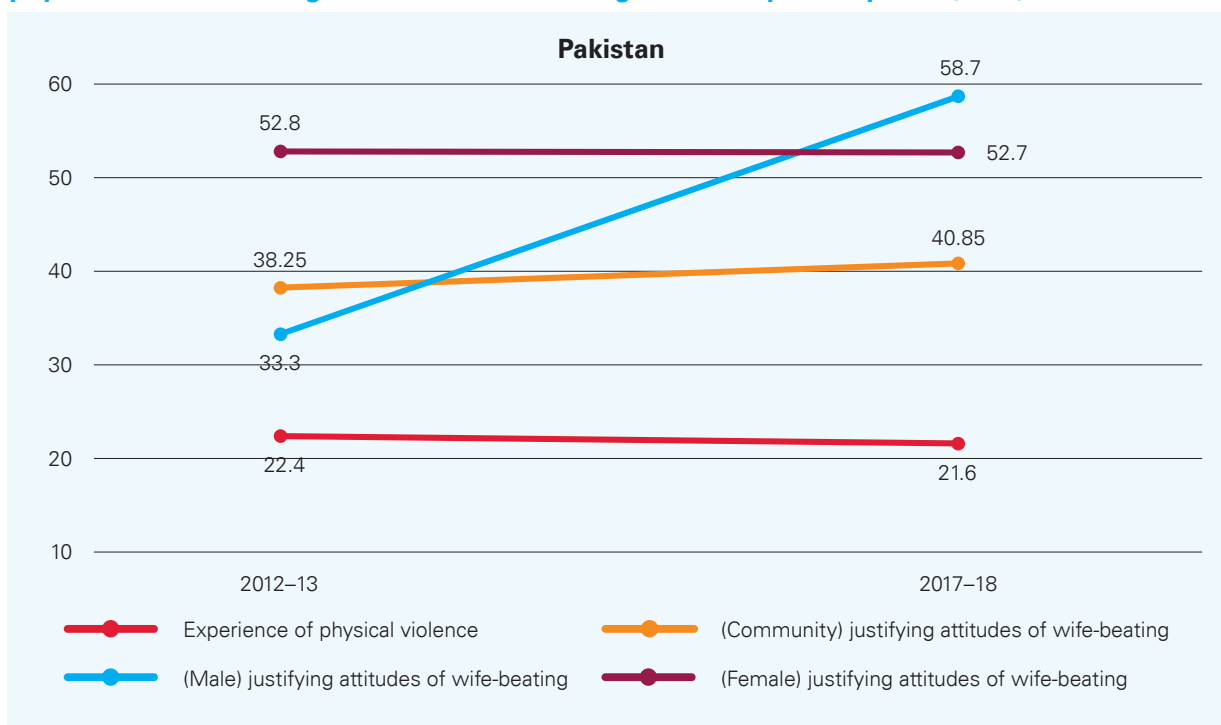
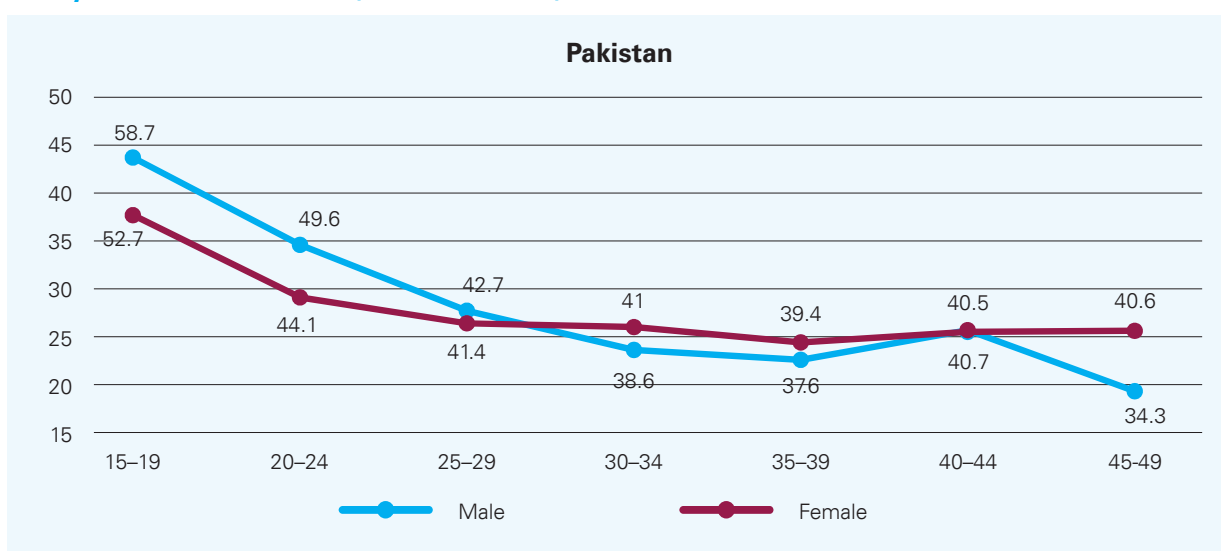


Figure B14. Prevalence (%) of men and women aged 15–49 who believe wife-beating is justified in any of the five scenarios (DHS 2017–2018)



Appendix C

COUNTRY PROFILES



Afghanistan country profile

<p>Population</p> <p>Total population: 38,928,346</p> <p>Percentage of population that are children (< 18 years old): 42.3%</p>	
<p>Social service workforce composition (from UNICEF 2018c)</p>	<ul style="list-style-type: none"> • 2 government ministries with reported social service workforce staff • 110 reported government social service workforce staff • Ratio of worker per 100,000 child population: 0.62
<p>Comparable prevalence data</p> <p>a) % any physical punishment (1–14 years)/ MICS data:</p> <p>b) % severe physical punishment (1–14 years)/MICS data:</p> <p>c) % psychological aggression as part of physical punishment (1–14 years)/ MICS data:</p> <p>d) % sexual violence any perpetrator (15–19 years)/DHS data:</p> <p>e) % intimate partner violence (15–19 years)/DHS data:</p> <p>f) % any bullying in past month (13–15 years)/GSHS data:</p> <p>g) % experiencing physical attacks (13–15 years)/GSHS data:</p> <p>h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:</p>	<p>a) Male: 69.2%, Female: 67.6%</p> <p>b) Male: 69.2%, Female: 67.6%</p> <p>c) Male: 61.7%, Female: 61.4%</p> <p>d) N/A</p> <p>e) Female: 36.7%</p> <p>f) Male: 42.3%, Female: 44.9%</p> <p>g) Male: 40.6%, Female: 26.6%</p> <p>h) Male: 24.6%, Female: 22.6%</p>
<p>Other prevalence studies on VAC – Indicative list (for full list see Bibliography)</p>	<ul style="list-style-type: none"> • Exclusionary bullying behaviours (1–14 years) – Male: 12.9%, Female: 14.6% (GSHS data) • Being made fun of due to religion (1–14 years) – Male: 11.4% Female: 14.7% (GSHS data) • Being made fun of due to skin, nationality, and colour (1–14 years) – Male: 15.2%, Female: 12.3% (Parkes et al. 2016; UNESCO 2019) • Violence against husbands by women (15–49 years) – 1% (CSO, MoPH, and ICF 2017) • Adolescent sexual abuse – 14% (O’Leary et al. 2018) • Child trafficking (0–18 years) – 60% (UNODC 2018) • Polyvictimization – 8.4% (Panter-Brick et al. 2009)

<p>Studies conducted and published between 2015–2020 have found the following drivers, risk and protective factors for VAC – Indicative list (for full list see Bibliography)</p>	<ul style="list-style-type: none"> • Social and cultural norms (Gupta and Samuels 2017) • Poverty (Khan and Lyon 2015) • Fear of safety (O’Leary et al. 2018)
<p>Studies conducted and published between 2015–2020 have found the following consequences of VAC – Indicative list</p>	N/A
<p>The following studies evaluating prevention of VAC programmes have been published:</p>	<ul style="list-style-type: none"> • Help the Afghan Children (HTAC): A peace education programme evaluated its impacts on children’s experiences of violence victimization and perpetration (Corboz et al. 2019).



Bangladesh country profile

<p>Population</p> <p>Total population:</p> <p>Percentage of population that are children (< 18 years old)</p>	<p>164,689,383</p> <p>27.29%</p>
<p>Social service workforce composition</p>	<ul style="list-style-type: none"> • 1 government ministry with reported social service workforce staff • 3,454 reported government social service workforce staff • Ratio of worker per 100,000 child population: 6.07
<p>Comparable prevalence data</p> <p>a) % any physical punishment (1–14 years)/MICS data:</p> <p>b) % severe physical punishment (1–14 years)/MICS data:</p> <p>c) % psychological aggression as part of physical punishment (1–14 years)/MICS data:</p> <p>d) % sexual violence any perpetrator (15–19 years)/DHS data:</p> <p>e) % intimate partner violence (15–19 years)/DS data:</p> <p>f) % any bullying in past month (13–15 years)/GSHS data:</p> <p>g) % experiencing physical attacks (13–15 years)/GSHS data:</p> <p>h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:</p>	<p>a) Male: 67.2%, Female: 61.9%</p> <p>b) Male: 32.5%, Female: 27.8%</p> <p>c) Male: 86.7%, Female: 86%</p> <p>d) N/A</p> <p>e) N/A</p> <p>f) Male: 27.1%, Female: 17.3%</p> <p>g) Male: 66.5%, Female: 55.1%</p> <p>h) N/A</p>

<p>Other prevalence studies on VAC – Indicative list (for full list see Bibliography)</p>	<ul style="list-style-type: none"> • 69.2% physical aggression in their discipline practices towards 2–4-year-olds (Cuartas et al. 2019) • 42% of female primary caregivers and 15% of male primary caregivers reported punishing their daughter or son by shaking, hitting or slapping (Mitu et al. 2019) • 84% of adolescents experience corporal punishment at school (Mitu et al. 2019) • 15% of the victims (0–18 years) trafficked between 2016 and 2018 (UNODC 2018)
<p>Studies conducted and published between 2015–2020 have found the following drivers, risk and protective factors for VAC – Indicative list (see Bibliography)</p>	<ul style="list-style-type: none"> • Witnessing family fights, parental violence against others (Haque et al. 2019) • Gender norms (Guglielmi et al. 2020) • Parental alcohol misuse (Gupta and Samuels 2017) • Children living with disabilities (Guglielmi et al. 2020)
<p>Studies conducted and published between 2015–2020 have found the following consequences of VAC – Indicative list (for full list see Bibliography)</p>	<ul style="list-style-type: none"> • Physical and mental health outcomes (Baird et al. 2019) • Diarrhoea and acute respiratory infection (Ferdousy and Matin 2015) • Postpartum depression and maternal stress (Islam et al. 2018) • Child development (Mitu et al. 2019) • Father to mother intimate partner violence (Yount et al. 2018b)
<p>The following studies evaluating prevention of VAC programmes have been published:</p>	<ul style="list-style-type: none"> • The BALIKA programme and the Kishori Abhijan programme in Bangladesh both focused on vocation/business skill training and had a significant impact on delaying child marriage (Amin et al. 2016; Field et al. 2016). • International Center for Research on Women’s (ICRW) Gender Equity Movement in Schools (GEMS) intervention is a school-based programme for young adolescents aged 12–14 years (Grades 6–8) to prevent peer violence, but with no impact measured in this evaluation (Achyut et al. 2017).



Bhutan country profile

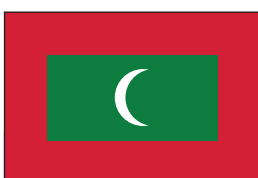
<p>Population</p> <p>Total population:</p> <p>Percentage of population that are children (< 18 years old)</p>	<p>771,608</p> <p>25.19%</p>
<p>Social service workforce composition</p>	<ul style="list-style-type: none"> • 4 government ministries with reported social service workforce staff • 248 reported government social service workforce staff • Ratio of worker per 100,000 child population: 94.98

<p>Comparable prevalence data</p> <p>a) % any physical punishment (1–14 years)/MICS data:</p> <p>b) % severe physical punishment (1–14 years)/MICS data:</p> <p>c) % psychological aggression as part of physical punishment (1–14 years)/MICS data:</p> <p>d) % sexual violence any perpetrator (15–19 years)/DHS data:</p> <p>e) % intimate partner violence (15–19 years)/DHS data:</p> <p>f) % any bullying in past month (13–15 years)/GSHS data:</p> <p>g) % experiencing physical attacks (13–15 years)/GSHS data:</p> <p>h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:</p>	<p>a) N/A</p> <p>b) N/A</p> <p>c) N/A</p> <p>d) N/A</p> <p>e) N/A</p> <p>f) Male: 31.2%, Female: 28.9%</p> <p>g) Male: 48.4%, Female: 34%</p> <p>h) Male: 6.4%, Female: 10.9%</p>
<p>Other prevalence studies on VAC – <i>Indicative list</i> (for full list see Bibliography)</p>	<ul style="list-style-type: none"> • 16.1% boys and 26.9% girls are made fun of for how their body or face looks (GSHS data) • 67.3% children (1–14 years) reported that they had experienced physical violence at school and 23% reported experiencing physical violence by their peers, mostly boys of the same age or older (NCWC and UNICEF 2016) • 19.2% of boys and girls (1–14 years) experienced verbal sexual harassment most often in school (NCWC and UNICEF 2016) • 75% of the children (1–14 years) attending day school experienced physical violence at least once by a teacher, most likely in the context of corporal punishment ((NCWC & UNICEF 2016) • 47.4% of children (1–14 years) experienced emotional violence in their lifetime (NCWC and UNICEF 2016)
<p>Studies conducted and published between 2015–2020 have found the following drivers, risk and protective factors for VAC – <i>Indicative list</i> (for full list see Bibliography)</p>	<ul style="list-style-type: none"> • Beliefs in karma and the acceptance of ‘light beating’ as an appropriate means of disciplining a child (NCWC and UNICEF 2016) • Parental stress when combined with other factors such as substance abuse or a parental history of childhood violence increases the risk of children experiencing violence (NCWC and UNICEF 2016)
<p>Studies conducted and published between 2015–2020 have found the following consequences of VAC – <i>Indicative list</i></p>	<ul style="list-style-type: none"> • Children witnessing domestic violence have more nightmares, are more quiet/withdrawn or aggressive than children who have not witnessed violence in the home (NCWC and UNDP 2019)
<p>The following studies evaluating prevention of VAC programmes have been published:</p>	<p>N/A</p>



India country profile	
<p>Population</p> <p>Total population: Percentage of population that are children (< 18 years old)</p>	<p>1,387,297,452</p> <p>41%</p>
<p>Social service workforce composition</p>	<ul style="list-style-type: none"> • 6 government ministries with reported social service workforce staff • 10,841 reported government social service workforce staff • Ratio of worker per 100,000 child population: Chhattisgarh: 1.42; Rajasthan: 14.81; West Bengal: 0.3423
<p>Comparable prevalence data</p> <p>a) % any physical punishment (1–14 years)/MICS data: b) % severe physical punishment (1–14 years))/MICS data: c) % psychological aggression as part of physical punishment (1–14 years)/ MICS data: d) % sexual violence any perpetrator (15–19 years)/DHS data: e) % intimate partner violence (15–19 years)/DHS data: f) % any bullying in past month (13–15 years)/GSHS data: g) % experiencing physical attacks (13–15 years)/GSHS data: h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:</p>	<p>a) N/A b) N/A c) N/A d) Female: 2.8% e) Female: 23.9% f) N/A g) N/A h) N/A</p>
<p>Other prevalence studies on VAC – <i>Indicative list</i> (for full list see Bibliography)</p>	<ul style="list-style-type: none"> • 42% students (aged 11–15) were bullied one or more times a day, 31% one or more times a week, 14% one or more times a year, and 12% one or more times a month (Parveen 2017) • Among students (aged 11–15), 96% experienced verbal bullying, 76% experienced physical bullying, 45% experienced cyber bullying, 23% experienced sexual bullying) (Parveen 2017). • 78% of 8 year-olds and 34% of 15 year-olds said they had been physically punished by a teacher in the past week (Ogando Portela and Pells 2015) • Among students in Grades 11–12 researchers found that 18.6% (n = 69) of adolescents had witnessed violence between adult members in the family (Deb et al. 2016).

<p>Studies conducted and published between 2015–2020 have found the following drivers, risk and protective factors for VAC – <i>Indicative list</i> (for full list see Bibliography)</p>	<ul style="list-style-type: none"> • Parent mental illness (Aboobaker et al. 2019) • Determinants of physical, emotional and sexual violence among adolescents included having no grandparents at home as these intergenerational homes were protective factors (Kumar et al. 2017) • A study carried out by Thakkar and colleagues (2020), in school settings in India, shows that age, gender, caste, socio-economic status and religion are predicting factors for whether a child is a bully or has been bullied.
<p>Studies conducted and published between 2015–2020 have found the following consequences of VAC – <i>Indicative list</i> (for full list see Bibliography)</p>	<ul style="list-style-type: none"> • Behavioural, emotional, cognitive functioning (Choudhary, Satapathy and Rajesh 2019) • High anxiety (Deb et al. 2016) • Depression (Fleming et al. 2015) • Alcohol consumption; tobacco and drug use (Jaisoorya et al. 2016)
<p>The following studies evaluating prevention of VAC programmes have been published – <i>Indicative List</i>:</p>	<ul style="list-style-type: none"> • Do Kadam Program: Examined the differential effect of exposing boys to a gender transformative programme in early and late adolescence on their gender role attitudes and practices (Gupta and Santhya 2020) • Creative Stress Relief Programme: Aimed at fostering adolescents’ autonomy and promoting their academic potential in a stress-free manner, and most importantly for potential violence prevention, fostering parent connection with adolescents (De Wit et al. 2018) • SEHER: Included content on hygiene, bullying, mental health, substance use, reproductive and sexual health, gender and violence, rights and responsibilities, and study skills (Shinde et at. 2018)

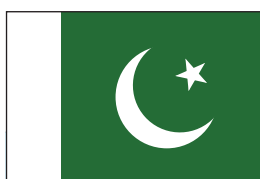


Maldives country profile	
Population Total population: Percentage of population that are children (< 18 years old)	540,544 21.62%
Social service workforce composition	<ul style="list-style-type: none"> • 5 government ministries with reported social service workforce staff • 914 reported government social service workforce staff • Ratio of worker per 100,000 child population: 781.2
Comparable prevalence data a) % any physical punishment (1–14 years)/ MICS data: b) % severe physical punishment (1–14 years))/MICS data: c) % psychological aggression as part of physical punishment (1–14 years)/ MICS data: d) % sexual violence any perpetrator (15–19 years)/DHS data: e) % intimate partner violence (15–19 years)/DHS data: f) % any bullying in past month (13–15 years)/GSHS data: g) % experiencing physical attacks (13–15 years)/GSHS data: h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:	a) N/A b) N/A c) N/A d) Last 12 months: 2.1%, overall: 12.4% e) Female: 8.8% f) Male: 30.4%, Female: 29.5% g) Male: 38.9%, Female: 23.4% h) Male: 14.3%, Female: 8.4%
Other prevalence studies on VAC – Indicative list (for full list see bibliography)	<ul style="list-style-type: none"> • 15.1% boys and 21.7% girls (1–14 years) are bullied based on appearance (GSHS data). • 41% former husbands/partners were mentioned as significant perpetrators of physical violence among females aged 15–19 (MoH and ICF 2018)
Studies conducted and published between 2015–2020 have found the following drivers, risk and protective factors for VAC – Indicative list	<ul style="list-style-type: none"> • Gender norms (Gupta and Samuels 2017) • Socio-economic conditions (Khan and Lyon 2015)
Studies conducted and published between 2015–2020 have found the following consequences of VAC – Indicative list (for full list see bibliography)	<ul style="list-style-type: none"> • Bullying in school linked to feelings of loneliness (GSHS data) • Bullied students were more likely to have early initiation of smoking and also use marijuana than students who were not bullied (GSHS data).
The following studies evaluating prevention of VAC programmes have been published:	<ul style="list-style-type: none"> • Included in a review of child protection systems (UNICEF 2018a)



Nepal country profile	
Population Total population: Percentage of population that are children (< 18 years old)	29,136,808 29.54%
Social service workforce composition	<ul style="list-style-type: none"> • 3 government ministries with reported social service workforce staff • 670 reported government social service workforce staff • Ratio of worker per 100,000 child population: 5.99
Comparable prevalence data a) % any physical punishment (1–14 years)/MICS data: b) % severe physical punishment (1–14 years) /MICS data: c) % psychological aggression as part of physical punishment (1–14 years)/MICS data: d) % sexual violence any perpetrator (15–19 years)/DHS data: e) % intimate partner violence (15–19 years)/DHS data: f) % any bullying in past month (13–15 years)/GSHS data: g) % experiencing physical attacks (13–15 years)/GSHS data: h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:	a) Male: 55.2%, Female: 51.4% b) Male: 15.4%, Female: 13.2% c) Male: 78.6%, Female: 76.7% d) Last 12 months: 1.7%, Overall: 2.9% e) Female: 23.1% f) Male: 56.2%, Female: 45.4% g) Male: 51%, Female: 31.9% h) Male: 10.7%, Female: 9.6%
Other prevalence studies on VAC – Indicative list	<ul style="list-style-type: none"> • 33% children (1–14 years) were spanked, hit or slapped on the bottom with a bare hand; 25% children were hit or slapped on the hand, arm and leg (Kandel et al. 2017) • 59.9% of children aged 2–4 experience physical aggression when receiving discipline (Cuartas et al. 2019) • 16% psychological bullying in the form of verbal abuse towards LGBT students (UN Women 2016)
Studies conducted and published between 2015–2020 have found the following drivers, risk and protective factors for VAC – Indicative list (for full list see Bibliography)	<ul style="list-style-type: none"> • Negative gender norms (Ghimire and Samuels 2020) • For children’s exposure to domestic violence in the home, parental mental health and use (misuse) of alcohol were found to be risk determinants (Gupta and Samuels 2017). • In a secondary analysis of violent discipline data in Nepal, it was found that the proportion of physical punishment was high among children whose mothers accept the justification for wife beating (50%) (Kendal et al. 2017).

<p>Studies conducted and published between 2015–2020 have found the following consequences of VAC – Indicative list (for full list see Bibliography)</p>	<ul style="list-style-type: none"> • Increased chance of physical and/or sexual IPV due to child marriage (Kidman 2017) • Psychological distress (Volgin et al. 2019) • Increased alcohol use among students who were bullied (GSHS data) • Increased suicide ideation among bullied students (GSHS data)
<p>The following studies evaluating prevention of VAC programmes have been published:</p>	<ul style="list-style-type: none"> • Choices-Voices-Promises intervention: A programme with parents of adolescents aged 10–15 which is delivered as three interventions aiming to reduce gender inequity among adolescents (Choices), families (Voices), and communities (Promises). Voices used videos followed by discussions to influence parents’ gendered behaviour and attitudes around expectations for their children (Lundgren Gibbs, and Kerner 2018). • Emergency Top Up Cash Transfer Programme (ETCTP) was conducted in Nepal where emergency cash benefits were provided to beneficiaries of government social assistance programmes in the most earthquake-affected districts as a top-up to regular payments post-earthquake in 2015 (UNICEF 2016c).



Pakistan country profile	
<p>Population Total population: Percentage of population that are children (< 18 years old)</p>	<p>220,892,340 35.4%</p>
<p>Social service workforce composition</p>	<ul style="list-style-type: none"> • 4 government ministries with reported social service workforce staff • 717 reported government social service workforce staff • Ratio of worker per 100,000 child population: Ranges from 0.64 to 1.33 per province.
<p>Comparable prevalence data</p> <p>a) % any physical punishment (1–14 years)/MICS data: b) % severe physical punishment (1–14 years))/MICS data: c) % psychological aggression as part of physical punishment (1–14 years)/ MICS data: d) % sexual violence any perpetrator (15–19 years)/DHS data: e) % intimate partner violence (15–19 years)/DHS data: f) % any bullying in past month (13–15 years)/GSHS data: g) % experiencing physical attacks (13–15 years)/GSHS data: h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:</p>	<p>a) Male: 73%, Female: 68.8% b) Male: 47.6%, Female: 43.5% c) Male: 74.6%, Female: 72.6% d) Over last 12 months: 6.6%, Overall: 7.1% e) Female: 30.8% f) Male: 45.1%, Female: 35.3% g) Male: 38.7%, Female: 26.3% h) Male: 8.9%, Female: 5.5%</p>

<p>Other prevalence studies on VAC – <i>Indicative list</i> (for full list see Bibliography)</p>	<ul style="list-style-type: none"> • 33.9% of girls (1–14 years) physical bullied by being hit, kicked, pushed, shoved around, or locked indoors (GSHS Data) • 78.3% of girls (1–14 years) and 93% of boys (1–14 years) stated they experienced peer violence in the last month (Karmaliani et al. 2017) • 2% women who had experienced sexual violence cited other relatives and police or soldiers as perpetrators (NIPS and ICF 2019)
<p>Studies conducted and published between 2015–2020 have found the following drivers, risk and protective factors for VAC – <i>Indicative list</i> (for full list see Bibliography)</p>	<ul style="list-style-type: none"> • Parent’s employment (Ahmad 2018) • Negative gender norms (Gupta and Samuels 2017; Asghar et al. 2018) • Low income levels (Imran et al. 2016)
<p>Studies conducted and published between 2015–2020 have found the following consequences of VAC – <i>Indicative list</i> (for full list see Bibliography)</p>	<ul style="list-style-type: none"> • Problem-focused coping, emotion-focused coping, and non-constructive coping (Ahmad et al. 2017) • Poorer school performance (Asad et al. 2017) • Depression and negative mood (McFarlane et al. 2017)
<p>The following studies evaluating prevention of VAC programmes have been published:</p>	<ul style="list-style-type: none"> • Compass Programme: This programme provided weekly adolescent girl life skills sessions in safe spaces accessible only to women and girls as well as monthly discussion groups for enrolled girls’ caregivers, including topics such as supporting adolescent girls and understanding violence and abuse; and targeted training and ongoing support to service providers to develop knowledge, capacity, and skills on adolescent girls’ needs, particularly after experiencing violence (Asghar et al. 2018). • What Works Positive Child and Youth Development Programme/ Right to Play: This programme aims to build children’s social and emotional skills through a play-based learning curriculum, including communication skills, gender equity, confidence-building, non-violence and leadership themes (Kerr-Wilson et al. 2020). • Coping Power Programme: This programme aimed at reducing aggressive behaviour and improving other positive behaviours among boys (Mushtaq et al. 2017).



Sri Lanka country profile	
Population Total population: Percentage of population that are children (< 18 years old)	21,413,249 23.75%
Social service workforce composition	<ul style="list-style-type: none"> • 4 government ministries with reported social service workforce staff • 31,750 reported government social service workforce staff • Ratio of worker per 100,000 child population: 527.41
Comparable prevalence data a) % any physical punishment (1–14 years)/MICS data: b) % severe physical punishment (1–14 years))/MICS data: c) % psychological aggression as part of physical punishment (1–14 years)/MICS data: d) % sexual violence any perpetrator (15–19 years)/DHS data: e) % intimate partner violence (15–19 years)/DHS data: f) % any bullying in past month (13–15 years)/GSHS data: g) % experiencing physical attacks (13–15 years)/GSHS data: h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:	a) N/A b) N/A c) N/A d) N/A e) N/A f) Male: 50.2%, Female: 28.8% g) Male: 47.4%, Female: 28.7% h) Male: 10.4%, Female: 7.2%
Other prevalence studies on VAC – Indicative list (for full list see Bibliography)	<ul style="list-style-type: none"> • 10% boys (1–14 years) and 9.4% girls (1–14 years) experienced being left out of activities on purpose or ignored (GSHS Data) • 11.5% girls (18–19 years) and 6.5% boys (18–19 years) experience childhood sexual abuse (Chandraratne, Fernando and Gunawardena 2018b) • 34.9% participants (18–19 years) reported experiencing emotional abuse during their childhood (Chandraratne, Fernando & Gunawardena, 2018b) • 82.4% of children (1–14 years) experienced at least one form of violence (Le et al. 2016)
Studies conducted and published between 2015–2020 have found the following drivers, risk and protective factors for – VAC Indicative list (for full list see Bibliography)	<ul style="list-style-type: none"> • Negative gender norms (Gupta and Samuels 2017) • Poverty (Khan and Lyon 2015) • Migration (UNICEF 2018b)
Studies conducted and published between 2015–2020 have found the following consequences of – VAC Indicative list (for full list see Bibliography)	<ul style="list-style-type: none"> • Violence in childhood experiences are consequences for later IPV (Fulu et al. 2017) • Physical and mental health associations (Moynihan et al. 2018) • Depression (Murshid 2017)
The following studies evaluating prevention of VAC programmes have been published:	N/A

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Shyma (5 years old) covers her head with a hejab. "I am scared when I fetch water to home from outside. Now, I am happy that we have tap water inside our house", she says. Thousands of families in Enjil district of Herat Province have benefited from clean and safe drinking water through help from UNICEF Afghanistan.



United Nations Children's Fund
Regional Office for South Asia
P.O. Box 5815
Lainchaur, Lekhnath Marg
Kathmandu, Nepal
Telephone: +977 1 441 7082
Facsimile: +977 1 441 9479
E-mail: rosa@unicef.org
www.unicef.org/rosa