Experiences in the first years of life shape a person’s lifelong development. Children who grow up in environments that are responsive to their needs, that provide protection from threats and that offer learning opportunities are more likely to develop well. Adverse environments, in contrast, can negatively affect brain development and can lead to long-lasting deficits that increase the risk of school failure, mental and physical health problems and later crime and substance use.

Exposure to violence is an important risk factor even before the child is born. Many women experience physical, emotional and sexual violence during pregnancy, and the effects on mothers’ health and long-term child development can be severe. From childhood to adolescence, more than half of all children worldwide are victims of various forms of maltreatment, bullying, peer aggression, or community violence.

Around one billion children worldwide experience interpersonal violence, corporal punishment, cruelty, or sexual abuse each year. Exposure to violence disrupts children’s emotional development, contributes to lasting behavioural problems, and has lifelong effects on well-being and productivity.

In the 2030 Sustainable Development Goals, the United Nations have therefore called on the global community to end child abuse, exploitation and all forms of violence, and to promote children’s mental health and well-being. The “Evidence for Better Lives” Study (EBLS) is our response to this challenge.

Its vision is a global network of cities in developing countries that are committed to addressing violence against children (VAC) in all forms. It comprises three lines of work: (1) a ground-breaking study in eight middle-income countries, which will follow a group of 12,000 children from their time in the womb for at least the first 1000 days after their birth; (2) an impact strategy whereby we work with local, national, and international partners to strengthen evidence-based policies that can help to better address violence against children and related adverse experiences; (3) a joint capacity building approach that promotes mutual learning across sites, and that supports the development of early career academics.

THE IMPACT OF ADVERSITIES ON EARLY CHILD DEVELOPMENT

Experiences in the first years of life shape a person’s lifelong development. Children who grow up in environments that are responsive to their needs, that provide protection from threats and that offer learning opportunities are more likely to develop well. Adverse environments, in contrast, can negatively affect brain development and can lead to long-lasting deficits that increase the risk of school failure, mental and physical health problems and later crime and substance use.

Exposure to violence is an important risk factor even before the child is born. Many women experience physical, emotional and sexual violence during pregnancy, and the effects on mothers’ health and long-term child development can be severe. From childhood to adolescence, more than half of all children worldwide are victims of various forms of maltreatment, bullying, peer aggression, or community violence.

Violence is often associated with exposure to other social problems. Poverty, drug and alcohol issues, lack of education, mental disorders, poor nutrition, and social and gender inequality often cluster together to create adverse family and neighbourhood environments.

To date, most research into violence during pregnancy and in the first years of children’s lives has been conducted in affluent nations. Little is known from low- and middle-income countries, the countries where most of the world’s children live and resources to address problems are more limited. Ending violence against children requires that we better understand the factors that foster resilience in these societies, and that we identify those risk factors that need to be addressed most urgently in each society.

EVIDENCE FOR BETTER LIVES ENTAILS 3 MAIN COMPONENTS:

- **RESEARCH ON CHILD DEVELOPMENT**
  The EBLS cross-cultural birth cohort study will generate knowledge to inform efforts to prevent violence against women and young children.

- **POLICY IMPACT**
  The EBLS impact strategy will ensure that knowledge generated will be widely disseminated and will influence national and international violence reduction policies and practices.

- **CAPACITY BUILDING**
  Capacity-building activities will strengthen the research infrastructure and the collaborative networks needed for promoting sustainable positive psychosocial development locally and internationally.

INTERNATIONAL SUPPORT

The Prevention of Violence Unit of the World Health Organization, the United Nations Children’s Fund (UNICEF), the Global Partnership for Ending Violence against Children, and UNODC Research Branch support EBLS as part of their global violence reduction efforts. The UNICEF Office of Research - Innocenti provides technical support to the development of EBLS.
EBLS will have at its core an eight-site longitudinal cohort study of child development. The eight sites are medium-sized cities chosen to reflect the diversity of social and cultural conditions across the globe. They include the Caribbean, Eastern Europe, Sub-Saharan Africa, South Asia and Southeast Asia.

The study will initially cover child development from before birth to the end of the first 1000 days (age two), with the ultimate goal of following participants until adolescence. We will collect the first data during pregnancy, with subsequent assessments when the child is 6, 18, and 30 months old. In each wave, child assessments and interviews with mothers and fathers will be conducted – the important role of fathers in early child development has often been neglected in research.

The study will track the development of child well-being, as well as the emergence of early symptoms of mental health and behavioural problems through multiple data collection strategies. It will collect data on individual and contextual risk and protective factors, including prenatal exposure to adversity, child neurocognitive and temperamental factors, family functioning and parenting practices, and neighbourhood characteristics. Instruments will be created that can be used and compared across different cultures. New insights should be gained by identifying and measuring culturally specific risk and protective processes.

The study will also include an intervention component, supported by the Global Partnership to End Violence against Children, UNICEF and the World Health Organization. In particular, EBLS will work with local and national public health and child protection authorities to support the development and delivery of evidence-based measures designed to promote healthy early child development and better protection from childhood adversities. Throughout the study, we will track the delivery of these interventions and evaluate their effects on trajectories of child development.

THE FIRST 1000 DAYS: THE EBLS BIRTH COHORT STUDY

KEY QUESTIONS EVIDENCE FOR BETTER LIVES WANTS TO ANSWER

EBLS will answer key questions related to the interplay of biological, psychological and social mechanisms that influence development in the first years of life. These questions include:

1. How common are violence and social adversity in the lives of pregnant women and new mothers, and what is the impact on maternal health and well-being and early child behaviour? Answers to this question will inform interventions and referral pathways to support vulnerable mothers during pregnancy and minimize the impact of adversity exposure on their unborn child.

2. What are the cross-cultural as well as culture-specific mechanisms that underpin children’s resilience and vulnerability to diverse forms of adversity exposure? Answers to this question will inform better adapted prevention strategies that are tailored to local needs and resources.

3. What are the processes by which biological, psychological, family and wider social factors together influence the emergence of child behaviour problems across different cultures? An improved understanding of these issues can assist development of integrated social and individual-level prevention strategies.

4. What services (medical, welfare, community support, public health, education) are available to parents of young children, and by whom are they used? Answers to this question will allow us to examine where the most urgent gaps are, thus informing prevention policies.
### STAGES IN THE DEVELOPMENT OF EBLS

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>EBLS Birth Cohort Study, The First 1000 Days (2020-2025)</td>
<td>Scaling up to 12,000 participating families - Data collection beginning in pregnancy with follow-up assessments at 6, 18 and 30 months.</td>
</tr>
</tbody>
</table>

### THE EBLS FEASIBILITY AND FOUNDATIONAL STUDIES

The **EBLS Feasibility Study** laid the foundations for the successful implementation of the main project. We developed the collaborative structures and strategies to address study design, sampling, and cross-site comparability throughout the consortium. Site assessments identified the resources as well as potential challenges for conducting the study and determined the viability of research at each site. Stakeholder advocacy activities raised awareness of the project and garnered support from city officials and key institutions.

The **EBLS Foundational Study** includes 150 participants in each study site (1,200 participants globally), with data collected during the third trimester of pregnancy and 3 months after birth. The Foundational Study will test all components of EBLS, including the research coordination across all sites and the development of culturally appropriate measurement instruments. The findings will help to understand the link between maternal exposure to adversities during pregnancy and her mental health and well-being.

We gratefully acknowledge the support and generosity of **The Fondation Botnar**, without which the current EBLS Foundational Study could not have been realised.

### POLICY IMPACT

Supporting the 2030 Sustainable Development Goals on violence reduction and promotion of children’s mental health and well-being are core objectives of EBLS. Substantial project resources will be devoted to policy impact activities that aim to help progress in national and international policies regarding child protection, positive early child development, and violence prevention.

- The EBLS study will measure service availability and utilisation relevant for child well-being. This will provide decision-makers with valuable information about the reach and effectiveness of child protection, parent support, and pre-school skills programmes. The comparative design will also help develop evidence-based recommendations that highlight context-specific risk factors and hence allow the tailoring of programmes to the local context. Partnerships with stakeholders will support knowledge transfer.
- EBLS aims to follow the cohort of children throughout the current SDG period. It provides a scientific backbone for crucial questions related to violence against children, child well-being, education, and health. It will also evaluate sustainable approaches towards evidence-based public health policy in the areas of violence prevention, behaviour issues, and child mental health.
CAPACITY BUILDING

A key focus of EBLS is on capacity strengthening in the study sites. It aims to enhance research capacity and stakeholders’ use of emerging research findings, and improve the capacity to implement and monitor evidence-based prevention strategies.

- Interdisciplinary collaboration between the research groups across the EBLS consortium advances cutting-edge research capacity in the study sites.
- An Early Career Network for post-doctoral researchers, PhD and Masters students, and junior research staff, is being established. This network will enable talented young people to collaborate with specialists in the UK or elsewhere while pursuing academic careers in their home countries.
- In each site we aim to develop training programmes for professionals working in maternal and child health services. This will strengthen skills in research and provide tools for evaluation of child development and evidence-based violence prevention.
- Online distance learning modules in global violence prevention will be offered by the EBLS consortium through the Violence Research Centre at the University of Cambridge, providing improved global access to advanced knowledge on violence prevention.

THE EVIDENCE FOR BETTER LIVES RESEARCH CONSORTIUM

The EBLS consortium comprises an interdisciplinary group of 15 co-investigators. An executive group, selected among the consortium members, is jointly responsible for the management of the project. The PI of the project is Prof Manuel Eisner, director of the Violence Research Centre, Institute of Criminology, University of Cambridge.

Adriana Baban  
Professor, Department of Psychology, Babes-Bolyai University, Cluj-Napoca, Romania.

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Pasco Fearon  
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Asvini D Fernando  
Associate Professor of Paediatrics, Department of Paediatrics, Faculty of Medicine, University of Kelaniya, Sri Lanka.

Assad Hafeez  
Professor, Dean/Executive Director, Health Services Academy. DG Health, Ministry of National Health Services Regulations and Coordination, Prime Minister’s National Health Complex, Islamabad, Pakistan.

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Professor, Deputy Director, Centre for Family Research, Department of Psychology, University of Cambridge, UK.

Bernadette Madrid  
Clinical Associate Professor, Director of the Child Protection Unit (CPU), Philippine General Hospital, University of the Philippines, Manila, Philippines.

Aja Murray  
Research Fellow, Institute of Criminology, University of Cambridge, UK.

Joseph Osafo  
Senior Lecturer, Department of Psychology, University of Ghana, Accra, Ghana.

Siham Sikander  
Assistant Professor, Health Services Academy Islamabad, Fellow Health & Population Think Tank, Prime Minister’s National Health Complex, Islamabad, Pakistan.

Vo Van Thang  
Professor, Dean, Faculty of Public Health. Director, Institute for Community Health Research Hue University of Medicine and Pharmacy, Vietnam.

Mark Tomlinson  
Professor in the Department of Psychology, Stellenbosch University. Co-Director: Institute of Child and Adolescent Health Research. Honorary Professor, Department of Psychiatry and Mental Health, University of Cape Town. Editorial Board: PLOS Medicine. Associate Editor of the Infant Mental Health Journal, South Africa.

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mainly suffer neglect, abandonment after birth, defilement, rape and other forms of sexual abuse. In the context of rapid economic growth and urbanisation, Ghana has faced several challenges in relation to child abuse and child care. In the Breede Valley, rural areas are characterised by a lack of social and economic development. A high population of migrant workers are found in the rural areas, increasing competition for limited resources, business and employment opportunities. The area experiences a high incidence of poverty and social problems, with high rates of abuse of alcohol and drugs, and domestic violence. In this municipality, interpersonal violence accounts for 8.1% of deaths in the area, while the murder rate showed an increase of 56.3% from 2016 to 2017. The operation of organised crime syndicates and gangsterism are two major contributing factors to the high crime levels.

Koforidua, Ghana

Koforidua is a city with a population of about 130,000, located approximately 80 kilometres north of Accra, the capital of Ghana. Koforidua serves as a commercial centre in Eastern Ghana, with the main industrial activities ranging from textiles, crafts, soaps, pottery, and ceramics. There is also agricultural production in Koforidua, mainly cash crops ranging from maize, cocoa, plantains, among others. Its inhabitants are mostly Akan-speaking as the city was founded in 1875 by Akan migrants. In the context of rapid economic growth and urbanisation, Ghana has faced several challenges in relation to child abuse and child labour. According to data from the Eastern Regional Director of the Domestic Violence and Victim Support Unit (DOVVSU, 2016), children mainly suffer neglect, abandonment after birth, defilement, rape and sexual harassment. Ghana is also one of the countries with the highest prevalence of violent discipline against children in the world. The government has expressed a strong commitment to eradicating child abuse and violence. The research team in Ghana is led by Prof. Dr. Joseph Osafo from the Department of Psychology of the University of Ghana. Dr. Osafo has a strong research interest and experience in public and community health. He brings to the EBLS project an experience in health advocacy for children as well as all forms of gender-based violence. It seeks to strengthen such efforts through solid evidence-based policies which can provide for adequate prevention and intervention initiatives. The Optimus Study South Africa, a nationally representative study of child maltreatment, found that of children interviewed in schools, 42.2% had experienced some form of maltreatment, and 82.0% had experienced some form of victimisation (including family or community violence). Child homicides occur in South Africa at more than twice the global rate; child maltreatment is a precursor in nearly half these deaths. The Optimus Study also identified a range of social problems associated with child maltreatment, including parental substance misuse, poverty, anxiety and depression. Positive parenting was identified as a possible protective factor for children. South Africa is also the birthplace of the Parenting for Lifelong Health suite of parent support programmes, which are aimed at promoting positive parenting and reducing harsh practices.

Kingston, Jamaica

Kingston is the capital of Jamaica and has a population of about 670,000. It falls within the top ten cities with the highest homicide rates in the world. Over the past decades, Jamaica has been plagued with high rates of violence giving rise to post-traumatic stress disorders, personality disorders, depression, and anxiety among children and adults. Family unions tend to be weak and frequently unstable, with caregivers often not equipped with the adequate parenting skills needed to support positive psychosocial development. The community mental health services are both under-resourced and unable to cope with the many needs including early diagnosis and treatment. Stigma and discrimination towards persons with mental illness remain prevalent, and social support for families with mentally ill persons is inadequate, resulting in abandonment and homelessness.

Worcester, South Africa

Worcester is located 120 kilometres north-east of Cape Town, and is the administrative capital of the Breede Valley municipality in the Western Cape province of South Africa. It has a majority Afrikaans population (73.1%) and a growing population of isiXhosa speaking residents (19.1%). By population group, Worcester houses 59% Coloured residents, 26% African residents and 15% White residents.

The Breede Valley municipal area has an estimated population of 179,550, while Worcester has a population of 97,078. In 2016, 96.9% of households had access to piped water (to within 200 meters of the yard), while 90.1% of households had access to electricity. More than 22% of households in the area live in informal housing. Unemployment has been steadily rising in this area over the last decade, with an unemployment rate of 11.8% in 2016, which is marginally higher than that of the larger Cape Winelands District. The area relies strongly on agricultural activities, with many families working on surrounding fruit and wine farms. Employment opportunities are mainly seasonal by nature, which impacts on creating sustainable livelihoods in rural communities.
Tackling violence and abuse against children through evidence-based policy-making is of key interest to the Romanian government. In 2012, Romania adopted the National Strategy to Prevent and End Family Violence which aims to develop ‘zero tolerance for violence in the family’. Romania has ratified the 2011 Istanbul Convention on Preventing and Ending Violence Against Women and Domestic Violence and has set the ambitious target to end violence against children by 2030. It is also a Pathfinder country in the Global Partnership to End Violence Against Children.

The research team in Cluj-Napoca is led by Prof. Adriana Baban who is Professor of Health Psychology at the Department of Psychology at Babes-Bolyai University. Prof. Baban has extensive experience in applied research in the field of public and clinical health psychology, behavioural medicine and psychosomatic medicine. A focus of her work addresses the relationship between trauma, abuse, and health as well as the promotion of mental well-being in children and adolescents. The team also includes Dr. Diana Taut, Lecturer at the Department of Psychology, Babes-Bolyai University. She has experience designing interventions for health promotion in adolescents and adults.

The Government of Pakistan, through its National Health Vision 2016-2025, is committed towards concerted efforts to promote early child development through preventive and promotive strategies targeted at the early years of life.

The research team in Pakistan is led, jointly, by Dr Assad Hafeez and Dr Shiam Sikander and affiliated institutionally with the Health Services Academy of the Ministry of National Health Services, Regulations and Coordination. Dr Hafeez is a pediatrician and the Director General Health of Pakistan as well as the Executive Director/Dean of Health Services Academy. The Health Services Academy is the leading public health research and policy feeding institution in Pakistan, with a track record of international research collaborations. Dr Sikander is a psychiatrist and a public health researcher and serves as faculty at the Academy and is the member of Health and Population Think Tank of the Ministry. Dr Sikander has a special research interest in developing and evaluating task-shifted psychological interventions for mothers with depressive symptoms and early child development.

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Hue, Vietnam

Hue is a historic imperial city in central Vietnam on the banks of the Perfume River with a population of about 360,000. Hue city is a main centre of commerce, health care, and education services in central Vietnam, and has an important tourism industry. Vietnam is a communist country and especially around Hue, the culture is influenced by Buddhism. Poverty rates in Hue vary substantially between the 27 wards, with official estimates of poverty (classification of households as poor or near-poor) ranging from 1.5% and 17.5%. Harsh physical punishment of children and bullying in schools are common in Vietnam. Consistent with other Asian studies, sexual abuse is reported relatively less often than in other parts of the world. Exposure of children to domestic violence is frequently found in community surveys in Vietnam; one recent study estimated that one in twenty pregnant women have reported experiencing violence during pregnancy. There are few specialised services for victims of violence and limited violence prevention programs in Hue, due, in part, to the lack of reliable data and evidence and its consequences for child health and development.

Valenzuela, Philippines

Valenzuela is one of 16 peripheral cities that comprise the greater Manila metropolitan area, located about 15 km north of Manila City. Over the past five decades, the city has grown into a major industrial and economic base with a population of about 600,000. It is subdivided into 33 neighbourhoods (barangays). The city-wide poverty rate is 22% and about 13% of households are estimated to have insufficient income (< USD 120 per month) to satisfy basic food needs. The city government has received numerous awards for its employment and micro-entrepreneurship development programmes, as well as timely health and social protection policies.

The first National Baseline Study on Violence Against Children (NBS-VAC), launched in 2016 by the Council for the Welfare of Children, found an 80% total prevalence of all forms of violence against children across various settings. There are currently several coordinated efforts to provide adequate comprehensive medical, psychosocial and police services to abused children and their families.

The Philippine government has expressed its commitment to tackling all forms of violence against children, mainly through the adoption of the amended Law on Child Protection, Care, and Education whereby it has established a strong network of social workers across the country for building a strong legal barrier to protect children victims of violence. The government seeks to continue its efforts and further strengthen the child protection and social welfare system through adequate international collaborations, and, crucially, through evidence-based policy and decision-making.

The research team at the Hue University of Medicine and Pharmacy is led by Professor Vo Van Thang and Professor Michael Dunne, co-directors of the Institute for Community Health Research (ICHR). The ICHR is a collaborative research institute with key partners at Hue University of Medicine and Pharmacy, Health Departments in seven Central and Highland areas of Vietnam, and Queensland University of Technology (QUT), Australia. Professors Vo, Dunne and colleagues have recently completed several epidemiological studies with new mothers in Hue City and surrounding areas that focused on mental health and family adversity.

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Table 1. Selected Country Indicators

<table>
<thead>
<tr>
<th>GDP in $ (PPP) (1)</th>
<th>Gender Inequality Index (2)</th>
<th>Top to Bottom 10% Income (3)</th>
<th>Crude Birth Rate (4)</th>
<th>Homicide Rate (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamaica</td>
<td>8,873</td>
<td>0.457</td>
<td>17.3</td>
<td>14</td>
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<tr>
<td>Ghana</td>
<td>4,210</td>
<td>0.549</td>
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</tr>
<tr>
<td>South Africa</td>
<td>13,195.5</td>
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<td>33.1</td>
<td>20</td>
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<tr>
<td>Romania</td>
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<td>0.320</td>
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<tr>
<td>Pakistan</td>
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<td>0.563</td>
<td>6.5</td>
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<tr>
<td>Sri Lanka</td>
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<td>0.383</td>
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<td>Philippines</td>
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<td>0.406</td>
<td>15.5</td>
<td>24</td>
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<tr>
<td>Vietnam</td>
<td>6,034</td>
<td>0.322</td>
<td>6.9</td>
<td>17</td>
</tr>
</tbody>
</table>

Sources: (1), (2), (3) and (4) Human Development Reports, UNDP; (5) UNODC, Global Study on Homicide.