

Violence against Children in South Asia:

A systematic review of evidence since 2015

Executive summary

September 2020



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



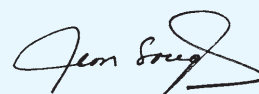
FOREWORD

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.





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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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: a) Male: 69.2%, Female: 67.6%</p> <p>b) % severe physical punishment (1–14 years)/MICS data: b) Male: 69.2%, Female: 67.6%</p> <p>c) % psychological aggression as part of physical punishment (1–14 years)/ MICS data: c) Male: 61.7%, Female: 61.4%</p> <p>d) % sexual violence any perpetrator (15–19 years)/DHS data: d) N/A</p> <p>e) % intimate partner violence (15–19 years)/DHS data: e) Female: 36.7%</p> <p>f) % any bullying in past month (13–15 years)/GSHS data: f) Male: 42.3%, Female: 44.9%</p> <p>g) % experiencing physical attacks (13–15 years)/GSHS data: g) Male: 40.6%, Female: 26.6%</p> <p>h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data: 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

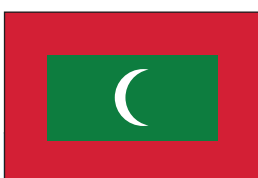
<p>Population</p> <p>Total population: Percentage of population that are children (< 18 years old)</p>	<p>771,608</p> <p>25.19%</p>
<p>Social service workforce composition</p>	<ul style="list-style-type: none"> • 4 government ministries with reported social service workforce staff • 248 reported government 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:</p> <p>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:</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) Female: 2.8%</p> <p>e) Female: 23.9%</p> <p>f) N/A</p> <p>g) N/A</p> <p>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)

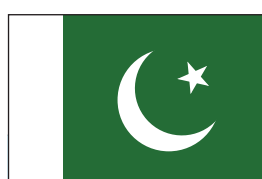


Maldives country profile	
Population Total population: Percentage of population that are children (< 18 years old)	540,544 21.62%
Social service workforce composition	<ul style="list-style-type: none"> • 5 government ministries with reported social service workforce staff • 914 reported government social 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:	a) N/A
b) % severe physical punishment (1–14 years))/MICS data:	b) N/A
c) % psychological aggression as part of physical punishment (1–14 years)/ MICS data:	c) N/A
d) % sexual violence any perpetrator (15–19 years)/DHS data:	d) Last 12 months: 2.1%, overall: 12.4%
e) % intimate partner violence (15–19 years)/DHS data:	e) Female: 8.8%
f) % any bullying in past month (13–15 years)/GSHS data:	f) Male: 30.4%, Female: 29.5%
g) % experiencing physical attacks (13–15 years)/GSHS data:	g) Male: 38.9%, Female: 23.4%
h) % bullied through sexual comments, jokes or gestures (15 years)/GSHS data:	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



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.

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