PREVENTING VIOLENCE AGAINST YOUNG CHILDREN

A SCOPING REVIEW OF INTERVENTIONS IN LOW- AND MIDDLE-INCOME COUNTRIES

Scoping Review

June 2023

FORD FOUNDATION

Boston University School of Social Work

ACKNOWLEDGEMENTS

This report was written by Aislinn Delany and Lauren October. Special thanks to Lizette Berry for her contributions to conceptualising the theory of change underpinning this work as well as the searches and screening, and to Athraa Fakier and Mukondi Nethavhakone for contributions to the screening and data extraction processes. Many thanks also to the principal investigators (listed below) for their insights throughout the process and for their thoughtful reviews of the draft report.

This scoping review forms part of a broader research project to build a knowledge base for the prevention of violence against young children in South Africa. The project is a partnership between Boston University's Center for Innovation in Social Work and Health and the Children's Institute at the University of Cape Town. True North, an NGO serving the marginalised community of Vrygrond, South Africa, was the community partner on the project.

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This publication was supported by a grant from the BU Wheelock Institute for Early Childhood Well-Being. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by the Early Childhood Institute or Boston University.

Suggested citation: Delany A, October L & Mathews S. *Preventing violence against young children: A scoping review of interventions in low- and middle-income countries.* Children's Institute, University of Cape Town and Boston University Centre for Innovation in Social Work and Health.

CONTENTS

Acknowledgements ii

INTRODUCTION 1

Early childhood and exposure to violence 1

Why this review? 3

Thinking about violence prevention 3

METHODS 5

Published literature strategy 5

Inclusion and exclusion criteria 5

Search strategy 6

Abstract screening 6

Grey literature search 7

Data extraction and analysis 8

Limitations 9

FINDINGS 10

Profile of programmes 10

Programme strategies and approaches 12

Parenting and caregiver support 12

Income and economic strengthening 31

Response and support services: Counselling and therapeutic approaches 34

Education and life skills 35

What lessons are we learning about programme implementation? 46

What lessons are we learning about scaling up? 48

What lessons are we learning about programme adaption? 51

Conclusions 52

References 56

INTRODUCTION

EARLY CHILDHOOD AND EXPOSURE TO VIOLENCE

Experiences in the early years of life lay the foundation for a child's future health and wellbeing, making this a crucial window of opportunity for supporting children's cognitive, social, emotional, and physical development. Young children need safe, stable and stimulating environments that are sensitive to their cognitive, health and nutritional needs, and consistent and responsive care to thrive.[1] But it is estimated that 250 million children (43%) younger than five years in low- and middle-income (LMIC) countries are at risk of not reaching their full developmental potential.[2] Poverty and adverse childhood experiences have long-term effects on brain development and cognition, and an accumulation of adversities can disrupt brain development, attachment, and early learning.[2]

Reducing children's exposure to adversities in childhood, including exposure to violence, that compromise their early development is therefore crucial. However, more than one billion children – or half of all children aged 2 – 17 years in the world – are exposed to violence each year.[3] Exposure to violence – whether through direct experiences of physical, sexual, and emotional abuse by adults or peers, or children indirectly witnessing violence in their homes, schools, and communities – has the potential for life-long health and social consequences. Violence against children is also closely intertwined with neglect, as the failure to provide children with the basic necessities to survive and thrive is harmful to their health and development.

Young children are particularly vulnerable to violence because their stage of development makes them largely dependent on caregivers, and because the effects of violence in childhood can have lifelong consequences. Exposure to violence at an early age can impair brain development and impact other parts of the nervous system, negatively affecting cognitive development and resulting in poor schooling outcomes, a greater likelihood of engaging in negative coping and risky health behaviours such as substance misuse and high-risk sexual behaviours, and higher rates of anxiety, depression and other mental health challenges, among others.[4, 5] Other potential consequences of violence against children include injury, reproductive consequences such as unplanned pregnancy (with potential negative effects for the next generation) and increased longer-term risk for chronic diseases.[5]

Furthermore, exposure to violence in the home during childhood increases the risk of later violent behaviour in intimate partner relationships among men[6, 7] and experience of intimate partner violence among women[8, 9]. There is also evidence of intergenerational effects, with childhood trauma being associated with harsh parenting, leading to further child maltreatment.[10]

Violence prevalence tends to be higher in LMIC compared to high-income countries,[11] and children in low- and lower-middle-income countries are more likely to experience poly-victimization (or the co-occurrence of multiple forms of violence) than children in high and upper-middle-income countries, which is associated with increased likelihood of mental health problems and involvement in health risk behaviours.[12]

The consequences of violence against children therefore have substantial economic and social costs for individuals and for society.[5] However, violence is often preventable, and violence prevention has been recognised as a key public health issue.[13] Prevention interventions to reduce children's exposure to – and perpetration of – violence should include a focus on early childhood, and there have been calls for violence prevention to be integrated into Early Child Development (ECD) programmes, given the considerable overlap between ECD and violence prevention interventions in the early years.[14, 15] It is also been argued that increased access to high quality childcare centres (home and centre-based) and early childhood programmes is in itself a potential violence prevention strategy, by offering a space for children and educators to learn and adopt pro-social behaviours, and through the gains in education which protect against victimisation and perpetration of certain forms of violence.[16]

Child development refers to the sequential changes in the behaviour, cognition, and physiology of children as they grow from birth through to adolescent.[17] Definitions of early childhood often include the prenatal period, due to the implications for later development. ECD programmes are commonly designed to improve the survival, growth, and development of young children, prevent the occurrence of risks, and ameliorate the negative effects of risks.[18]

From both a social work and a public health perspective, ECD and violence prevention share an emphasis on prevention and working with whole populations, and both use socio-ecological models to understand multiple risk factors.[15] Furthermore, violence prevention interventions that have shown to be effective (such as parenting programmes) target outcomes that are traditionally viewed as the realm of ECD programmes.[15] It has also been argued that interventions that focus only on child maltreatment may be insufficient in contexts where families struggle to access resources to meet health and nutrition and other basic needs, as well as adequate early stimulation for children.[14]

A more integrated approach is therefore essential to ensure the safe and healthy development of young children. Integrated programming is also likely to be more cost-effective and could potentially increase the impact on both child safety and optimal early development beyond the impact of each separately.[15] However, despite the clear potential benefits of integrated interventions, there are few examples of integrated ECD and violence reduction or prevention interventions in LMIC.[19] There are, however, violence prevention programmes targeting young children, and ECD interventions that address protective and risk factors for violence such as improving caregiver or educator-child interactions and reducing harsh parenting, including the use of physical punishment. It is these programmes that are intentional in promoting violence prevention for young children are the focus of this scoping review.

WHY THIS REVIEW?

This review seeks to address a gap, as there is limited understanding and implementation of interventions to prevent violence against young children, and on which interventions have potential for success in LMICs settings. This scoping review aims to map promising programmatic approaches and interventions to prevent violence against children in the early years in LMIC (whether focused directly on children or on the adults that surround them), and to consider the lessons that can be learnt for developing, implementing, or scaling up such initiatives in low-resource settings. Since the context in which interventions are implemented matters, consideration will also be given to how programmes have been adapted to local contexts.

This review forms part of a broader initiative to build a knowledge base on interventions to prevent violence against young children, with the aim of informing the development of an innovative, evidence-based, and community-informed intervention to prevent violence against young children in South Africa.

THINKING ABOUT VIOLENCE PREVENTION

Violence against children is defined in Article 19 of the United Nations Convention on the Rights of the Child as *"all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parent(s), legal guardian(s) or any other person who has care of the child"*.[20] Furthermore, the World Report of Violence and Health conceptualised violence against children as *"the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity"*.[21]

In this review, we adopted a broad definition of violence that included both the experience of and exposure to interpersonal violence, as well as peer violence (child aggression, bullying), harsh parenting and neglect.

Violence, including against children, is the result of a complex interaction of interrelated factors. The ecological model of child functioning, based on the work of Bronfenbrenner[22], is used as a framework for understanding the complex nature of violence and describes risk and protective factors and behaviours at four levels: individual, relationship (interpersonal), community, and societal.[23] From this perspective, violence prevention requires an understanding of the multiple risk and protective factors at the different levels, and how these factors interact to lead to a child's vulnerability to – or protection from – violence. Effective violence prevention interventions should have the child as the central focus but must also recognise the need to engage with multiple groups of people and systems around the child (including family/caregivers) and across the various settings in a child's life – home, school, community, and broader society. This includes recognising the role of the underlying structural causes of violence, such as poverty, income inequality, and gender and racial inequities.

A combined public health and social work approach accounts for individual risk factors as well as the contexts in which violence occurs, and emphasises the need for multisectoral, holistic approaches. By applying such an approach to violence prevention, the aim is to move beyond a response driven approach and to (a) integrate primary prevention methods and (b) strengthen protective factors in programming. Joint violence prevention and ECD efforts are an important first step towards addressing violence prevention early and are considered a primary prevention intervention within the public health prevention continuum.[24]

There is an increasing evidence base of prevention interventions to address violence against children that have been shown to be effective in reducing violence against children. Informed by a socio-ecological approach, the World Health Organization and other international agencies collaborated in 2016 to produce *INSPIRE: Seven strategies for ending violence against children*.[25] The INSPIRE framework outlines seven evidence-based strategies that are recognised as effective in reducing violence against children, and which respond to a range of risk and protective factors for preventing violence against children. This review draws on this framework to organise the evaluated interventions for preventing violence against young children as identified through this scoping exercise.

METHODS

This scoping review aims to assess the extent and nature of research evidence regarding interventions to address violence against young children below six years of age in LMICs. The approach to this scoping review was informed by Arksey and O'Malley's methodological framework[26] which comprises six non-linear phases, namely: (i) identifying the research question(s); (ii) searching for relevant studies; (iii) selecting relevant studies; (iv) charting the data; (v) collating, summarising, and reporting the results; (vi) and consulting with stakeholders.

PUBLISHED LITERATURE STRATEGY

The research team searched nine electronic databases, namely Medline via PubMed, Ebscohost (AfricaWide information, CINHAL, ERIC, APA PsychInfo), Scopus, Web of Science, Google Scholar and the Cochrane Library to identify published literature. Our focus was on interventions that had been evaluated in some way, whether through a feasibility study, process evaluation, outcome or impact study, and therefore could provide some evidence of 'what worked' or lessons on implementation.

Inclusion and exclusion criteria

To be included, a study must: (a) have a focus on young children under the age of six years; (b) explicitly aim to prevent or reduce exposure to violence among children in the age group or have a broader aim but include violence reduction or prevention as an outcome for this age group; (c) include some form of evaluation of the intervention, regardless of study design; (d) be/have been implemented in an LMIC (as defined by the World Bank, 2022)27; and (c) be published in English in peer-reviewed journals between 1 January 2010 and 31 September 2022.

Articles were excluded if: (a) they did not explicitly refer to preventing or reducing exposure to violence among young children, either as a programme aim or outcome; (b) they did not focus specifically on young children or the data could not be disaggregated to allow for conclusions about young children; (c) if they were implemented in high income countries; (d) if the full text was not published in English or if an English translation was not readily available; and (e) if the articles were published before 1 January 2010 or after 31 September 2022.

Search strategy

A detailed search strategy was developed with the assistance of a librarian. Individual search strategies were developed for each database, using controlled vocabulary and key MESH terms or subheadings. Four key concepts were joined in the search, namely variations of early childhood AND violence prevention AND early childhood interventions AND low-and-middle income countries. Variations on violence included terms such as abuse and child maltreatment as well as neglect, corporal punishment, and harsh parenting. The interventions concept was broadly defined and included early childhood education (preschools, pre-primary, preschool, childcare), parenting programmes and home visiting, among others.

Abstract screening

Study selection was an iterative process. The database search elicited 2,972 records. Three researchers worked on the abstract screening, with at least two researchers reviewing each abstract, and a third adjudicating any discrepancies. The first 20 abstracts were reviewed independently by all researchers and the results were compared and discussed to ensure consistent application of the criteria. A screening tool or checklist was developed to determine whether the abstract meets the inclusion criteria outlined above, and reasons for exclusion were recorded. A total of 205 records were identified for full text screening, which was conducted by three researchers (splitting the list into thirds) using the same inclusion and exclusion criteria. In addition to searching the databases identified above, the team searched key articles for references to studies that had not been identified through the database searches.

In practice, there was an adjustment to the age criterion during the full text screening phase because of the range of definitions of 'young children' and 'early childhood'. For example, in international policy standards, early childhood is often defined as the period from prenatal development to eight years of age. In practice, the age ranges targeted by interventions focused on young children also varied (e.g., the Parenting for Lifelong Health for young children targets children aged 2 – 9 years). Furthermore, some interventions with a specific preschool focus included children aged six or seven years old, slightly older than our targeted age group. At the point of full text screening, we therefore agreed to retain studies that had an explicit young child or preschool focus, even if some of the children in the study were slightly older than our initial age criterion. The maximum age was set at nine years.

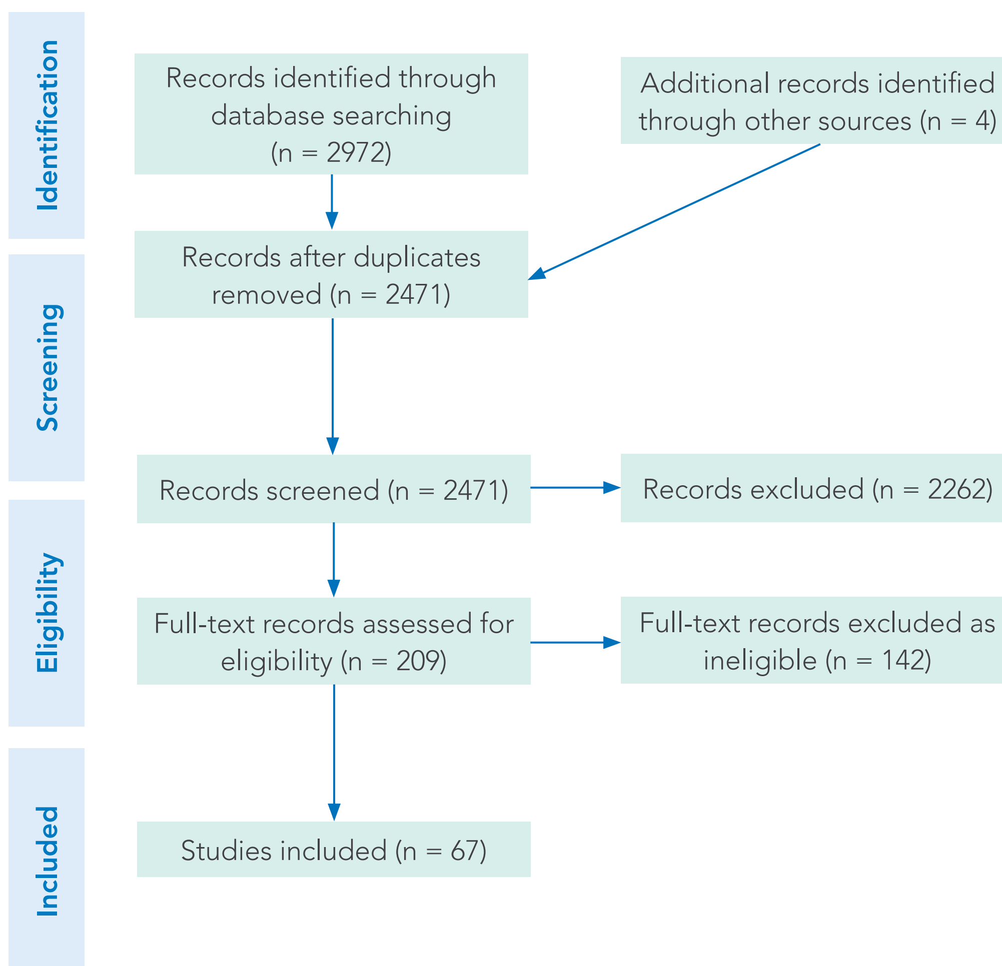
A final total of 63 records were identified through this process for data extraction (see Figure 1).

GREY LITERATURE SEARCH

Including a grey literature search in this scoping review was essential for increasing the review's comprehensiveness and fostering a balanced picture of available evidence. However, the grey literature search was limited due to project time constraints.

The grey literature search focused on databases related to ECD and violence prevention, but other broader databases were also included where identified. Databases and targeted websites included Aids Online, National Library of Medicine, UNICEF, WeProtect Global Alliance, Bernard van Leer Foundation, Institute for Security Studies, Centre for the Developing Child, End Violence Against Children, Prevention Collaborative, Research Gate, Sexual Violence Research Initiative (SVRI), Violence Research Centre, ECD Africa Resources, APA PsychNet, Early Childhood Development Action Network, Together for Girls, Giving Evidence, End Violence Now, Global Parenting Initiative, and Proquest.com. The same inclusion and exclusion criteria were used for the grey literature search.

Figure 1: PRIMSA flow diagram – studies included in the review



A call for grey literature was also extended to relevant stakeholders in the field with a (relatively short) due date by when to contribute to the review. Colleagues from the following networks and organisations were contacted: Prevention Collaborative, South African Parenting Programme Implementers Network (SAPPIN), SVRI, Association for the Development of Education in Africa, Africa Child Policy Forum, Parenting for Lifelong Health, Early Childhood Development Action Network, and the Institute for Security Studies. Furthermore, requests for grey literature were placed in the newsletters of the SVRI, Prevention Collaborative, and the Inter-agency Gender Working Group.

Contributions were screened against the study inclusion criteria and included if relevant. There was a limited time frame for this process, which is likely to have limited the literature that was accessed. In some cases, this strategy pointed us to published research already captured in the database screening process, while in others, records related to interventions that had broader target groups than were required for this study. A total of four additional records were included in the review of effectiveness of interventions as a result.

DATA EXTRACTION AND ANALYSIS

A data extraction sheet was developed to guide the extraction of data from the identified 67 studies. Three researchers were allocated to this task.

The analysis for this scoping review included two levels of categorisation. First, we drew on the seven strategies described in the INSPIRE Framework and categorised the identified interventions according to the primary strategy adopted. Second, we drew on a four-level classification[28] to assess the evidence base for the effectiveness of identified interventions as outlined below.

Table 1: Categorisation of the evidence base for identified interventions

Category	Description
Successful	Experimental or well-designed quasi-experimental designs (based on sample size and length of follow up) with evidence of effect on outcomes related to VAC prevention (statistically significant) from more than one study or sustained effect of outcomes for one year.
Promising	Experimental or quasi-experimental in design with evidence of effect on outcomes of interest, or on-experimental designs with evidence of effect on outcomes related to VAC prevention post-intervention. These programmes were documented through once-off studies and require further evidence to support the approach.
Emerging	Experimental or quasi-experimental design with a small sample size or non-experimental design. Findings might suggest some positive results related to VAC prevention, but the study design is not sufficiently rigorous to determine effectiveness, only programmatic evidence.
Ineffective	Failed to demonstrate effect.

These two factors were then used to structure the report, first by the main delivery mechanism, and then by the extent of the evidence base for the intervention. Identified interventions are described under each strategy, highlighting intervention characteristics and key findings regarding violence prevention for young children. The tables that follow the discussion are colour coded to reflect the evidence base classification used in this scoping review.

LIMITATIONS

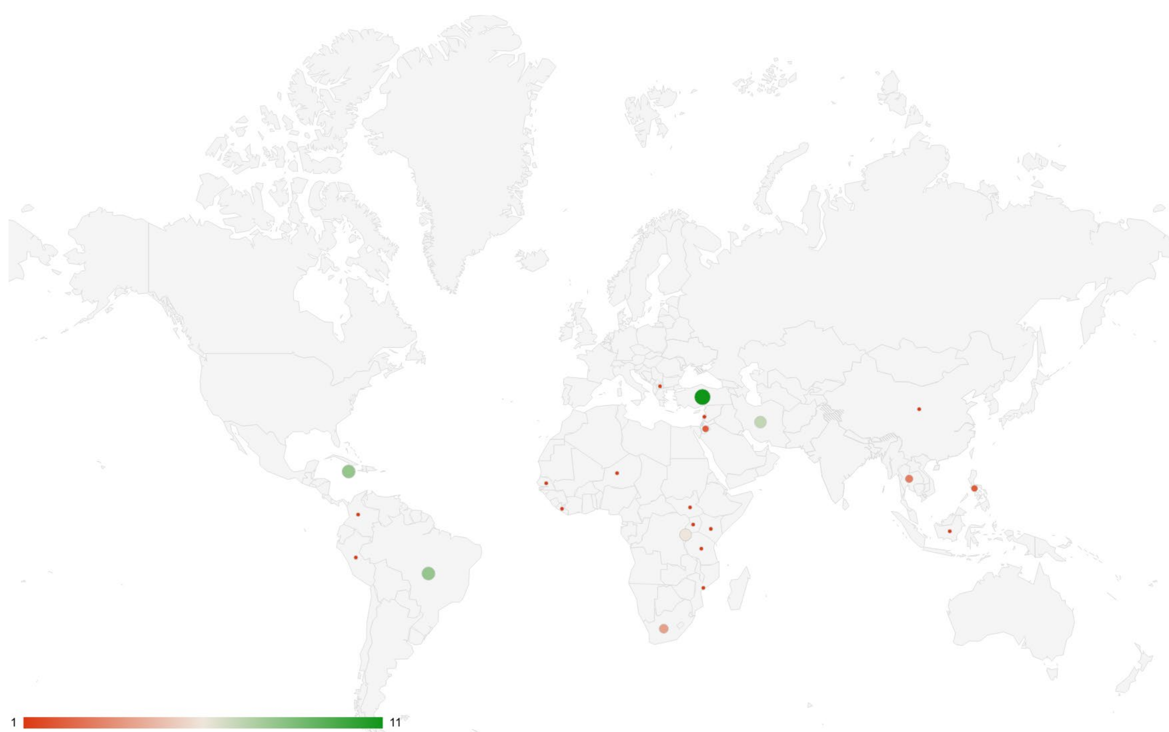
While the grey literature search was relatively broad, the team had limited time to pursue this process, which limited the potential leads yielded. Given the study's explicit focus on violence prevention in the search strategy, it is possible that there are early childhood initiatives that have been evaluated and have been found to have an impact on violence against young children, but which would not have been identified through the search if they did not have an explicit violence prevention aim or outcome specified in the abstract. Furthermore, the timeframe of January 2010 to September 2022 would have excluded studies prior to 2010 and after September 2022 that may have been shown to be effective in reducing violence against young children. In terms of the studies included, several authors identified the reliance on self-reports of behaviour change rather than observational measures as one of the main limitations.

FINDINGS

PROFILE OF PROGRAMMES

This scoping review identified 67 articles or reports relating to 40 interventions. The largest concentration of papers was found in Turkey (11), followed by Brazil (8), Jamaica (8), Iran (7), Rwanda (6) and South Africa (5, see Figure 2 below).

Figure 2: Distribution of identified records covered in scoping review



The INSPIRE framework identifies seven evidence-based strategies for preventing and responding to violence against children. These are: (a) implementation and enforcement of laws; (b) norms and values; (c), safe environments; (d) parent and caregiver support; (e) income and economic strengthening; (f) response and support services; and (g) education and life skills.

Drawing on this framework, we found that the 40 interventions for reducing violence against young children identified through this scoping review aligned with the following strategies:

- Parent and caregiver support
  - Delivered through home visits (2 interventions)
  - Delivered in groups in community settings (18 interventions)
- Income and economic strengthening strategies
  - Integrated into cash transfers systems (3 interventions)
- Response and support services
  - Counselling and therapeutic interventions (2 interventions)
- Education and life skills
  - Establish a safe and enabling school environment (4 interventions)
  - Improve children's knowledge about how to protect themselves from sexual abuse (8 interventions)
  - Life and social skills training (3 interventions)

Given our focus on interventions for young children (rather than all children or community-wide initiatives) and our definition of interventions as largely pertaining to interpersonal violence, we did not expect to identify interventions relating to the implementation and enforcement of laws or addressing norms and values at a community level. We did identify studies that had elements of norms change built into the programme, but they formed part of a broader programme. We acknowledge that the interventions often contain multiple components and several objectives, and therefore do not always fall neatly into a single strategy. We have aimed to categorise interventions based on their primary modality.

A recent evidence and gap map (EGM) that aimed to map the existing evidence on the effectiveness of interventions to reduce violence against all children in LMIC found that education and life skills was the most commonly studied intervention area to reduce violence against children, followed closely by income and economic strengthening interventions and then by parent and child caregiver support.29 The differing emphasis in the strategies identified through this scoping review and the EGM reflects the broader target age group of the EGM, with parenting programmes being much more prevalent when considering young children. The EGM also noted that most of the impact evaluation and systematic reviews identified addressed adolescent populations of 10-18 years, with only 15 of the 152 identified studies assessing the impact of interventions on children less than three years old.[29]

PROGRAMME STRATEGIES AND APPROACHES

1. Parenting and caregiver support

Parents are the primary providers of care for young children in the early years. But many parents or caregivers in difficult circumstances in LMICs may not have the resources (financial, emotional, cognitive) or access to services needed to provide their children with the care they need to thrive. In addition, the science underpinning early childhood interventions highlights the significance of responsive and nurturing caregiver-child relationships as essential for fostering optimal development.[1, 30] It is therefore not surprising that the bulk of the interventions identified in this scoping review relate to parent and caregiver support.

Parenting programmes can be an effective means of improving parent–child interactions and parental knowledge in relation to child development in LMIC.[31] Parenting programmes can also reduce the potential for child maltreatment, and can reduce the risk factors associated with child maltreatment, and enhance protective factors across a range of contexts.[32]

The INPSIRE framework divides parenting and caregiver support into three main types based on modality:

a. Parent support delivered through home visits
b. Parent training and support delivered in groups in community settings
c. Parent support and training as part of comprehensive programmes

This review identified interventions for young children that adopt the first two strategies. These are discussed in more detail in the sections below.

Parent support delivered through home visits

Home visiting programmes for expectant mothers and families with young children form an important strategy both for promoting child development and violence prevention. Home visiting interventions typically involve regular, structured visits by trained service providers to children and their caregivers in the home to provide information, support or training about issues of child health, wellbeing and care to improve child outcomes. There is evidence for the effectiveness of home visiting approaches in reducing child abuse and neglect, although much of this evidence is drawn from high-income countries.[33]

This review identified two evaluated programmes in LMICs since 2010 that used home visits as the primary mode of delivery. However, some of the group-based parenting education programmes discussed below (e.g., Families First in Indonesia) include a home visiting component, while three of the four identified programmes embedded in cash transfer systems (e.g., *Sugira Muryango* in Rwanda, *Programa Criança Feliz* in Brazil and a behaviour

change component within the Niger safety net) and discussed under the income and economic strengthening strategy below included home visiting.

The *Jamaica Home Visiting model* is an early example of a programme implemented in Kingston, Jamaica in the 1980s, that aimed to improve child outcomes through psychosocial stimulation and nutritional supplementation.[34] It was delivered by paraprofessionals (community health workers) and consisted of a two-year trial of nutritional supplementation and/or weekly home visits to improve mother-child interaction, beginning at 9–24 months of age and continuing for two years. Children were randomly assigned to one of four groups: control, supplementation, psychosocial stimulation, or both interventions. In the stimulation group home visits, emphasis was placed on the use of play, praise and positive reinforcement, and physical punishment was discouraged. This programme has been evaluated in several studies, including in a follow up identified in this review which took place twenty years after the programme ended, to assess whether the benefits had been sustained into adulthood.35 It was found that, at age 22, participants who had received psychosocial stimulation reported less violent behaviour (and higher scores on other adult competence measures) than participants who did not receive stimulation.[35] Although the follow up sample was small (N=105), this longitudinal Randomised Controlled Trial (RCT) provides evidence of the potential effects that early psychosocial interventions with these components can have on reducing the perpetration of violence later in life, and provides evidence of the importance of early interventions for primary prevention of violence. This model formed the basis for the *Reach Up Early Childhood Parenting Programme*, which was developed to increase the capacity of implementing agencies to deliver effective parenting programs for children up to 3 years old through home visiting, and has been adapted and piloted in a number of countries.[34]

An example of an adaptation and evaluation of this model at scale is the Peruvian government's *Cuna Más* programme.[36] Cuna Más is a structured, home visiting ECD programme in Peru that targets disadvantaged mothers of children under three years old in rural areas. The programme aims to support child development through peer-to-peer mentoring of parents by paraprofessionals (local community members) during weekly, hour-long, play-based visits based on demonstration and practice. The home visitors demonstrate the use of praise and verbal or corporal punishment to redirect child behaviours is discouraged. Home visitors use a structured curriculum that focuses on language and cognitive stimulation through play. An RCT (N=4685) that took advantage of the phased programme implementation found that Cuna Más modestly but significantly improved overall child development (and specifically cognition and language).[36] Programme participation also improved parenting practices, with parents in the early treatment group playing more often with their children and being less likely to use punitive parenting strategies, including harsh corporal punishment (hitting, spanking or pinching) or harsh verbal punishment (yelling or scolding). These modest but positive effects were

found after a two-year implementation period, despite the implementation challenges associated with expanding to scale over a short period of time (e.g., both take-up and dosage were found to be lower than intended). These findings support the contention that a home visiting ECD programme with this approach implemented at scale can be effective in reducing violence against young children in LMIC contexts. However, this promising programme requires further follow up to determine if these effects are sustained over time.

Table 2: Parent and caregiver support delivered through home visiting

Programme	Implementation	Evaluation	Key findings
Jamaican home-visiting model, Jamaica *Walker et al., 2011* *Walker et al., 2018*	Home-based programme that aimed to increase mothers' ability to promote child's development through play, improve mother-child interaction, and promote the self-esteem of mother and child. Included a 2-year trial of nutritional supplementation and/or psychosocial stimulation (weekly play sessions). Children assigned to 1 of 4 groups: control, stimulation, supplementation, or both interventions. All groups were visited weekly (for 1 hour) by a community health worker for 2 years.	Impact evaluation. Longitudinal RCT, to assess whether previous benefits were sustained to adulthood (22 years old) and to examine possible effects on various outcomes, including antisocial behaviour (violence prevention objective). Initial sample consisted of 129 growth-retarded children aged 9 to 24 months. Current study assessed IQ, educational attainment, and behaviour at 22 years old in 105 participants.	Experimental and longitudinal RCT measuring long-term impact, with evidence that psychosocial stimulation in early childhood results in decreased violent behaviour in adulthood. Programme has been evaluated in several studies. Sample was small but sufficient to measure impact (>100) and changes were sustained for many years. Successful programme that has been adapted and implemented in several countries and informs the **Reach Up** training programme aimed at taking the model to scale in low resource settings.

Programme	Implementation	Evaluation	Key findings
Cuna Más, Peru *Araujo et al., 2021*	Large-scale home visiting ECD programme in Peru that targets disadvantaged mothers of children under 3 in rural areas, to support child development. Cuna Más was designed to deliver weekly, hour-long, play-based home visits by paraprofessionals with limited education, supported by supervisors.	Impact evaluation. RCT took advantage of the staggered roll-out to provide estimates of programme effects on child development. Compared children in districts randomly assigned to the first and last expansion waves. Districts in the first wave (treatment) had been eligible for home visits for 2 years, while those in the last wave (control) were still ineligible. Total sample of 4,685 children and their families.	Promising programme, large scale experimental study design (N>4,000) found modest but significant programme effects on child development. Cuna Más also changed parenting behaviours: Parents in the treatment group played more often with their children and were less likely to engage in punitive parenting strategies (their children were less likely to be exposed to harsh corporal punishment or harsh verbal punishment).

Parent training and support delivered in groups in community settings

The bulk of the interventions identified in this scoping review can be described as parenting training and support programmes delivered in groups in community settings, illustrating the focus over the last decade on parenting programmes to promote positive parenting, support child development and/or to reduce violence against children.

We identified 26 papers reporting on 16 models or programmes, some of which have been adapted and implemented in a range of settings. Of these 16 programmes, five programmes were categorised as successful in this scoping review, as they have been rigorously evaluated and found to show positive effects in several studies or have shown sustained effects a year or more after the intervention.

All but one of these five programmes took the form of group-based, participatory parent education programmes using structured curricula. The exception was the Responsible, Engaged and Loving (REAL) Fathers initiative in Uganda, which employs a structured mentoring and community poster campaign approach. The five interventions ranged in duration from 8 to 15 group sessions which were commonly held weekly, although the sessions for the REAL Fathers initiative were held twice a month over six months. Most were informed by social learning[37] and behaviour change theories.

The *Parenting for Lifelong Health for Young Children (PLH-YC)* model is an example of an intervention developed in LMIC and designed to be implemented in low resource settings. The PLH-YC is a 12-session, group-based intervention developed in South Africa

to increase positive parenting and reduce harsh parenting and conduct problems among children aged 2-9 years in low-resource settings. Delivered by paraprofessionals using an interactive learning approach, this intervention was originally developed in response to South Africa's need for cost-effective, early violence prevention strategies. Initial evaluations of the programme (known locally as the *Sinovuyo Caring Families Programme for Young Children)* found positive programme effects on positive parenting,[38] and a process evaluation found that it could feasibly be delivered by community facilitators in low-resource settings.[39] A later RCT that assessed the programme effects on caregivers (N=296) in resource-poor areas whose children showed clinical levels of conduct problems found improvements in observed positive parenting (e.g. supporting positive child behaviour) and child behaviour, which were sustained at a one-year follow up.40 However, the differences between the intervention and control groups were generally small. A trend towards less self-reported physical and psychological discipline was found in the intervention group four to five months after randomisation, but this was not sustained at the one-year follow up. Addressing the generally small differences observed, the researchers pointed to the possible need for greater fidelity to process (noting that the role of therapist skills in collaborative processes is key to programme effectiveness) and further attention to caregiver engagement; possible informal dissemination of programme content; potential validity concerns in South Africa of some of the measures used, and/or other external factors as explanatory factors.

The PLH approach has been to adapt and test the programmes (differentiated by age) in a range of low resource, 'real world' settings, to better understand how to strengthen and deliver on the programme's promise for supporting caregivers to adopt nonviolent and positive parenting strategies and addressing child conduct problems. Feasibility studies using RCT designs have indicated programme effects for reducing maltreatment of young children when the PLH-YC has been adapted and embedded in or combined with existing service delivery systems at a small scale. For example, an adapted PLH-YC programme was delivered every other week to groups of recipients of a government conditional cash transfer (caregivers of children aged 2-6 years) at community centres in Metro Manila in the Philippines. An RCT (N=120) found that (combined) programme effects on reducing overall child maltreatment as well as emotional abuse and neglect specifically were sustained at a one-year follow-up.[41] In a feasibility pilot and RCT in Thailand, the PLH-YC programme was implemented with low income caregivers of children aged 2-9 years through community-based health promotion hospitals. An RCT (N=120) found reductions in parent reported child abuse (physical and emotional abuse and neglect) and observed and self-reported harsh parenting at six month follow up.[42] These are promising findings that suggest the need for further research to test the sustained effects of combination interventions in real world settings.

Two other interventions categorised as successful in this review draw on violence prevention models developed in high income countries. *Adults and Children Together*

(ACT) Raising Safe Kids was developed by the American Psychological Association as a low-cost programme with cultural adaptability to help caregivers develop positive parenting skills and prevent child maltreatment.[43] The sessions address child development, violence prevention, emotional and behavioural regulation, electronic media and discipline and parent styles. It has been implemented and evaluated in several countries, including as part of an RCT in Ribeirão Preto, Brazil, with mothers of children aged 3 – 8 years.[43, 44] The program included an initial meeting and eight weekly 2-h group sessions facilitated by a psychologist certified as an ACT facilitator and a research assistant. The only adaptation made was to include four videos reflecting the local context in the electronic media session. The RCT (N=81 mothers) compared an intervention group (40 mothers) and a waitlist control group (41 mothers) and recruited another primary caregiver of the child to be included as an informant (or observer) in relation to the child's behaviour. This study found programme effects on improved parenting practices (specifically positive discipline, communication, and emotional and behavioural regulation) and reduced child behaviour problems, which were maintained at the 3-to-4-month follow-up.[43] A further RCT (N=143) confirmed these findings and found that the reductions in children's behaviour problems were mediated specifically by improvements in their mothers' emotional and behavioural regulation, while programme effects were strongest for children with clinical levels of baseline behavioural challenges.[45] It was also found that in this setting, mothers' history of childhood violence did not impact whether their parenting practices improved after participation in the programme.[46]

In Colombia, a three-arm RCT (N=176) compared the effects of (a) the *International Child Development Programme* (ICDP) and community services, with (b) the ICDP and community services, together with the addition of a specific violence prevention module, and (c) 'services as usual' or community services only, on parents of children aged 3 and 4 years in Chocó, Colombia.[47] Originally developed in Norway based on child development research, the ICDP does not specifically address violence unless the caregivers themselves bring it up but instead focuses on strengthening positive caregiving and familial relationships as a pathway to violence prevention, and emphasises drawing on caregivers' own positive cultural practices. A previous quasi-experimental study in Mozambique found indications of a possible shift away from more severe forms of physical violence toward their children among those who previously had participated in an ICDP group, but the study design was not robust.[48]

The RCT in Colombia aimed to compare the effects of the ICDP alone and the ICDP with a violence prevention module, all within the context of community services. The study showed that, although there was a reduction in violence across all three arms, the ICDP with a specific violence component (and community services) affected the caregivers' use of violent harsh punishments by reducing the severe forms, but the ICDP alone (with its broader parenting focus, along with the community services) appeared sufficient to

contribute to reducing the 'milder' forms of violence against children, as well as improving caregiver mental health.[47] Disentangling programme effects in this way is important for understanding programme efficacy in various settings and with different audiences.

Often parenting programmes aim to engage caregivers broadly, but in practice the participants are often mostly women. This review identified two interventions that explicitly target fathers of young children, given their potential role in reducing young children's risk of exposure to violence or child maltreatment. The two interventions share a male-engagement focus but differ in their approach. *Bandebereho* is a gender-transformative, group-based couples intervention in Rwanda that engages young fathers of children under 5 years in a 15-session structured curriculum, with partners attending half of the sessions. A multi-site RCT (N=1199) found that, at 21 months post-baseline, both women and men in the intervention group reported reduced use of child physical punishment and higher levels of men's participation in childcare and household tasks.[49] A follow-up RCT almost six years later found sustained positive impacts on reports of intimate partner violence (IPV) and parenting practices, as well as reports of better behavioural outcomes for participants' children.[50] These findings illustrate how programmes aimed at actively changing power relations and gender norms in the home in LMIC can impact positively on violence prevention for both women and children.

Similarly, the *REAL Fathers initiative* in Uganda works to address gender norms that condone the use of violence in child discipline and with intimate partners through the promotion of positive parenting and partnership skills building. The programme aims to reach young fathers before gendered expectations, attitudes and behaviours become entrenched, using fatherhood as an entry to promote more gender-equitable and positive masculinities.[51] It does this through a structured mentoring programme (individual and group sessions) over six months for young fathers aged 16 – 25 years of children under three years old. The mentoring is accompanied by a community poster campaign and a closing community celebration to reinforce key messages about the positive role of fathers. The fathers' partners also attend some of the sessions. Evaluation results (N=500) comparing survey data among men exposed to the intervention and those who were unexposed showed significant reductions in IPV and physical child punishment at 4-month follow-up – but no effect on gender norms.[51] The research team noted that this highlights the challenge of addressing underlying, entrenched norms around family life in a short-term intervention, with longer-term support and broader community engagement potentially being required to shift social norms.[51] The REAL Fathers approach was also implemented and evaluated in Senegal as an integrated household violence prevention initiative to reduce IPV and violent discipline of young children. Comprising seven home visits and seven group sessions and targeting a slightly broader age range of young fathers (16 – 35 years), it also included poster displays and community celebrations to reinforce the messaging. A quasi-experimental longitudinal evaluation (N=326) found that, 12 months

post-baseline, the intervention was effective in reducing men's use of violent discipline with children under five and reducing women's reports of IPV, as well as having an indirect effect on preventing women's use of violent discipline. Further evidence is required of the sustained effects of the REAL Fathers approach over time, but again these findings demonstrate the potential efficacy of proactively engaging fathers and addressing the risk factors for violence in the home for the benefit of both women and young children.[52]

Table 3: Parent training and support delivered in groups in community settings (successful programmes)

Programme	Implementation	Evaluation	Key findings
Parenting for Lifelong Health for Young Children (PLH-YC), South Africa *Lachman et al., 2017* *Lachman et al., 2018* *Ward et al., 2019* *Janowski et al., 2020* *Jansen et al., 2021* *Lachman et al., 2021* *Mamauag et al., 2021* *McCoy et al., 2021* *Murphy et al., 2021* *McCoy at el., 2022*	Designed to increase positive parenting and reduce harsh parenting and conduct problems in children aged 2–9 in low resource settings. Developed in South Africa, PLH-YC is a group-based parenting programme taking place over 12 weekly sessions of 2-3 hours, facilitated by community volunteers. Universal violence prevention programme, although RCT targeted caregivers of children with conduct problems.	Outcomes evaluation with some feasibility measures. RCT in South Africa targeted caregivers of children with clinical levels of conduct problems (N=296), with endline and one year follow up. Used parents' self-reports and observed behaviour to assess effects on outcomes. Caregivers were randomised to the intervention or control arm in a ratio of 1:1. Assessed 11 primary outcomes relating to positive parenting, harsh parenting, and child behaviour.	Successful programme tested in experimental design (sample<300) found increased observed positive parenting and positive child behaviour sustained 1-year post-intervention. Indications of positive programme effects on physical and psychological discipline at endline were not sustained at one-year follow up. PLH-YC has been adapted for other LMIC contexts, including post-conflict societies (South Sudan), and integrated at a small-scale into service delivery systems such as conditional cash transfer programmes (Philippines) and public health systems (Thailand). Feasibility studies using RCT designs in the Philippines (N=120) and Thailand (N=120) showed sustained positive effects on child maltreatment at one year and six months, respectively.

Programme	Implementation	Evaluation	Key findings
Adults and Children (ACT) Raising Safe Kids, Brazil *Altafim et al., 2016* *Altafim & Linhares, 2019* *Martins et al, 2020* *Altafim et al., 2021a & 2021b*	Brazilian implementation of programme developed by American Psychological Association to improve parenting practices and reduce child behaviour problems. Implemented over 8 weekly session of 2 hours each in a community setting with mothers of children aged 3 – 8 years.	Outcomes evaluation. RCT with 3-4 month follow up. Mothers were randomly allocated to the intervention (n=40) or wait list control (n=41) groups, and 67 caregivers were second informants on the children's behaviour. A second RCT in same location (N=143) confirmed findings and unpacked potential mechanisms.	Experimental RCT with evidence of effect on outcomes. The sample size was not large (<100) and follow up was only after 3-4 months, but the findings have been replicated in more than one study (though not all in LMIC contexts). A further of the ACT programme and a dialogic book sharing intervention in Brazil is in progress.
International Child Development Programme (ICDP), Colombia *Skar et al., 2014* *Skar et al., 2021*	Developed in Norway, the ICDP was implemented in Colombia to reduce violence by focusing on strengthening positive caregiving and familial relationships. Implemented by local facilitators trained by certified ICDP trainers over 12 sessions. Can be universal or targeted programme.	Outcomes evaluation. Three arm RCT with 6 month follow up. Parents of children aged 3 and 4 years randomly allocated to community activities only (CA, n-51); CA + original ICDP (n=59) or CA + ICDP + violence component (n=66). Primary outcomes were corporal punishment, intimate partner violence, community violence, sexual abuse, and mental health.	Evidence that the traditional parenting guidance through the ICDP seemed to contribute to reducing milder forms of child violence and improving caregiver mental health, while the ICDP with a violence component specifically reduced the severe forms of harsh punishment. Successful programme that has been implemented and evaluated in many contexts.

Programme	Implementation	Evaluation	Key findings
Bandebereho, Rwanda *Doyle et al., 2018* *Doyle et al., 2022*	A gender-transformative, group-based couples intervention implemented in Rwanda. The programme engages young fathers of children under 5 years in a 15-session structured curriculum, with partners attending half of the sessions. Universal programme.	Impact evaluation. Multi-site RCT, with follow up at 9 months and 21 months post-baseline. Expectant/current fathers and their partners were randomised to intervention (n=575 couples) or control group (n=624 couples). One of the five sets of outcomes included use of physical punishment against children.	Adapted from Program P which has been evaluated in several studies. Experimental design with evidence of reduced use of child physical punishment (men and women) and higher levels of men's participation in childcare and household tasks at 21 month follow up. Sustained positive impacts on intimate partner violence, parenting practices, and behavioural outcomes for children were reported at six-year follow up.
Responsible, Engaged and Loving (REAL) Fathers, *Uganda* *Ashburn et al., 2017* *Kohli et al., 2022*	Programme works to address gender norms that promote use of violence in child discipline and with intimate partners, through promotion of positive parenting and partnership skills building. Implemented by volunteers as a 12-session mentoring programme over 6 months for fathers of 1–3-year-olds, with a community poster campaign and community celebrations. Partners are invited to attend some sessions. Universal programme.	Outcomes evaluation. Quasi-experimental (two independent samples at end line and long-term follow-up using cross-sectional data). Total sample of 500 men, study compares men who attended at least one individual and one group mentoring sessions with those who did not attend any mentoring sessions. Primary outcomes included perpetration of IPV and child physical punishment.	Study found significant reductions in IPV at end line and at the longer-term follow-up, and significant reductions in physical child punishment at long-term follow-up.

Another seven promising parenting programmes targeting caregivers of young children in LMICs were identified, but further evaluation and evidence of effects over the longer term is required.

Also developed in an LMIC context, the *Irie Homes Toolbox* is a universal, eight session violence prevention, early childhood parenting program that was developed in Jamaica as a low cost intervention to reduce parents' use of harsh punishment and increase involvement with their child.[53] Unlike the PLH-YC, it is designed to be integrated into the education system, specifically preschools, and to be facilitated with the caregivers of children attending the preschool by the preschool teachers. This is because it was developed as a complementary programme to the *Irie Classroom Toolbox* (described in the section on education and life skills below), to provide an integrated approach to violence prevention across children's home and school settings in a country in which over 98% of children attend preschool.[54] A recent impact evaluation (cluster RCT, N=223) showed that participation in the Irie Homes Toolbox programme led to significant reductions in parents' use of harsh punishment (defined as frequency of five physically violent practices and five psychologically aggressive practices over the previous two weeks), with greater reductions in harsh punishment as parental attendance increased. The study also found increases in parents' involvement with their children (based on the frequency of 12 activities over a two week period), and decreased behaviour difficulties for higher-risk children.[54] Further research is required to assess if these effects are sustained over time.

The *Mother-Child Education Programme (MOCEP)*[55] is an integrated ECD and violence prevention parenting programme developed in Turkey to foster positive parenting practices and promote children's holistic development. It has been implemented in multiple countries, including in two refugee communities and one other marginalized community in Beirut, Lebanon, where its effects on parenting stress and practices in highly vulnerable settings were assessed. The 25-session, group-based programme also included home visits by highly educated trainers who held doctorates in ECD, and targeted mothers of children aged 2–7 years. The pilot RCT (N=106) compared mother-child dyads who received the intervention with a wait list control group. The intervention had a positive impact on harsh parenting practices (disciplinary style) and the level of parenting stress in these contexts, but no effects were detected on behavioural or emotional outcomes among children.[55] The research team argued that broader maternal and child outcomes are dependent on programme attendance and the poor availability of other services. This study is unusual in this review in that it considers changes in disciplinary style in a humanitarian relief context and highlights the need for further research on the effectiveness of caregiver support programmes in similar insecure and fragile contexts.

The *Parents Make the Difference* programme in rural, post-conflict Liberia uses group-based, behavioural skills training to teach caregivers about positive parenting practices,

child development and malaria prevention. An experimental study compared the effects of a 10-session parent training intervention provided to caregivers of children aged 3–7 years with a similar wait list control group. Participation in the programme led to a reduction in caregiver-reported use of harsh punishment practices, increased use of positive behaviour management strategies and improved caregiver–child interactions (the latter based on reports by both the caregiver and child). While these results are promising, it is not clear if these effects will be sustained over time.

Three other promising interventions appear to have been implemented as once-off studies, with no longer-term follow up or attempts to scale up implementation. An experimental evaluation (N=224) of an *SOS! Helps for parents* intervention aimed to assess whether primary health care settings in Iran, where parents routinely bring their children for growth monitoring or vaccinations, can be used to engage mothers of young children (2-6 years) in a preventive intervention. The programme focused on the role of parenting skills and common mistakes in parenting. After two weekly sessions of two hours each on parenting skills facilitated by a physician, the mothers in the intervention group reported an improvement in non-abusive, positive parenting practices which was sustained at an 8-week follow up, while those in the control group did not. Longer-term follow up and the use of observational measures would be needed to provide further evidence of the effectiveness of this intervention in primary health care settings. A second study in Iran, also conducted in the primary health care setting, aimed to assess the effect that parenting education based on *child growth and development* as well as follow up home visits would have on the attitudes and behaviours of abusive mothers of 3-6-year-old children (N=64).56 Compared to routine programmes in the health centres, the two-month intervention was more effective in improving parenting attitudes and reducing abusive behaviours towards children but this appears to have been a once-off study in this setting with no longer-term follow up and further evidence is required. In a third study in Thailand, a *cognitive adjustment parenting programme* was specifically designed to adjust or reconstruct parental cognitions, notably parental attitudes toward child rearing (N=116). Two group education sessions and two home visits were conducted by a researcher with caregivers of children aged 1-6 years who were recruited through three child care centres. Participation in the programme led to improved parental attitudes towards child rearing, but not a significantly lower potential for perpetrating child physical abuse than the control group. Thus, changing parents' attitudes did not necessarily lead to behaviour change, prompting the researchers to recommend that be modified to be more intensive. Further evaluations are required to assess the effectiveness of these once-off study implementations.

Lastly, an experimental evaluation of an *early dialogic book sharing initiative* in South Africa considered the effects of the programme on early childhood development outcomes and on violence prevention.[57] The initiative encourages responsive caregiver interaction with the child through shared 'reading' of a picture book, stimulating language and cognitive development

and promoting child-led engagement. A previous experimental evaluation of this eight-week intervention with mothers of infants aged 14-16 months in Khayelitsha, South Africa, focused on ECD outcomes and found positive programme impacts on the development of infant language and focused attention.[58] It also showed potential for improving infant socio-emotional outcomes which were mediated by improvements in carer-infant interactions, particularly in book-sharing interactions.[59] The later RCT considered the effects on violence prevention because the intervention aims to strengthen positive caregiver-child interactions and addresses risk and protective factors "located on the early pathways to later aggression and violence."[57] The intervention (N=140) had mixed results regarding harsh parenting at the six month follow up. While there were significant reductions found for observed harsh verbal interactions, no effects were found for observed harsh physical disciplining practices, although these were rarely observed in either group.[57] No effects were found on child behaviour problems or child prosocial behaviour. The research team noted that the mixed results for violence prevention may suggest that direct targeting of harsh parenting through the direct promotion of positive discipline may be necessary – or that impacting on violence prevention outcomes in a context with high levels of harsh parenting and violence such as South Africa may be beyond the scope of this intervention on its own.

A further four interventions were identified as emerging, showing some evidence of effects on violence prevention for young children but with insufficient evidence or insufficiently rigorous study designs to be able to draw conclusions (see table below).

A final intervention, the *Families First* parenting programme implemented in Indonesia, did not demonstrate an effect on reducing the proportion of intervention families using physical and emotional punishment against young children.[60] This was an adaption of the *Positive Discipline in Everyday Parenting* programme, which has been implemented in multiple countries and aims to provide parents with alternatives to physical and emotional punishment, as well as conflict resolution tools and information on child rights and development. It consisted of 10 weekly group sessions and four home visits added to standard government services provided by community health workers in West Java, Indonesia. An experimental evaluation that aimed to evaluate the effects of the programme on physical and emotional punishment did not demonstrate a programmatic effect, with no evidence of the programme lowering the proportion of intervention families using punishment immediately post-intervention.[60] It was noted that the study recorded low levels of reported punishment, prompting researchers to suggest that the intervention should be tested for effectiveness in higher-risk populations, and that further research is needed to "explore determinants of caregivers ability to reflect and report on their own parenting behaviours, including their level of understanding of positive discipline".60 The potential role of response bias in self-report measures was raised, as was the suggestion of the possible need for programme revision as promoting positive discipline strategies may be insufficient to eliminate all forms of violent discipline.

Table 4: Parent training and support delivered in groups in community settings (promising and emerging programmes)

Programme	Implementation	Evaluation	Key findings
Irie Homes Toolbox, Jamaica *Francis & Baker-Henningham, 2020* *Francis & Baker-Henningham, 2021*	Developed in Jamaica to reduce parents' use of harsh punishment and increase involvement with their child. Designed for low resource settings, intended to be integrated into preschool services and implemented by preschool teachers trained in the *Irie Classroom Toolbox* (integrated approach across settings). Comprises eight 90-minute group sessions with caregivers of children aged 2-6 years.	Impact evaluation. Cluster RCT in 18 preschools. Parent/child dyads were recruited in each school (N=223, 115 in intervention, 108 in control). Child mean age = 4 years. The primary outcomes were parents' use of violence (physically violent practices and psychologically aggressive practices) and parent involvement with child.	Experimental study found reductions in harsh punishment and increases in parental involvement. This is a promising programme that needs to be supported with another study, or a longer-term follow up. Efforts are under way to scale up the Irie Homes Toolbox and the Irie Classroom Toolbox in Jamaica.
Mother-child Education Programme (MOCPEP), Lebanon *Ponguta et al., 2020*	Developed in Turkey by the Mother-Child Education Foundation (AçEV), MOCEP is an integrated ECD and violence prevention parenting programme. The intervention in fragile contexts in Lebanon was aimed at mothers of children aged 2-7 and comprised 25 x 3 hr group sessions (over 6 – 8 months) as well as home visits conducted by trainers with doctorates in ECD.	Impact evaluation. Pilot randomised controlled trial. Mother-child dyads randomly assigned to intervention (n=53) or wait-list control group (n=53). Average age of children was 4 years.	Experimental impact design (sample >100) with evidence of reduced harsh parenting (disciplinary style) and parenting stress. No effects on child behavioural or emotional outcomes. Once-off study in fragile contexts requiring follow up or further study.

Programme	Implementation	Evaluation	Key findings
Parents make the Difference (PMD), Liberia *Puffer et al., 2015*	Developed in Liberia by the International Rescue Committee, PMD focused on positive parenting with components on building cognitive and educational skills and malaria prevention. Caregivers of children 3–7 years received a 10-session parent training (or a wait-list control condition) over 13 weeks. Lay facilitators were trained to lead 2-hour session with groups of 20–35 caregivers to increase reach. Caregivers also received at least one home visit.	Outcomes evaluation with feasibility measures. Pragmatic, parallel-group, individually randomized superiority trial, with surveys and child-caregiver observations at baseline and 1-month post-intervention. Primary caregivers (n=270) and children randomized into a treatment or wait-list control group (ratio 1:1), stratified by community. Primary outcomes were harsh discipline, positive parenting, and caregiver–child interactions.	Experimental design (sample >400) with evidence of reduction in harsh punishment and an increase in positive caregiver-child interactions. Findings suggest that parenting programmes can be feasible and effective at reducing violence against children and improving parenting practices in post-conflict settings. Promising programme but once-off study with follow up only one month after intervention. Requires follow up or further study.
SOS! Help for parents, Iran *Oveisi et al., 2010*	This study drew on *the SOS! Help for parents* approach and consisted of two weekly sessions of 2 hours each, facilitated by a physician. The study aimed to assess whether primary health care settings in Iran can be used to provide a preventive intervention to mothers of young children.	Formative evaluation. RCT with follow up at 8 weeks. Mothers attending one of five health centres with a child aged 2-6 years were randomly assigned to the intervention (n=108) or 'services as usual' control group (n=116). Average age of children was 4 years.	Experimental study (sample >200) testing the feasibility of delivering a preventative programme in primary health care settings. Evidence of reduced parent-child conflict and increased positive parenting, based on self-reports. Once-off study with follow up at 8 weeks. Suggests that primary health care settings in LMICs can be used as a platform to deliver preventative interventions to parents, but further evidence of sustained effects and child outcomes is required.

Programme	Implementation	Evaluation	Key findings
Growth and development parenting education, Iran *Khosravan et al., 2018*	Study took place in two rural primary health care settings, assessing the effect of child growth and development education (with home-visiting follow ups) on the attitudes and behaviours of abusive mothers of 3-6-year-old children. The intervention comprised five 90-minute sessions, followed by wo home visits within a two-month period.	Outcomes evaluation. RCT (pre-test, post-test), no follow up. Mothers referring to two health centres were assigned to the experimental (N=32) or 'services as usual' control group (N=32).	Experimental study but with a small sample (<100). Findings suggest improved parenting outcomes and reduced abusive behaviour towards children, based on mothers' self-reports. Promising programme but once-off study with no follow up. Requires follow up or further study.
Cognitive adjustment programme (CAP), Thailand *Sawasdipanich et al., 2010*	Drawing on Social Information Processing Model, this cognitive adjustment programme was designed to adjust parental cognitions (attitudes toward child rearing). This was supported by home visits. Caregivers recruited through three child care centres received 2 group education sessions and 2 home visits over 3 months.	Two-group pre-test, post-test design. 116 Thai parents of children aged 1–6 years who were at risk of physical abuse as assessed using the CAP Inventory (intervention group, n=53; usual services control group, n=63). Primary outcome was parental attitudes toward child rearing.	Quasi-experimental with a one-month post-intervention follow up, found evidence of a significant positive effect on parental attitudes towards child rearing, but no impact on lowered potential for child physical abuse. A once-off study that requires more evidence of programme effectiveness.

Programme	Implementation	Evaluation	Key findings
Early book sharing, South Africa *Dowdall et al., 2020*	A caregiver-directed, group-based dialogic intervention that aims to promote early cognitive and social emotional development, and support positive parenting. Comprises 60–90-min sessions run weekly for 8 consecutive weeks by trained facilitators to groups of 4 to 6 caregivers and their children. Caregivers take home a book to read with their child(ren) each week.	Outcomes evaluation. RCT with measures at baseline, endline and a 6-month follow-up. 140 caregiver–child dyads (70 in each arm, children aged 23–27 months). Primary outcomes were child cognition and child behaviour. Secondary outcomes were caregiver sensitivity and reciprocity, caregiver discipline and child social understanding.	Experimental RCT (sample >100) with mixed results for violence prevention. Evidence of impacts on positive caregiver-child interactions but no effect on observed harsh physical disciplining practices (rare) or child behaviour problems or prosocial behaviour. Promising programme but once-off study with further evidence needed for violence prevention outcomes.
Health, Education and Protection Parenting Programme (HEPPP – SANAD), Lebanon and Jordan *Lakkis et al., 2020*	Pilot intervention with Syrian refugee couples with children aged 6 years or younger in Lebanon and Jordan, intended to positively influence parenting practices (including discipline). Delivered by psychologists with experience in parenting training and coaching. Comprised 21 weekly sessions of 2 to 3 hours.	Outcomes evaluation. Quasi-experimental pilot cohort study (pre- and post-test, no control). Cohort of 125 Syrian refugee parents. Primary outcomes were parental mental health and parenting behaviour (including discipline practices).	Quasi-experimental study showed evidence of effect on parenting practices (e.g. reducing ignoring, shaming and physical punishment scores in parents of children aged 3-6 years) and parental wellbeing. But the environment was too unpredictable to measure certain outcomes and long-term effects are not understood. Emerging programme, more evidence is needed.

Programme	Implementation	Evaluation	Key findings
Parenting for Child Development (P4CD), Papua New Guinea *Robinson et al., 2020*	Developed by researchers for implementation in remote provinces of Papua New Guinea, P4CD is a parenting programme for caregivers of children 3 to 9 years, aimed at reducing child maltreatment. Delivered by volunteers, it takes the format of six full-day workshops, with morning and afternoon sessions, convened over 6 weeks with a maximum of 20 participants. Universal programme.	Outcomes evaluation. Pre-test, post-test with 159 caregivers (conducted in 10 communities). Primary outcomes were harsh parenting, family well-being, parental attitudes, and child maltreatment (parent discipline characteristics).	Non-experimental pre-post design without control group (sample >100) with indications of reductions in verbal abuse, corporal punishment, overall harsh parenting, and potential improvements in family well-being. Emerging programme that needs further evaluation, study design is not sufficiently rigorous to draw clear conclusions.
Parenting programme on competent child care, Iran *Zahra et al., 2014*	Training intervention aimed at improving parenting in families identified as at risk of child maltreatment at a children's hospital in Iran. The intervention consisted of a paediatric nurse training mothers using a lecture format, twice a week for 2 hours each (8 sessions in total). No intervention conducted with the control group, except for a physical examination of the children.	Outcomes evaluation. RCT (baseline and post-test). Sixty mothers of preschool children (experimental group, n=30; control group, n=30). Primary outcomes were parental mental health and parenting behaviour.	Experimental design with a small sample, timing of post-test unclear. Indications of reduced physical and emotional aggression by mothers. Once-off study with no follow up. Emerging programme, needs further evidence.

Programme	Implementation	Evaluation	Key findings
Better Parenting Programme Jordan *Al-Hassan & Lansford, 2011*	Parenting programme implemented nationally in Jordan to enhance parents' knowledge, attitudes, and behaviours related to caring for young children. Addressed recommendation to adopt a more holistic early childhood approach by including protection of children from abuse and neglect. Aims to empower parents and caregivers to provide a stimulating, loving and protective home environment for children aged 0–8 years.	Outcomes evaluation. RCT (pre-intervention and immediately post-intervention). Sample of 337 caregivers (mainly women) randomised into two equal groups. Assessed knowledge regarding key areas of child development, activities with their children, discipline practices, and perceptions regarding behaviours that constitute child abuse and neglect.	Emerging programme. Experimental design found some indications of programme effect on using more explanations when disciplining their child, and accurately perceiving behaviours that constitute child neglect; but both groups showed an increase in using positive discipline methods and a decrease in using negative discipline methods, suggesting something other than BPP was responsible for the reported improvements. Further evaluations are required.
Families First with home visitation Indonesia *Ruiz-Casares et al., 2022*	Parenting programme to prevent child abuse, offers parents: alternatives to harsh punishment, conflict resolution tools, and information on children's rights and development. An adaptation of *Positive Discipline in Everyday Parenting*, facilitated by paraprofessionals with added home visits and more group sessions. Ten group sessions and four home visits per caregiver of 1-2 hours each (includes caregivers' families and neighbours).	Outcomes evaluation. Cluster RCT (measurements before randomization, immediately post-intervention, and 6 months post-intervention). Sample of female caregivers of children 0–7 years with at least one risk factor associated with placement of children in residential care. There were 374 caregivers in 10 intervention villages and 362 in 10 waitlist villages. Primary outcome was presence versus absence of caregiver-reported physical or emotional punishment.	Experimental design but failed to demonstrate an effect. The intervention did not result in a lower proportion of intervention families using punishment immediately post-intervention. Research team argue that given low levels of reported punishment, the programme should be tested in a setting with higher levels or among people selected for risk or presence.

Income and economic strengthening

Several parenting programmes with child development and/or violence prevention objectives have been integrated into cash transfer systems. From an implementation perspective, such integration can potentially increase the reach of programmes with a violence prevention objective, provide incentives for attendance and, where cash transfers are targeted, can assist with targeting vulnerable families.

Social safety nets on their own are not designed with violence prevention as a primary objective.[61] However, there is some evidence that when parent and caregiver support programmes are provided in conjunction with cash transfers interventions, the combination can improve parental monitoring, reduce child maltreatment and increase prosocial behaviour.[16 61]

An example of a model using this delivery mechanism on a small scale that has already been discussed is the adaptation of the PLH-YC, known *as Masayang Pamilya Para Sa Batang Pilipino Parenting Programme* (or MaPa), which has been integrated into a small conditional cash transfer intervention for low-income families with children aged 2-6 years in Metro Manila in the Philippines. An RCT (N=120) found that the intervention led to sustained reductions in overall child maltreatment and emotional abuse one year after the intervention.[41]

On a larger scale, *Sugira Muryango* is a structured, 12 module-based home-visiting model in Rwanda that is designed to promote early child development, improve parenting, and reduce violence through active coaching of caregivers with children aged 6-36 months who are participating in the cash-for-work Vision Umurenge Programme. A pilot process evaluation (N=38 families) found the intervention could feasibly be delivered by community-based lay workers and found indications of increased ECD engagement.[62] A longitudinal stratified cluster randomised trial with 12-month follow-up (N=1049) found positive effects on various child development outcomes as well as increased father engagement and decreased harsh discipline and intimate partner violence sustained at 12 month follow up,[63, 64] suggesting that this is a successful, integrated ECD and violence prevention model for young children being implemented at scale.

The *national safety net* in Niger includes a small monthly cash transfer to women in poor households for a period of two years. A promising non-compulsory behaviour change component was added to promote early childhood development, and is implemented through monthly assemblies, community meetings and monthly home visits for 18 months. The behaviour change component aimed to bring about behaviour change in four domains, namely nutrition, health, psychosocial stimulation and child protection practices. A multi-arm clustered RCT (N=4818) compared (a) cash transfers, (b) cash transfers with the behaviour change component, and (c) a control group, and found that the integrated behaviour change component led to a decrease in harsh parenting (berating or slapping), but no concomitant increase in the use of positive discipline strategies.[65] The cash transfer alone did not lead to improvements in parenting practices.

Taken together, these three studies provide evidence that social protection programmes provide a means to deliver integrated ECD and violence prevention interventions to vulnerable families to reduce violence against children in LMICs.

However, an example of a parenting intervention nested in a cash transfer system that has not yet realised this potential is *Programa Criança Feliz (PCF)* in Brazil. PCF is a child development intervention targeted at children under three years and implemented with families enrolled in Bolsa Família (or Auxílio Brasil), a cash transfer programme in Brazil. The programme consists of weekly visits to the children and their families, starting during pregnancy and continuing until the child reaches 36 months, and reached approximately 1.4 million children under three by June 2022.[66] A three year experimental evaluation (N=3242) made use of the staggered approach to implementing the programme, but findings show that PCF did not demonstrate an impact on any of the primary outcomes, which included parent-child interactions, discipline, psychological attributes, and observed and reported child development.[66] The researchers identified possible reasons for the lack of impact as being the varied impacts of the COVID-19 pandemic (including interruption to face-to-face visits), low coverage and low frequency of the intervention, a lack of adherence to the randomisation scheme at municipal level which led to contamination of the control group, and other implementation challenges. These findings highlight again the critical role of the quality of implementation in demonstrating and achieving effectiveness.

Table 5: Income and economic strengthening: Cash transfer programmes

Programme	Implementation	Evaluation	Key findings
PLH for Young Children: MaPa (Masayang Pamilya Para Sa Batang Pilipino Parenting Programme), Philippines *Lachman et al., 2021*	Local adaptation of PLH-YC delivered as part of a government CCT system to low-income families with children aged 2-6 years in Metro Manila, Philippines. Comprised 12-session group-based programme delivered every other week at community centres. Also included five SMS booster messages and one 10-minute telephone consultation with a facilitator between each session with each participant.	Impact evaluation. RCT (one-month post-intervention assessment and 12-month follow-up). Sample of 120 caregivers of children 2-6 years were randomly assigned (1:1) to either the parenting programme or treatment-as-usual services. The primary outcome was child maltreatment.	Experimental design (sample <150) indicated moderate intervention effects at one month follow up for reduced overall child maltreatment, emotional abuse, physical abuse, and neglect. Reductions in overall maltreatment and emotional abuse sustained at 12-month follow-up.

Programme	Implementation	Evaluation	Key findings
Sugira Muryango (SM), Rwanda *Barnhart et al, 2020* *Betancourt et al., 2020* *Jensen et al., 2021*	SM is a home-visiting model to promote ECD, improve parenting practices and shared decision-making, and reduce violence among families with children 6-36 months taking part in Rwanda's cash-for-work Vision Umurenge Programme. Community-based coaches facilitate 12 modules delivered during weekly home visits (60-90 mins) over 3–4 months.	Impact evaluation. Longitudinal stratified RCT with 12-month follow-up. Sample of 541 SM families and 508 families in the 'services as usual' control group. Primary outcomes examined at 12-month follow-up: children's developmental milestones, father engagement in childcare, violence reduction (harsh discipline, maternal victimisation to intimate partner violence and paternal perpetration of violence).	Successful programme with several studies outlining the feasibility, adaptability, effectiveness, and impact in Rwanda. Sample of RCT >1000. Experimental design found positive effects on child (ECD) outcomes, increased father engagement and decreased harsh discipline and IPV sustained at 12 month follow up. Shows that social protection programmes provide a means to deliver an ECD and violence prevention intervention.
Niger national safety net system, Niger *Premand & Barry et al., 2022*	The Niger safety net includes a small, monthly cash transfer to women in poor households for 24 months. It is combined with a (non-compulsory) behavioural change component (BCC) to promote ECD. Trained NGO operators and community workers implement the BCC through monthly assemblies, community meetings and home visits (one of each per month for 18 months).	Impact evaluation. Multi-arm clustered RCT. Villages eligible for the cash transfer program were randomly assigned to (a) a control group, (b) cash transfers only, or (c) cash transfers with BCC. Total sample of 4,818 households with 6,856 children (aged 6-59 months). The BCC includes parenting training activities to encourage nutrition, health, psychosocial stimulation and child protection practices.	Multi-arm experimental design with a large sample size (>5000). Evidence of decreased harsh parenting, but no evidence of increased use of positive discipline strategies. Cash transfers without the BCC had no effect on outcomes. Promising programme that needs to be supported with further studies to determine whether impact was sustained after one year.

Programme	Implementation	Evaluation	Key findings
Programa Criança Feliz, Brazil *Santos et al., 2022*	Criança Feliz is aimed at stimulating child development for children under three years. Implemented with families enrolled in the Bolsa Família (or Auxílio Brasil), a cash transfer programme in Brazil. It consists of weekly visits to the children and their families, starting during pregnancy and continuing until the child reaches 36 months.	Impact and process evaluation. Longitudinal, individual-level RCT across 30 municipalities. Measures at baseline and annual testing over three years. Total sample: 3242 children (intervention group, n=1623; control group, n=1619). Six primary outcomes: stimulation-interaction scores, child discipline, responsive interactions, psychological attributes, and child development outcomes.	Rigorous experimental design (sample >3000) did not demonstrate an impact of PCF under routine conditions. No impact was observed on the primary outcomes. The implementation study revealed low coverage and low frequency of the intervention, contamination of the control group, the impacts of the COVID-19 pandemic and implementation challenges as explanatory factors.

Response and support services: Counselling and therapeutic approaches

The scoping review also identified two studies that used counselling and therapeutic approaches with young children to prevent peer violence and the perpetration of violence in the future. The first was a study in Iran that aimed to assess the impact of *cognitive behavioural therapy* play groups on creativity and the control of aggression in preschool children.[67] Using an experimental evaluation design (N=60), this intervention was found to increase creativity and reduce aggression among preschool children in Dehloran town, Iran. A second study (N=62), also in Iran, implemented an RCT to determine the effect of *group counselling* on parental self-efficacy, knowledge, attitudes, and communication practices to prevent sexual abuse of children aged 2 – 6 years.[68] The three weekly counselling sessions were found to be effective in improving parental knowledge of and attitudes towards child sexual abuse a month after the intervention, but the implications of this for child protection in practice remains unclear. While promising, both studies are small, once-off interventions with no follow up to assess if the reported effects are sustained over time, and further evidence is required.

Table 6: Response and support services: Counselling and therapeutic approaches

Programme	Implementation	Evaluation	Key findings
Cognitive behavioural therapy (CBT) play groups for aggression control, Iran *Jarareh et al., 2016*	Small study to investigate the effectiveness of group play therapy in preschool children's creativity and aggression control. The intervention programme included 10 sessions of group games (CBT) for an hour. The control group did not receive any treatment.	Outcomes/ effectiveness evaluation. Experimental study design, pre-test, post-test with control group. Sample of 60 preschool students (n=30 in experimental group, n=30 in control group) were selected by multistage random cluster sampling.	Promising programme. Experimental design (N=60) found indications of increase in creativity, while showing decreased aggression as a secondary outcome. Once-off study with no follow up.
Group counselling of caregivers to support CSAP, Iran *Navaei et al., 2018*	Small study to examine the effectiveness of group counselling on parents' self-efficacy, knowledge, attitude, and communication practice in preventing CSA of children aged 2-6 years. Took the form of three weekly 90-minute counselling sessions.	Outcomes/ effectiveness evaluation. RCT, pre-test, post-test design. Total sample of 62 parents of children aged 2-6 years.	Promising. Experimental design (N=62) showing evidence that counselling was effective in improving parental knowledge of and attitudes towards CSA. Once-off study with no follow up.

Education and life skills

A final strategy for violence prevention for young children relates to education and life skills.[25] This umbrella strategy encompasses five different approaches, three of which have been identified as strategies adopted by interventions identified through this scoping review. These are:

a. Establish a safe and enabling school environment

b. Improve children's knowledge about how to protect themselves from sexual abuse

c. Life and social skills training

Education and life skills: Establishing a safe and enabling school environment

Training young children's caregivers, including teachers, in appropriate child behaviour management strategies and how to provide a secure and nurturing environment has the potential to reduce harsh caregiving and violence against children.[31] While there are a number of school-based violence prevention interventions for older children,[28] there has been less focus on violence prevention in preschools. Four programmes emerged focused

on establishing a safe and enabling preschool environment. Two of these programmes were implemented in Jamaica, and the other two in Turkey.

The two Jamaican programmes focused on training teachers to manage children's behaviour in the classroom. However, in the case of the second programme, a complementary parenting programme has been designed to be implemented by the same preschool teachers with their students' parents, to promote an integrated approach across the home and school settings. Both Jamaican programmes were categorised as successful as they have been evaluated in several studies or showed sustained effects one-year post-intervention.

The *Incredible Years* programme was a year-long intervention delivering teacher training workshops on preschool classroom management. This study aimed to build on an intervention that was piloted in Jamaica in 2009.[69] The evaluation used an experimental design with 24 schools to determine the impact of the adapted programme on teachers and class-wide behaviour of children. Results from a cluster RCT (N=73) showed significant positive effects on the behaviour of teachers and children and these results were sustained at a six month follow up.[70] Importantly, this programme showed benefits of a similar magnitude to the programme piloted in 2009, even though the 2009 intervention provided more in-class support for teachers.

The second Jamaican programme is the *Irie Classroom toolbox*, which was adapted from the Incredible Years (IY) Teacher training programme.[71] This school-based violence prevention, teacher training programme works with preschool teachers catering to children aged 3–6 years, and was informed by evidence-based principles and adopting core elements of existing programmes, rather than adopting an existing programme wholesale for implementation in Jamaica. It was developed specifically for use in early childhood classrooms in LMIC, with the primary aims of preventing violence against children by early childhood teachers and preventing the early development of antisocial behaviour in young children.71 The Irie Classroom Toolbox also aimed to improve the quality of the classroom environment and to promote child mental health, self-regulation (social-emotional competence), and prosocial skills. An initial process evaluation across 12 preschools (N=37 teachers) identified enablers and barriers to teachers' implementation of the intervention. Enablers to intervention implementation included positive teacher–facilitator relationships, choice, collaborative problem solving, teachers recognizing the effects of their behaviour on children, group support, and provision of materials. Barriers to intervention implementation included inappropriate expectations of young children, norms supporting the use of harsh punishment, high staff/child ratios and insufficient resources, teachers not being reflective about their own practices, teachers requiring help to generalise strategies to different contexts and teachers lacking confidence in and commitment to using the strategies.[71]

A cluster RCT evaluated the implementation of the programme (involving five full day workshops and eight monthly in-class support sessions and classroom assignments) in

38 prevention and 38 control preschools with 229 teachers and 865 children aged 4 years old.[72] The study used observations of violence against children (including physical violence and psychological aggression) by teachers across a full school day and observations of class-wide child aggression occurring over five 20-minute intervals on another school day as the primary outcome measures. The study found reductions in violence against children by teachers in the intervention schools, including physical violence and psychological aggression at post-intervention, with benefits sustained one year after the end of the intervention.[72] No differences were found for class-wide aggression at post-intervention, with baseline values being low. A further outcomes evaluation followed up on this RCT and included 364 children across 24 preschools (181 intervention, 183 control). The study aimed to assess the effects of the preschool programme on high-risk[1] children's behaviour, achievement, and attendance in grade one of primary school. The study found positive outcomes in primary schools across multiple child development domains for children with high initial levels of conduct problems.[73] The Irie Classroom Toolbox is considered widely successful in the Jamaican context, and since it was designed for use with under-trained teachers working in low-resource settings, it holds promise for adaptation and implementation in other LMIC settings. The programme is considered successful and scalable. However, further research is needed on how to fully integrate preschool-based interventions into ongoing teacher training and school improvement initiatives, particularly in LMIC contexts where early education is not necessarily fully funded by the state.

Of the two promising Turkish programmes, the *First Step to Success Early Intervention Program (FSS-PSV)* is a 30-day programme which was implemented in six different pre-schools in Turkey as a social skills programme that could be applied both in the home and school environment of the child (aged 3-5 years), with parents, teachers and an implementing counsellor in collaboration.[74] The aim of the intervention is to prevent antisocial behaviours at an early age, before they become entrenched. This study was the qualitative arm of a formative evaluation to adapt a larger programme targeted at older children for implementation with preschool children. Parents, teachers and programme counsellors (total N=28) noted an improvement in social skills and a decrease in aggressive behaviour as a result of the programme, but the qualitative nature of the study called for a more rigorous study design to assess effectiveness. A later impact evaluation showed a decrease in problem behaviours in children in the experimental groups, but did not detect a programme effect on social skills.[75] More evidence from studies with larger sample sizes is needed for this preschool adaptation to determine the impact on younger children.

The other Turkish programme is **Promoting Alternative Thinking Strategies (PATHS)**, which was implemented in three preschools and targeted children aged 3-5 years and their preschool teachers. The programme was adapted from the original PATHS Curriculum

1 'High risk' was defined as the three children from each class with the highest levels of teacher-reported conduct problems.

developed in the United States[76] and aimed to build social competence, reduce behaviour problems, and create a positive classroom atmosphere. This adaptation also focused on the discipline strategies and classroom management techniques of teachers in the intervention group and how they differed from those in the control group. An RCT (N=95) showed that the intervention increased concentration and social competence and reduced aggression and disruptive behaviours among children, and improved teachers' discipline strategies, emotional support and problem solving, but there was no effect on emotion knowledge skills.[77] Although this curriculum was designed for preschool children, teachers also participated in teacher education before and during the programme. Therefore, those seeking to replicate this study may need to invest in capacity-strengthening of teachers before implementing the programme, as results may differ if teachers are not trained to provide a supportive classroom environment or are not socially and emotionally competent themselves. This is a promising programme that needs to be supported with another study, or one year follow up to determine whether effects were sustained.

Table 7: Education and life skills: Programmes to establish a safe and enabling school environment

Programme	Implementation	Evaluation	Key findings
Incredible Years (IY), Jamaica *Baker-Henningham & Walker, 2018*	The programme aims to train preschool teachers on classroom behaviour management. The intervention was delivered over one school year through 8 full-day training workshops and 4 in-class support sessions for each teacher.	Impact evaluation. Cluster randomised trial with a follow up 6 months after intervention. Intervention group (12 schools, n=37 teachers). Control group (12 schools, n=36 teachers).	The adapted IY teacher-training programme produced large benefits to teacher's behaviour and to class- wide measures of children's behaviour, which were sustained at 6-month follow-up. Successful programme.
Irie Classroom Toolbox, Jamaica *Baker-Henningham et al., 2018* *Baker-Henningham et al., 2021a* *Baker-Henningham et al., 2021b*	The programme aims to reduce school violence through a preschool teacher training programme for use with children aged 3–8 years. Training was delivered over 4-6 months and involved 5-8 full-day teacher training workshops.	Process, outcomes, and impact evaluations all using cluster randomised trials. Total sample across all three studies is >1000. Two studies included a 1 year follow up.	Improved child and teacher outcomes. Fewer counts of violence against children by teachers in the intervention schools compared with control schools at post-intervention and 1-year follow-up. Increased quality of classroom environment. Successful and scalable programme.

Programme	Implementation	Evaluation	Key findings
First Step to Success Early Intervention Program (FSS-PSV), Turkey *Çolak et al., 2015*	The main goal of the program is the prevention of antisocial behaviours in children (aged 36–72 months). The class module takes place over 30 school days. The home module consists of activities/games that are completed together by the child and parents for 15–20 minutes daily.	Formative evaluation. Qualitative design. Used semi-structured interviews with parents (N=11), teachers (N=11) and programme counsellors (N=6). Primary outcomes were (1) Observed antisocial behaviours by teachers and (2) Observed antisocial behaviour by parents.	Participants noted an improvement in social skills and decrease in aggressive behaviour. Promising programme, but more rigorous evidence is needed of the impact on younger children.
Promoting Alternative Thinking Strategies (PATHS), Turkey *Arda & Ocak, 2012*	This 9-week preschool curriculum targets children (aged 3-5 years) and their preschool teachers. The Curriculum consists of 44 lessons in 9 thematic units. These units included compliments, basic and advanced feelings, and self-control strategy lessons.	Outcomes evaluation. Randomised pre-test/post-test design with control group. Children of 5-6 years (N=95) and their teachers (N=7) were included in the study. Of the children 51 were in the intervention group and 44 were in the control group.	Results showed evidence of reduced aggression and disruptive behaviours amongst children and improved teachers' discipline strategies. This is a promising programme that needs to be supported with another study, or one year follow up.

Education and support: Improve children's knowledge about how to protect themselves from sexual abuse

In the global north, there has been a history of child sexual abuse (CSA) prevention programmes focusing on child-directed, school-based programs aimed at instructing children on CSA knowledge and personal safety skills of children through group-based instruction.[78] Such programmes have tended to be delivered through schools as a universal primary prevention strategy, and aim to teach children about body ownership, the difference between good and bad touch, and how to recognise abusive situations, say no, and disclose abuse to a trusted adult.[16, 78]

Seven papers emerged that are focused on evaluated interventions in LMICs aimed at improving children's knowledge of how to protect themselves from sexual abuse. Three came from Turkey, two from Iran, one from China and one from Tanzania. All focused on evaluating levels of knowledge and self-protection skills, whether of caregivers, teachers or young children, but they do not measure the impact of this on violence prevention

outcomes for children and therefore are regarding in this scoping review as promising or emerging programmes, with further evidence required.

Three of the studies implemented the *Body Safety Training (BST)* programme in three different LMIC settings. The BST is a behavioural skills training programme developed in the United States that aims to teach children personal safety skills.[79] It has been evaluated and adapted in numerous settings.

The three BST studies took place in China, Iran and Turkey and all relied on participant self-reports. The study in China implemented the programme directly with children in two public preschools (over five sessions of 15 – 25 minutes each) and found increases in child sexual abuse prevention knowledge and self-protection skills reported by children who participated in the intervention compared to the control group.[80] In the Iran study, the group-based training was implemented with small groups of mothers of preschool-aged girls, recruited from health centres. The training took the form of a 90 – 120-minute workshop, after which the mothers were encouraged to teach their daughters with the help of the BST workbook. This study found that, after this home-based instruction, daughters demonstrated increased CSA knowledge and higher levels of personal safety skills compared to the control group.[81] The third study implemented in Turkey followed a similar approach involving parents and children of both genders but did not provide details of how the intervention was implemented. The study assessed the CSA prevention knowledge of parents and pre-schoolers but found that the impact of BST interventions on children's self-protection skills in this iteration was limited.[82]

Four other studies developed their own CSA prevention education interventions for pre-schoolers. A recent Turkish training programme known as *My Body is Special* used creative drama techniques to educate children and, using an experimental study design (N=87), found an increase in children's ability to recognise private body parts and increased knowledge of body safety techniques.[83] Another Turkish programme, known as *I am learning to protect myself with Mika*, made use of a genderless doll in a preschool teacher-led CSAP intervention and through a quasi-experimental evaluation (N=290) found evidence of increased CSA knowledge and self-protection skills among children.[84] A third study in Iran took a slightly broader view and developed an intervention (comprising two 90-minute sessions a week apart) for preschool teachers to increase their knowledge of and promoted positive attitudes to child sexual health education. A quasi-experimental evaluation (N=80) showed evidence of improvements in knowledge of and attitudes among preschool teachers towards sexual health education for pre-schoolers, which were maintained at a two-month follow up.[85] However, improvements were more evident in the levels of knowledge than in their attitudes, suggesting that a more intensive intervention or ongoing initiative may be needed to effectively impact attitudes.[85] A fourth, very small qualitative study (N=16) developed a Child Abuse Prevention Programme (CAPP) delivered

to socially advantaged and disadvantaged mothers of children under five years once a week for five weeks and found some indications of increased knowledge post-intervention, but there is insufficient evidence on which to base conclusions.[86]

The final study identified under this strategy was a mobile game called *Happy Toto* developed in Tanzania that can be played by parents (caregivers) and children under five years as a means of educating them on and promoting discussions around CSA prevention.[87] A very small validation study found that this emerging programme appears to have increased parental knowledge of and confidence in talking about these issues, but further evidence on the outcomes for children is required.[87]

Overall, whether using established CSA prevention approaches such as the Body Safety Training workbook or original interventions using creative modes of delivery such as drama, dolls or digital games, this evidence suggests that CSA prevention education interventions are acceptable in LMIC settings and, whether implemented directly with children or through preschool teachers or parents, can lead to increases in knowledge of CSA and body safety strategies. However, most of the studies identified here had small sample sizes of 150 or less (with one exception), with little to no follow up measures to assess the sustainability of effects over time. A further challenge for programmes adopting this strategy alone is that while there is evidence that such programmes are effective in increasing knowledge of CSAP concepts and possibly reducing risk factors for child maltreatment, further research into the extent to which this translates into reduced levels of child sexual abuse is needed.[25]

Table 8: Education and life skills: Improve children's knowledge about how to protect themselves from sexual abuse

Programme	Implementation	Evaluation	Key findings
Body Safety Training (BST), China *Zhang et al., 2014*	Implemented the Body Safety Training programme in two public urban preschools in Beijing, China. The BST curriculum was delivered to children in 5 sessions of 15–25 min each, on consecutive days. It was used to teach children personal safety skills from a behavioural perspective.	Formative evaluation. Quasi-experimental design. Preschools not randomly selected. 150 preschool children aged 2-5 years randomly assigned to intervention group (n=78) or wait-list control group (n=72). Assessed children on their child sexual abuse (CSA) prevention knowledge and self-protection skills (1 week pre-intervention and 2-5 days post-intervention).	Quasi-experimental feasibility study (N=150). Intervention led to greater knowledge of CSA prevention and higher levels of self-protection skills. The curriculum has been tested in other settings. Findings suggest it is feasible to implement a behaviourally oriented CSA prevention education programme used in the Western world with Chinese pre-schoolers.

Programme	Implementation	Evaluation	Key findings
Body Safety Training, Iran *Khoori et al., 2020*	BST education intervention for mother-daughter dyads in Gorgan, Iran. Training of mothers in groups of 4-8 people in one 90-120 min workshop delivered by researchers. Mothers given the BST workbook to teach their daughters over the following week.	Formative evaluation to assess if preschool girls in Iran could learn personal safety skills when taught by their mothers using the BST programme. Pre-test, post-test design (post-test 1 week after training and 1 month follow up); random assignment to education (n=28) or control group (n=28), recruited from two health centres.	Experimental design with a small sample (>100) found that children demonstrated increased CSA knowledge and higher levels of personal safety skills compared to controls, and these gains were maintained at the one-month follow-up. Results suggest that mothers can effectively teach their young daughters personal safety skills.
Body Safety Training (BST), Turkey *Citak Tunc et al., 2021*	Small study to (a) assess parents knowledge of CSA and interventions of the BST, and (b) to evaluate the effect of parents' BST interventions on children's self-protection skills.	Outcomes evaluation. Pre-test, post-test design, no control. Sample of 92 parents and their 3-to 6-year-old preschool children. Assessed knowledge of parents and pre-schoolers (WIST).	Quasi-experimental formative study with a small sample (<100). Impact of BST interventions on children's self-protection skills is limited. Insufficient evidence in this context, further evaluation is required.
'My Body is Special' Training Program (MBS-TP), Turkey *Kemer & Dalgıç, 2022*	A CSA intervention developed using the creative drama method to educate children aged 5-6 years in two preschools in Turkey about names for private body parts and body safety skills to prevent CSA. MBS-TP was implemented with children by researchers through 8 creative drama workshops (40 mins) in 3 weeks.	Formative evaluation. Experimental study conducted with a control using a pre-test, post-test design. The study was carried out in two preschools in Turkey, involving 87 children aged 5–6 years.	Experimental design (sample <100) found increase in children's ability to recognise parts of the body and knowledge of body safety techniques. Further evaluation and follow up is required.

Programme	Implementation	Evaluation	Key findings
I am learning to protect myself with Mika, Turkey *Kızıltepe et al., 2021*	CSA prevention education programme delivered by preschool teachers to children (aged 4-6 years) at 3 preschools. Comprised a 5-week program consisting of 5 modules. Made use of a genderless toy called Mika. Teachers leading intervention group classrooms (n=8) were trained by researchers for 3 days.	Formative evaluation. Quasi-experimental design with a pre-test, post-test wait-list comparison group. 290 children (intervention, n=137, or wait-list comparison, n=153, by classroom), their parents, and their classroom teachers (19).	Promising programme. Quasi-experimental formative evaluation to adapt a teacher-based CSA programme for preschool (N = 290). Evidence of increased CSA knowledge and self-protection skills among children. Follow up was only after 2 months (gain in knowledge and skills was maintained).
Preschool child sex education, Iran *Martin et al., 2020*	An intervention for preschool teachers to increase knowledge, promote positive attitudes to child sexual health education. Experimental group received two 90-min instructional sessions a week apart.	Outcomes evaluation. Quasi-experimental study with control group. Sample of 80 teachers at 10 preschools in Tehran (n=40 in experimental and control group; schools were randomly selected but not teachers). Assessed knowledge, attitudes in 6 areas: principles of sex education, sexual identity, developmentally appropriate sex education, sex-related questions, masturbation, sexual abuse. Follow up after one month.	Quasi-experimental study (N=80) showing evidence of improved knowledge of and attitudes towards sex education for young children among preschool teachers after the intervention. More evidence needed to understand why knowledge increased more than attitudes. No longer-term follow up. Once-off study.
Child Abuse Prevention Programme (CAPP), Turkey *Sanberk et al, 2017*	Training on prevention of child sexual abuse for social advantaged and disadvantaged mothers, run weekly for five weeks (45 minutes each).	Small sample of 8 social advantaged and 8 socially disadvantaged mothers with children aged 48 – 66 months.	Case study design with a small sample size (N=16) with indications of increased knowledge, but no measurable outcomes. Insufficient evidence.

Programme	Implementation	Evaluation	Key findings
HappyToto, Tanzania *Malamsha et al., 2021*	Development of a socio-culturally appropriate, mobile-based game for young children (<5 years) in Tanzania to educate children, parents and caregivers on CSA prevention (CSAP). The game consists of 3 levels: private parts, presents or gifts, and a safe environment	Formative evaluation. To validate the application's prototype, 32 parents of children aged 3-5 years and 5 children of same age played the game for half an hour on average.	Emerging programme. Small validation study indicates increased parental confidence in talking about CSA prevention and ability scores after using the game. Larger scale evaluation and more evidence on outcomes for children is needed.

Education and support: Social and life skills

Four studies fall under this final category of strategies for preventing violence against children. Two of the programmes, one from Turkey and one from Brazil, focused on strengthening preschool children's social and life skills, while the other two had a focus on building very specific knowledge and skills around the issue of shaken baby syndrome.

The first study assessed a promising programme known as the *Aggressive Behaviour Prevention Programme* (ABPP) designed to reduce aggression and peer victimisation among preschool children in Turkey.[88] The intervention consisted of a combination of in-class activities with young children over 12 weeks, and group training with parents of preschool children. A quasi-experimental study (N=90 children) found that the participation in the ABPP led to a decrease in both aggression and peer victimisation. However, the sample size was small and it is not clear the extent to which these reductions will be maintained over time.

A small emerging initiative identified in Brazil aimed to implement health promotion in early childhood education schools. It consisted of four collective educational activities (lectures) with children which took place at the school, with the participation of teachers and parents, and organised by nursing students. Integrating violence prevention and screening into such initiatives could be potentially effective, but in this study the focus was on health education, nutrition and prevention of communicable diseases, and the contribution towards reducing child violence was unintentional, with no measures of violence against children other than the observations of the nurses.

The last two studies both form part of a larger *Shaken Baby Syndrome Prevention Project*, and both involved brief informational interventions to increase knowledge of the harms of shaking a baby and provide alternative coping strategies. The study in Turkey was a formative evaluation to determine the utility of the intervention,[89] and it was followed by an

outcome evaluation in Brazil.[90] The intervention targeted parents of new born babies and drew on film to convey the required information and messaging. The outcomes evaluation found that it led to increased knowledge and a change in parental behaviour.[90] However, the programme itself was very brief (one day) and the study was not well-designed to determine sustained effectiveness.

Programme	Implementation	Evaluation	Key findings
Aggressive Behaviour Prevention Program (ABPP) Turkey *Akcan and Ergun, 2018*	The Aggressive Behaviour Prevention Program (ABPP) aims to reduce aggression and peer victimisation among kindergarten students. The intervention consisted of (a) 25 in-class activities held with children for 12 weeks, and (b) parent trainings covering eight content areas, carried out with two different groups for a total of 16 trainings sessions.	Outcomes/ effectiveness evaluation. Used a quasi-experimental approach with a pre-test, post-test design with control group. Total sample of 90 children (intervention group = 45, control group = 45) who were registered in the kindergarten of a primary school.	Promising programme. Quasi-experimental evaluation with evidence of significantly decreased aggression and peer victimisation among kindergarten students. The sample size is not large (<100) and the follow up was less than a year later. Further evidence is needed.
Extension Project Learning Health at School (as part of the Regional Health Promoting Schools Initiative) Brazil *Maciel et al., 2010*	This small project aimed to implement health promotion in early childhood education schools to promote health promotion practices such as knowledge, life skills, decision-making, healthy attitudes and construction of environments favourable to health	Process evaluation. Descriptive study, with a quantitative approach. The research consisted of 350 nursing visits, including routine care and intercurrences. A total of 218 children attended, 106 males and 112 females.	Emerging. Weak study design. Significant evidence of primary outcomes but secondary VAC outcomes were unintended. Mentioned decrease in episodes of domestic violence against children, but this is limited to what teachers report. More evidence is needed.

Programme	Implementation	Evaluation	Key findings
Shaken Baby Syndrome Prevention Project (SBSPP), Turkey *Tasar et al., 2014*	Informative film training video. The animation film produced in Australia in the scope of "Shaken Baby Prevention Project in Western Sydney" was used as the training video (20). The film was dubbed in Turkish.	Formative evaluation. Randomised pre-intervention questionnaire and post-intervention phone call. 32.7% (n=178) of the mothers who received the education were reached by the investigator by phone when their babies were 2-4 months old (group A). The control group (n=143) consisted of age-matched mothers (group B).	Formative evaluation in Turkey to determine the utility of the intervention. Followed by an outcomes evaluation in Brazil. The intervention led to increased knowledge and a change in parental behaviour, but the programme itself is only one day and the study is not well-designed to determine effectiveness (follow up telephonically after 6 months).
Shaken Baby Syndrome Prevention Project (SBSPP), Brazil *Lopes, 2013*	The intervention aimed to increase parental knowledge of safe ways in which to respond to a crying infant, providing easily understood information about the dangers of shaking an infant, and confirming that parents and carers should ask for help if they are worried about their infant's crying.	Experimental design. Pre-test, post-test design and follow up 6 months after intervention (follow-up). The study included 82 new mothers, seven fathers of newborns and one pregnant woman in a maternity ward. They were divided into three experimental groups.	

WHAT LESSONS ARE WE LEARNING ABOUT PROGRAMME IMPLEMENTATION?

In this review, the evidence for which interventions are effective in reducing violence against young children appears to be strongest for parent and caregiver support programmes to reduce violence against young children, and for interventions that build support environments for children at preschools. The programmes described in this review relate to multiple different strategies, with vary levels of evidence for their effectiveness. However, there are several threads or lessons relating to the implementation of programmes aimed at reducing violence against young children that could be identified, both from successful programmes but also from programmes that have not been shown to be effective, including when taken to scale.

- Violence is a complex issue, and individual strategies or interventions on their own (such as increasing children's knowledge to prevent sexual abuse) are unlikely to be enough to sustainably prevent violence against young children. As the effectiveness of certain violence prevention approaches for young children is established, it is important to consider how they can be **scaffolded** by other interventions or **integrated** into routine services for young children. The ecological approach, which informs the INSPIRE framework, highlights the importance of intervening at various levels in the young child's environment. In this review, several of the successful programmes adopted combined approaches, including the embedding of parenting and home visit programmes into cash transfer systems or public health settings, or the use of integrated approaches across home and preschool settings. It is well established that young children require holistic support that addresses multiple risk factors,18 and adopting combined or complementary approaches to violence prevention for young children interventions appears likely to increase effectiveness.
- While many programmes documented in this review show success in reducing violence within research environments, several **'real world' factors** have not been taken into account and a further process of implementation research is required to assess how an intervention might be incorporated into everyday practice and sustain its effectiveness.
- Some of the successful programmes (e.g., PLH-YC or the Irie Toolbox programmes) were developed in LMIC contexts and were specifically designed to be low-cost interventions that could be facilitated by paraprofessionals or community workers in low resource settings. Feasibility studies suggest that this **task shifting** is a viable approach, but some studies also noted the importance of 'fidelity to process' (and not only content) and the key role of the implementers' skill and adoption of programme objectives and values if the desired programme outcomes are to be achieved.40 Several studies stressed the need for **systematic preparation and training and ongoing mentoring and supervision** to achieve this, particularly if interventions are to be integrated into routine services and scaled up effectively.[91] Attention should also be paid to the capacity and workloads of community-based workers, who may already be overburdened, to take on additional responsibilities.[36]
- Supervision, mentoring and **psycho-social support** for implementers are also an important part of delivering effective violence prevention interventions for young children, given the levels of adversity and trauma experienced both by the participants and the programme implementers, who are often drawn from the same communities.
- **Retention of participants and caregiver engagement** in parenting and caregiver support programmes was raised as both an enabler and a potential barrier that should be given further attention in LMIC contexts.[46, 92] In research settings, additional support such as transport reimbursements, refreshments and child care are often provided to enable caregivers to participate in programmes, but these incentives and

forms of support are likely to be absent in real world settings. Linking interventions to existing services may be one way to address these issues, providing participants with other incentives to access the services. A comparison of parental attendance of a parenting programme and a dialogic book sharing intervention in Brazil noted that the higher participation rates in the book sharing intervention may be in part due to the inclusion of children in the sessions, with childcare being a particular concern for families with young children.[92] They stressed that there are important challenges to engaging parents of young children in training programmes and found that practical challenges encountered during programmes may be more important in determining attendance than baseline participant characteristics.[92]

- Operating at scale presents challenges to quality and sustainability. Identifying the **core elements of programmes** – whether in terms of content, delivery or the underlying core values or philosophy – that are linked to effectiveness is key to ensuring that sufficient attention can be paid to these aspects when the programme is scaled up. One way to do this is to consider the **mechanisms or pathways** through which these interventions – alone or in combination – achieve the desired outcomes.[61] Several interventions in this review have been the subject of such work. For example, in the RCT of the PLH-YC embedded in a local health system in Thailand, it was found that perceived mechanisms of change included strengthened parent-child relationships, reduced child behaviour programmes, improved attitudes and strategies towards discipline, and improved management of parental stress.[93] In the context of the Irie Homes Toolbox in Jamaica, parents and teachers reported that the most relevant direct pathways to reduce violence against young children were parents' use of alternative strategies to manage child misbehaviour and through improved parent well-being (especially parents' self-management skills). The study therefore concluded that content related to parental self-management and how to use positive discipline strategies to manage child misbehaviour is important for effectively reducing violence against young children.

WHAT LESSONS ARE WE LEARNING ABOUT SCALING UP?

The evidence base of promising programmes to prevent violence against young children in LMIC has grown in recent years, particularly regarding strategies involving caregiver support programmes.[32] Experiences such as that of the Programme Cadiz Feliz (PCF) home visiting programme for early childhood development in Brazil which failed to demonstrate effectiveness at scale show demonstrate the challenges of operating at scale to the quality and sustainability of services.[66] Having reached a point where there is evidence of the feasibility, acceptability and effectiveness of interventions impacting violence in early childhood, there is a need to better understand how the efficacy of programmes will be maintained and what needs to be considered to retain effectiveness in the process of scaling up.

Few violence prevention interventions have been implemented and evaluated at scale in LMIC, but there are increasing studies that are reflecting on how to effectively expand interventions, including for young children. In this section we highlight some emerging lessons relating to scaling up and highlight three examples of efforts in LMIC to systematically reflect on the process of taking promising programmes to scale.

- **Scaling of interventions should consider expanding programme reach by integrating programme delivery into existing routine systems to enhance both scale and sustainability.**[94] Known as mainstreaming, this can be achieved by making use of existing human resources, such as in the case of Cuna Mas in Peru, or identifying opportunities within existing services for integrating early childhood violence prevention and child development activities. Examples identified in this review included integrating programmes into cash transfer systems, public health settings such as clinic visits for young children, existing early childhood home visiting programmes or into the (pre)school system. Some advantages of integrating into existing routine services are that (a) scale-up can often be effected more quickly through the use of existing infrastructure, with the potential for population level reach; (b) existing resources, including human resources, physical contact points and funding as well as organisational or institutional structures can be drawn upon, reducing duplication and supporting and strengthening implementation; (c) services are less likely to be stigmatising and more likely to be accessible to vulnerable audiences; and (d) combining these programmes with other services can increase participation, meet participants' needs more holistically with the potential for synergistic effects, and support greater buy-in. However, given concerns of overloading frontline staff, it may be useful to carefully consider what routine services are most likely to reach vulnerable or high-risk groups. Another strategy for mainstreaming violence prevention for young children would be to incorporate the lessons from studies on the pathways for violence reduction into the training or short courses for teachers and possibly other caregivers in the health sector.
- **Testing the effectiveness of promising programmes under real world delivery conditions is important for building quality and effectiveness on a larger scale**. While expanding reach is crucial for population level impact, ensuring high quality implementation is key to effectiveness. There is a danger in resource limited LMIC that making use of existing service delivery systems may lead to these systems – and the frontline workers within them – becoming overwhelmed, and that they may not be sufficiently flexible to take on additional activities. Testing the efficacy of interventions through pragmatic trials on a smaller scale in real world settings or staggering the roll out of an intervention can allow for developing buy-in from influential decision-makers, capacity to be built, lessons to be learnt and adjustments to be made before wider rollout. For example, the PLH-YC have been integrated into routine services on a small scale as part of pilots and feasibility studies, to test the viability of such approaches.

- **Identifying the core components of interventions that are crucial for impact allows for more accuracy and flexibility in scaling up and holds promise for customising interventions.** As noted above, identifying the core components of a programme that 'make a difference', whether these are content or process or values-based elements, allows for more flexibility to adapt other, less critical elements, in a flexible way to meet the needs, strengths and resources of the local context, and allows monitoring efforts to be concentrated on retaining the essential components that enable the intervention to work.
- **Building and nurturing strong collaborations with government and other partners is essential to support effective institutionalisation and create a sense of ownership.** For example, in documenting the process of scaling up the Irie Toolbox programmes in Jamaica, the research team several identified contributing factors that had influenced the adoption of the programmes by government agencies in addition to the evidence of programme effectiveness.[91] These included: the existence of positive stakeholder relationships (including long standing collaborative partnerships), the demand for the innovation, the fit between the innovation and the context, the presence of programme champions, and the human and financial resource capacities of the organization. They also noted that framing the programmes as promoting caregiver and child competencies, rather than only as violence prevention, was useful.[91]

Three examples of efforts to systematically examine the scaling up of interventions to reduce violence among young children in LMIC were identified, with some of the lessons learnt through these initiatives being summarised here. For example, the team responsible for the scaling of the **Irie Toolbox programmes** have adopted a focus on 'getting it right' in the Jamaican context.91 The seven implementation science principles that they identified as relevant for others adopting a similar approach are: (1) design programmes for scale from the outset; (2) use learning cycles for ongoing quality improvement; (3) plan strategically for government agency adoption; (4) provide high-quality initial and ongoing training and regular supervision; (5) monitor implementation quality; (6) make use of flexible delivery modes; and (7) plan for programme sustainability.

In a second, different approach, researchers reflecting on the already rapid scale up of Brazil's **Programa Criança Feliz** (PCF) have conducted an implementation science analysis (following the RE-AIM framework) to identify enablers and barriers to inform thinking about how to strengthen effectiveness going forward.95 Examples of enablers included an enabling national political environment which supported PCF emergence through a top-down approach but which then led to governance challenges, changes in enrolment criteria which facilitated reach, and an evidence-based methodology. Identified barriers related to challenges operationalising intersectoral actions, rushed scale up which created challenges for quality delivery and led to different implementation pathways across municipalities, and the need for legal institutionalisation to ensure permanent funding and maintenance. Such

reflections and learnings from scaling up in practice are critical for identifying potential pitfalls for future programming and current opportunities for strengthening programme effectiveness.

A third example is a collaboration between researchers and implementing agencies in the Parenting for Lifelong Health Scale-Up of Parenting Evaluation Research **(SUPER) study**, which also aims to use implementation science to study and maximize the scale-up and effectiveness of the PLH parenting interventions (for young children and for teens). Still ongoing, the initiative aims to study the implementation of the two programmes in a range of LMIC settings at varying scale to better understand how to effectively scale-up family-based interventions in low-resource settings, with a focus on investigating processes and mechanisms for successful delivery of interventions through existing service delivery structures.

WHAT LESSONS ARE WE LEARNING ABOUT PROGRAMME ADAPTION?

Given the cultural and contextual nature of parenting and disciplinary practices and conceptions of violence, the successful implementation of an intervention in a new context requires the review and adaption of programme content and delivery processes as needed. Programme adaptation can involve adapting a promising programme developed in a high-income country to an LMIC context, or it could involve the adaption of a programme for a new geographical area or setting (e.g., conflict or humanitarian crisis context) or audience (e.g., teen mothers).

Amongst the interventions identified in this review, most interventions involving caregiver support or establishing safer school environments recognised the need for adaptation to the local context and to the target audience. Below we highlight some lessons emerging from the studies identified in this review.

- **Transportability and adaptation, rather than designing from scratch**: In the case of parenting programmes, it has been argued that the core components of effective programmes are in fact similar, even across high income countries and LMICs, suggesting it is not necessary to keep developing new programmes for new LMIC contexts.[96] A systematic review and meta-analysis on transporting parenting programmes to address child behaviour between countries found that, contrary to common belief, parenting interventions appear to be at least as effective when transported to countries that are different culturally and in service provision than their country of origin, indicating that extensive adaptation may not be necessary for successful transportation.[97] The successful transporting of the PLH programmes to different LMIC provide evidence in support of this. However, there may be practical reasons to transport the core components of effective programmes rather than programmes in full. For example, in

the case of the Irie Toolbox programmes, researchers reported choosing to transport evidence-based content and methods of delivery rather than transporting an existing programme, citing among other reasons, issues with cost and ownership as barriers to scaling and gaining government buy-in.[91]

- **Recognising the need for systematic cultural adaptation**: However, there was broad agreement on the need for systematic cultural adaptation processes to ensure that programmes are responsive to the context and to participants needs when delivered in new settings. While some of the studies in this review spoke only in passing of the adaptations made, others detailed substantive formative research to understand local conceptualisations of violence, discipline, child rearing practices and family relationships as well as understanding the potential process challenges, with the subsequent adaptations then being tested for efficacy and acceptability. Such research included conducting interviews or workshops with caregivers, parents, teachers, and community members and leaders, depending on the focus of the programme. Documenting these adaptation processes and subsequent testing for efficacy can provide clarity on the core components of interventions that are critical in reproducing expected outcomes in different contexts.
- **Adopting top-down and bottom-up approaches**: In the context of the PLH for Young Children programme implemented in the Philippines, the researchers argue for "the merits of conducting a multistage top-down and bottom-up process that uses a participatory approach among cultural insiders and outsiders to develop a parenting intervention that reflects the contextual realities and cultural values of end users." Other studies also reported similar approaches. For example, Sugira Muryango was developed for the Rwandan context using input from local and international ECD experts, Rwandan government stakeholders, and drawing on local community advisory boards.[64] To help families internalise core skills, Rwandan songs and proverbs were incorporated into the curriculum. Programme adaptation was also inherent to the development and delivery of the ICT and IHT programmes, with adaptation processes being undertaken formally and through constant informal 'bottom-up' processes to ensure programmes remained responsive to participants' needs.[91]

CONCLUSIONS

Violence against children is complex issue, with multiple risk and protective factors within a child's world that can act to protect the child or make him or her more vulnerable. The differences in the contexts in which children and their families live add to this complexity, so that there is no silver bullet or one-size-fits all programme model to prevent violence against young children that will work equally well across socio-cultural contexts.

While there is increasingly widespread understanding of the importance of intervening early to address the risks that compromise young children's development, particularly in

LMIC,[18] the inclusion of a focus on preventing violence against young children is relatively new. A 2007 Lancet review of strategies to avoid the loss of developmental potential for children in the developing world recognised the risk posed by violence against young children but found that few programmes were directed toward young children in LMIC and no evaluations were identified.[18] The number of interventions with a violence prevention focus on the early years – and associated evaluations of these interventions – in LMIC has increased substantially over the last decade, but there are still few integrated violence prevention and ECD initiatives, despite the potential benefits of an integrated approach.[14, 15] And while the evidence-base for interventions to address violence prevention in the early years is growing, there remains a need for evaluations with longer-term follow ups on the sustainability of programme effects.

There is also the complexity inherent in the work of understanding the current state of the evidence of interventions to prevent violence against children in LMICs. Given the diversity of programme goals, approaches, and settings, making direct comparisons across various programmes models is difficult. At the same time, there are certain approaches that appear consistently successful.

The majority of the evaluated interventions identified in this scoping review focused on parent and caregiver support, either through group-based education initiatives (largely using interactive, participatory methods) or home visits, in line with the growing evidence base in both high-income and LMIC contexts of the effectiveness of parenting programmes in reducing child maltreatment, and in reducing risk factors and enhancing protective factors associated with child maltreatment.[32] Linked to this are the gender-transformative programmes that aim to address gendered power dynamics between couples (often young parents), increase male engagement in caregiving and reduce the potential for conflict and violence in the home, which have increasingly been shown to have an indirect yet sustained impact on reducing violence against children – demonstrating the potential for interventions addressing the intersections of violence against women and children.[50, 51] A further successful strategy identified in this scoping review was the support provided to preschool teachers to provide a prosocial schooling environment for young children.

A lesson emerging from this review is that combined interventions of longer duration and higher intensity have greater success in supporting reduced violence against children. Effectively preventing violence against children requires changing behaviours, which is often a complex and lengthy process. Parenting programmes embedded in economic strengthening programmes or in primary health care, or that adopt an integrated approach across settings such as the home and preschools in which parents and families partner with educators (or other caregivers), show promise to reduce violence against children. This is in line with the evidence regarding effective ECD programmes, which are integrated with family support, health, nutrition, or educational systems and services to support the holistic

development and protection of young children.[18] This scoping review identified only a few evaluated violence prevention programmes integrated into primary health care settings, despite this being a key point of contact for services to pregnant women (including teens) and families with young children. As the knowledge base on effective programmes grows, there is a need to consider the modalities for delivery going forward.

Interventions to support parents and caregivers have been found to be effective for reducing violence against young children across settings, but parenting practices are contextually, and culturally based, and successful interventions include intentional, iterative adaptation processes and feasibility studies built into the implementation of programmes in new settings to account for local conceptualisations of violence, discipline, child rearing practices and family relationships. Examples of challenges in implementation include shifting from a well-supported research context to real world settings, providing supportive and continuous supervision to programme facilitators, ensuring supervision, mentoring and psycho-social support for implementers are often also dealing with trauma and adversity, considering what is required for caregiver retention and engagement, and identifying the core elements that are crucial to programme success that need to be faithfully implemented to achieve effectiveness.

Mainstreaming of these successful approaches appears feasible and is being tested in various settings. Mainstreaming programmes through large scale government programmes – whether through cash transfers systems, primary health care setting or other existing ECD and learning interventions, or though integrating violence prevention into system in-service training – is important for scale-up to reach the most vulnerable. This requires building and nurturing strong collaborations with government and other partners to support effective institutionalisation and develop a sense of ownership.

It also requires learning from feasibility and implementation studies to understand what needs to be put in place to continue the effectiveness found in controlled studies out in the real world. Fostering innovation and partnerships to produce evidence of what works is critical to move the field forward, particularly through partnerships between researchers and implementers, and elevating practice-based knowledge and learning to promote a different way of working.

Linked to this is a need for greater understanding of the pathways or mechanisms through which these programmes are effective in achieving sustained behaviour change.61 Understanding which elements of successful interventions (in terms of programme content, programme philosophy, and the delivery modality) are linked to sustained behaviour change is critical for retaining effectiveness when taking interventions to scale. This includes designing evaluations that not only assess effectiveness, but include implementation research designs that unpack the linkages between programme elements and the reduction of childhood violence, and identify the mechanisms operating at the

various levels of the ecosystem in which children live.[61] Identifying key elements of effective interventions tends to focus on implementation elements such as curriculum, delivery methods and duration, but other less tangible 'process' elements such as the manner of facilitation or the overall programme philosophy or values (e.g. demonstrating respect for parents and other caregivers and family members, building co-equal partnerships with parents and caregivers, promoting collaborative problem-solving, engaging other members of the community in prevention efforts, and supporting and mentoring programme staff) tend to be overlooked. These often-under-articulated aspects of programmes may hold insight into why some programmes are more effective than others.

Further research is also required to better understand the effectiveness of interventions in relation to differing levels of violence and risk, to better support the scale up of both universal and targeted approaches.

Violence across the life course is a complex issue to address, and violence in early childhood is no exception. One-size-fits-all solutions are unlikely to shift behaviours, and instead, complementary interventions that address particular behaviours within certain contexts – and which take into account the developmental stage of children – are needed. This scoping review identifies several such promising strategies, as well as considerations for how these strategies can be effectively scaled up and mainstreamed to provide holistic support to young children and their families and to reach those most in need. The hope is that this scoping review will be used to inform and inspire further exploration of promising, innovative strategies to prevent violence against young children in LMICs.

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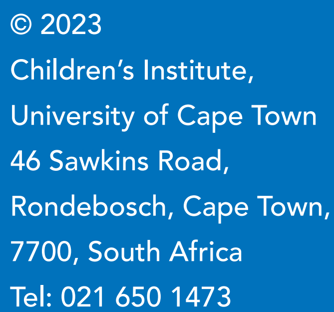

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