Social Protection and Childhood Violence: Expert Roundtable

Know Violence in Childhood
UNICEF Office of Research – Innocenti

12-13th May, Firenze
Understanding the linkages between social protection & childhood violence

A background paper prepared for the Know Violence Expert Roundtable hosted by UNICEF Office of Research – Innocenti

12-13th May, Firenze

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UNICEF Office of Research—Innocenti
“Beneath the surface of the world’s poorest communities, common violence — including rape, forced labor, illegal detention, land theft, police abuse and other brutality — has become routine and relentless. And like a horde of locusts devouring everything in their path, the unchecked plague of violence ruins lives, blocks the road out of poverty, and undercuts development. . . .

The urgent truth is this: It will be impossible to overcome poverty if we do not eradicate the plague of everyday violence that is both a cause and effect of it.”

~Gary A. Haugen, The Locust Effect
Motivation (1 of 2)

If **A**: Economic insecurity increases the risk of childhood violence

and **B**: Social protection improves household & child well-being [financial]

= **C**: *Can poverty alleviation programmes [social protection] prevent/reduce childhood violence?*
  
  - To what extent?
  - What types of social protection?
  - In what settings?
  - For whom?
Motivation (2 of 2)

Related reviews highlight lack of empirical evidence:

- **Barrientos, Byrne, Peña, Villa (2014):** Social transfers (STs) & child protection – no empirical evidence linking STs to reductions in sexual/physical violence
- **Chaffin & Mortenson Ellis (2015):** Household economic strengthening by NGOs on child well-being – only one study had measure of GBV
- **De Hoop & Rosati (2013):** Cash transfers & child labor – not looking specifically at violence as defined here
- **Markus & Page (2014):** Economic strengthening & child protection – no empirical evidence linking STs to reductions in sexual/physical violence
- **Thompson (2014):** Child protection (neglect, abuse, exploitation & violence) in emergencies – noted lack of evidence on psychosocial distress, sexual exploitation and physical violence
Research questions

1) What are the key pathways through which social protection has the potential to affect childhood violence?

2) What rigorous evidence exists (or ongoing) on the impact of social protection on childhood violence?

3) Through which mechanisms are impacts realized, or in the cases where no impacts were found, what hypotheses exist as to mechanisms which could strengthen impacts?

4) Where social protection programs have actively tried to address childhood violence, what program modifications or strategies have been pursued?

5) What are some of the key research questions & gaps looking forward?
Defining Social Protection

- Set of *public and private actions which address not only income poverty and economic shocks, but also social vulnerability*, taking into account the inter-relationships between poverty and social exclusion.

- We include 5 of 6 main types of programming defined by World Bank’s state of Social Safety Nets 2015:
  1. conditional cash transfers (CCTs)
  2. unconditional cash transfers (UCTs)
  3. In-kind transfers
  4. public works (PW) or cash for work (CfW)
  5. vouchers or fee waivers
Defining Childhood Violence

- Violence experienced among children < age 18 including:
  - **Physical** (fatal [e.g. homicide/suicide] and non-fatal [e.g. corporal punishment, peer-violence])
  - **Emotional**
  - **Sexual** (including sexual abuse, sexual exploitation, non-contact sexual violence)

- Irrespective of location of perpetration (e.g. home, school, community)
- Exclude: Child marriage, FGM/C, child labor, exposure to IPV in the home (and others)
Programme design components

- Economic Security
- Intra-HH power dynamics
- Employment
- Caregiver supervision
- Substance misuse
- Acute and chronic stress
- Positive caregiving behaviours
- Psychosocial wellbeing
- Time in high-risk settings
- Child marriage
- Time in school
- Problem and risk behaviours
- Psychosocial wellbeing
- Child, Caregiver and Household Attributes

Legend
- Positive
- Negative
- Ambiguous

CONTEXT
- Institutional and legal framework
- Economic and human development
- External and internal migration
- Power relations and class structures
- Socio-cultural (gender) norms, beliefs and practices
- Levels and typologies of violence (including armed conflict and community violence)

SUPPORT TO SERVICES AND INFORMATION

LINKAGES TO SERVICES AND INFORMATION

TRANSFERS (cash, in-kind, vouchers, welfare benefits)

PUBLIC WORKS (cash, in-kind)

Child, Caregiver and Household Attributes

SEXUAL VIOLENCE
- Sexual Abuse
- Non-Contact Sexual Violence
- Sexual Exploitation (incl. transactional sex)
- Intimate Partner Violence
- Peer Violence

PHYSICAL AND EMOTIONAL VIOLENCE
- Homicide
- Self-Harm (incl. suicide)
- Corporal Punishment

INTRA-HH conflict

Child, Caregiver and Household Attributes

Psychosocial wellbeing

Time in school

Problem and risk behaviours

Psychosocial wellbeing

Time in high-risk settings

Substance misuse

Caregiver supervision

Acute and chronic stress

Intra-HH power dynamics

Economic Security

Institutional and legal framework

External and internal migration

Economic and human development

Power relations and class structures

Socio-cultural (gender) norms, beliefs and practices

Levels and typologies of violence (including armed conflict and community violence)
Methodology

- Studies identified via:
  - Electronic databases (Google Scholar, PubMed & ScienceDirect)
  - Websites of relevant journals
  - Institutional websites
  - Experts in the field (& in this room)

- Inclusion criteria:
  - Published or publicly available (grey literature) studies completed January 2000 to March 2016
  - **Quantitative** if utilized an experimental or quasi-experimental design, including a rigorously defined counterfactual through a comparison group
  - **Qualitative** if described their methodology as sufficiently rigorous to be assessed as credible using the assessment tool
  - **Mixed method** if met one of criteria above
### TABLE 1. REVIEW OF CORE PAPERS (PROGRAMME COMPONENTS)

<table>
<thead>
<tr>
<th>No</th>
<th>Authors</th>
<th>Country</th>
<th>Programme name</th>
<th>Implementer</th>
<th>Modality</th>
<th>Target population</th>
<th>Recipient</th>
<th>Programme details</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Cluver et al. (2013)*</td>
<td>South Africa</td>
<td>Child Support Grant²</td>
<td>Social Security Agency (Govt)</td>
<td></td>
<td>HHs with children aged &lt;19 based on income means test</td>
<td>Primary caregivers</td>
<td>Recipients required to participate in &quot;development programmes&quot; and have children immunized at programme introduction. Conditions lifted in 2001 when studies showed the most vulnerable children were excluded as a result.</td>
<td>ZAR 280 (~USD 35)</td>
</tr>
</tbody>
</table>

### TABLE 2. REVIEW OF CORE PAPERS (EVALUATION COMPONENTS)

<table>
<thead>
<tr>
<th>No</th>
<th>Authors</th>
<th>Methods</th>
<th>Study design</th>
<th>Data (years)</th>
<th>Sample (size)</th>
<th>Violence outcome</th>
<th>Measure(s)</th>
<th>Baseline Mean</th>
<th>Measure of effect(s)</th>
<th>Hypothesized mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Cluver et al. (2013)*</td>
<td>Quant</td>
<td>Individual PSM (non-exp.)</td>
<td>Primary data collection in 2 rural &amp; 2 urban health districts in Mpumalanga &amp; Western Cape (2009/10 - 2011/12)</td>
<td>2,668 adolescents aged 12-18 years (one RS per HH)</td>
<td>Sexual exploitation (female)</td>
<td>Trans: variance 0.05⁴  aOR: 0.42 (95% CI 0.22-0.79)</td>
<td></td>
<td></td>
<td>Suggests that child-focused cash targets sex and risk-specific sexual risk behaviours and may interrupt those risks driven by economic necessity.</td>
</tr>
</tbody>
</table>
Number of studies, by region

- SSA: 9, 36%
- LAC: 8, 32%
- Asia: 3, 12%
- MENA: 3, 12%
- OECD: 2, 8%
- Ongoing: 6

Percentage breakdown:
- SSA: 36%
- LAC: 32%
- Asia: 12%
- MENA: 8%
- OECD: 12%
- Ongoing: 20%
Programme type, by region

<table>
<thead>
<tr>
<th>Region</th>
<th>Total</th>
<th>SSA</th>
<th>LAC</th>
<th>Asia</th>
<th>MENA</th>
<th>OECD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UCT</td>
<td>CCT</td>
<td>CfW/PW</td>
<td>In-kind/voucher/fee waiver</td>
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<tr>
<td>Plus</td>
<td>10</td>
<td>5</td>
<td>12</td>
<td>3</td>
<td>2</td>
<td>2</td>
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</table>
Programme details

- **Implementation**: Nearly all government programs (few NGO or UN agency)
- **Targeting**: Means based targeting (income/poverty) + vulnerability
- **Beneficiary**: In all but three cases (Kenya, Malawi and South Africa), benefits were given to adult household member (often female)
- **Benefit levels**: 6-30% of household income, most are in 15-20% range (split between lump-sum & variable)
- **Regularity**: Most monthly/bi-monthly with few following school semester or one-off
Violence-specific design variations

1) Adolescent Girls Initiative-Kenya (AGI-K): “Community conversations for violence norms” as part of bundled treatment arm

2) Zimbabwe Harmonized Social Cash Transfer: Linkages to social services for violence prevention/response at paypoints and messaging about corporal punishment/childhood violence.

3) Indonesia PKSA: Family development sessions as conditionality for cash transfer and access to care services

4) A Better Chance (ABC) in United States: Welfare programme, conditional on parenting classes
Preliminary results

- Note: results presented here are preliminary and will be finalized in forthcoming paper
Evidence: Quant vs. Qual

Quantitative (15) 71%

Qualitative (5) 24%

Mixed (1) 5%
Results by Indicator & region

Estimates are percent of studies that are significant. No studies from Asia.
### Zoom in: LAC Results

<table>
<thead>
<tr>
<th>No</th>
<th>Authors</th>
<th>Country</th>
<th>SP type</th>
<th>Violence outcome</th>
<th>Measure(s)</th>
<th>Baseline Mean</th>
<th>Measure of effect(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Rasella et al. (2013)*</td>
<td>Brazil</td>
<td>CCT Plus</td>
<td>Homicide (under-5 mortality rate/1000 live births)</td>
<td>External causes (intermediate vs. low coverage⁸)</td>
<td>1.23</td>
<td>RR: 1.03 (95% CI 0.95-1.13)</td>
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<td></td>
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<td></td>
<td>External causes (high vs. low coverage⁸)</td>
<td>RR: 0.92 (95% CI 0.79-1.06)</td>
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<td></td>
<td>External causes (consolidated vs. low coverage⁸)</td>
<td>RR: 0.92 (95% CI 0.72-1.16)</td>
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</tr>
<tr>
<td>11</td>
<td>Rodríguez (2015)†</td>
<td>Colombia</td>
<td>CCT</td>
<td>Physical violence</td>
<td>Violence against minors (per 10,000 people)</td>
<td>0.54</td>
<td>OLS: -0.00637 (0.0181)</td>
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<tr>
<td>12</td>
<td>Paxson &amp; Schady (2010)*</td>
<td>Ecuador</td>
<td>UCT</td>
<td>Corporal punishment (parent)</td>
<td>HOME score (1st quartile, poorest)</td>
<td>NR</td>
<td>OLS: -0.318*</td>
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<td>HOME score (top 3 quartiles, wealthiest)</td>
<td>NR</td>
<td>OLS: -0.031 (NS)</td>
</tr>
<tr>
<td>13</td>
<td>Fernald &amp; Hidrobo (2011)*</td>
<td>Ecuador</td>
<td>UCT</td>
<td>Corporal punishment (parent)</td>
<td>Harsh parenting (HOME score)</td>
<td>2.4</td>
<td>OLS: 0.21 (NS)</td>
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<td></td>
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<td></td>
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<td>Harsh parenting (HOME score, rural)</td>
<td>NR</td>
<td>OLS: -0.49 (NS)</td>
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<td></td>
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<td>Harsh parenting (HOME score, urban)</td>
<td>NR</td>
<td>OLS: 1.06 (p &lt; 0.10)</td>
</tr>
<tr>
<td>14</td>
<td>Bobonis et al. (2013)*</td>
<td>Mexico</td>
<td>CCT</td>
<td>Corporal punishment (parent)</td>
<td>Hits child</td>
<td>NR</td>
<td>OLS: 0.016 (0.055)</td>
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<td>Hits child (female partner)</td>
<td>NR</td>
<td>OLS: 0.026 (0.052)</td>
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<td>Hits child (male partner)</td>
<td>NR</td>
<td>OLS: 0.006 (0.039)</td>
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<td></td>
<td>Insults child</td>
<td>NR</td>
<td>OLS: 0.016 (0.061)</td>
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<td></td>
<td></td>
<td>Insults child (female partner)</td>
<td>NR</td>
<td>OLS: 0.050 (0.059)</td>
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<td></td>
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<td></td>
<td>Insults child (male partner)</td>
<td>NR</td>
<td>OLS: -0.042 (0.041)</td>
</tr>
<tr>
<td>16</td>
<td>Macours et al. (2012)*</td>
<td>Nicaragua</td>
<td>CCT Plus</td>
<td>Corporal punishment (parent)</td>
<td>HOME Scale (2006, full intervention)</td>
<td>4.018</td>
<td>OLS: -0.265 (0.291)</td>
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<td></td>
<td></td>
<td>HOME Scale (2006; with HH expenditure controls)</td>
<td>4.018</td>
<td>OLS: -0.088 (0.284)</td>
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<td>HOME Scale (2006, CCT only vs. C)</td>
<td>4.018</td>
<td>OLS: -0.204 (0.308)</td>
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<td>HOME Scale (2006, CCT vs. Lump-sum payment)</td>
<td>3.76</td>
<td>OLS: 0.103 (0.182)</td>
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<td></td>
<td>HOME Scale (2008, full intervention)</td>
<td>4.072</td>
<td>OLS: -0.081 (0.120)</td>
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<tr>
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<td></td>
<td>HOME Scale (2008; with HH expenditure controls)</td>
<td>4.072</td>
<td>OLS: -0.078 (0.119)</td>
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<td></td>
<td>HOME Scale (2008, CCT only vs. C)</td>
<td>4.072</td>
<td>OLS: -0.128 (0.135)</td>
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<td></td>
<td></td>
<td>HOME Scale (2008, CCT vs. Lump-sum payment)</td>
<td>3.83</td>
<td>OLS: 0.151 (0.142)</td>
</tr>
</tbody>
</table>
Mechanisms

- Most commonly hypothesized:
  - Schooling (n=8)
  - Parental behaviours/caregiving practices (n=5)
  - Children’s problem behaviors/risk behaviour (n=5)
  - Caregivers’ improved mental health and psycho-social well-being (n=4)

- Regional differences – reflect programme type and objectives
  - **LAC**: schooling, stress, parent-child interaction
  - **SSA**: schooling, child risk behaviors, parental supervision, stress, risky environments, community norms, girls’ empowerment
  - **MENA**: stress, positive peer relationships
  - **Asia**: parenting behaviours, child problem behaviors, peer relationships
  - **OECD**: parent-child interaction (parents’ mental health, caregiving practices, supervision, physical/institutional risk environment)
Qualitative work (notes of caution)

**Juntos (Peru) CCT (Streuli 2012):** More children with special needs, cognitive and physical disabilities enrolled in school & these children at risk for bullying by peers as well as stigmatization by teachers particularly when they failed to comply with Juntos conditions.

“It is good that he goes to school. I didn’t send him before, because they [the school] didn’t want to take him. Now with Juntos, all children have to be in schools. But now he cries every time he has to go [to school] . . . I didn’t know why. The boy next door told me that children tease him during recess and that his teacher beats him when he doesn’t stay quiet.” ~Recipient mother, Alamo
Qualitative work (notes of caution)

Diabo (China) UCT + fee waiver (Zhang 2016): Public listing of beneficiaries on bulletin boards led to shame/stigmatization of parents and children.

“How do you feel when you stretch out your hands to the state for alms? What do you think in your mind? I felt inferior to my friends and classmates when we played together. I felt uncomfortable, ashamed and imbalanced.” ~Child, Chengdu

“When my friends in the class knew I had applied for the education aid, they were surprised and became strange. I felt discriminated and isolated. I was disappointed and now I have no contact with them.” ~Child, Tianjin
?? Framing ??

- Are we leaving out key SP or VAC typologies (e.g. child perpetration, children’s exposure to violence)?
- Are we missing key mechanisms, linkages or factors?
- Are we including mechanisms, linkages or factors that should not be included?
- Is it possible to think about OECD & LMIC evidence within the same framework?
- How do we make sense of the framework across age groups, gender and specific subpopulations?
?? Methodology ??

- Are we missing major works?
- Do we need to make the criteria for inclusion or exclusion more strict/lenient?
- How can we better systematically include qualitative work in the review (should these be part of impacts as well as mechanisms)?
- Violence indicators often “bundled,” into scores or scales – do we include these & how do we interpret vis-à-vis other indicators?
?? Implementation ??

- Almost no evidence from public works in LMIC
- Programme components/type: can we draw any conclusions?
- Targeting: adults v. adolescents – do impacts differ, what are scale-up implications?
What are gaps across age groups, gender, violence typologies and programme types in general and by region?

Is there existing data to exploit? Should we encourage inclusion of integrated-modules in larger impact evaluations (& with what ethical considerations)?

How can we promote mixed method designs and other methodologies?

What can we learn (and how) from ‘plus’ models: limited ability to disentangle impact (combined vs. separated treatment arms)
  - How can we study synergies?
Citations


Acknowledgements

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