

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, including harmful practices and 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 death rates 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 violence, will serve as an evidence baseline of data produced since the adoption of the SDGs. The

review assessed 127 studies that have been conducted in the region since 2015, as well as conducting analyses using 7 datasets on school-related violence.

Evidence from this review is unequivocal: violence in childhood is deeply damaging to children and disrupts sustainable development in the region. While violence affecting children is present in every country within the South Asia region, analyses show how violence conspires to create and maintain inequalities between and within countries. However, data from the region also shows that violence against children is preventable and that meeting the SDGs is attainable.

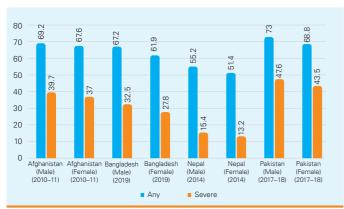




Magnitude of Violence against Children in South Asia

Prevalence of violent discipline against children aged 1-14

Prevalence (%) of children aged 1–14 who have experienced physical punishment (any and severe)



Source: MICS datasets 2010/11-2019

While there are no major gender differences, there are large differences, between countries in the region as to the prevalence of violent discipline.

Sexual violence

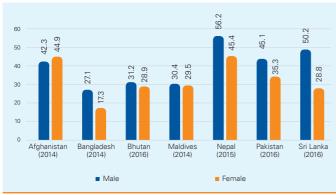
The previous decade of research has firmly rooted evidence relating to girls' experiences of sexual violence, however, new data since 2015 has highlighted that boys may also be experiencing increased levels of sexual and gender-based violence.

'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 anxiety and limits their mobility in public spaces including on the way to and from school.

Post 2015, studies across the region consistently find 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.

Bullying in schools

Percentage (%) of students aged 13–15 who were bullied on one or more days during the 30 days preceding the survey

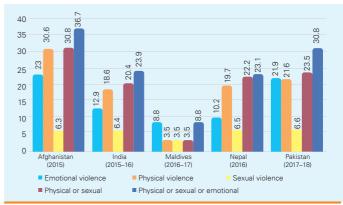


Source: GSHS data 2014–2016

Bullying prevalence ranges across countries, but is higher for boys in every country, with the exception of Afghanistan where it is slightly higher for girls.

Prevalence of IPV among girls aged 15-19

Percentage (%) of ever-married women aged 15–19 who have ever experienced violence committed by their spouse



Source: DHS data 2015-2018

Current husbands were cited as the main perpetrators of both physical and sexual violence against ever-married girls.

Conflict-related attacks on schools

Education under attack data, 2008-2017

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.)	
Year	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

Source: Global Coalition to Protect Education from Attack (GCPEA), 2018

Several countries in South Asia report some of the highest student and educator-targeted attacks (killings, abductions, and threats) globally.

Children witnessing violence

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

In a study among In a national study In a study in Kolkata 1,752 grade six children in Bhutan, of mothers India with 370 in Pakistan, 9.7% of who reported IPV, 57.4% adolescents, 18.6% boys and 6% of girls had witnessed their father beat reported their children had had witnessed violence witnessed this violence between adults in the at least once (NCWC & their mother (Karmaliani et family (Deb et al. 2016) al. 2017). UNICEF Bhutan 2016).

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.

Regional Context and Snapshot of Findings

This review has found that children experience multiple forms of violence and that this violence has a significant impact on their health, well-being and educational outcomes.

South Asia in context

- Children and young people represent a large proportion of the population in South Asian countries. 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.
- 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, and violent agitation in Bangladesh. There has also been rapid economic changes with countries in the region moving to low and middle-income status.
- South Asia is a region with a high number of natural disasters, including recent disasters such as the earthquake in Nepal, tsunami in Sri Lanka, cyclones and flooding in Bangladesh, among others.
- Covid-19 has the potential to significantly increase the risk factors associated with violence against children, but our research remains limited at present. As of May 2020,

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INDONESIA

applying household survey data to population size, it is estimated that 418 million children are restricted to homes where violent discipline is practised and, over the first three months of the pandemic, 6.8 million South Asian children born were likely to not be registered (UNICEF 2020). Domestic violence in the home 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).

Snapshot: Pre-2015 landscape

Prevalence:

- Pre-2015 saw the start of measuring violence against children through Violence Against Children Surveys (VACS). These surveys were important because, for the first time, a nationally representative survey specifically on violence against children was being implemented in multiple countries.
- 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.

Drivers

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 frameworks about the causes of violence were instrumental in shaping the field of violence prevention.

Consequences:

Pre-2015 research had focused significantly on the health and well-being consequences of violence against children, providing an excellent evidence-base globally. The groundbreaking Adverse Childhood Experiences (ACE) Study in the United States was at the forefront of building this evidence base.

Snapshot: Post-2015 new findings from this review

Prevalence:

- 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 and this is shaping and reinforcing masculinity (see GSHS data; Ghimire and Samuels 2020).
- Since 2015, there has been more holistic treatment of the prevalence of violence against children. Post-2015 data highlights that violence occurs across a child's social ecology and is not limited by setting or type.

Drivers

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.

Consequences:

Data shows intergenerational linkages – both violence in childhood and mothers' experiences of childhood sexual abuse and intimate partner violence impact on early childhood health and morbidity as well as on later IPV victimization and perpetration.

Risk and Protective Factors

Drivers of violence affecting children A socio-ecological model

STRUCTURAL DRIVERS:

- Gender norms and inequalities
- Caste and social inequalities
- Unequal economic growth and poverty
- Natural disasters and other humanitarian emergencies
- Migration

INTERPERSONAL RISK AND PROTECTIVE FACTORS:

- Level of education and occupation of parents and caregivers
- Maternal age
- **■** Father absenteeism
- Extended family households
- Intergenerational households (protective)
- Parental mental health
- Parental substance misuse
- Parental stress
- Belief (children and parent's) 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

INDIVIDUAL RISK AND PROTECTIVE FACTORS:

- Age■ Caste
- Gast
- GenderDisability
- Religion
- Socio-economic status
- Individual skills and knowledge to cope with risky
 situations of stress
 - High level of self-esteem (protective)

(protective)

- 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
- Belief in justification and effectiveness of violence
- Witnessing adults using weapons
- Negative parenting practices
- Single parenting
- Poor sibling relationships
- Food insecurity in the home

INSTITUTIONAL DRIVERS:

Weak or ineffective legal structures

COMMUNITY RISK AND PROTECTIVE FACTORS:

- Geography/border areas
- Neighbourhood literacy
- Gender norms (and fear of 'eve teasing' and sexual harassment)
- Community mobilization (protective factor)
- Religious norms (both risk and protective factor)

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. The conceptions of being a boy and a girl tend to value the former more than the latter. This leads to a preference for sons over daughters, oppressive female roles, expectations on boys and men to be breadwinners, rigid constructions 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; Basu et al. 2017).

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 2016b; UNICEF 2018b; Rodriguez et al. 2018; Thakkar et al. 2020; Kandal et al. 2017).

While risk and protective factors reflect the likelihood of violence occurring due to characteristics most often measured at the individual, interpersonal, and community levels, the drivers refer to macro-level structural and institutional factors that influence a child's risk of, or protection from, violence (Maternowska et al. 2018).

These drivers and risk factors 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 are age, gender, religion, ethnicity, geography, caste, disability, socio-economic status, and education.

Consequences of Violence Against Children

Physical Health Impacts:

infection, fever and diarrhoea, low birth weight, premature birth and babies small for gestational age
- Bruises, redness, swelling 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

Mental Health Impacts:

- Anxiety disorders
 Poor emotional adjustment
 Low self-concept/self-esteem
 Positive and negative cognitive
 coping strategies
- Perceived social support
 - Suicide ideatio
- Feeling lonely

Behavioural Impacts:

- Maternal behaviours related to exclusive breastfeeding
- IPV perpetration
- IPV victimization
- Early sexual initiation
- Poor body boundaries
- Early smoking initiation
- Alcohol use
- Drug use
- High sexual risk-taking behaviours

Educational Impacts:

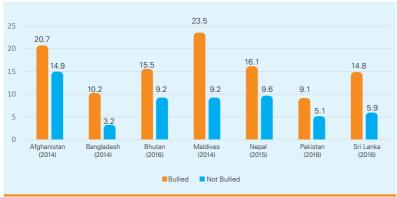
- Reduced attention
- Low academic functioning
- Poor test scores
- High probability of leaving formal
education
- Repeating a grade
- Increased school absenteeism
Fearful of attending schools because
of violence
Low mean school performance scores

A total of 37 studies explored these linkages and found consequences in four areas: physical health, mental health, behaviour and education.

The link between violence against children and suicide ideation and self-harm

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 Afghanistan, Bhutan, Nepal and Sri Lanka (GSHS data).

Prevalence (%) of students aged 13–15 who seriously considered attempting suicide who were bullied versus non-bullied



Source: GSHS data 2014-2016

Self-harm is also 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 (WHO data).

Intergenerational links to violence and impacts on health and future violence

- A Bangladesh study with 426 women six months postpartum 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).
- A secondary analysis of data from Bangladesh, India and Nepal found that children of mothers experiencing physical or sexual violence, or both, from their intimate partners were 1.5 times more likely to have acute respiratory infection (ARI), fever and diarrhoea than children of mothers who were not experiencing intimate partner violence (Ferdousy and Matin 2015).
- 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, Minnis, and Gomez 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).

The link between violence against children and educational and learning outcomes

- The Young Lives longitudinal study in India found that experiencing corporal punishment in school is highly related to also having poor educational outcomes and low test scores among children (Ogando Portela and Pells 2015).
- 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 repeating grades, absence from school and low mean performance scores (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 play a factor in **school dropout** (Mitu et al. 2019).
- Figures from a global systematic review and metaanalysis of studies from 21 countries, including the South Asian region, show that children who have experienced any form of violence in childhood have a 13% predicted probability that they will **not graduate from school** and **absenteeism** is also more likely (Fry et al. 2018).

Evaluated Interventions to Prevent Violence Against Children



HELP THE AFGHAN CHILDREN (HTAC): A PEACE EDUCATION PROGRAMME IN AFGHANISTAN

- Evaluation: Modified, interrupted time series design (with no control group) with a random sample of children in 11 intervention schools
- Declines were found for both boys and girls in peer-violence victimization and perpetration, and corporal punishment, as well as significantly less patriarchal attitudes.
- Impacts sustained at 18-month follow-up





RIGHT TO PLAY: POSITIVE CHILD AND YOUTH DEVELOPMENT PROGRAMME IN PAKISTAN

- Evaluation: Randomized control trial with 1,752 sixth-grade students
- Children who participated reported significant reductions in the perpetration and experience of peer violence, and also significant reductions in corporal punishment at school.



COPING POWER PROGRAMME IN PAKISTAN

- Evaluation: Randomized control trial of preand post-testing with 112 fourth-grade boys in the intervention group and waitlist control group
- Boys who participated showed reductions in aggression and improvements in anger control, problem solving strategies, social skills, and social cognitive processes.



SEHER WHOLE-SCHOOL HEALTH PROMOTION INTERVENTION IN INDIA

- Evaluation: Cluster randomized trial with 13,035 ninth-grade participants at baseline and 14,414 at endline
- When the lay counsellor implemented the SEHER programme there were significant improvements at follow-up in the school environment; a reduction in depression, bullying, violence victimization, and violence perpetration; and improved attitudes towards gender equity and knowledge of sexual and reproductive health.





DO KADAM PROGRAMME-GENDER TRANSFORMATIVE LIFE SKILLS AND SPORTS COACHING PROGRAMME FOR BOYS IN INDIA

- Evaluation: Cluster randomized trial of 1,149 boys at baseline and 1,033 at endline
- The intervention had a significantly greater effect on helping younger boys (aged 13–14), more than older boys (aged 15–17), to espouse gender-egalitarian attitudes, however, older boys were more likely to intervene to stop violence.











COMPASS PROGRAMME – PAKISTAN

- Evaluation: Single-group within-participant pre-test and post-test survey of adolescent girls aged 12–19 who were enrolled in the intervention (n = 78) in 3 districts
- Pre-test to post-test found significant improvements in psychosocial well-being, and some improvements in social support, knowledge of services and gendered rites of passage. No significant differences were found in relation to safety and comfort discussing life skills.





CHOICES-VOICES-PROMISES IN NEPAL

- Evaluation: Sample of 1,200 adolescents and 600 parents interviewed at the baseline before implementation and at follow-up one year later
- The intervention delayed child marriage by seven months on average, had positive impacts on parents' attitudes about when they want their own daughter to get married, and found that adding family and community interventions may improve gender equity.



GIRLS FIRST RESILIENCE CURRICULUM – INDIA

- Evaluation: Randomized control trial among 2,308 rural adolescent girls at 57 government schools in Bihar, India
- Girls receiving Resilience Curriculum improved more (compared to control group) in relation to emotional resilience, self-efficacy, socialemotional assets, psychological wellbeing, and social wellbeing.





POST-2015 SYSTEMS AND LEGISLATION MAPPING IN THE SOUTH ASIA

- For a review of legal frameworks for child protection in South Asia (UNICEF 2020)
- For a review of child protection systems in four countries in South Asia (UNICEF 2018a)
- For a review of legal and policy frameworks for adolescents in South Asia (Camilletti 2018)
- On the state of the social services workforce in South Asia (UNICEF 2018c)

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 direct dedicated evaluation funding for moving the evidence base forward for preventing violence against children.

Methodology and Next Steps

Methodology

The study began with a **systematic review** of all the qualitative and quantitative literature on the prevalence, drivers and risk protective factors and consequences of violence affecting children in the eight countries of the South Asia region published between 2015–2020, as well as a systematic review on evaluated interventions to prevent violence against children in countries in the region. This was complimented by a **secondary analysis and synthesis of data** from routine household and school-based surveys by countries in the region, namely, DHS, MICS and GSHS. These two pieces were complimented by **in-depth interviews** to capture the pre-2015 landscape and contextualize the findings within the South Asia region.

This systematic review assessed 127 studies that have been published in the region between 2015–2020. 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 in multiple areas (between prevalence, drivers, consequences and interventions).

Next steps

- The study findings will be used to inform and contribute to better evidenced based programmes and policies.
- The study will be used as a baseline of the evidence at the start of the adoption of the Sustainable Development Goals.

This short summary is complemented by a full technical report:

Fry, D., McChesney, S., Padilla, K., and Ivantury, S., *Violence against Children in South Asia: A systematic review of evidence since 2015*, UNICEF ROSA, Kathmandu, 2020.

This synthesis was written by Dr Deborah Fry, University of Edinburgh and designed by Print Communication Pvt Ltd.

Suggested citation: United Nations Children's Fund (UNICEF) and the University of Edinburgh, *Violence against Children in South Asia: A systematic review of evidence since 2015: Synthesis of Findings,* UNICEF ROSA, Kathmandu, 2020.

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