THRIVES

A Global Technical Package to Prevent Violence Against Children

National Center for Injury Prevention and Control
Division of Violence Prevention

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Overview of THRIVES

Violence against children is highly prevalent. More than 1 billion children—half of all children in the world—are exposed to violence every year (U.S. Government Action Plan on Children in Adversity 2014). The violence children are exposed to includes physical, sexual, and emotional forms of abuse (Bott 2012, Lansford 2012). It also includes physical, medical, and emotional neglect by caregivers as well as witnessing violence between adults, often their own parents, as well as peers (Krug 2002). These forms of violence occur in homes, schools, and streets, with contexts ranging from war to gangs to dating to child-raising (Krug 2002, Lozano 2012, Mercy 2015). What these forms of violence share is their potential for life-long health and social consequences for children (Felitti 1998, Anda 2010). By extension, these childhood exposures also impact the very foundation of human capital that underlies the social and economic development of communities and nations.

Evidence from national surveys shows that violence against children is surprisingly common (UNICEF 2010). For example, data from the U.S. found that 48% of children were exposed to some form of violence in 2011 alone (Finkelhor 2013). Similarly, in findings from 24 developing countries, 63% of caregivers reported that household members used physical violence to punish their child in the last month, including spanking, hitting, or slapping with a hand or an object (Lansford 2012). In a meta-analysis of child sexual abuse, results showed that globally, 18% of girls and 8% of boys are exposed to such violence (Stoltenborgh 2011).

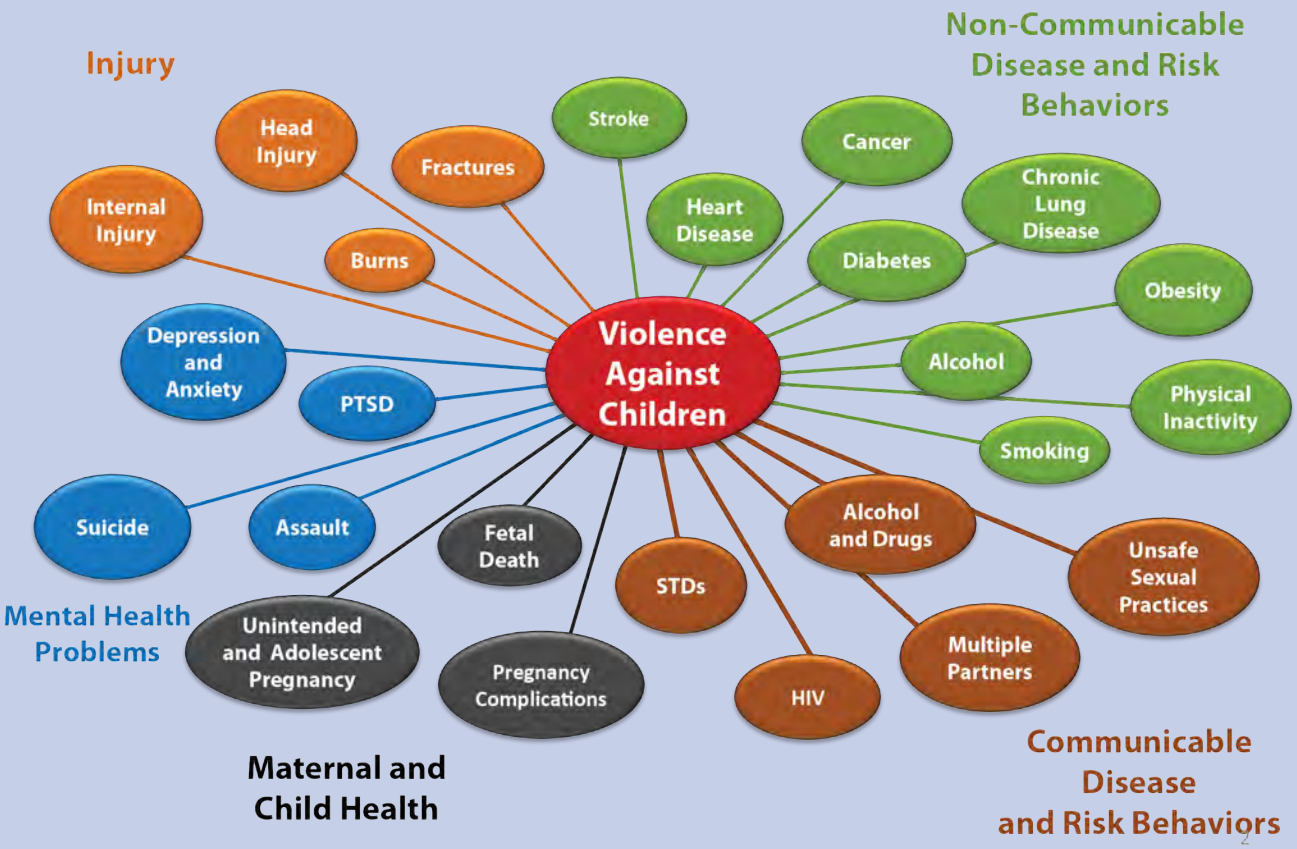
Violence against children, however, is often hidden from the attention of governments and society. Its hidden nature is well-documented: a meta-analysis of global data finds self-reported child sexual abuse 30 times higher and physical abuse 75 times higher than official reports (Stoltenborgh 2011, Stoltenborgh 2013). In many countries, prevalence estimates of violence against children come from administrative data used by health or justice systems rather than from national survey data and, therefore, the true magnitude of the problem is vastly underestimated.

Due to the hidden nature of violence against children, global data finds self-reported child sexual abuse 30 times higher and physical abuse 75 times higher than official reports.

(Stoltenborgh 2011, Stoltenborgh 2013).

The public health consequences of violence are pervasive, enduring, and costly. Though violence against children is often hidden, its consequences eventually surface (Anda 2010). Strong evidence confirms that childhood violence increases the risks of injury, HIV, mental health problems, delayed cognitive development, reproductive health problems, involvement in sex trafficking, and non-communicable diseases (NCDs). NCDs can cause damage to the nervous, endocrine, circulatory, musculo-skeletal, reproductive, respiratory, and immune systems. In fact, exposure to childhood violence leads to graded increases in the four NCDs—cardiovascular disease, cancer, chronic lung disease, and diabetes—that accounted for 60% of the 53 million deaths globally in 2010 (Anderson 2008, Baral 2012, Benjet 2010, Devries 2011, Dietz 1999, Dube 2001, Fisher 2012, Garcia-Moreno 2013, Hillis 2000, Hillis 2004, Jewkes 2010, Kessler 2010, Lozano 2012, Machtinger 2012a, Machtinger 2012b, Mbagaya 2013, Norton 2013, Reza 2009, Silverman 2009, Tharp 2012, Williamson 2002). Given the high prevalence of violence against children and its vast consequences, the associated economic impact is substantial (Patel 2012). In the United States, for example, the total lifetime economic burden associated with child maltreatment—only one type of violence against children—was $124 billion in 2008 (Fang 2012).

Potential Outcomes of Violence Against Children



Violence is preventable. Much progress has been made in understanding how to prevent violence (Liverpool Johns Moores University 2013, Rosenberg 2006, WHO 2014, UNICEF 2014). It has become clear, for example, that the various forms of violence are inter-related, as they share many risk and protective factors, consequences, and effective approaches to prevention. Safe, stable, and nurturing relationships and environments are essential to reduce the various types of violence and to enable children to reach their full potential (Fluke 2012). By promoting relationships and environments that help children grow up to be healthy and productive citizens, they in turn can build stronger and safer families and communities for their children (CDC 2014).

There is strong reason to believe the rapidly expanding evidence on violence prevention combined with an increasing capacity countries have to implement and scale up effective prevention programs and practices can reduce violence towards children across the world (CARE 2012). Violence can be prevented if governments, their citizens, and the global community start now, act wisely, and work together (Leadership Council of the Sustainable Development Solutions Network 2013, Mercy 2015, WHO 2008).

THRIVES

THRIVES represents a select group of complementary strategies that reflect the best available evidence to help countries sharpen their focus on priorities with the greatest potential to reduce violence against children. This group of strategies contains evidence-based interventions that are classified as *effective or promising,* and it also includes *prudent practice*. To be classified as *effective,* the program models had to meet at least one of these criteria: a) at least two high- or moderate-quality impact studies using randomized trial and/or quasi-experimental designs find favorable, statistically significant impacts in one or more violence against children domains (maltreatment, bullying, partner violence, witnessing intimate partner violence), or b) determined as "recommended" based on the U.S. Preventive Services Task Force review of evidence for reducing violence. To be classified as *promising,* the program models had to meet at least one of these criteria: a) at least one high- or moderate-quality impact study using a randomized trial and/or quasi-experimental design finds favorable, statistically significant impacts in one or more violence against children domains (maltreatment, bullying, partner violence, witnessing intimate partner violence), or b) at least one high- or moderate-quality impact study using randomized trial and/or a quasi-experimental designs finds favorable, statistically significant impacts in one or more risk or protective factors for prevention of violence against children (such as educational attainment, skills in positive parenting, communication between parents and children about effective strategies for avoiding exposure to violence, increased parental supervision). Finally, to be classified as *prudent practice,* the component of the technical package had to meet at least one of these criteria: a) determined by global treaties or resolutions to be critical for reducing violence against children, or b) demonstrated by qualitative or observational studies as effective in reducing violence against children. It is important to note that although **THRIVES** identifies core components of a technical package to prevent violence against children, not every program that uses a specific component can be classified as effective.

What is THRIVES?

THRIVES represents a select group of complementary strategies that reflect the best available evidence to help countries sharpen their focus on priorities with the greatest potential to reduce violence against children.

These strategies include:

T – Training in parenting

H – Household economic strengthening

R – Reduced violence through legal protection

I – Improved services

V – Values and norms that protect children

E – Education and life skills

S – Surveillance and evaluation

These strategies, which span health, social services, education, and justice sectors, include: **T**raining in parenting; **H**ousehold economic strengthening; **R**educed violence through legal protection; **I**mproved services; **V**alues and norms that protect children; **E**ducation and life skills; and **S**urveillance and evaluation. The last component of **THRIVES**, which is a monitoring and evaluation component, is critical to informing future directions in the prevention of violence against children. Though the evidence upon which these strategies are based is largely from high-income countries, supporting evidence from low- and middle income countries is expanding rapidly.

Training in Parenting

What:
Interventions to support nurturing relationships between parents and children in order to prevent violence.

Why:
These interventions are shown to prevent violence towards children and prevent children from becoming violent.

How:
Home visitation programs, parenting training as a part of comprehensive programs, and parenting training in small community groups.

Rationale:

Interventions that support the development of safe, stable, and nurturing relationships between parents or caregivers and their children are a key evidence-based strategy for violence prevention for two reasons (Bilukha 2005, Kaminski 2008). First, they can prevent violence towards children and, second, they may also prevent the early development of violent behavior in children (Caldera 2007, Olds 1997, Olds 2010). Emerging evidence suggests that by stemming the early development of violent behavior, such relationships can also reduce many types of violence occurring in adolescence and early adulthood, such as youth violence, dating violence, sexual violence, and self-directed violence (Mikton 2009).

Interventions:

Parenting interventions can vary by type of violence they are designed to prevent, developmental stage of the child, or delivery modality. Here we classify programs with greatest potential for impact by their delivery modality.

- **Home visitation programs**. In these programs, trained personnel provide information, training, and support about child health, development, and care. Such programs engage caregivers to build their knowledge and skills in one or more of the following: prenatal and infant care, preventing abuse and neglect (nonviolent discipline), developmental interactions with children, family planning, life skills, economic self-sufficiency, and linkages to services (Bilukha 2005, Duggan 2004, DuMont 2008, Eckenrode 2000, Fergusson 2006, Lowell 2011, Olds 2010). Home visits occur during the first 2 years of life, but may begin prenatally and continue later (Bilukha 2005, Kaminski 2008). Such programs may be delivered universally and without regard to risk, or they may be focused specifically on high-risk parents.
- **Parenting training as part of comprehensive programs.** Parenting training may be integrated into comprehensive programs which typically include engagement of school curriculum and school environment (Beets 2009). Some comprehensive programs focus on child well-being through development of social-emotional skills and character; common components in these include teaching parents to build self-concept, positive physical and intellectual actions, responsible social/emotional choices, honesty, pro-social skills, and goal-setting skills in their children (Beets 2009, Washburn 2011). Other comprehensive programs focus on preventing violence by peers or romantic partners, and include training parents in variable combinations of the following: building skills in conflict resolution, recognition and prevention of violence, effective communication about violence, support for victims, as well as monitoring children's behavior (Kärnä 2011, Salmivalli 2012).

- **Parenting training delivered in small groups in community settings to reduce violence.** Behavioral interventions delivered in small parent groups in community settings build caregivers' capacity to help protect children from violence (Kaminski 2008, Knerr 2013). The programs serve parents of children from young ages up to pre-teens by building capacity in anger management, social problem-solving, nonviolent discipline, and media safety (Knox 2014). Group parenting programs which focus on protecting children from partner violence have been widely adapted with fidelity in many low and middle income countries (LMIC) and focus on supervision, and on building knowledge, skills, and confidence in effective communication about sexual values and risk reduction (Foshee 2012, Vanderhoudt 2010).

Potential Outcomes:

The relevant outcomes that training in parenting may impact include:

- Reductions in substantiated child maltreatment and in referrals to Child Protective Services
- Reductions in abusive parenting, negative or harsh parenting, especially as it relates to discipline
- Reductions in bullying and being bullied
- Reductions in physical, emotional, or sexual violence victimization by partners or peers
- Reductions in aggression and delinquency during adolescence
- Increases in positive parent-child interactions
- Increases in parental monitoring of child and youth safety

Evidence:

CDC review of these interventions finds evidence to support them as being effective in reducing violence against children. This evidence for the effectiveness of parenting interventions is well established in high-income countries and evidence is increasing for their applicability across other countries and cultures.

- **Home visitation programs reduce maltreatment among infants and toddlers**. Evidence for effectiveness of home visitation programs, such as *Nurse Family Partnership* and many others, is strong according to the U.S. Preventive Services Task Force, with an overall median of a 39% reduction in maltreatment in a systematic review of over 20 studies conducted in the U.S. (Bilukha 2005). Findings from the *Philani Plus* home visiting program in South Africa, which uses mentor mothers who are community health workers to train parents, are promising, as reports show significant improvements in child well-being, as measured by cognitive development, among participants; of note, as the number of home visits increases, scores on cognitive development measures also increase (Rotheram-Borus 2011, Rotheram-Borus 2014).
- **Parenting training as part of comprehensive programs to reduce violence.** Comprehensive programs which include a parenting component, may focus broadly on building positive social-emotional skills (like *Positive Action*), or they may aim specifically to prevent violence by peers or partners (such as *KiVa* and *Families for Safe Dates*). These programs were associated with significant reductions in important outcomes, as from a 20% up to a 60% reduction in violent behaviors, a 20% reduction in bullying, and a 70% reduction in physical dating abuse victimization (Beets 2009, Washburn 2011, Kärnä 2011, Salmivalli 2012).
- **Parenting training delivered in small groups in community settings reduce violence.** Evidence for parenting training in small groups is promising. *ACT Raising Safe Kids* was found to be effective in reducing harsh discipline by up to 50% (Knox 2014). SOS!, a program delivered by primary care providers in health centers at routine immunization visits, significantly reduced abusive or neglectful parenting (Knerr 2013). In addition, *Families Matter!* is a promising practice, showing increases in effective communication between parents and their children about sexuality and safety in romantic partnerships (Vandenhoudt 2010).

Household Economic Strengthening

What:
Providing economic resources to families in order to decrease child maltreatment.

Why:
Children will benefit by experiencing decreased intimate partner violence and, thereby, reducing the likelihood that children witness violence and suffer the consequences of such exposures, which include the potential that children themselves become victims or perpetrators of violence.

How:
Cash transfers, group savings and loans combined with gender norm/equity training, and micro-finance combined with gender norm/equity training.

Rationale:

Strengthening the economic conditions of households with children is an important step in preventing violence against children. Strong empirical evidence links household economic circumstances to a variety of outcomes, including health and safety, education, and peer and family relationships, all important for child well-being (Akwara 2010, Campbell 2010). It is also true that various economic indicators have a strong correlation with violence against children (Anthony 2011, Sampson 1994). Economic strengthening interventions can benefit children by decreasing intimate partner violence and, thereby, reducing the likelihood that children witness violence and suffer the consequences of such exposures, which include the potential that children themselves become victims or perpetrators of violence (Child Protection in Crisis 2011, Vyas 2009). In addition, increasing women's access to economic resources strengthens a household's economic status in ways that can prevent the abuse and neglect of children (Child Protection in Crisis 2011). For example, it enables women to increase investments in their children's education, thereby improving school attendance, which is a protective factor for violence against children (Pronyk 2007, Vyas 2009).

Interventions:

The many types of economic strengthening programs share a focus on positively influencing the socio-economic status of households or individuals. Many of these programs include goals for children's protection and well-being. Types of programs that appear to have particular potential benefit for addressing children include those that integrate microfinance with gender norms and/or equity training, those that combine group savings and loans associations with gender norm and/or equity training, and cash transfer programs for vulnerable households, either with or without conditions.

- **Cash transfers with or without conditions.** Cash transfers provide a regular income (typically monthly or quarterly) to reduce economic vulnerability within the household. Some programs provide cash dependent on certain conditions (e.g., child gets regular check-ups, child attends school regularly, and parent attends parenting or job training) (Cancian 2013, Eldred 1998, Huston 2003).
- **Group savings and loans associations combined with gender norm/equity training**. These savings and loan associations provide a group of women a safe and convenient place to save money together and access small loans in places that lack formal financial institutions (Gupta 2013).

- **Microfinance combined with gender norm/equity training**. Microfinance is a development method that provides loans to poor households for income generation, and to be effective, should be combined with gender norms/equity training (Jan 2011, Pronyk 2007, Pronyk 2008).

Potential Outcomes:

The relevant outcomes that household economic strengthening may impact include:

- Reductions in intimate partner violence
- Reductions in child witnessing intimate partner violence in the home
- Reductions in physical violence towards children by parent or other caregivers
- Increases in social norms and attitudes that disapprove of intimate partner violence
- Increases in school attendance
- Increases in household economic status

Evidence:

CDC review of these interventions finds that the evidence is promising for reducing violence against children. According to PEPFAR Guidance for Orphans and Vulnerable Children (OVC) Programming, the preponderance of evidence justifies prioritization of household economic strengthening approaches such as cash transfers, group savings, and microfinance (The U.S. President's Emergency Plan for AIDS Relief 2012).

- **Cash transfers with or without conditions.** Cash transfers have been shown to improve parental monitoring, reduce child maltreatment by 10%, reduce aggressive symptoms in children by 10%, and to increase pro-social behavior among adolescent boys particularly (Cancian 2013, Huston 2003, Ozer 2009). Three randomized trials that combined cash transfers with other supports such as health insurance and child care subsidies or child care, along with help getting a General Educational Development (GED) high school degree, a job, or job training showed improvements in positive parenting (Cancian 2013, Eldred 1998, Huston 2003).
- **Group savings and loans associations combined with gender norm/equity training**. In a pilot randomized trial, a group savings and loans program alongside gender dialogue groups, when compared to group savings only, reduced past year physical intimate partner violence (IPV) by over 50% among women who participated with their male partners in more than 75% of the intervention sessions in the program (Gupta 2013).
- **Microfinance combined with gender norm/equity training**. Experimental evaluations showed that a microfinance program combined with education on gender norms, known as *IMAGE* (*Intervention with Microfinance for Aids and Gender Equity*), reduced physical and/or sexual violence exposures by 50% among women participating in the intervention compared to a control group (Jan 2011, Pronyk 2007, Pronyk 2008).

Reduced Violence through Legal Protections

What:
Developing and enforcing laws that prevent violent behaviors.

Why:
Passing and enforcing comprehensive laws pertaining to violence prevention will help shift prevailing norms about violence, deter violent behavior, and keep perpetrators from continuing violent behaviors while incarcerated.

How:
Laws banning the violent punishment of children by parents, teachers, and other caregivers; laws pertaining to alcohol that regulates hours of sale, price, and number of outlets; laws prohibiting the sexual abuse and exploitation of children; legal protections establishing equal rights for females and males.

Rationale:

Developing and strengthening legal protections and policies for children in conjunction with the means to enforce these protections is a prudent step in preventing violence against children. Laws that prohibit violent behavior are useful in several ways (Pinheiro 2006). First, they represent a societal statement that violent behaviors are wrong and, therefore, can help shift prevailing norms that tolerate violence towards ones that do not. Second, the threat of penalties or incarceration may deter potential perpetrators from some acts of violence (Stier 2007). And third, incarceration will deprive perpetrators of the opportunity to inflict further violence while incarcerated (Stier 2007). Laws can also be useful in reducing exposure to key risk factors for violence, such as alcohol abuse (Bellis 2008, Dinh-Zarr 2004).

Interventions:

There are four key areas where legal protections could be particularly helpful:

- **Laws banning the violent punishment of children by parents, teachers, and other caregivers**. The persisting legality and widespread social approval of violent punishment, commonly denoted 'corporal punishment,' of children reduces the potential benefit of efforts to improve developmental outcomes for children; such laws are important because violent punishment, in which pain is intentionally inflicted for the purpose of retribution for an offense, is one of the most common forms of violence in children's lives (Bussman 2011, Lansford 2012, Osterman 2014, Roberts 2000, Sariola 2012, UNICEF 2010). Although the *Global Status Report on Violence Prevention* found that laws relating to bans on corporal punishment were reported to exist in 76% of countries, only 30% of countries indicated enforcement of such laws (WHO 2014).
- **Laws pertaining to alcohol that regulate hours of sale, price, and number of outlets.** Alcohol use is an established risk factor for violence and is common in most parts of the world (Cohen 2007, Duailibi 2007, Grossman 2001). Laws regulating availability and accessibility are important facets of prevention.

- **Laws prohibiting the sexual abuse and exploitation of children**. Although most countries have laws prohibiting sexual abuse in place, their strength varies by country based on the legal definition of who is a child and what constitutes child sexual abuse, as well as the extent to which they are enforced. For example, though virtually all countries (99%) have laws prohibiting statutory rape, such laws are enforced in less than two-thirds of countries. Enforcement is even less common for laws against contact sexual violence without rape and non-contact sexual violence (WHO 2014).
- **Legal protections establishing equal rights for females and males.** UN Women regards gender equality as a basic human right, and 139 countries and territories constitutionally guarantee equality between men and women. Such constitutional guarantees can be used to amend laws that discriminate against women and girls and to increase legal protections for equal access to education, inheritance rights, and protection from harmful traditional practices (Turquet 2011, WHO 2014).

Potential Outcomes:

The relevant outcomes that legal protections may impact include:

- Reductions in physical violence towards children by parent, other caregivers, and authority figures
- Reductions in sexual abuse of children, including forced or pressured sex, unwanted attempted sex, and unwanted sexual touching
- Reductions in sexual exploitation of children including trafficking, pornography, and prostitution
- Increases in social norms and attitudes that protect against the use of violent punishment against children
- Increases in social norms and attitudes that protect against the sexual abuse and exploitation of children
- Reductions in excessive alcohol consumption and binge drinking
- Increases in social norms and attitudes that support gender equality

Evidence:

CDC review of these interventions classifies them as prudent practice for reducing violence against children.

- **Laws banning the violent punishment of children by parents, teacher, and other caregivers**. Evidence suggests that these laws impact use of severe corporal punishment against children, understanding of what constitutes violent punishment, and attitudes towards the use of such punishment (Osterman 2014, Roberts 2000, Sariola 2012). Findings from a multi-country study report that nearly all forms of corporal punishment were used less commonly in countries with legal bans than in those without such bans (Bussmann 2011).
- **Laws that regulate the hours during which alcohol can be sold, number of alcohol outlets, and the price of alcohol.** Reduced sales hours have been associated with reduced violence, and higher outlet densities have been associated with higher levels of violence (Bellis 2008, Duailibi 2007). Empirical evidence has shown that higher prices for alcohol can decrease consumption and reduce alcohol-attributable mortality (Bellis 2008, Task Force on Community Preventive Services, 2010).
- **Laws prohibiting the sexual abuse and exploitation of children**. Evidence is needed for the impact of the passing and enforcement of these laws (WHO 2014).
- **Legal protections establishing equal rights for females and males**.Though more evidence is needed for the impact of legal constitutional protections for equal rights for females and males, countries such as Colombia, India, South Africa, and Uganda have used such constitutional authority to amend laws that discriminate against women and girls (Turquet 2011).

Improved Services for Victims and Perpetrators

What:
Providing counseling, support groups, housing and other services for victims of violence.

Why:
Counseling and support services have been shown to decrease the short-term recurrence of violence among survivors; and mitigate the negative mental health consequences of violence against children.

How:
Counseling/therapeutic approaches; intimate partner violence (IPV) screening in clinical settings combined with interventions; support groups; shelters or other forms of emergency housing; advocacy and case management.

Rationale:

Providing services to victims and perpetrators of violence against children is an essential approach to potentially preventing the future recurrence of victimization and/or perpetration and to mitigating the short and long-term consequences of violence (Task Force on Community Preventive Services 2008, Wethington 2008). Strong empirical evidence for these two main benefits of services has been demonstrated: decreases in the short-term recurrence of violence among survivors; and mitigation of the negative mental health consequences of violence against children and youth, such as trauma symptoms (Sullivan 2012a, Sullivan 2012b, Sullivan 2012c, Wethington 2008). In addition, because experiencing violence early in life is associated with increased risk for victimization or perpetration later in life, it is possible that providing services for children who are victims may prevent involvement in violence later in the life cycle, i.e., a "treatment as prevention" type approach for violence.

Interventions:

The various types of services for victims and those at risk for perpetration share a focus on providing various types of support to those individuals, such as tangible support (e.g., a temporary place to live) to promote independence, and emotional/psychological support (e.g., counseling) to promote healing. Effectiveness of these approaches depends on the type of service. The most promising include:

- **Counseling/therapeutic approaches.** Counseling can be delivered in a variety of settings, by both professionals and by trained community health workers. In particular, cognitive behavioral therapy can help survivors of childhood violence build coping skills and change how they think about their experiences with violence. These short-term interventions consist of multiple sessions (Bass 2013, Kornor 2008, Task Force on Community Preventive Services 2008, Wethington 2008).
- **IPV screening in clinical settings combined with interventions.** Combining screening with interventions can help to actively identify clients who have experienced violence and offer them services, either directly or through referrals (Ramsay 2002, Task Force on Community Preventive Services 2008).
- **Support groups.** These groups provide participants with emotional and practical support and can be led by professionals, lay workers, or peers (Sullivan 2012c).
- **Shelters or other forms of emergency housing.** For those clients who need a temporary place to live, shelter and/or alternate family support can help them identify ways to return home safely or find other permanent housing options (Chanley 2001, Sullivan 2012b).

- **Advocacy/case management.** These approaches involve advocates who help survivors obtain community resources, which will vary according to the age of the survivor (housing, foster family support, employment, legal assistance, transportation, education, vocational training, child care, health care, material goods, and financial assistance) (Sullivan 2012a).

Potential Outcomes:

The relevant outcomes that various types of services may impact include:

- Reductions in recurrence of the same type of violence in the short term
- Reductions in trauma symptoms (e.g., PTSD, depression, anxiety)
- Increases in ability to live independently (for survivors)
- Reductions in victimization or perpetration of violence later in life (e.g., reducing likelihood that male survivors of child abuse will perpetrate intimate partner violence when they are older)

Evidence:

CDC review of clinical services finds evidence to support some services as effective and others as promising for reducing the health and social consequences of violence against children.

- **Counseling/therapeutic approaches.** Both individual and group *trauma-informed cognitive behavioral therapy (CBT*) are considered effective, having large effects on trauma symptoms and functional impairment; such reductions are up to 37% for individual and 56% for group CBT in symptoms among the intervention versus the comparison groups (Task Force on Community Preventive Services 2008, Wethington 2008). One group of investigators finds it is feasible to deliver trauma focused cognitive behavioral therapy (TF-CBT) through trained lay health workers for both vulnerable children, as well as for young women, in low income countries (Bass 2013, Murray 2013).
- **IPV screening in clinical settings combined with interventions.** Screening can serve as an entry point into other effective interventions. The U.S. Preventive Services Task Force recommends screening be paired with an intervention, and reports that, together, there is a moderate net benefit and thus is considered effective (Moyer 2013). Evidence from randomized trials support various interventions for women of childbearing age, including counseling, home visits, information cards, referrals to community services, and mentoring support. Depending on the type of intervention, these services may be provided by clinicians, nurses, social workers, non-clinician mentors, or community workers. Screening without provision of, or referral to, an intervention is not recommended. In one good-quality randomized trial, screening pregnant women or mothers of young children for IPV and providing behavioral counseling led to a 50% reduction in recurrent episodes of IPV, as well as better birth outcomes (Kiely 2010). Furthermore, interventions such as home visiting programs that aim to reduce both child abuse and IPV, such as the Hawaii Healthy Start Program, appear promising. Evaluations of this program report that home visiting provided by paraprofessionals to high risk mothers was effective in reducing both IPV (by 15%) and child maltreatment (by 40%) (Bair-Merritt 2010, Duggan 2004).
- **Support groups.** Support groups are considered promising, as they have been shown to decrease trauma symptoms and increase psychological well-being (Sullivan 2012c).
- **Shelters or other forms of emergency housing**. Having emergency housing options available for survivors in life-threatening circumstances is an important post-violence service, for which there is promising evidence of effectiveness in reducing trauma symptoms (Tutty 2006, Chanley 2001). Though these programs are considered essential, they have not been subjected to rigorous evaluation designs. In observational studies, they appear to decrease trauma-related symptoms and feelings of isolation, and increase survivors' feelings of safety and hopefulness (Sullivan 2012b).
- **Advocacy/case management**. Approaches which provide advocacy for victims, such as the *Community Advocacy Project (CAP)*, have been shown to be promising in decreasing recurrence of physical and emotional violence, and to increase psychological well-being and ability to obtain community resources (Sullivan 2012a).

Values and Norms that Protect Children

What:
Changing social norms that accept or allow indifference to violence.

Why:
Individuals and communities following restrictive and harmful social norms are more likely to perpetrate physical, sexual, and emotional violence against partners and children (Promundo 2012).

How:
Small group programs; bystander interventions; community mobilization programs; campaigns.

Rationale:

Changing social norms that accept or allow indifference to violence is necessary to prevent violence against children (Mercy 2015). Norms are group-level beliefs and expectations about how members of the group should behave. The group can be large or small, ranging from the cultural norms of an entire country to those of a small sub-population. Two types of norms are particularly relevant to preventing violence against children – gender norms and norms about parenting disciplinary practices (Mercy 2015). Gender norms define appropriate behaviors for men and women, and girls and boys, in terms of how to relate to one another. Parenting norms include beliefs about how parents should discipline their children (UNICEF 2010). Restrictive gender and parenting norms can sanction violent behavior in intimate and parental relationships. Studies show that individuals and communities following restrictive and harmful social norms are more likely to perpetrate physical, sexual, and emotional violence against partners and children (Promundo 2012).

Interventions:

Several types of interventions seek to change individual and community attitudes and beliefs about potentially harmful gender and parenting norms. Although most work in this area has focused on gender norms, parenting norm interventions are increasingly seen as vital to violence prevention.

- **Small group programs**. Small groups programs are multi-session interventions focused on changing men and women's adherence to restrictive and harmful social norms. They are delivered to groups from target populations or from the general population and typically engage community leaders to engage others within their spheres of influence in schools, health centers, community centers, or faith centers to conduct skills-building workshops that address masculinity, leadership, and gender equity (Jewkes 2008, Miller 2012, Skevington 2013, Verma 2008).
- **Bystander interventions.** Bystander interventions empower members of a community to prevent violence by building skills to help when they see behavior that puts others at risk and take appropriate steps to intervene (Banyard 2007, Coker 2014).
- **Community mobilization programs**. Community mobilization interventions train community leaders to mobilize a critical mass of community members to change social norms and behavior via trainings, media messaging, and local advocacy (Pulerwitz 2010, Raising Voices 2013, Watts 2014).

- **Campaigns**. Awareness campaigns deliver education and information to communities in order to change norms and behaviors, typically via advertising or serial television formats (Promundo 2012, Solorzano 2008, Usdin 2005).

Potential Outcomes:

The relevant outcomes that interventions addressing values and norms may impact include:

- Reductions in acceptability of violence against intimate partners and children
- Increases in favorable beliefs towards gender equity and gender equitable division of labor
- Increases in favorable attitudes towards nonviolent approaches to parental discipline
- Increases in recognition of abusive behavior towards intimate partners and children
- Increases in bystander interventions to prevent violence against intimate partners and children
- Reductions in the perpetration of physical or sexual violence by an intimate partner or parent

Evidence :

CDC review of interventions regarding potentially harmful gender and parenting norms finds that these interventions are promising for reducing violence against children.

- **Small group programs.** Small group programs, using experimental or quasi-experimental designs delivered to adult men and women and adolescent girls and boys, as described above, report decreases in a number of significant violence prevention outcomes (Dworkin 2012, Jewkes 2008, Paine 2002, Skevington 2013, Verma 2008). Males in India participating in *Yaari-Dosti* were found to have 20-30% decreases in IPV perpetration, and males in rural South Africa participating in *Coaching Boys Into Men* reported 38% fewer incidents of physical or sexual IPV 24 months post-intervention (Miller 2012, Verma 2008). Other significant outcomes include increases in bystander interventions and increases in favorable attitudes towards gender equity.
- **Bystander interventions.** Experimental evaluations showed that programs such as *Bringing in the Bystander* and *Green Dot* empowered young people to intervene and prevent violence against dating partners and acquaintances (Banyard 2007, Coker 2014). Evidence from these programs demonstrated that bystander interventions increased intervention behaviors and increased participants' beliefs that they could intervene to prevent violence. Of note, both male and female students attending a college with a *Green Dot* program reported lower victimization, and males reported lower perpetration rates, compared to colleges without the program.
- **Community mobilization program.** *SASA!* is an example of mobilizing changes in norms though existing organizations, institutions, and groups (such as urban communities, faith communities, refugee camps, and villages), to empower participants to be change agents within their existing community structures. Men and women aged 18-49 who participated in the community-based RCT of *SASA!* experienced 52% less physical violence and expressed decreased social acceptance of violence (Pulerwitz 2010, Raising Voices 2013, Watts 2014).
- **Campaigns.** Gender norm and parental campaign interventions are difficult to evaluate. However, evidence suggests that they can influence attitudes and norms, to decrease the acceptability of violence against intimate partners and children (Promundo 2012). For example, there was a 14% increase in agreement with the statement "I agree no woman ever deserves to be beaten" among participants in the multi-media health intervention *Soul City* in South Africa (Usdin 2005). There was also a 14% increase in participants becoming aware of the national intimate partner violence helpline after the intervention was implemented (Usdin 2005).

Education and Life Skills Building

What:
Provide resources to increase primary and secondary school completion and to build life skills.

Why:
Gains in education protect victimization and perpetration of violence. Also, schools provide a setting to educate large groups of children about reducing violent behaviors.

How:
School enrollment and attendance by means of material support and school-based early education; life skills violence-prevention programs via health programs, dating violence/rape prevention programs and adolescent girls' empowerment.

Rationale:

Gains in education, as shown by increases in primary and secondary school completion, for girls and boys, as well as implementation of life skills training programs, primarily in school-based settings, are important steps in reducing violence against children (Blueprints for Healthy Youth Development, Durlak 2010). First, gains in education for both girls and boys, as measured by school enrollment and attendance, protect against both victimization and perpetration of certain types of violence, including childhood sexual violence, youth violence, partner violence, and childhood marriage; these advances also protect against the consequences of violence, including HIV, sexually transmitted infections, and unintended pregnancy (Hallfors 2011, Reynolds 2011). Second, schools are important settings for reaching large numbers of children and youth with health-related interventions that build skills in communication, conflict resolution, and emotional regulation, all of which are important for reducing violent behaviors (Hahn 2007).

Interventions:

Addressing structural factors that keep youth out of school, such as gender inequity and poverty, as well as providing children with knowledge and skills to support alternatives to violent behavior (e.g., relationship development, problem-solving skills, emotional understanding), are important avenues for preventing violence against children. Programs that show potential include:

School enrollment and attendance

- **Material support.** Programs which provide partial or comprehensive support of fees, books, school supplies, uniforms, and school-based helpers can help girls stay in school (Hallfors 2011).
- **School-based early education.** Programs that are school-based can provide comprehensive educational and family support services in an early education, typically preschool setting. Such programs may provide intensive educational and family support services (Reynolds, 2011).

Life skills violence prevention programs

- **Life skills and health programs**. These life skills programs teach emotional regulation, pro-social behaviors (such as cooperation, praise, or support of others), and communication and decision-making skills, goal-setting, bullying prevention, and other techniques for avoiding violence (Hahn 2007, Reynolds 2011).

- **Dating violence and rape prevention programs.** Programs for middle school students focus on helping friends, changing gender stereotypes, improving communication skills, identifying and managing emotions, and preventing sexual assault (Hahn 2007). Programs for older students tend to raise awareness of and some succeed in changing tolerant attitudes about date rape (Fellmeth 2013, Foshee 2005, Holcomb 2002, Pinzone-Glover 2006, Wolfe 2009, Yom 2005).
- **Adolescent girls' empowerment.** Programs that build girls' empowerment develop skills to increase personal awareness, assertive communication, self-efficacy, boundaries, de-escalation and negotiation, and physical self-defense (Population Council 2014, Sarnquist 2014).

Potential Outcomes:

The relevant outcomes that education and life skills building may impact include:

- Increases in school attendance and success
- Reductions in child marriage
- Reductions in sexual assault
- Increases in sexual assault disclosure
- Reductions in physical and sexual dating violence victimization and perpetration
- Increases in awareness of and improved attitudes about date rape
- Reductions in aggressive and violent behaviors
- Reductions in substance use
- Reductions in bullying behaviors

Evidence:

CDC review of improved school attendance and implementation of school-based programs finds the evidence to be effective or promising, in supporting their use for reducing violence against children or enhancing other health outcomes.

- **School enrollment and attendance initiatives have promising evidence of effectiveness.**
  - **Material support**. An experimental evaluation of an intervention providing *Comprehensive School Support* to orphan girls demonstrated that those receiving fees, school supplies, uniforms, health and hygiene supplies, and in-school helpers found that school dropout was reduced by 82% and early marriage by 63% (Hallfors 2011).
  - **School-based early education.** Comprehensive programs such as the Child-Parent Center Education Program, which support early preschool enrollment beginning at age 3, with continued educational and parenting support up through age 9, show over a 30% reduction in arrest for perpetration of violence that persists through young adulthood (Reynolds 2011).
- **Life skills violence prevention programs have evidence of being effective in reducing violence.**
  - **Life skills and health programs focused on a constellation of issues for youth (including bullying).** The U.S. Task Force on Community Preventive Services found strong evidence that universal, school-based programs decrease rates of violence among children by a median of 15% across programs and grades ranging from pre-kindergarten to twelfth grade. In one cluster RCT, after three years, students participating in the *Positive Action* program showed a 36% reduction in violent behavior and a 41% reduction in bullying behaviors (Hahn 2007).
  - **Dating violence and rape prevention programs.** A cluster randomized trial of *Safe Dates,* a dating violence prevention program, led to 25% less psychological, 60% less physical, and 60% less sexual violence perpetration at one-month among participating youth aged 12 to 14; at four years there was a significant reduction in physical and sexual dating violence perpetration and victimization (Foshee 2005). Several studies of university students or athletes participating in programs to reduce sexual

violence showed significantly more disapproving attitudes toward date rape (Holcomb 2002, Salazar 2014). An evaluation of the *Real Consent* program, an interactive web-based intervention to reduce sexual violence perpetration for male college students, was associated with significant reductions in perpetration over the six months following the intervention. (Salazar 2014).

- **Adolescent girls' empowerment.** A prospective cohort study of the adaptation of the 'No Means No' *IMpower* program showed disclosure of sexual violence increased significantly among the intervention group by about 34% and annual sexual assault rates declined significantly by 38% (Population Council 2014, Sarnquist 2014).

Surveillance and Evaluation

What:
Population-based national and international surveillance data and evaluation studies.

Why:
Data are used to inform planning and implementation of prevention programs and monitor their impact and progress.

How:
Violence Against Children Surveys (VACS) or Multiple Indicator Surveys (MICS) are considered some of the best ways to measure the problem, identify groups at risk, and monitor the progress of prevention strategies.

Rationale:

Population-based national and international surveillance data and evaluation studies are necessary to effectively understand the extent of the problem and plan, implement, and assess the impact of programs addressing violence against children. These data are particularly useful for monitoring progress called for in key UN treaties and WHO resolutions addressing violence against children (Krug 2002).[1] It is only through accurate measurement that problems caused by violence against children can be understood and appropriate interventions can be effectively identified, targeted, managed, and improved (Clancy 2005). Monitoring can provide policy-makers and public health officials with essential information on:

- The extent, nature, and consequences of violence in a country;
- Subgroups in need of tailored programs and policies;
- Public awareness of the problem; and
- Changes in violence following improvements in policies and programs, including:
  - **T**raining in positive parenting and nonviolent discipline
  - **H**ousehold economic strengthening
  - **R**eductions in violence following strengthened legislative protection
  - **I**ncreased service utilization among children who experience violence
  - **V**alues and norms regarding violence against children
  - **E**ducation and life skills training to reduce vulnerability to violence.

[1] For example, World Health Assembly resolution WHA67.22 which calls upon the Director-General of WHO to develop a global plan of action addressing violence against women and children.

Evaluations, on the other hand, provide policy-makers and public health officials with critical information on whether or not the programs and policies designed to prevent or respond to violence against children are having their intended impact in reducing violence and/or improving health (Elliott 2004, Fixsen 2005).

- **Many countries do not have adequate monitoring data.** Currently surveillance systems for violence against children are weak in most countries, especially in low- and middle-income countries where the prevalence of violence is the highest (Bott 2012, Dahlberg 2002). Because only a small proportion of acts of violence against children are reported to official sources such as health or police systems, self-reports ascertained via representative household surveys, such as national Violence Against Children Surveys (VACS) or Multiple Indicator Surveys (MICS) are considered the gold standard for measuring the magnitude of the problem, identifying vulnerable groups, and measuring progress (CDC 2014, UNICEF 2009, UNICEF 2012, Zimbabwe 2013). Such surveys provide foundational data that inform actions to strengthen the prevention of violence against children. For example, the VACS data have driven policy reforms that impact health, legal, educational, social services, and economic sectors. These reforms have led to the establishment of One-Stop Centers providing comprehensive post-rape care, child-friendly courts and police units, national codes of teacher conduct which prohibit use of corporal punishment, child protection policy reform, and increased investments in life skills programs. Such surveys should be implemented at regular intervals to ensure that progress is monitored and changes in trends of violence against children are measured.

- **Evidence is limited for the effectiveness of programs and policies in low-and middle-income countries (LMICs).** Most of the evidence on interventions that are effective in reducing violence against children and mitigating its consequences is derived from evaluations conducted in high income countries (Mercy 2015). There is a critical need in LMICs to evaluate adaptations of interventions proven effective in high-income countries, as well as to evaluate new innovations to reduce violence against children. Finally, it will be important to evaluate the combined and synergistic impact that can be achieved with implementation of multiple components of the THRIVES technical package.

Conclusion

The UN has issued a call-to-action relevant for every nation: to eliminate violence against children. Essential to preventing violence against children is guidance to countries that want to use the best available evidence to address this problem. **THRIVES** provides this evidence.

THRIVES represents a select group of complementary strategies that represent critical components for preventing violence against children. These strategies cross health, social services, education, finance, and justice sectors. Each of the **THRIVES** strategy areas is underpinned by strong or promising evidence of success in high income countries, with growing evidence that these strategies work in LMICs. **THRIVES** is designed with the intent that monitoring and evaluation will play a key role in implementing and improving this technical package as lessons are learned. Key CDC global partners, including PEPFAR, UNICEF, and the WHO recognize many of the **THRIVES** strategies as being critical components of successful efforts to prevent violence against children.

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Appendix

THRIVES: Examples of Interventions to Reduce Violence Against Children

Component	Sector	Interventions: Programs and Policies	Evidence	
			HIC	LMIC
Training for Parents	Social Services Education	***HOME VISITATION:***		
		• Nurse Family Partnership	X	
		• Philani Plus		X
		COMPREHENSIVE PROGRAMS:		
		• Positive Action	X	
		• KiVa		
		• Families for Safe Dates	X	
		PARENTING SMALL GROUP PROGRAMS:		
		• ACT Raising Safe Kids	X	X
		• Families Matter	X	X
Household Economic Strengthening	Labor	***MICROFINANCE:***		
		-IMAGES (Intervention with Microfinance for AIDS & Gender Equity)		X
		GROUP SAVINGS AND LOANS ASSOCIATIONS:		
		-Village Savings and Loan Associations (VSLA) and Gender Dialogue		X
		CASH TRANSFERS	X	X
Reduced Violence through Legal Protections	Justice	-Banning violent punishment by caregivers, teachers	X	
		-Regulation of hours/ location/ price of alcohol		
		-Prohibiting sexual abuse of children	X	X
Improved Access to Services for Children Experiencing Violence	Health	***COUNSELING:***		
		-Trauma-Focused Cognitive Behavior Therapy	X	X
		SCREENING:		
		-Screening for IPV with brief intervention	X	
		-Community Action Project	X	

HIC = high-income country; LMIC = low- and middle-income country

VACS =violence against children surveys; MICS = Multiple Indicator Surveys; NatSCEV = National Survey of Children's Exposure to Violence

Component	Sector	Interventions: Programs and Policies	Evidence	
			HIC	LMIC
Values and Norms Changes	Health Education	***SMALL GROUP PROGRAMS:*** -Yaari Dosti, Coaching Boys into Men, Stepping Stones ***BYSTANDER INTERVENTIONS:*** -Bringing in the Bystander -Green Dot ***COMMUNITY MOBILIZATION:*** -SASA! *CAMPAIGNS*	 X X X 	 X X
Education and Life Skills Building	Education	***MATERIAL SUPPORT:*** -Comprehensive School Support ***LIFE SKILLS VIOLENCE PREVENTION PROGRAMS:*** -Positive Action -Safe Dates *-IMpower*	 X X X	X X
Surveillance and Evaluation	Health Justice Education	VACS, MICS, NatSCEV	X	X

HIC = high-income country; LMIC = low- and middle-income country

VACS =violence against children surveys; MICS = Multiple Indicator Surveys; NatSCEV = National Survey of Children's Exposure to Violence

For more information please contact:

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