Evidence for
Better Lives

A global cohort study to tackle violence against children

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Evidence for Better Lives

- Planned longitudinal cohort study

- To take place across 6-8 sites across the world

- Starting in pregnancy

- Goal is to help prevent and mitigate effects of violence against children:

  - Generate high quality evidence on prevention/mitigation

  - Translate into policy and practice

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Overview

□ Background

- ◻ Child development and violence against children

□ Evidence for Better Lives

- ◻ Cohort study
- ◻ Policy impact
- ◻ Capacity-building

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Early Child Development

- We know that:
  - Pregnancy and childhood are *highly sensitive* periods of development
  - Experiences in early life have major impacts on neurodevelopment →lifelong health, wellbeing, productivity
  - Prominent among risk factors for adverse outcomes is early exposure to violence

The Problem: Violence Against Children
Some Global Statistics

Up to one billion children each year are exposed to violence

- **Sexual violence:** Around 120 million girls under the age of 20 worldwide (about 1 in 10) have experienced forced intercourse or other forced sexual acts.

- **Homicide:** One fifth of homicide victims globally are children and adolescents under the age of 20, resulting in about 95,000 deaths in 2012.

- **Bullying:** Slightly more than 1 in 3 students between the ages of 13 and 15 worldwide are regularly bullied in school.

- **Violent discipline:** About 17 per cent of children in 58 countries are subject to severe forms of physical punishment (hitting on the head, ears or face or hitting hard and repeatedly).

- **Attitudes towards violence:** Close to half of all adolescent girls aged 15 to 19 (around 126 million) believe a husband is justified in hitting his wife under certain circumstances.

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Source: UNICEF report *HIDDEN IN PLAIN SIGHT* (2014)

The Problem: Violence Against Children

☐ Early exposure to violence predicts…

  ◻ Poorer physical health, educational attainment, economic disadvantage, behavioural problems, mental health problems, subsequent perpetration of violence

☐ Early exposure to violence is costly

  ◻ Estimated annual cost to the US is 80 billion dollars (both direct and indirect costs)

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In Jamaica

The Jamaica Perinatal Morbidity and Mortality Survey

- A nationally representative birth cohort study beginning in 1986

- Based on data from the Kingston and St Andrew parishes:

97.2% of children experienced verbal aggression or maltreatment from adults within their home (84.8% major violence)

86.2% at school (75.4% major violence)

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The Jamaica Perinatal Morbidity and Mortality Survey

- Polyvictimisation (being exposed to multiple *types* of victimisation) associated with:
    - Poorer intellectual functioning
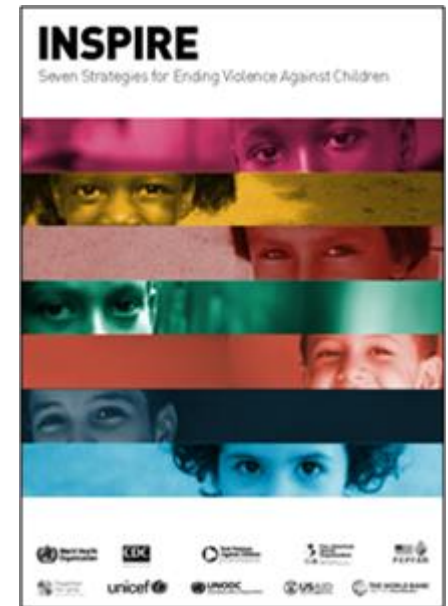   - Poorer school achievement
    - Disruptive behaviour (in boys)

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Source: Impact of polyvictimisation on children in LMICs: the case of Jamaica. Psychology, Health & Medicine, 22(sup1), 67-80.

What can we do?

Violence Against Children
A Global Issue

☐ The evidence on violence against children prevention efforts suggest that:

- ◘ Violence against children is PREVENTABLE
- ◘ Its negative effects can be ameliorated
- ◘ The cycle of violence can be broken

INSPIRE
Seven Strategies for Ending Violence Against Children

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The United Nations 2030 Sustainable Development Goals (SDGs)

How can violence against children be tackled?

- Prevention starts before birth, we need:
  - High quality data from longitudinal studies of early child development beginning in pregnancy

- Violence disproportionately affects low and middle income countries, we need:
  - More research in LMICs, where the minority of prevention research has been conducted

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How can violence against children be tackled?

- We need to understand the underlying causal processes, we need:
  - Research that addresses biological processes associated with victimization and perpetration and their interactions with social context

- Violence and its effects play out differently in different cultures, we need:
  - Research to help us understand how to better tailor prevention efforts to specific contexts and cultures.

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How can violence against children be tackled?

□ We need to ensure results are translated into policy and practice, we need:

▪ Research studies with strong links with policy-makers and practitioners and to ensure long term research capacity.

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Evidence for Better Lives Study (EBLS)

Evidence for Better Lives Study
Goals

- ☐ The goal is to understand how children can be best supported to acquire the social, moral and emotional skills and knowledge that underpin happy and productive lives.

- ☐ The study will examine exposure to violence and other adverse experiences while also illuminating how families in different cultures strengthen and support their children.

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Evidence for Better Lives Study
Three Main Components

RESEARCH ON CHILD DEVELOPMENT

The EBLS cross-cultural birth cohort study will generate the knowledge required to support positive psychosocial development from the very beginning of life.

POLICY IMPACT

The EBLS impact strategy will ensure that knowledge generated will be widely disseminated and influences national and international violence reduction policies and practices.

CAPACITY BUILDING

Capacity-building activities will support the local expertise in each site as well as strengthen the research infrastructure and collaborative networks needed for sustainable capabilities for promoting positive psychosocial development from early childhood.

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International Support

- The following International Organizations support the development of EBLS as part of their global violence reduction efforts.
    - Prevention of Violence Unit of the World Health Organization
    - Global Partnership for Ending Violence against Children
    - UNODC Research Branch
    - UNICEF Office of Research – Innocenti
    - UNICEF HQ Child Protection

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Research Design

Core Features of EBLS

- **Sites**
  - Six to eight study sites in all major cultures of the world.
  - Same methodology, sampling strategy, measurement instruments in all sites
  - Geographic focus on medium-sized cities.

- **Sample**
  - Representative sample of 1500 children and their families in each site.
  - Start at last trimester of pregnancy. Data collections at ages pregnancy – Birth, 6 months, 18 months 30 months.
  - Study design from the onset to allow for long-term continuation of cohort study.

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Core Features of EBLS

□ Data Collections

　□ Inclusion of both fathers and mothers as respondents

　□ Biological and questionnaire-type data

□ Main Outcomes

　□ Indicators of child psycho-social and cognitive functioning at different stages of development.

Core Features of EBLS

□ Measures of Adversity

- ◻ **Pre- and perinatal:** Exposure to alcohol, maternal smoking, maternal depression, maternal exposure to violence, maternal malnutrition, pregnancy and birth complications, gestational age at birth, serious infectious illness.

- ◻ **Parental Background:** SES, alcohol and substance use, mental health, antisocial behaviour, ethnicity, suicide/attempted suicide/suicidal ideation, conviction for serious criminal offence,

- ◻ **Neighbourhood/social network:** Neighbourhood cohesion, direct and vicarious victimization, trust, family network,

- ◻ **Family Environment:** family conflict& violence, divorce/separation, presence of step-parent

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Why start at the beginning?
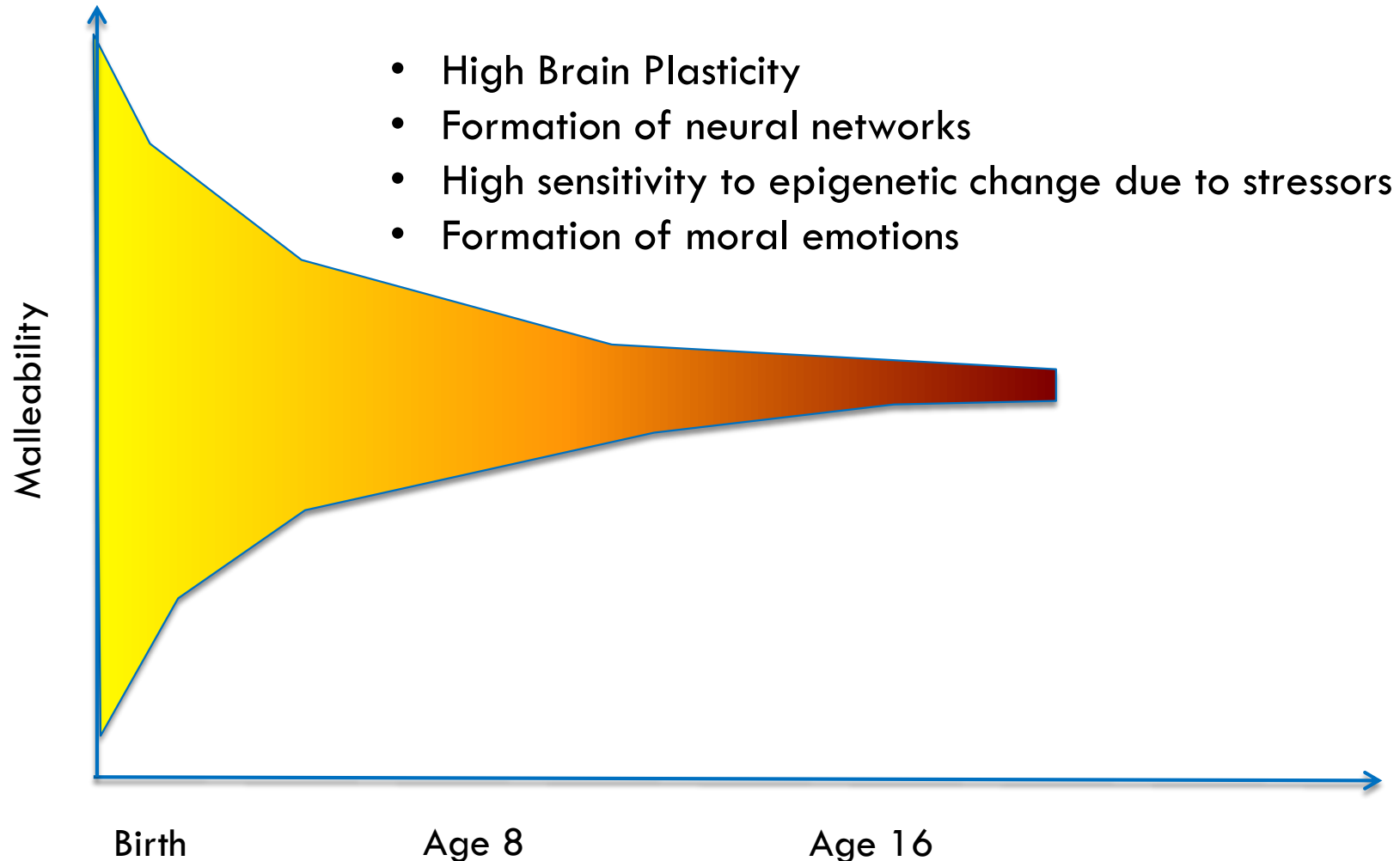
Three Arguments

1. Early origins

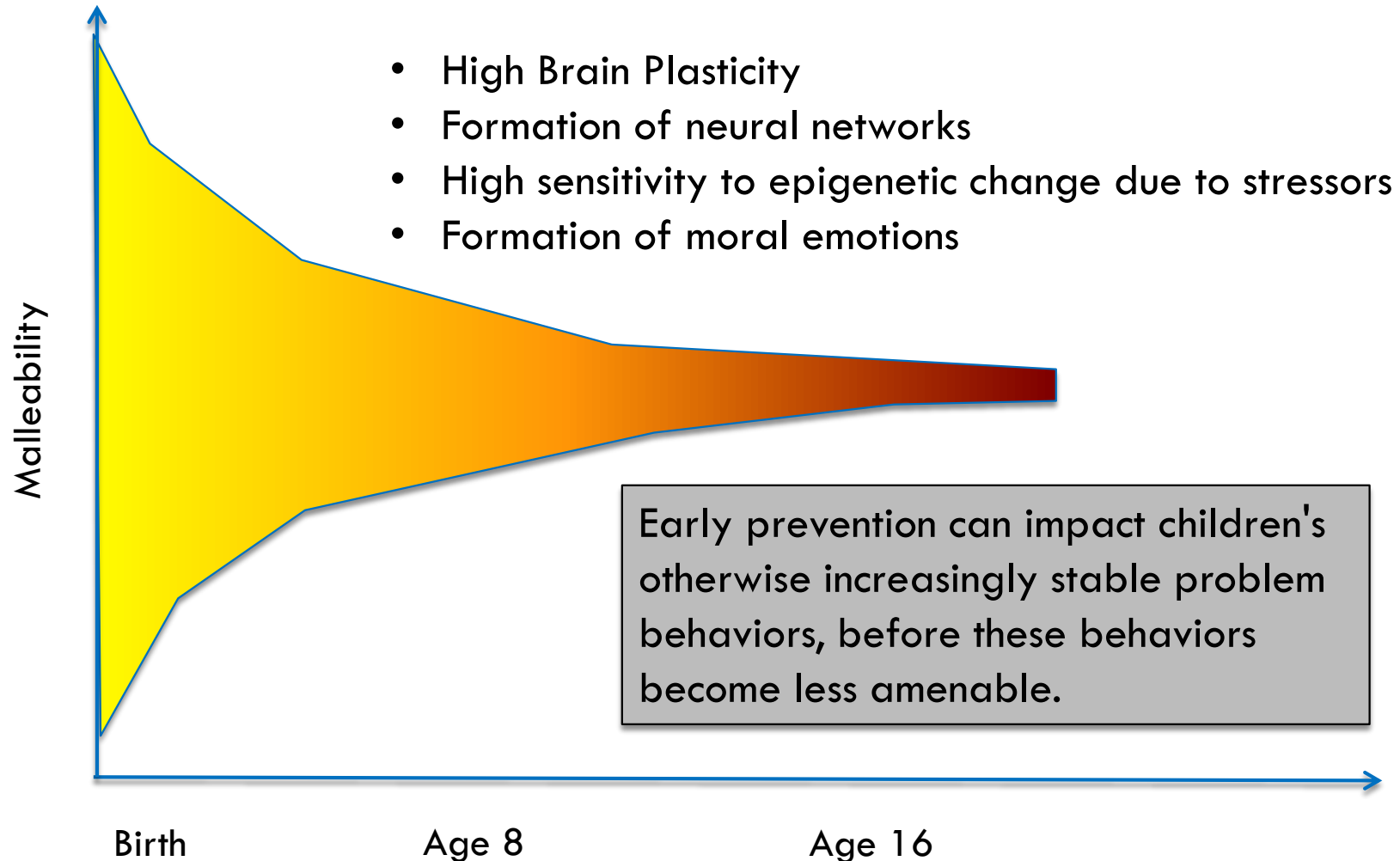2. Decreasing malleability

3. Cascade Effects

Early origins

- The effects of violence begin, even when the child is still in the womb
  - Maternal stress (including violence exposure) is a major risk factor for psychopathology in the offspring

- May be laid even down *before* conception
  - Epigenetic effects of violence exposure may be transmitted from the previous generation

Decreasing Malleability

- High Brain Plasticity
- Formation of neural networks
- High sensitivity to epigenetic change due to stressors
- Formation of moral emotions

Malleability

Birth　　　　　Age 8　　　　　Age 16

GOTTFREDSON, M. T. & HIRSCHI, T. (1990), A General Theory of Crime, Stanford, Stanford University Press.

Decreasing Malleability

- High Brain Plasticity
- Formation of neural networks
- High sensitivity to epigenetic change due to stressors
- Formation of moral emotions

Malleability

Early prevention can impact children's otherwise increasingly stable problem behaviors, before these behaviors become less amenable.

Birth   Age 8   Age 16

GOTTFREDSON, M. T. & HIRSCHI, T. (1990), A General Theory of Crime, Stanford, Stanford University Press.
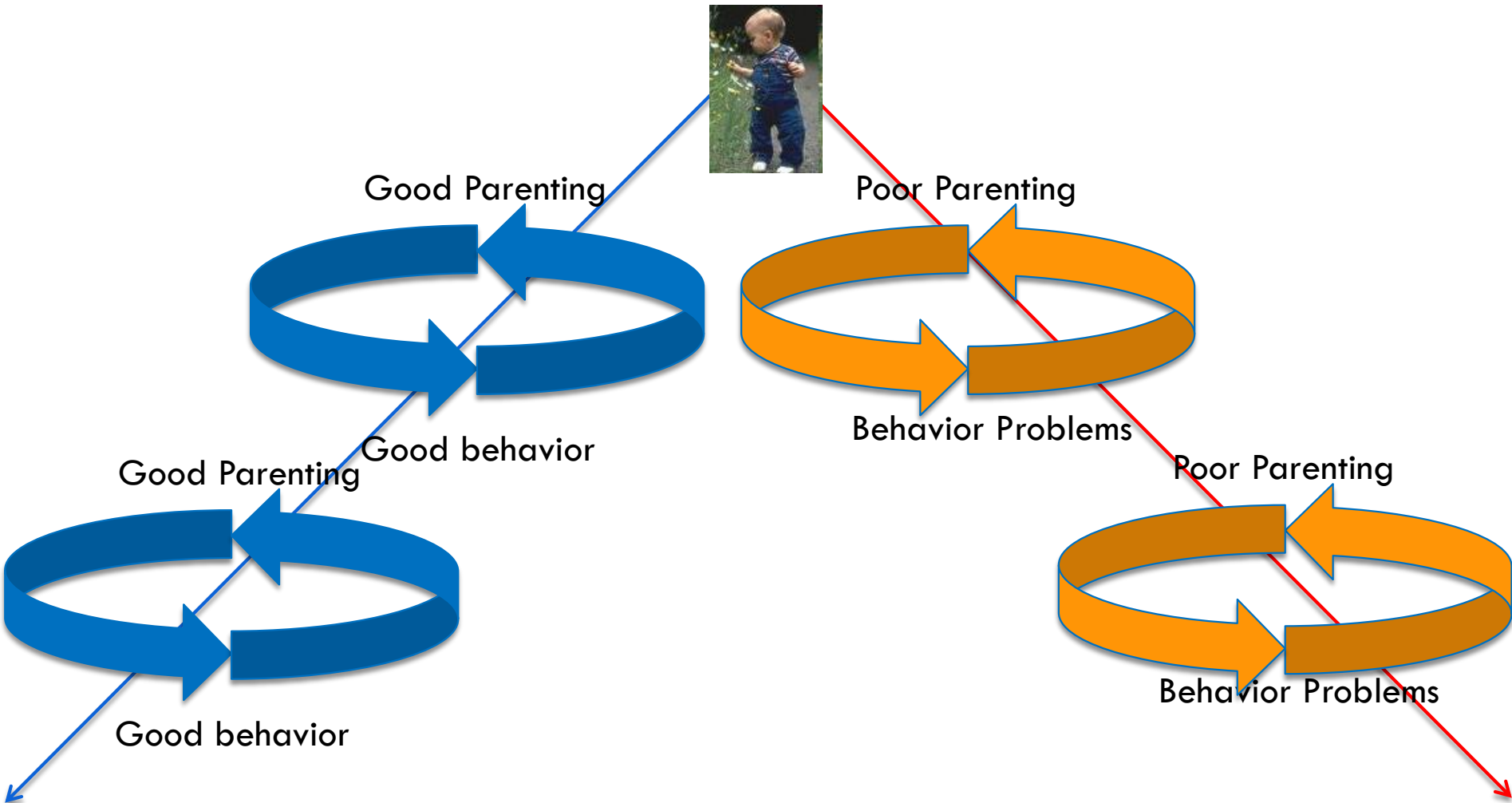
Developmental Cascades

Masten, A. S., & Cicchetti, D. (2010). Developmental cascades. *Development and psychopathology*, *22*(03), 491-495.
Thornberry, T. P. (1987), 'Toward an Interactional Theory of Delinquency'
Criminology, 25, 863-891.

Developimental Cascades

Good Parenting

Poor Parenting

Good behavior

Behavior Problems

Good Parenting

Poor Parenting

Good behavior

Behavior Problems

Masten, A. S., & Cicchetti, D. (2010). Developmental cascades. *Development and psychopathology*, *22*(03), 491-495.
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Developmental Cascades

Good Parenting

PoorParenting

Good behavior

Behavior Problems

Good Parenting

Poor Parenting

Good behavior

or Problems

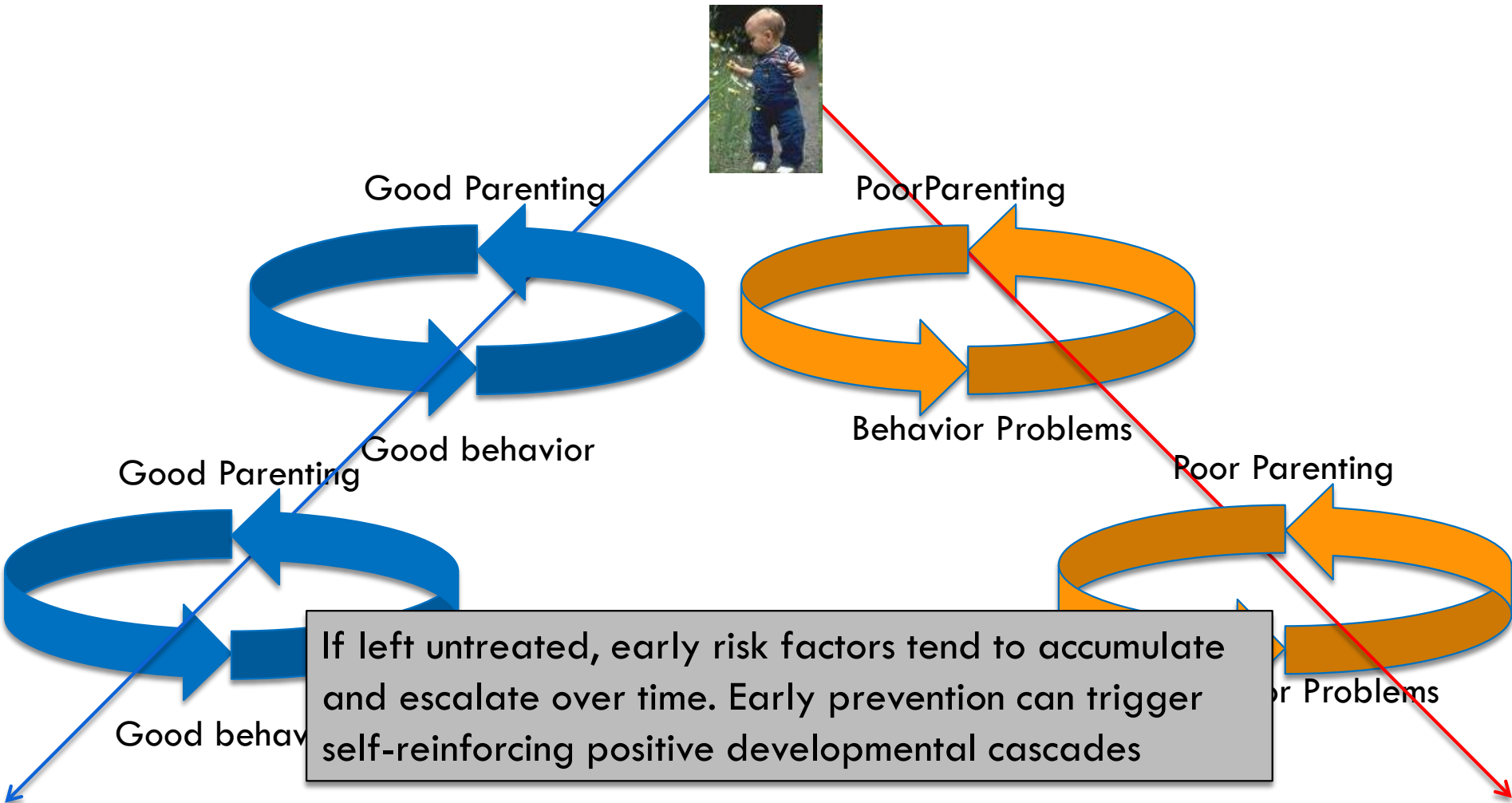If left untreated, early risk factors tend to accumulate and escalate over time. Early prevention can trigger self-reinforcing positive developmental cascades

Masten, A. S., & Cicchetti, D. (2010). Developmental cascades. *Development and psychopathology*, *22*(03), 491-495.
Thornberry, T. P. (1987), 'Toward an Interactional Theory of Delinquency' *Criminology, 25,* 863-891.

The Feasibility Study

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Feasibility Assessment

- A 12-month EBLS feasibility study began in October 2016. It lays the foundations for the large-scale longitudinal study. It comprises;

  - **Landscape analyses** on core challenges regarding: organisational structures and impact strategy; optimal study design, sampling, and cross-site comparability; elaboration of innovative research questions related to early child development.

  - **Site assessments** in selected cities with the aim of identifying the resources as well as potential challenges for conducting the study, and identifying potential partners.

  - **Stakeholder advocacy activities** that raise awareness of the study and generate the support needed to secure long-term funding.

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Sites included in the Feasibility Assessment

CLUJ
ISLAMABAD
DA NANG
KINGSTON
ACCRA
COLOMBO
MANILA
PELOTAS

● INCLUDED IN FEASIBILITY ASSESSMENT

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Selected Socio-Economic Indicators of EBLS Sites
(World Bank Data)

	GDP (PPP) (2015)	Gender Inequality index (2014)	Income Inequality, Gini * 100 (2013)	Crude Birth Rate (2014)
Brazil	$US 15,390.6	0.441	54.7	15
Ghana	$US 4,210.5	0.549	42.8	33
Jamaica	$US 8,872.9	0.457	45.5	14
Pakistan	$US 5,010.8	0.563	30.0	29
Philippines	$US 7,387.3	0.406	43.0	24
Romania	$US 22,124.3	0.320	27.4	9
Sri Lanka	$US 11,762.8	0.383	36.4	16
Vietnam	$US 6,034.3	0.322	35.6	17

Selected Indicators of Exposure to Violence
(UNICEF, Hidden in Plain Sight Report)

	Homicide Rate per 100,000, 2006-2012	% Victims of Bullying at School	% support wife beating	% children who experience violent discipline
Brazil	23. 5	- -	- -	- -
Ghana	6.1	62.4 %	male: 44.1 female: 25.7	93.6%
Jamaica	48.8	40.2%	- -	85.0%
Pakistan	6.8	41.1%	male: 31.9 female: 42.2	- -
Philippines	7.7	47.7%	male: - - female:14.1	- -
Romania	2.1	41.2%	- -	- -
Sri Lanka	6.4	37.9%	male: - - female: 53.2	- -
Vietnam	3.3	26.1%	male: -- female: 35.8	73.9%

Policy Impact

Policy Impact: Goals

EBLS will become a major resource for promoting healthy child development and reducing child exposure to all kinds of violence nationally and internationally.

☐ Generate evidence that will help policy-makers and practitioners:

  ◻ Improving child protection

  ◻ Improving family and early child development support

  ◻ Understanding where and how to direct prevention efforts

  ◻ Understanding how to tailor prevention to context

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Policy Impact: Strategies

- **Pathfinder Cities**
  - Each site becomes a 'pathfinder city' in its country in respect of reducing violence against children and promoting a positive early child development.
  - City government agencies together with stake-holders and private sector philanthropic organizations form a policy alliance linked to EBLS.
  - Global Partnership to End Violence against Children and WHO/UNICEF can provide technical assistance and support policy-research impact.
  - Strengthen existing structures adapted to local needs rather then importing programmes.

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Next Steps

February – May 2017   **Site Visits and Site Assessments**

- August 7-9th: Workshop in Cambridge
  - Research consortium, local principal investigators, stakeholders, potential funders

2018   **Pilot Study**

- Instrument development, translation, validation
- Testing of sampling strategy
- Testing of data collection protocols
- Prepare policy impact strategy

2019   **Start of Main Study**

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Thank you

Any Questions?

Research Priorities & Key Questions

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5 Main Research priorities

DEVELOPMENT OF CHILD MENTAL WELL-BEING

INTERACTION BETWEEN BIOLOGICAL AND PSYCHOLOGICAL SOCIAL PROCESSES

UNIVERSAL AND CULTURALLY SPECIFIC RISK & PROTECTIVE MECHANISMS

SUPPORTING LEARNING IN THE CONTEXT OF ADVERSITY

EFFECTIVENESS OF MULTI-COMPONENT SUPPORT AND PREVENTION STRATEGY

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Evidence for Better Lives Study
Key Questions (I)

- What are the cross-cultural as well as culture-specific mechanisms which underpin resilience and vulnerability to diverse forms of adversity exposure?

  - Answers to this question will inform more effective and tailored prevention strategies.

- What are the early-life mechanisms underpinning the tendency for mental health problems to cluster within individuals?

  - Answers to this question will help to improve early diagnosis and to develop better interventions to interrupt the pathways through which comorbidity develops in high-risk contexts.

Evidence for Better Lives Study
Key Questions (II)

- What are the processes by which biological, psychological, family and wider social processes transact to influence the emergence of mental health problems across different cultures?

  - An improved understanding of these issues will be critical for better integrating social and individual-level prevention strategies.

- What services (medical, welfare, community support, public health, education) are available to parents of young children, by whom are they used, and what do they offer?

  - Answers to this question will allow us to examine how interventions affect the development of children and where the most urgent gaps are, thus informing prevention policy

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