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ENDING VIOLENCE IN CHILDHOOD

2017

ANNOTATED BIBLIOGRAPHY

Ending Violence in Childhood

Prepared by Neeta Misra
Supported by Bhagya Sivaraman and Sheena Chadha
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Foreword

Violence in childhood is a complex phenomenon and an inter-disciplinary field of study. The global report, *Ending Violence in Childhood*, was released in September 2017 by the Know Violence in Childhood: A Global Learning Initiative. Drawing on evidence from 44 commissioned expert papers, which in turn reviewed over 2500 published references, the Report makes a strong case for investing in ending interpersonal violence, a preventable but nearly universal phenomenon that affects 1.7 billion children each year – nearly 3 out of 4 children worldwide – with catastrophic but often hidden impacts on individuals, communities and societies. The Report can be accessed at [http://www.knowviolenceinchildhood.org/publication/flagship-report](http://www.knowviolenceinchildhood.org/publication/flagship-report).

An annotated bibliography of all the references used in the Initiative has been compiled to complement and support all the outputs from the Initiative. The annotated bibliography draws on a rich and diverse set of research that covers a wide scope of issues. It can be used as a stand-alone bibliography for violence in childhood or in conjunction with other resources from the Initiative. The issues covered in the bibliography overlap with the core themes covered in the Flagship Report. This bibliography is tailored as a resource for practitioners, researchers and policy makers committed to ending violence in childhood.

This resource has been painstakingly compiled by Neeta Misra with support from Bhagya Sivaraman and Sheena Chadha. We hope it will serve its purpose for years to come.

Ramya Subrahmanian
*Executive Director*
Know Violence in Childhood
1. Introduction: About This Bibliography

1.1 Overview

This annotated bibliography has been constructed from the bibliographies of 44 papers commissioned by the Know Violence in Childhood Initiative for the *Ending Violence in Childhood* report. A full listing of all commissioned papers can be accessed in Annexure 1a.

The annotated bibliography moves away from traditional ways of classifying violence against children by type or forms to classifying it by settings in which different forms of violence are most likely to be experienced. Specifically, it looks at three settings in which children may face violence: their homes and alternative care, schools, public spaces and communities, and a fourth category of cross-cutting covers issues that are relevant for all three settings (Figure 1).

*Figure 1. Overview of the Conceptual Framework for Settings*

The citations from the 44 commissioned papers and the flagship report were divided across four settings of violence (see Annexure 1b for the list of commissioned papers by setting). The settings of violence covered by the commissioned papers fall into three broad categories – homes and alternative care, schools, public spaces and communities. However, a fourth category was included to capture issues that were cross-cutting, such as social norms, war and conflict, and policy and human development. The 44 commissioned papers yielded 2810 citations and the flagship report yielded 382 citations for a total of 3192 citations.
The total citations were reviewed to wean out duplicate citations within the four settings and across settings. This process also afforded an opportunity to assess whether there was a considerable overlap in the bibliographies across settings. While there was significant duplication of material within settings, there was limited (less than 5 per cent) duplication across settings (barring reports), which indicates that framing of the Report by everyday settings of violence is a valid and reasonable approach, with each setting yielding a unique set of research. This was particularly evident for systematic and meta-analytic reviews with less than eight of these being common across the four settings. The cleaning for duplicates yielded 558 duplicate citations and post cleaning, the final count of citations across the four settings was 2634, that was distributed across the four settings of violence, as shown in Figure 2 below.

Along with the settings of violence, an additional typology for analysing the citations was across the type of publication. The citations were grouped into six forms of publications (Figure 3). The bulk of the citations comprise published journal articles (1440), and within this group there are 174 systematic and meta-analytic reviews. There are 172 books, and 189 national, regional and global reports produced by organisations. There are 176 Spanish language resources used in papers focussed on violence in public spaces and communities. A final category of ‘other resource materials’ includes mimeographs, non-journal publications, authored reports, newspaper articles and other grey material.
The publications are also analysed across the four settings and represented in the chart below (Figure 4) for the distribution of publications by setting.

The 1266 journal articles were further assessed by the year published. Almost 50 per cent, or, 626 journal articles were published post-2010. A geographical analysis by country/multi country/non-specific of these 626 journals yielded 411 country level studies, 131 multi country studies and 84 non-specific studies (Figure 5).
The 411 country studies were further analysed and classified into seven regions for better understanding of the geographical spread of the research drawn on for the Initiative. The majority of research (171 journal articles) was conducted in the United States, followed by 91 studies from Africa and 50 studies from the European region (Figure 6). These broad regional classifications mask the intra-regional concentration of research to smaller groups of countries. These data will be further analysed in future planned analysis of this body of research.

A distribution of the 411 citations across the four settings of violence in childhood by the seven regions allows for geographical identification of research by setting (Figures 7-10).
The analysis is also presented by the seven regions for an assessment of how much research for each setting is found in each of the regions (Figure 11).
1.2 Structure of the Bibliography

This section provides a guide to the presentation of the annotated bibliography also detailed in Figure 12 below.

Figure 12: Presentation of the Know Violence Annotated Bibliography

The presentation of the citations begins with systematic and meta-analytic reviews by setting. For each setting the citations have been divided into two groups: the post-2010 bibliography which contains the citation, hyperlink, abstract and keywords (where available). For the pre-2010 bibliography only the citation is listed. All hyperlinks are tested and considered up to date as of
June 2017, however, over time, many of these may become inactive. For several post-2010 citations the abstract and links were not easily available; nevertheless, the citations have been included as is in the bibliography.

The presentation of the citations is as follows. The systematic reviews are followed by journal articles across the four settings of violence, further divided by pre- and post-2010 with details for each citation such as the hyperlink, abstract and keywords provided for the post-2010 citations. The following section contains all the book and chapters in books referenced in the Initiative and these are presented by groups of years: pre-1990, 1990 to 1999, 2000 to 2009 and 2010 to 2016. Following this section are the reports that are listed alphabetically by the name of the authoring organisation with a hyperlink to the report (where available). The last two sections contain Spanish language resources and other material resources that are listed alphabetically by author.
2. Systematic and Meta-Analytic Reviews by Setting

2.1 Homes


ABSTRACT

Health and nutritional risks co-occur in the lives of children under the age of 2 years who live in developing countries. We review evidence showing how these risks, in addition to inadequate psychosocial stimulation, prevent children from developing expected cognitive and language abilities. A systematic review and meta-analysis of 21 interventions aimed at enhancing stimulation and 18 interventions that provided better nutrition—all conducted since 2000—revealed that stimulation had a medium effect size of 0.42 and 0.47 on cognitive and language development, respectively, whereas nutrition by itself had a small effect size of 0.09. The implementation processes of these interventions are described and compared. A number of unresolved issues are outlined and discussed, including ways to maximise parental health behaviour change, assess mediators that account for intervention effects, and expand the assessment of young children’s brain functions that underlie language and cognition and are affected by nutrition and stimulation.

Keywords:
Behaviour change, child development, developing countries, low- and middle-income countries, meta-analysis and systematic review, nutrition, psychosocial stimulation


ABSTRACT

Background:
Homicide of children is a global problem. The under-5-y age group is the second largest homicide age group after 15-19 year olds, but has received little research attention. Understanding age and gender patterns is important for assisting with developing prevention interventions. Here we present an age and gender analysis of homicides among children under 5 y in South Africa from a national study that included a focus on neonaticide and infanticide.
**Methods and Findings:**
A retrospective national cross-sectional study was conducted using a random sample of 38 medico-legal laboratories operating in 2009 to identify homicides of children under 5 y. Child data were abstracted from the mortuary files and autopsy reports, and both child and perpetrator data were collected from police interviews. We erred towards applying a conservative definition of homicide and excluded sudden infant death syndrome cases. We estimated that 454 (95 percent CI 366, 541) children under the age of 5 y were killed in South Africa in 2009. More than half (53.2 percent; 95 percent CI 46.7 percent, 59.5 percent) were neonates (0–28 d), and 74.4 percent (95 percent CI 69.3 percent, 78.9 percent) were infants (under 1 y), giving a neonaticide rate of 19.6 per 100,000 live births and an infanticide rate of 28.4 per 100,000 live births. The majority of the neonates died in the early neonatal period (0–6 d), and abandonment accounted for 84.9 percent (95 percent CI 81.5 percent, 87.8 percent) of all the neonates killed. Distinct age and gender patterns were found, with significantly fewer boy children killed in rural settings compared to urban settings (odds ratio 0.6; 95 percent CI 0.4, 0.9; p = 0.015). Abuse-related killings and evidence of sexual assault were more common among older girls than in all other age and gender groups. Mothers were identified as the perpetrators in all of the neonaticides and were the most common perpetrators overall (71.0 percent; 95 percent CI 63.9 percent, 77.2 percent). Abandoned neonates were mainly term babies, with a mean gestational age of 38 wk. We did not have information on abandonment motives for all newborns and did not know if babies were abandoned with the intention that they would die or with the hope that they would be found alive. We therefore considered all abandoned babies as homicides.

**Conclusions:**
Homicide of children is an extreme form or consequence of violence against children. This national study provides one of the first analyses of neonaticide and infanticide by age and gender and shows the failure of reproductive and mental health and social services to identify and help vulnerable mothers. Multi-sectoral prevention strategies are needed.


**ABSTRACT**

**Background:**
Intimate partner violence (IPV) against women is a global public health and human rights concern. Despite a growing body of research into risk factors for IPV, methodological differences limit the extent to which comparisons can be made between studies. We used data from ten countries included in the WHO Multi-country Study on Women’s Health and Domestic Violence...
to identify factors that are consistently associated with abuse across sites, in order to inform the design of IPV prevention programmes.

**Methods:**
Standardised population-based household surveys were done between 2000 and 2003. One woman aged 15-49 years was randomly selected from each sampled household. Those who had ever had a male partner were asked about their experiences of physically and sexually violent acts. We performed multivariate logistic regression to identify predictors of physical and/or sexual partner violence within the past 12 months.

**Results:**
Despite wide variations in the prevalence of IPV, many factors affected IPV risk similarly across sites. Secondary education, high SES, and formal marriage offered protection, while alcohol abuse, cohabitation, young age, attitudes supportive of wife beating, having outside sexual partners, experiencing childhood abuse, growing up with domestic violence, and experiencing or perpetrating other forms of violence in adulthood, increased the risk of IPV. The strength of the association was greatest when both the woman and her partner had the risk factor.

**Conclusions:**
IPV prevention programmes should increase focus on transforming gender norms and attitudes, addressing childhood abuse, and reducing harmful drinking. Development initiatives to improve access to education for girls and boys may also have an important role in violence prevention.


**ABSTRACT**

**Background:**
Intimate partner violence (IPV) and HIV are important and interconnected public health concerns. While it is recognised that they share common social drivers, there is limited evidence surrounding the potential of community interventions to reduce violence and HIV risk at the community level. The SASA! study assessed the community-level impact of SASA!, a community mobilisation intervention to prevent violence and reduce HIV-risk behaviours.
Methods:
From 2007 to 2012 a pair-matched cluster randomised controlled trial (CRT) was conducted in eight communities (four intervention and four control) in Kampala, Uganda. Cross-sectional surveys of a random sample of community members, 18- to 49-years old, were undertaken at baseline (n = 1,583) and four years post intervention implementation (n = 2,532). Six violence and HIV-related primary outcomes were defined a priori. An adjusted cluster-level intention-to-treat analysis compared outcomes in intervention and control communities at follow-up.

Results:
The intervention was associated with significantly lower social acceptance of IPV among women (adjusted risk ratio 0.54, 95 percent confidence interval (CI) 0.38 to 0.79) and lower acceptance among men (0.13, 95 percent CI 0.01 to 1.15); significantly greater acceptance that a woman can refuse sex among women (1.28, 95 percent CI 1.07 to 1.52) and men (1.31, 95 percent CI 1.00 to 1.70); 52 percent lower past year experience of physical IPV among women (0.48, 95 percent CI 0.16 to 1.39); and lower levels of past year experience of sexual IPV (0.76, 95 percent CI 0.33 to 1.72). Women experiencing violence in intervention communities were more likely to receive supportive community responses. Reported past year sexual concurrency by men was significantly lower in intervention compared to control communities (0.57, 95 percent CI 0.36 to 0.91).

Conclusions:
This is the first CRT in sub-Saharan Africa to assess the community impact of a mobilisation programme on the social acceptability of IPV, the past year prevalence of IPV and levels of sexual concurrency. SASA! achieved important community impacts, and is now being delivered in control communities and replicated in 15 countries.

http://journals.sagepub.com/doi/abs/10.1177/0308575914565068

ABSTRACT
There are many theories as to what form good-quality parenting should take. Attachment theory emphasises providing a secure base through sensitive responding at times of emotional need. Social learning theory outlines the need for firm limits in addition to the promotion of positive interchanges. These theories are supported by numerous quantitative research studies investigating which parenting styles are associated with better outcomes for children in general and for those with additional needs due to prior abuse or emotional and behavioural difficulties. However, there have been few systematic qualitative studies asking children themselves about their care experiences, particularly with abused or neglected children who are now safe in foster care. Using an adapted version of the Child Attachment Interview, we interviewed 12 children
aged 13 to 15 years, who had been taken into care due to abuse and fostered for at least six months, with the aim of exploring their attachment to their birth parents, foster carers and attitudes to different parenting styles in general. Transcripts were analysed using the qualitative technique of Interpretative Phenomenological Analysis. Overall, the abused children spoke more positively of foster care than the care provided by their birth parents. Parenting techniques mentioned in positive terms were a clear disciplinary style, setting firm boundaries, nurturing care, enjoyable time together and mentoring further development. Negative themes included angry or inconsistent disciplinary styles, failure to set appropriate boundaries, rejecting and neglectful behaviour, a lack of joint activities, a chaotic lifestyle and parental illness.

This study provides a unique perspective on parenting, as the children studied have experienced both poor parenting and reasonably normal care. The findings are applicable to care provided for fostered children and could be relevant to the upbringing of children in general.


ABSTRACT

The understudied process of reporting suspected child maltreatment to authorities is often difficult for both mental health professionals and family members who are intimately involved. Therefore, the current study was conducted to develop a training curriculum to assist professionals in reporting suspected child maltreatment. Fifty-five professional and student mental health practitioners were randomly assigned to workshop conditions that were relevant to either (a) reporting suspected child maltreatment or (b) learning to be sensitive to ethnicity. Results indicated participants in the reporting suspected child maltreatment condition demonstrated significant improvement in knowledge of child maltreatment reporting laws, accuracy in recognising child maltreatment, and clinical expertise in reporting. Implications to clinical practice are discussed in light of the results.

**ABSTRACT**

This paper discusses the challenges of reforming the child welfare and protection systems in Hungary and Romania—two countries in transition from socialism to capitalism—and the impact on children, young people, families, and professionals. Brief overviews of the social, political, and economic characteristics of the two countries and of the evolution of their child welfare systems set the context of discussion. The focus is on the efforts made to deinstitutionalise children from large institutions, develop local prevention services, and develop alternatives to institutional care. The two countries had different starting points in transforming the child protection system: Romania started only after 1989 under political and economic pressures with little internal initiative, whilst Hungary begun in the mid1980s, being more advanced than other transition countries in developing alternative services. Whilst statistical data show a decline in the care population and a shift between institutionalisation and foster care, demonstrating progress and change, the slow implementation of the reforms generate wide gaps between the UNCRC-based legislation and national plans and the quality of life and well-being of children. Among the factors causing this discrepancy are: insufficient financial investment, lack of professionalisation and accountability, and underuse of research and evaluation to clarify the link between services and needs.


**ABSTRACT**

This purpose of this research was to evaluate the mandatory reporting law for domestic violence victims in the state of Kentucky through the qualitative interview of 24 female victims of domestic violence. Victims were generally supportive of the law and felt that professionals should be required to report domestic abuse. They did not feel that the report placed them at higher risk of revictimisation or loss of their children to child protective services. The women were offered and utilised a range of supportive services. Criticisms of the process included the “secrecy” of contact, a simplistic conceptualisation of family violence, and failure by police to act on the report. This research offers preliminary support for mandatory reporting as an effective intervention for domestic violence from the perspective of victims.
Keywords:
Adult protective services, child witnesses, domestic violence, mandatory reporting


ABSTRACT

Multiple forms of abuse may co-occur, resulting in specific abuse typologies. A stratified random probability survey was conducted in Denmark with 4,718 participants, aged 24, from the 1984 birth cohort. A total of 2,980 interviews were successfully conducted. Latent class analysis was implemented using 20 categorical abuse experience items across four domains of childhood maltreatment. Logistic regression was conducted to ascertain whether abuse typologies could be differentiated by child protection status and gender. Four distinct abuse typologies were revealed: a non-abused group, a psychologically maltreated group, a sexually abused group, and a group experiencing multiple abuse types. Child protection status and female gender were predictive of group membership in certain abused groups compared to a non-abused group.

Keywords:
Childhood maltreatment, co-occurring abuse types, emotional maltreatment, latent class analysis, neglect, physical abuse, sexual abuse


ABSTRACT

The inclusion of kafalah of Islamic law in the United Nations Convention on the Rights of the Child is the first time an exclusively Islamic concept is recognised in a binding international instrument. The drafting of CRC was set against the background of compromise as it relates to the provision of alternative care for children deprived of a family environment. Islamic kafalah represents one of such compromises in an attempt to accommodate the differences of the various state parties to CRC. However, many scholarly works on children’s rights refer to Islamic kafalah only within the context of its ‘discovery’ during the drafting process of CRC and, as such, the meaning, extent and practice of kafalah, as an alternative care option for children deprived of parental care, has not been the subject of much study. This is unlike the case with other forms of alternative childcare like foster care and adoption. Other studies more focussed on Islam and human rights refer to kafalah only within the broader context of discussing the links and divergences between Islamic law and human rights, or children’s rights more specifically. This
article specifically focusses on kafalah as an alternative care option for children deprived of a family environment in comparison with other forms of alternative childcare. The extent to which kafalah is internationally recognised and practised is also addressed. A number of themes are analysed in the article, including what the concept of kafalah entails, what its legal implications are, what factors distinguish it from other forms of alternative care, and what the international dimensions to kafalah are in relation to the subject of intercountry adoption. In light of all these questions, an understanding of kafalah will contribute to international children’s rights jurisprudence in the context of child care and protection.


**ABSTRACT**

Existing research on runaway behaviour among young people in care is severely limited, based mainly on small-scale samples, adult reports and administrative data. The research to date focusses mainly on children's characteristics and pre-care experiences rather than on placement-centred correlates. The present study examines the occurrence and multilevel correlates of runaway behaviour among Israeli Arab and Jewish adolescents aged 11 to 19 in residential care for at-risk children.

The study is based on a sample of 1324 adolescents in 32 rehabilitative and therapeutic settings who completed a structured anonymous questionnaire. Hierarchical Linear Modelling (HLM) was used to examine the relationships among adolescents' reports of runaway behaviour, individual-level characteristics (age, gender, adjustment difficulties, victimisation by peers and staff, and perceived social climate), and institution-level characteristics (setting type, size, structure, and ethnic affiliation).

Overall, 44.2 percent of the adolescents reported that since their admission to the current setting they had run away or attempted to run away at least once. Inclination to more frequent runaway behaviour was found to be high for older adolescents, adolescents who had been in the institution for longer periods, those with more adjustment difficulties, those who had experienced more physical violence by peers and staff at the residential care setting (RCS), and those who perceived staff as strict and unsupportive. Runaway behaviour is positively associated with residence in Jewish settings (vs. Arab settings) and negatively associated with the size of the institution. The interaction between gender and ethnic affiliation showed that gender differences were more extreme within the Arab group than within the Jewish group.

The findings demonstrate the need for an ecological perspective in addressing adolescent runaway behaviour in the care system. It reflects a growing shift in the literature from regarding running
away from care as a personal deviance and symptom of pathological behaviour to seeing it as a phenomenon largely affected by the context in which the child lives. Policy makers and RCS professionals should be aware of the multilevel risk factors of adolescents running away from care facilities. This awareness can assist in developing RCS staff's ability to identify youth at risk for running away, as well as settings that are more likely to have runaways, and to develop intervention programmes designed to reduce that risk.

**Keywords:**
Runaway, residential care, peer violence, staff maltreatment, gender, ethnic affiliation


**ABSTRACT**

This study explores the prevalence and multilevel risk factors of 1,309 Israeli Arab and Jewish adolescents’ experiences of unwelcome sexual behaviours by peers in residential care settings (RCSs) for at-risk children. I examine the links between adolescents’ reports of sexual victimisation, adolescents’ individual characteristics, and RCS-level characteristics using hierarchical linear modelling (HLM). Approximately 40 percent of adolescents reported having been victims of at least one sexually violent act by peers in the month prior to the survey. Adolescents with more adjustment difficulties, those who experienced more physical maltreatment by staff, and those who perceived the institutional anti violence policy as less clear, fair, and consistent were at higher risk for peer sexual victimisation. Sexual victimisation by peers is also positively associated with concentrations of males and adolescents with adjustment difficulties and with residence in Jewish and group settings. The link between staff maltreatment and sexual victimisation by peers was stronger among adolescents from Jewish than Arab RCSs.

**Keywords:**
Adjustment difficulties, ethnic affiliation, peer-to-peer sexual violence, residential care, staff abuse


**ABSTRACT**

Verbal and indirect violence among peers in residential care settings (RCSs) are understudied social problems. This study, based on a sample of 1,324 Jewish and Arab adolescents aged 11–19 in 32 RCSs, examines the prevalence and multilevel correlates of verbal (such as cursing) and indirect (such as social exclusion) forms of victimisation by peers in RCSs. Adolescents
completed a self-report anonymous questionnaire in their facility. Hierarchical Linear Modelling (HLM) is used to examine the links between adolescents’ victimisation, individual-level characteristics (gender, age, adjustment difficulties, self-efficacy, staff maltreatment experiences and perceived institutional social climate), and RCS-level characteristics (setting type of care, size, structure, and ethnic affiliation). Most adolescents reported having been verbally (73 percent) and indirectly (62 percent) victimised by their peers at least once in the month prior to filling out the questionnaire. Vulnerability to indirect violence is higher among girls and those with low perception of their social self-efficacy. Younger adolescents, adolescents with higher levels of overall adjustment difficulties, those experiencing high levels of physical maltreatment by RCS staff and those perceiving levels of child friendliness in their RCS as poor, were all more vulnerable to verbal and indirect victimisation by peers. Verbal victimisation is positively associated with residence in Jewish RCSs and indirect victimisation is positively associated with residence in therapeutic settings which contain higher concentrations of vulnerable youth compared with rehabilitative settings. The findings can assist in designing anti-bullying intervention and prevention programmes tailored for the at-risk children and institutions identified in the study.

**Keywords:** Residential care, peer violence, indirect violence, verbal violence, gender, cultural affiliation


**ABSTRACT**

**Background:**
Childhood depression affects the morbidity, mortality and life functions of children. Individual, family and environmental factors have been documented as psychosocial risk factors for childhood depression, especially family violence, which results in inadequate support, low family cohesion and poor communication. This study investigates the association between psychosocial depression factors in low-income schoolchildren and reveals the potential trouble spots, highlighting several forms of violence that take place within the family context.

**Methods:**
The study was based on a cross-sectional analysis of 464 schoolchildren aged between 6 and 10, selected by random sampling from a city in the state of Rio de Janeiro, Brazil. Socio-economic, family and individual variables were investigated on the strength of the caregivers’ information and organised in blocks for analysis. A binary logistic regression model was applied, according to hierarchical blocks.
**Results:**
The final hierarchical regression analysis showed that the following variables are potential psychosocial factors associated with depression in childhood: average/poor relationship with the father (OR 3.24, 95 percent CI 1.32-7.94), high frequency of victimisation by psychological violence (humiliation) (OR 6.13, 95 percent CI 2.06-18.31), parental divorce (OR 2.89, 95 percent CI 1.14-7.32) and externalizing behaviour problems (OR 3.53 IC 1.51-8.23).

**Conclusions:**
The results point to multiple determinants of depressive behaviour in children, as well as the potential contribution of psychological family violence. The study also reveals potential key targets for early intervention, especially for children from highly vulnerable families.

**Keywords:**
Depression, children, violence, abuse


**ABSTRACT**

**Background and objective:**
The Patient Protection and Affordable Care Act established the Maternal, Infant, and Early Childhood Home Visiting Programme, which provides $1.5 billion to states over 5 years for home visiting programme models serving at-risk pregnant women and children from birth to age 5. The act stipulates that 75 percent of the funds must be used for programmes with evidence of effectiveness based on rigorous evaluation research. Home Visiting Evidence of Effectiveness reviewed the home visiting research literature and provided an assessment of the evidence of effectiveness for programme models that serve families with pregnant women and children from birth to age 5.

**Methods:**
Home Visiting Evidence of Effectiveness included a systematic search and screening process, a review of the research quality, and an assessment of program effectiveness. Reviewers rated studies’ capacity to provide unbiased estimates of programme impacts and determined whether a programme met the Department of Health and Human Services’ criteria for an evidence-based model.

**Results:**
As of July 2012, 32 models were reviewed, of which 12 met the Department of Health and Human Services criteria. Most of these models were shown to have favourable effects on child
development. Other common favourable effects included health care usage and reductions in child maltreatment. Less common were favourable effects on birth outcomes.

**Conclusions:**
Home visiting is a promising way to serve families who may be difficult to engage in supportive services. Existing rigorous research indicates that home visiting has the potential for positive results among high-risk families, particularly on health care usage and child development.

**Keywords:**
Home visiting, child health, child development, child maltreatment


**ABSTRACT**

The purpose of this review is to provide an overview of the current state of knowledge regarding the experience of intimate partner violence (IPV) during pregnancy. Pregnancy IPV is a significant problem worldwide, with rates varying significantly by country and maternal risk factors. Pregnancy IPV is associated with adverse newborn outcomes, including low birth weight and preterm birth. Many mechanisms for how IPV may impact birth outcomes have been proposed and include direct health, mental health, and behavioural effects, which all may interact. Screening for IPV during pregnancy is essential, yet due to time constraints and few clear recommendations for assessment, many prenatal providers do not routinely inquire about IPV, or even believe they should. More training is needed to assist health care providers in identifying and managing pregnancy IPV, with additional research needed to inform effective interventions to reduce the rates of pregnancy IPV and resultant outcomes.

**Keywords:**
Intimate partner violence, pregnancy, pregnancy screening, and pregnancy risks


**ABSTRACT**

Background:
Parental psychosocial health can have a significant effect on the parent-child relationship, with consequences for the later psychological health of the child. Parenting programmes have been shown to have an impact on the emotional and behavioural adjustment of children, but there have been no reviews to date of their impact on parental psychosocial well-being.
Objectives:
To address whether group-based parenting programmes are effective in improving parental psychosocial well-being (for example, anxiety, depression, guilt, confidence).

Search Methods:

Selection Criteria:
We included randomised controlled trials that compared a group-based parenting programme with a control condition and used at least one standardised measure of parental psychosocial health. Control conditions could be waiting-list, no treatment, treatment as usual or a placebo.

Data Collection and Analysis:
At least two review authors extracted data independently and assessed the risk of bias in each study. We examined the studies for any information on adverse effects. We contacted authors where information was missing from trial reports. We standardised the treatment effect for each outcome in each study by dividing the mean difference in post-intervention scores between the intervention and control groups by the pooled standard deviation.

Main Results:
We included 48 studies that involved 4937 participants and covered three types of programme: behavioural, cognitive-behavioural and multimodal. Overall, we found that group-based parenting programmes led to statistically significant short-term improvements in depression (standardised mean difference (SMD) -0.17, 95 percent confidence interval (CI) -0.28 to -0.07), anxiety (SMD -0.22, 95 percent CI -0.43 to -0.01), stress (SMD -0.29, 95 percent CI -0.42 to -0.15), anger (SMD -0.60, 95 percent CI -1.00 to -0.20), guilt (SMD -0.79, 95 percent CI -1.18 to -0.41), confidence (SMD -0.34, 95 percent CI -0.51 to -0.17) and satisfaction with the partner relationship (SMD -0.28, 95 percent CI -0.47 to -0.09). However, only stress and confidence continued to be statistically significant at six-month follow-up, and none were significant at one year. There was no evidence of any effect on self-esteem (SMD -0.01, 95 percent CI -0.45 to 0.42). None of the trials reported on aggression or adverse effects. The limited data that explicitly focussed on outcomes for fathers showed a statistically significant short-term improvement in paternal stress (SMD -0.43, 95 percent CI -0.79 to -0.06). We were unable to combine data for other outcomes and individual study results were inconclusive in terms of any effect on depressive symptoms, confidence or partner satisfaction.
Authors' Conclusions:
The findings of this review support the use of parenting programmes to improve the short-term psychosocial well-being of parents. Further input may be required to ensure that these results are maintained. More research is needed that explicitly addresses the benefits for fathers, and that examines the comparative effectiveness of different types of programme along with the mechanisms by which such programmes bring about improvements in parental psychosocial functioning.


ABSTRACT

The impact of legally mandated reporting of child abuse on the therapeutic relationship is discussed through a case study of a 13-year-old girl dating an 18-year-old boy. The challenges for the counsellor navigating the legal and ethical requirements surrounding mandated reporting are explored in a systemic context. Suggestions for anticipating possible emotional responses of clients to mandated reporting are also offered as well as implications for family counsellors.


ABSTRACT

This study utilises Demographic and Health Surveys (DHS) or Multiple Indicator Cluster Surveys (MICS) data to explore paternal, maternal and double orphaning in 38 sub-Saharan African countries. The analysis allows for inclusion of older adolescents (15–17-year-olds) and also looks at predictors of double orphaning. The data suggest a population rate of double orphans of 2.1 percent in sub-Saharan Africa. This is five- to 10-fold greater than in other regions. It also shows an increase over time, whereas other regions are reporting stabilisation or decreasing rates.

In the 38 sub-Saharan African countries, 26.8 million children (7.8 percent) were paternal orphans (3.5 percent in Niger to 16.7 percent in Lesotho) and more than 25.3 million (7.4 percent) were maternal orphans (2.6 in Guinea to 21.7 percent in Namibia). More than one in 50 children (2.1 percent) in these countries have lost both parents by 2010, with double orphans accounting for 12.4 percent (range 4.0–26.4 percent) of all children who had lost one or both parents. In multiple regressions, human immunodeficiency virus (HIV) prevalence rates nine years earlier were the biggest predictor of subsequent double orphan rates. These figures clarify the size and diversity of the problem and also point to the imperative to define parental death accurately by recording maternal, paternal and parental death clearly and separately, and focus research and interventions appropriately. They also point out that in order to monitor the impact HIV/acquired
immune deficiency syndrome (AIDS) interventions on orphanhood there is a need for follow-up surveys which should take into account such confounding factors as differences in urban/rural sample design and “hidden” maternal orphans.

**Keywords:**
Orphans, policies, trends


**ABSTRACT**

It has been more than 80 years since researchers in child psychiatry first documented developmental delays among children separated from family environments and placed in orphanages or other institutions. Informed by such findings, global conventions, including the 1989 UN Convention on the Rights of the Child, assert a child's right to care within a family-like environment that offers individualised support. Nevertheless, an estimated 8 million children are presently growing up in congregate care institutions. Common reasons for institutionalisation include orphaning, abandonment due to poverty, abuse in families of origin, disability, and mental illness. Although the practice remains widespread, a robust body of scientific work suggests that institutionalisation in early childhood can incur developmental damage across diverse domains. Specific deficits have been documented in areas including physical growth, cognitive function, neurodevelopment, and social-psychological health. Effects seem most pronounced when children have least access to individualised caregiving, and when deprivation coincides with early developmental sensitive periods. Offering hope, early interventions that place institutionalised children into families have afforded substantial recovery. The strength of scientific evidence imparts urgency to efforts to achieve deinstitutionalisation in global child protection sectors, and to intervene early for individual children experiencing deprivation.


**ABSTRACT**

Much concern has been expressed about the quality of care and poor outcomes for looked-after children (‘children in care’) in England, especially regarding residential homes. This paper builds on a recent evaluation of the piloting of the continental European model of social pedagogy (SP) in English residential care. It does three things: it considers the theoretical social policy literature on policy transfer and its implications; discusses European residential care for children and the discipline of SP; and reflects on these debates and the situation of children's residential care in England. The paper concludes that there are some major hurdles to a widespread implementation
of SP in England. This particularly concerns the differing social, professional and political context of children's residential services across neighbouring countries.


**ABSTRACT (NOT AVAILABLE IN ENGLISH):**

El objetivo del presente estudio fue desarrollar un programa de intervención que incluyera un enriquecimiento del entorno y un entrenamiento a quienes prestan cuidado para mejorar el lenguaje y el desarrollo cognitivo de infantes y niños pequeños que residen en lugares institucionalizados en Turquía. Los resultados indican que la calidad del cuidado institucional mejoró significativamente en las instituciones que participaron en la intervención, pero se mantuvo sin cambios en las instituciones del grupo de control. Es más, mientras que la brecha en el desarrollo cognitivo y de lenguaje de infantes y niños pequeños se incrementó en el grupo de control, la misma declinó ligeramente en el caso de infantes y niños en el grupo de intervención. En el caso del grupo de edad preescolar pareció que los puntajes generales de desarrollo de los niños en el grupo de intervención se incrementaron, pero dichos puntajes bajaron en el caso de los niños en el grupo de control. Se puede concluir que el programa de intervención fue efectivo en cuanto al incremento de la calidad del cuidado en los orfanatos y que tuvo un efecto positivo en el lenguaje y desarrollo cognitivo de los infantes y niños de edad preescolar.


**ABSTRACT**

Early childhood is a sensitive period in which infant-caregiver experiences have profound effects on brain development and behaviour. Clinical studies have demonstrated that infants who experience stress and adversity in the context of caregiving are at an increased risk for the development of psychiatric disorders. Animal models have helped to elucidate some molecular substrates of these risk factors, but a complete picture of the biological basis remains unknown. Studies continue to indicate that environmentally-driven epigenetic modifications may be an important mediator between adverse caregiving environments and psychopathology. Epigenetic modifications such as DNA methylation, which normally represses gene transcription, and microRNA processing, which interferes with both transcription and translation, show long-term changes throughout the brain and body following adverse caregiving. Recent evidence has also shown that telomeres (TTAGGG nucleotide repeats that cap the ends of DNA) exhibit long-term changes in the brain and in the periphery following exposure to adverse caregiving environments. Interestingly, telomeric enzymes and subtelomeric regions are subject to epigenetic
modifications—a factor which may play an important role in regulating telomere length and contribute to future mental health. This review will focus on clinical and animal studies that highlight the long-term epigenetic and telomeric changes produced by adverse caregiving in early-life.

**Keywords:**
DNA methylation, miRNAs, telomeres, early-life stress, maltreatment


**ABSTRACT**

Early adolescence (ages 10-14 years) is among the most neglected stages of development, yet there are few stages during the life course where changes are as dramatic. The present conceptual framework proposes four central goals to be achieved by early adolescence: engagement with learning, emotional and physical safety, positive sense of self/self-efficacy, acquisition of life/decision-making skills. The framework proposes an ecological model where the macro level factors (economic forces, historical events, national priorities, laws/policies/norms and values, national events, and political realities) all set the contexts that influence community, family, school and peer factors that all in turn influence the adolescent. Existing indicators for points of development are noted as are future areas of research priority.


**ABSTRACT**

**Objectives:**
Children outside of family care face increased risk of threats to their well-being, have lower educational achievement, and experience adverse developmental outcomes. While it is generally accepted that early response and intervention is critical to reducing the risk of harm for children who have been separated from their families, it is not always clear what the most effective early response strategies are for assessing and addressing their immediate needs. The purpose of this review was to identify evidence-based early response strategies and interventions for improving the outcomes of children outside of family care, including children of and on the street,
institutionalised children, trafficked children, children affected by conflict and disaster, and who are exploited for their labour.

**Methods:**
A multi-phased, systematic evidence review was conducted on peer-reviewed and gray literature, which yielded a total of 101 documents that met the inclusion criteria and were reviewed.

**Results:**
Overall there is a weak evidence base regarding assessment and early response interventions for children living outside of family care. Few studies included careful outcome measures or comparison groups. Although few proven interventions emerged, the review identified several promising early interventions and approaches. In emergency settings, family tracing and reunification is a highly effective response in regard to separated children, whereas placing children in institutional care is problematic, with the possible exception of time-limited placements of formerly recruited children in interim care centres. Livelihood supports are promising in regard to preventing and responding to children living outside family care. Other promising interventions include psychosocial support, including the use of traditional cleansing rituals as appropriate, educational supports such as Child Friendly Spaces, the maintenance of family connectedness for children of or on the streets, the use of community-based approaches that aid social integration, and approaches that enable meaningful child participation. A recurrent theme was that to be effective, all assessments and interventions must fit the context.

**Conclusions:**
A strong need exists for strengthening the evidence base regarding the effectiveness of early assessments and responses to children living outside family care and for using the evidence to guide operational policy and practice. Recommendations regarding policy, practices, and research emerged from the review process.


**ABSTRACT**

**Background:**
Although in many countries child abuse reporting is mandated, Iranian nurses report abused cases voluntary. Some of the cases are reported to the police and others are referred to welfare organisations or other non-governmental organisations. Absence of a uniform reporting system along with a lack of legal support in the specific cultural context of Iran has resulted challenges for the reporters of child abuse.
Objectives:
The aim of this study was to explore the Iranian nurses' experiences of reporting child abuse as well as to explore the existing barriers.

Patients and Methods:
A qualitative study with conventional content analysis was conducted to explore the barriers of reporting child abuse. Individual interviews between 30 and 45 minutes in duration were conducted with a purposive sample of 16 nurses with direct experience of dealing with children who had been abused. Graneheim and Lundman's method was used for data analysis.

Results:
The data were classified to five themes including "knowledge deficit", "previous unpleasant experiences about child abuse reporting", "ethical challenges", "legal challenges" and "cultural beliefs".

Conclusions:
According to the findings, enhancement of nurses and public knowledge about child abuse, legal issues and jurisprudence along with legislation of clear and simple laws, are mandatory to protect abused children in Iran.

Keywords:
Barriers, child abuse, nurses, reporting


ABSTRACT

Objectives:
To investigate the prevalence of stereotypies in children with a history of early institutional care, evaluate the efficacy of a foster care intervention compared with institutional care on the course of stereotypies, and describe correlates in language, cognition, and anxiety for children who exhibit stereotypies.

Design:
Randomised controlled trial.

Setting:
Institutions in Bucharest, Romania.
Participants:
One hundred thirty-six children with a history of early institutional care. Intervention Comparison of a foster care intervention with continued care as usual in an institution.

Main Outcome Measures:
The presence of stereotypies as well as outcomes in language, cognition, and anxiety.

Results:
At the baseline assessment prior to placement in foster care (average age of 22 months), more than 60 percent of children in institutional care exhibited stereotypies. Follow-up assessments at 30 months, 42 months, and 54 months indicated that being placed in families significantly reduced stereotypies, and with earlier and longer placements, reductions became larger. For children in the foster care group, but not in the care as usual group, stereotypies were significantly associated with lower outcomes on measures of language and cognition.

Conclusions:
Stereotypies are prevalent in children with a history of institutional care. A foster care intervention appears to have a beneficial/moderating role on reducing stereotypies, underscoring the need for early placement in home-based care for abandoned children. Children who continue to exhibit stereotypies after foster care placement are significantly more impaired on outcomes of language and cognition than children without stereotypies and thus may be a target for further assessments or interventions.


ABSTRACT

Objectives:
Being the victim of peer bullying is associated with increased risk of psychopathology, yet it is not known whether similar experiences of bullying increase risk of psychiatric disorder when the perpetrator is a sibling. We tested whether being bullied by a sibling is prospectively associated with depression, anxiety, and self-harm in early adulthood.

Methods:
We conducted a longitudinal study using data from >6900 participants of a UK community-based birth cohort (Avon Longitudinal Study of Parents and Children) who reported on sibling bullying at 12 years. Our main outcome measures were depression, anxiety, and self-harm, assessed using the Clinical Interview Schedule–Revised during clinic assessments when participants were 18.
Results:
Children who were frequently bullied were approximately twice as likely to have depression (odds ratio [OR] = 2.16; 95percent confidence interval [CI], 1.33–3.51; P < .001), self-harm (OR = 2.56; 95percent CI, 1.63–4.02; P < .001), and anxiety (OR = 1.83; 95percent CI, 1.19–2.81; P < .001) as children who were not bullied by siblings. The ORs were only slightly attenuated after adjustment for a range of confounding individual, family, and peer factors. The population-attributable fractions suggested that 13.0percent (95percent CI, 1.0percent–24.7percent) of depression and 19.3percent (95percent CI, 7.6percent–29.6percent) of self-harm could be explained by being the victim of sibling bullying if these were causal relationships.

Conclusions:
Being bullied by a sibling is a potential risk factor for depression and self-harm in early adulthood. Our results suggest that interventions designed to target sibling bullying should be devised and evaluated.

Keywords:
Siblings, bullying, depression, anxiety, self harm, longitudinal, ALSPAC


ABSTRACT
The Avon Longitudinal Study of Parents and Children (ALSPAC) is a transgenerational prospective observational study investigating influences on health and development across the life course. It considers multiple genetic, epigenetic, biological, psychological, social and other environmental exposures in relation to a similarly diverse range of health, social and developmental outcomes. Recruitment sought to enroll pregnant women in the Bristol area of the UK during 1990-92; this was extended to include additional children eligible using the original enrolment definition up to the age of 18 years. The children from 14541 pregnancies were recruited in 1990-92, increasing to 15247 pregnancies by the age of 18 years. This cohort profile describes the index children of these pregnancies. Follow-up includes 59 questionnaires (4 weeks-18 years of age) and 9 clinical assessment visits (7-17 years of age). The resource comprises a wide range of phenotypic and environmental measures in addition to biological samples, genetic (DNA on 11343 children, genome-wide data on 8365 children, complete genome sequencing on 2000 children) and epigenetic (methylation sampling on 1000 children) information and linkage to health and administrative records. Data access is described in this article and is currently set up as a supported access resource. To date, over 700 peer-reviewed articles have been published using ALSPAC data.
ABSTRACT

Aims:
To investigate student nurses' and midwives' knowledge, confidence and educational needs regarding recognition and responses to domestic abuse.

Background:
Domestic abuse is a serious global problem and has greater, negative effects on long-term health than more obvious diseases, such as diabetes. Nurses and midwives are well-placed to recognise and respond to domestic abuse but many lack confidence in this area. There is firm evidence that training can increase the confidence of Registered Nurses and midwives in responding to domestic abuse. But the issue of undergraduate preparation is significantly under-investigated.

Design:
A qualitative study.

Methods:
Nursing and midwifery students were recruited using purposive sampling. We facilitated eight focus groups with a total of 55 students (student midwives N = 32; student nurses n = 23). Data were collected between May-November 2014.

Findings:
Students in the study viewed the issue of domestic abuse as important and they possessed sound theoretical knowledge of its nature and consequences. However, they lacked confidence in recognising and responding to abuse and were concerned about the implications of this for their future practice as registered practitioners. Interactive learning opportunities that engaged with service users and involved experts from practice were viewed as important educational requirements.

Conclusions:
Most students in the study felt insufficiently prepared to deal with the issue of domestic abuse. They perceived this as a cyclical state of disempowerment that would impact negatively on their practice and on their own ability to support nursing and midwifery students of the future.
Keywords:
Domestic abuse, education, empowerment, midwives, nurses, placements, qualitative, student, violence


**ABSTRACT**

Exposure to violence is a serious mental and public health issue. In particular, children exposed to violence are at risk for poor developmental outcomes and physical and mental health problems. One area that has been shown to increase the risk for poor outcomes is the use of corporal punishment as a discipline method. While researchers are starting to ask children directly about their experiences of violence, there is limited research with children about their perspectives on physical punishment, particularly in low-and middle-income countries (LMIC). This paper begins to address this gap by reporting on the spontaneous data that emerged during 24 qualitative interviews that were conducted with children, aged 8-12 in South Africa. The themes that emerged indicated that corporal punishment is an everyday experience, that it has negative emotional and behavioural consequences, and that it plays a role in how children resolve interpersonal conflicts. The study highlights the challenges for violence prevention interventions in under-resourced contexts.

Keywords:
Children's voices, corporal punishment, intervention challenges, South Africa


**ABSTRACT**

The UN Sustainable Development Goals provide a historic opportunity to implement interventions, at scale, to promote early childhood development. Although the evidence base for the importance of early childhood development has grown, the research is distributed across sectors, populations, and settings, with diversity noted in both scope and focus. We provide a comprehensive updated analysis of early childhood development interventions across the five sectors of health, nutrition, education, child protection, and social protection. Our review concludes that to make interventions successful, smart, and sustainable, they need to be implemented as multi-sectoral intervention packages anchored in nurturing care. The recommendations emphasise that intervention packages should be applied at developmentally appropriate times during the life course, target multiple risks, and build on existing delivery
platforms for feasibility of scale-up. While interventions will continue to improve with the growth of developmental science, the evidence now strongly suggests that parents, caregivers, and families need to be supported in providing nurturing care and protection in order for young children to achieve their developmental potential.


ABSTRACT

This paper presents and discusses the characteristics of the social protection of children with intellectual disabilities who are placed in children's homes in Serbia. It draws on a survey that covered the entire population—586 users in all five institutions for children with intellectual disabilities who resided there in 2009. The analysis shows the heterogeneity of users in relation to age and degree of intellectual disability, their long-term stay in homes, the inadequate structural and functional standards, and insufficient health care. Residential care becomes the most common form of permanent rather than temporary care. These findings suggest the need for a number of strategies to be adopted, and the paper concludes by outlining potential ways forward.

U radu se prezentovane i analizirane karakteristike socijalne zaštite dece sa intelektualnom ometenošću koja se nalaze na domskom smeštaju u Srbiji. Izvršen je pregled kompletne populacije od 586 korisnika, smeštenih u svih pet ustanova za decu sa intelektualnom ometenošću, koji su u njima boravili 2009. godine. Rezultati analize pokazuju da korisnici ovih ustanova čine heterogenu populaciju u odnosu na uzrast i stepen intelektualne ometenosti, kao i da su deca u dužem vremenskom periodu smeštena u domovima, bez adekvatnih strukturalnih i funkcionalnih standarda i bez dovoljne zdravstvene zaštite. Umesto da bude privremeni oblik socijalne zaštite, rezidencijalni smeštaj je postao najčešći oblik trajnog zbrinjavanja ove dece. Dobijeni nalazi ukazuju na neophodnost usvajanja različitih strategija, a u zaključku su istaknute potencijalne mogućnosti za prevazilaženje opisane situacije.

Keywords:
 Transitional society, social protection, intellectual disability, children's homes
 Ključne reči: tranziciono društvo, socijalna zaštita, intelektualna ometenost, domski smeštaj

**ABSTRACT**

**Purpose:**
To determine the prevalence of some major mental disorders among adolescents living in a residential group home and the distribution of these disorders by gender.

**Method:**
The participants included 183 adolescents (13–17 years old) living in residential group homes of the Child Welfare System in the county of Bouches-du-Rhône (South of France). A structured psychiatric Diagnostic Interview Schedule for Children was used to assess the existence of Anxiety Disorder (AD), Major Depression (MD), Conduct Disorder (CD), Eating Disorder (ED), Enuresia (En), Psychosis Screen (PS) and Attention Deficit Hyperactivity Disorder (ADHD) among the study participants over the six-month period before the assessment was taken. The existence of Suicide Attempts (SA) during the lifetime of each child was also assessed.

**Results:**
Of the youths qualified, 48.6 percent as having at least one psychiatric disorder during the last six months (AD: 28.4 percent; CD: 15.3 percent; MD: 14.8 percent; PS: 18.6 percent; ADHD: 3.8 percent), and SA have been reported in 23 percent of them. Females were more affected than boys (p < 0.001) with 64.9 percent having at least one disorder compared to 36.8 percent of boys; AD: 49.3 percent vs. 13.2 percent; and MD: 27.3 percent vs. 5.6 percent.

**Conclusions:**
Adolescents living in residential group homes of the Child Welfare System in France have notably high rates of mental disorder (about three times more than those of the general population of the same age), similar to the patterns found in adolescents in North America and Europe. These data are the first of their kind in France and will guide necessary changes to the child welfare system.

**Research Highlights:**
► Determine the prevalence of mental disorders among adolescents involved in the Child Welfare. ► These Adolescents presents much more mental disorders than general population at same age. ► First study about this subject in France/ Improvement of screening and curing these population is needed.

**Keywords:**
Adolescent, prevalence, psychiatric disorder, French, child welfare system, residential group home

**ABSTRACT**

Developing quality relationships is recognised as an active ingredient for effective interventions with young people in care. Essentially, care staff has the opportunity and capacity to positively influence the young person's experiences in care, through the positive relationships they form. This paper presents selectively on the findings of two separate but related qualitative Irish studies exploring relationship-based approaches in residential child care practice, from the perspectives of both residential child care workers and young care leavers. Thirty-two professionals and four care leavers participated in either focus group or individual interviews. The findings are integrated in this paper with the wider literature on young people leaving care, with the aim of identifying core knowledge that is needed by service providers who are tasked with the support of young people making the transition out of care and towards independent living. In this paper we attempt to identify the knowledge base on relationship-building which is needed by care staff in order to carry out their role. It is argued that an explicit knowledge base is overdue now that the complex needs of young people in care are increasingly visible through advances in research and more recently the emerging literature concerning the personal testimonies of care graduates.

**Keywords:**
Residential care, relationship based practice, keyworking, outcomes


**ABSTRACT**

Adult (age 30) educational, economic, and social-emotional adjustment outcomes were investigated for participants in the Abecedarian Project, a randomised controlled trial of early childhood education for children from low-income families. Of the original 111 infants enrolled (98 percent African American), 101 took part in the age 30 follow up. Primary indicators of educational level, economic status, and social adjustment were examined as a function of early childhood treatment. Treated individuals attained significantly more years of education, but income-to-needs ratios and criminal involvement did not vary significantly as a function of early treatment. A number of other indicators were described for each domain. Overall, the findings provide strong evidence for educational benefits, mixed evidence for economic benefits, and little evidence for treatment-related social adjustment outcomes. Implications for public policy are discussed.
ABSTRACT

High-quality early childhood programmes have been shown to have substantial benefits in reducing crime, raising earnings, and promoting education. Much less is known about their benefits for adult health. We report on the long-term health effects of one of the oldest and most heavily cited early childhood interventions with long-term follow-up evaluated by the method of randomisation: The Carolina Abecedarian Project (ABC). Using recently collected biomedical data, we find that disadvantaged children randomly assigned to treatment have significantly lower prevalence of risk factors for cardiovascular and metabolic diseases in their mid-30s. The evidence is especially strong for males. The mean systolic blood pressure among the control males is 143 millimeters of mercury (mm Hg), whereas it is only 126 mm Hg among the treated. One in four males in the control group is affected by metabolic syndrome, whereas none in the treatment group are affected. To reach these conclusions, we address several statistical challenges. We use exact permutation tests to account for small sample sizes and conduct a parallel bootstrap confidence interval analysis to confirm the permutation analysis. We adjust inference to account for the multiple hypotheses tested and for nonrandom attrition. Our evidence shows the potential of early life interventions for preventing disease and promoting health.

ABSTRACT

There has been growing interest in comparing achievement goal orientations across ethnic groups. Such comparisons, however, cannot be made until validity evidence has been collected to support the use of an achievement goal orientation instrument for that purpose. Therefore, this study investigates the measurement invariance of a particular measure of achievement goal orientation, the modified Achievement Goal Questionnaire (AGQ-M), across African American and White university students. Confirmatory factor analyses support measurement invariance across the two groups. These findings provide additional validity evidence for the newly conceptualised 2 × 2 framework of achievement goal orientation and for the equivalence of functioning of the AGQ-M across these distinct groups. Because this level of invariance is established, researchers can make more valid inferences about differences in the AGQ-M scores across African American and White students.
ABSTRACT

Objective:
Several longitudinal studies had shown that early deprivation and institutionalisation during the first six months of life affects the emotional, cognitive, social and neurophysiologic development. Nevertheless, our understanding of possible similar effects of delayed institutionalisation, in preschool-age remains unclear to this day. The goal of this study is to evaluate the cognitive performance of institutionalised children with history of preschool-age physical abandonment.

Method:
18 male institutionalised children with history of abandonment during the preschool-age (2-5 years old) and comparison group matched by age, handedness, gender, educational and socioeconomic level were tested on multiple tasks of attention, memory and executive functions.

Results:
We found a cognitive impairment in the institutionalised children in several measures of attention, memory and executive functions. This is the first report of cognitive impairment related to late abandonment and institutionalisation effects (after 2 years old), extending the already known effects on early institutionalisation.

Conclusions:
This preliminary study suggests that environmental factors including abandonment and institutional care, can affect not only the infancy period, but also the preschool period providing new insights into our understanding of neurocognitive development.

ABSTRACT

Children’s exposure to domestic violence has attracted increased interest from researchers. This greater interest necessitates discussion about the methods by which children’s exposure to and descriptions of violence are studied. This article (1) discusses ethical dilemmas in research involving interviewing children exposed to domestic violence in relation to constructions of children as competent and as vulnerable, and (2) suggests a conceptual framework to aid in the design of such studies. The ethical dilemmas discussed concern: (1) research being ethically justified, (2) consent and (3) confidentiality and unsought disclosures. We suggest that combining
children’s rights to agency and protection in ethical research that involves interviewing children exposed to violence can be facilitated by using the concepts of closeness and distance.

**Keywords:**
Childhood studies, children’s rights, violence, research ethics


**ABSTRACT**

**Objective:**
Given the limited number of systematic studies on child victimisation in China, this study aimed to investigate the prevalence of child victimisation and poly-victimisation, and to examine the associations between victimisation and negative health outcomes.

**Method:**
Using a 2-stage stratified sampling procedure, 18,341 adolescents aged 15 to 17 years old were recruited from 6 cities in China during 2009 and 2010. Adolescents completed a self-administered questionnaire containing items about child victimisation and health outcomes (e.g. health-related quality of life, posttraumatic stress disorder [PTSD], depression, deliberate self-harm, and suicide ideation). Structured multiphase logistic regression analyses were conducted to examine the associations between these factors.

**Results:**
The lifetime prevalence of at least one form of victimisation was 71 percent, whereas that of poly-victimisation was 14 percent. Child victimisation in the preceding year was associated with gender, age, number of siblings, and location of schools. Child victims were more likely to report PTSD and depressive symptoms, self-harm ideation, and poor physical and mental health.

**Conclusions:**
This study provided reliable estimates of the association between child victimisation and health using a large and diverse sample in China. Based on the nature of the documented associations, several suggestions for public health professionals were offered.

ABSTRACT

Objective:
This study assessed the co-occurrence of child maltreatment and intimate partner violence (IPV) and examined the association between them.

Method:
The cross-sectional study recruited a population-based sample of 1,094 children aged 12-17 years in Hong Kong. Structured questionnaires were used to collect data from the children. The prevalence of occurrence of child abuse and neglect by parents and exposure to IPV in both the past year and lifetime was examined, and their correlates were assessed using univariate and multivariate logistic regression.

Results:
The results show that 26 percent and 14.6 percent of child participants had been exposed to IPV physical assault, and 44.4 percent and 22.6 percent had been subjected to a parent's corporal punishment or to physical maltreatment from a parent in their lifetime and the year preceding the study, respectively. Among those families characterised by IPV, 54.4 percent and 46.5 percent were involved in child physical maltreatment over the child's lifetime and in the preceding year, respectively.

Conclusions:
Multivariate logistic regression analyses revealed that children exposed to IPV were at higher risk of being victims of neglect, corporal punishment, and physical maltreatment or severe physical maltreatment by their parents than children who were not exposed to IPV, even when child and parent demographic factors were controlled for.

Practical Implications:
The higher risk of child physical maltreatment associated with IPV highlights the need for an integrated assessment to screen for the presence of multiple forms of family violence within the family, and for intervention to assess effective responses to both IPV and child maltreatment by child protective service workers and domestic violence agencies.

ABSTRACT

Violence against children has been the least reported, studied, and understood area of child injuries. Initial awareness emerged from international conferences and resolutions, followed by national policies and statements. More effective responses around the world will require action. Although previous calls for action have pointed to important activities (gathering of baseline data, passing of legal reforms, and providing services to those who experience violence), the agenda is limited. Data collection needs to be continuous, systematic, and sustainable, and should enable ongoing evaluation of intervention programmes. An inter-sectoral approach to violence against children incorporating public health, criminal justice, social services, education, non-governmental organisations, media, and businesses is imperative if the growing burden is to be mitigated. Thus we offer a framework, building on earlier recommendations, to focus on four domains: national surveillance, intervention research, legislation and policy, and partnerships and collaboration.


ABSTRACT

Background and Objectives:
This study tested whether dating violence (DV) victimisation is associated with increases in BMI across the transition from adolescence to young adulthood and whether gender and previous exposure to child maltreatment modify such increases.

Methods:
Data were from participants (N = 9295; 49.9percent female) in the National Longitudinal Study of Adolescent Health. BMI was calculated from measured height and weight at waves 2, 3, and 4 of the study. DV victimisation was measured at waves 2, 3, and 4 by using items from the revised Conflict Tactics Scales. Linear regression by using generalised estimating equations with robust SEs was used to test the association. Models were stratified according to gender and history of child maltreatment.

Results:
From baseline to wave 4, BMI increased on average 6.5 units (95percent confidence interval [CI]: 6.2-6.7) and 6.8 units (95percent CI: 6.5-7.1) among men and women, respectively, and nearly one-half (45.5percent of men; 43.9percent of women) reported DV at some point. In stratified models, DV victimisation (β: 0.3 [95percent CI: 0.0-0.6]) independently predicted BMI increase over time in women. Exposure to childhood sexual abuse magnified the increase in BMI
associated with DV victimisation (β: 1.3 [95percent CI: 0.3-2.3]). No other types of childhood maltreatment were significant modifiers of the DV-BMI association. Violence victimisation was not associated with BMI among men.

Conclusions:
Screening and support for DV victims, especially women who have also experienced childhood maltreatment, may be warranted to reduce the likelihood of health consequences associated with victimisation.


ABSTRACT

Objective:
To explore patterns of physical, emotional and sexual violence against Ugandan children.

Design:
Latent class and multinomial logistic regression analysis of cross-sectional data.

Setting:
Luwero District, Uganda.

Participants:
In all, 3706 primary 5, 6 and 7 students attending 42 primary schools.

Main Outcome and Measure:
To measure violence, we used the International Society for the Prevention of Child Abuse and Neglect Child Abuse Screening Tool—Child Institutional. We used the Strengths and Difficulties Questionnaire to assess mental health and administered reading, spelling and maths tests.

Results:
We identified three violence classes. Class 1 (N=696 18.8 percent) was characterised by emotional and physical violence by parents and relatives, and sexual and emotional abuse by boyfriends, girlfriends and unrelated adults outside school. Class 2 (N=975 26.3percent) was characterised by physical, emotional and sexual violence by peers (male and female students). Children in Classes 1 and 2 also had a high probability of exposure to emotional and physical violence by school staff. Class 3 (N=2035 54.9percent) was characterised by physical violence by school staff and a lower probability of all other forms of violence compared to Classes 1 and 2. Children in Classes 1 and 2 were more likely to have worked for money (Class 1 Relative Risk Ratio 1.97, 95percent CI 1.54 to 2.51; Class 2 1.55, 1.29 to 1.86), been absent from school in the
previous week (Class 1 1.31, 1.02 to 1.67; Class 2 1.34, 1.10 to 1.63) and to have more mental health difficulties (Class 1 1.09, 1.07 to 1.11; Class 2 1.11, 1.09 to 1.13) compared to children in Class 3. Female sex (3.44, 2.48 to 4.78) and number of children sharing a sleeping area predicted being in Class 1.

Conclusions:
Childhood violence in Uganda forms distinct patterns, clustered by perpetrator and setting. Research is needed to understand experiences of victimised children, and to develop mental health interventions for those with severe violence exposures.


**ABSTRACT**

Objective:
This article provides information about trauma-focused cognitive behavioural therapy (TF-CBT), an evidence-based treatment for traumatised children, adolescents, and families.

Method:
The evolution of the TF-CBT model is described from the perspective of the treatment developers, including population of focus, conceptual and methodological features of the research, critical challenges and design issues that have been confronted, and how they have been addressed. Major research findings and their implications for clinical practice are also described, as well as future research challenges and directions for young researchers starting out in this field.

Results:
The TF-CBT model has been tested in a variety of challenging research settings and has strong evidence for improving trauma symptoms across diverse populations of traumatised children.

Conclusions:
TF-CBT is an effective and widely used treatment for addressing childhood trauma.

**Keywords:**
Child psychotherapy, cognitive behaviour therapy, trauma

**ABSTRACT**

Research has shown that relative caregivers are less likely to use formal supports and services than non-relative foster parents. However, less is known about factors influencing kinship caregivers' help-seeking behaviours and service use. This systematic review identified research studies examining factors associated with service use among kinship caregivers using key search terms in five computerised bibliographic databases and four journals. The search identified 337 potentially relevant studies. After screening and study eligibility assessments, a final sample of 13 studies was reviewed. Findings suggested that although children and their kinship caregivers were clearly in need of services, service use was low. Results suggested a need for more rigorous research designs and that the following factors may influence service use: child behavioural problems, caregiver mental health status, resources, provider characteristics, caregiver perceived need, and social support. More research examining help-seeking behaviours, perceptions of formal services, and effectiveness of kinship caregiver services in relation to child outcomes is needed to improve the well-being of kinship families in the child welfare system.

**Keywords:**
Kinship care, kinship caregivers, mental health service use, child welfare, systematic review


*No abstract available*


**ABSTRACT**

Our results corroborate previous research outlining that concentrating attention and intervention on one form of victimisation obscures the true burden of victimisation carried by children and overlooks their experience as a whole. This study provided a more general view of the problem in a Canadian population. Children were often victimised in multiple domains (school, community, within the family) and may persistently felt unsafe, which indicates a pressing need to improve the identification, screening and referral of polyvictimised children. To prevent
adaptation and mental health problems as well as revictimisation risks, service linkage and collaboration between child welfare agencies, community services, schools, shelters and governmental organisations serving children and families is needed (Cyr et al., 2012). Given the scope of the problem and the different victimisations types experienced by children, adequate intervention will require different areas of expertise and more interagency partnerships. The results of this study highlight the importance of obtaining data on multiple forms of victimisation experienced by juveniles in Canada and elsewhere. The feasibility of using the JVQ as standardised measure of multiple juvenile victimisations was demonstrated among a general, mostly French speaking population. Despite some methodological challenges, the JVQ could be used in the development of public surveillance mechanisms to monitor the scope of the problem across populations and geographical regions. International juvenile victimisation surveys, similar to the International Crime Victimisation Survey (Van Dijk, van Kesteren, and Smit, 2008) should be developed. This would allow international comparisons of factors associated with polyvictimisation, and inform policy makers about effective policies at the international level aimed at preventing child victimisation. (Author Conclusion)


ABSTRACT

Background:
This paper scrutinises the association between maternal practices to correct child behaviour and the mothers’ exposure to and attitudes towards intimate partner violence (IPV).

Methods:
Nationally representative data comprising 14 016 married women were retrieved from the Egyptian Demographic and Health Survey, 2005. Data on practices used to correct child behaviour, exposure to IPV, attitudes towards IPV were our primary interest. Data were analysed using Chi-square test and logistic regression.

Results:
The majority of the mothers reported use of violent methods, like shouting (90.6 percent), striking (69.1 percent) and slapping (39.3 percent) to correct child behaviour. Seven percent of the mothers used only the explanation option. Exposure to physical IPV and tolerant attitudes towards IPV were associated with an augmented risk of using violent methods (shouting, striking or slapping) to correct child behaviour. On the other hand, non-tolerant attitudes towards IPV were associated with increased likelihood of sole use of the explanation method.
Conclusions:
We thus recommend the implementation of local parental education programmes focussing on communicative skills to reduce IPV and related child abuse.


ABSTRACT
This article examines patterns of risk regarding child sexual exploitation (CSE). There is specific focus on those living in alternative care, child sexual exploitation and trafficking among Roma communities in Bulgaria and the UK. Data is drawn from a desk-based literature review and partnership work with Bulgarian and British academics and practitioners to explore the issues in both countries. Although there is limited statistical data on CSE and children in care across Europe and the risk-factors for Roma children and young people are still not being fully recognised, we can draw on what is known in Bulgaria to inform practice in the UK with emerging Roma communities. Research on CSE more generally can also inform awareness of risk factors particularly around care systems. Comparative information about what is known in the UK and Bulgaria is considered in order to make some recommendations for international prevention, protection efforts, and prosecution strategies for the future.

Keywords:
Child sexual exploitation, institutional care, risk, Roma, social inclusion


ABSTRACT
The mandatory reporting of intimate partner violence (IPV) is a controversial issue that is receiving increased attention. A related concern is whether children's exposure to IPV constitutes child maltreatment, making it reportable to child protective services. These issues have been relatively unexplored within the context of home visitation programmes. A secondary analysis of qualitative data collected from community stakeholders, clients, and home visiting nurses in the Nurse-Family Partnership programme was carried out. Participants' perceptions about mandatory reporting of IPV and reporting of children's exposure to IPV are highlighted. Emergent themes and implications for research, practice, and policy are discussed.

**ABSTRACT**

HIV/AIDS is a major driver of livelihood insecurity. The AIDS epidemic, through the death or disability of economically productive adults, destabilises and erodes the social networks which sustain the livelihoods of vulnerable households. This paper draws upon research with home-based care workers and family members of 14 households directly affected by HIV/AIDS in the rural district of Nkomazi, South Africa. Through a social capital framework this study reveals the fragile linkages between households and broader kin networks demonstrating the (in)ability of the households to adapt and manage the economic and social impact of the epidemic. The chronic financial burden of the epidemic on poor households compounded by HIV/AIDS-related stigma undermines kinship ties resulting in the extended family becoming more conditional, temporary and at times destructive. The extended family cannot be romanticised as a ‘safety net’ and instead needs to be problematised for its complexities, limitations and constraints while ensuring sufficient external support is provided to sustain the care and support provided by the family and local community.

**Keywords:**
Home-based care, kin, reciprocity, rural livelihoods, social networks, stigma


**ABSTRACT**

**Background:**
Violence against children from school staff is anecdotally common in low- and middle-income countries, but data on prevalence and associations with mental health and educational outcomes are lacking.

**Methods:**
We report data from a cross-sectional survey conducted in June and July 2012 in Luwero District, Uganda. Forty-two primary schools representing 80 percent of students in the district were randomly selected; 100 percent agreed to participate. The International Society for the Prevention of Child Abuse and Neglect Child Abuse Screening Tool—Child Institutional; Strengths and Difficulties Questionnaire; and reading, spelling, and math tests were administered. We present descriptive statistics and logistic regression models, accounting for the complex sampling scheme used in the survey.
Results:
We surveyed 3706 students and 577 school staff members; 93.3 percent (SE 1.0 percent) of boys and 94.2 percent (SE 1.6 percent) of girls attending primary school reported lifetime experience of physical violence from a school staff member, and >50 percent reported experience in the past week. Past-week physical violence was associated with increased odds of poor mental health and, for girls, double the odds of poor educational performance (adjusted odds ratio = 1.78, 95 percent confidence interval = 1.19–2.66). For boys, significant interactions were present.

Conclusions:
Despite a ban on corporal punishment in Ugandan schools since 1997, the use of violence against students is widespread and associated with poor mental health and educational performance. School violence may be an important but overlooked contributor to disease burden and poor educational performance in low- and middle-income settings.

Keywords:
Corporal punishment, child maltreatment, violence against children, mental health, education, Uganda, primary school


ABSTRACT

Suicidal behaviours are one of the most important contributors to the global burden of disease among women, but little is known about prevalence and modifiable risk factors in low and middle income countries. We use data from the WHO multi-country study on women's health and domestic violence against women to examine the prevalence of suicidal thoughts and attempts, and relationships between suicide attempts and mental health status, child sexual abuse, partner violence and other variables. Population representative cross-sectional household surveys were conducted from 2000-2003 in 13 provincial (more rural) and city (urban) sites in Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia, Thailand and Tanzania. 20967 women aged 15-49 years participated. Prevalence of lifetime suicide attempts, lifetime suicidal thoughts, and suicidal thoughts in the past four weeks were calculated, and multivariate logistic regression models were fit to examine factors associated with suicide attempts in each site. Prevalence of lifetime suicide attempts ranged from 0.8 percent (Tanzania) to 12.0 percent (Peru city); lifetime thoughts of suicide from 7.2 percent (Tanzania province) to 29.0 percent (Peru province), and thoughts in the past four weeks from 1.9 percent (Serbia) to 13.6 percent (Peru province). 25-50 percent of women with suicidal thoughts in the past four weeks had also visited a health worker in that time. The most consistent risk factors for suicide attempts after adjusting for probable common mental health disorders were: intimate partner violence, non-partner physical violence, ever being divorced, separated or widowed, childhood sexual abuse and having a mother who had
experienced intimate partner violence. Mental health policies and services must recognise the consistent relationship between violence and suicidality in women in low and middle income countries. Training health sector workers to recognise and respond to the consequences of violence may substantially reduce the health burden associated with suicidal behaviour.


**ABSTRACT**

Violence against women is a phenomenon that persists in all countries (1). Since the 1993 World Conference on Human Rights and the Declaration on the Elimination of Violence against Women, the international community has acknowledged that violence against women is an important public health, social policy, and human rights concern. However, documenting the magnitude of violence against women and producing reliable comparative data to guide policy and monitor progress has been difficult.


**ABSTRACT**

**Background:**

International epidemiological research into violence against children is increasing in scope and frequency, but little has been written about practical management of the ethical aspects of conducting such research in low and middle-income countries. In this paper, we describe our study procedures and reflect on our experiences conducting a survey of more than 3,700 primary school children in Uganda as part of the Good Schools Study, a cluster randomised controlled trial of a school-based violence prevention intervention. Children were questioned extensively about their experiences of physical, sexual, and emotional violence from a range of different perpetrators. We describe our sensitisation and consent procedures, developed based on our previous research experience and requirements for our study setting. To respond to disclosures of abuse that occurred during our survey, we describe a referral algorithm developed in conjunction with local services. We then describe our experience of actually implementing these procedures in our 2012 survey, based on reflections of the research team. Drawing on 40 qualitative interviews, we describe children’s experiences of participating in the survey and of being referred to local child protection services.
Results:
Although we were able to implement much of our protocol in a straightforward manner, we also encountered major challenges in relation to the response of local services to children’s disclosures of violence. The research team had to intervene to ensure that children were provided with appropriate support and that our ethical obligations were met.

Conclusions:
In resource poor settings, finding local services that can provide appropriate support for children may be challenging, and researchers need to have concrete plans and back-up plans in place to ensure that obligations can be met. The merits of mandatory reporting of children’s disclosures to local services need to be considered on a case by case basis—in some places this has the potential to do harm. Research teams also must agree on what level of ancillary care will be provided, and budget accordingly. Further practical examples of how to address the challenges encountered in this work are needed, in order to build a consensus on best practices.

Keywords:
Child abuse, violence against children, ethics, survey research, low-income countries, Uganda, corporal punishment, school violence, sexual violence.


ABSTRACT
To study the effects of perinatal HIV-1 infection and early institutional rearing on the physical and cognitive development of children, 64 Ukrainian uninfected and HIV-infected institutionalised and family-reared children were examined (mean age = 50.9 months). Both HIV infection and institutional care were related to delays in physical and cognitive development, with a larger effect of the rearing environment. Family care, even of compromised quality, was found to be more favourable for children's physical and cognitive development than institutional care. The impact of the quality of child care on physical and cognitive development is discussed in light of future interventions.

**ABSTRACT**

Multiple types of victimisation or poly-victimisation (PV) can occur simultaneously during childhood, resulting in outcomes that are detrimental and difficult to reverse. Very few studies have focussed on PV in Chinese adolescents. The present study is based on information collected from a stratified cluster sample of 1,561 females and 1,594 males aged 12-18 years living in Shandong Province, China. A self-administered questionnaire was used to assess background information, the Juvenile Victimisation Questionnaire was used to measure the extent of victimisation and PV, the Screen for Child Anxiety Related Emotional Disorders was used to measure anxiety levels, and a Depression Self-rating Scale for Children was used to ascertain depression. A majority of the study sample (66.2 percent) had experienced at least one form of victimisation over the past year. Prevalence of PV was 16.9 percent, and was significantly higher among males (21.1 percent) than females (12.5 percent). Younger ages, one-child families, and lower socioeconomic status were positively associated with PV. Logistic regression analysis indicated that smoking, alcohol consumption, exposure to pornography, and anxiety- and depression-like symptoms were risk factors of PV. Results of this study highlight the need for further exploration of factors related to the PV of Chinese adolescents.


**ABSTRACT**

This article is a response to “Issues in Differential Response”, a review of the current evidence pertaining to differential response (DR) programmes in child protective services (CPS). In my view, the Hughes, Rycus, Saunders-Adams, Hughes, and Hughes article suffers from several weaknesses. First, DR programmes are critiqued as if they were a manualised intervention rather than a policy orientation, resulting in unhelpful conclusions. Second, the strength of existing evidence pertaining to child safety in DR is framed in an overly negative way. Finally, I attempt to place our understanding of DR in a broader perspective reflecting the continuing evolution of CPS and policies.

ABSTRACT

Accelerated telomere length attrition has been associated with psychological stress and early adversity in adults; however, no studies have examined whether telomere length in childhood is associated with early experiences. The Bucharest Early Intervention Project is a unique randomised controlled trial of foster care placement compared with continued care in institutions. As a result of the study design, participants were exposed to a quantified range of time in institutional care, and represented an ideal population in which to examine the association between a specific early adversity, institutional care and telomere length. We examined the association between average relative telomere length, telomere repeat copy number to single gene copy number (T/S) ratio and exposure to institutional care quantified as the percent of time at baseline (mean age 22 months) and at 54 months of age that each child lived in the institution. A significant negative correlation between T/S ratio and percentage of time was observed. Children with greater exposure to institutional care had significantly shorter relative telomere length in middle childhood. Gender modified this main effect. The percentage of time in institutional care at baseline significantly predicted telomere length in females, whereas the percentage of institutional care at 54 months was strongly predictive of telomere length in males. This is the first study to demonstrate an association between telomere length and institutionalisation, the first study to find an association between adversity and telomere length in children, and contributes to the growing literature linking telomere length and early adversity.


ABSTRACT

Evidence that genexenvironment interactions can reflect differential sensitivity to the environmental context, rather than risk or resilience, is increasing. To test this model, we examined the genetic contribution to indiscriminate social behaviour, in the setting of a randomised controlled trial of foster care compared to institutional rearing. Children enrolled in the Bucharest Early Intervention Project (BEIP) were assessed comprehensively before the age of 30 months and subsequently randomised to either care as usual (CAUG) or high quality foster care (FCG). Indiscriminate social behaviour was assessed at four time points, baseline, 30 months, 42 months and 54 months of age, using caregiver report with the Disturbances of Attachment Interview (DAI). General linear mixed-effects models were used to examine the effect of the
interaction between group status and functional polymorphisms in Brain Derived Neurotrophic Factor (BDNF) and the Serotonin Transporter (5htt) on levels of indiscriminate behaviour over time. Differential susceptibility, relative to levels of indiscriminate behaviour, was demonstrated in children with either the s/s 5httlpr genotype or met 66 BDNF allele carriers. Specifically, children with either the s/s 5httlpr genotype or met66 carriers in BDNF demonstrated the lowest levels of indiscriminate behaviour in the FCG and the highest levels in the CAUG. Children with either the long allele of the 5httlpr or val/val genotype of BDNF demonstrated little difference in levels of indiscriminate behaviours over time and no group×genotype interaction. Children with both plasticity genotypes had the most signs of indiscriminate behaviour at 54 months if they were randomised to the CAUG in the institution, while those with both plasticity genotypes randomised to the FCG intervention had the fewest signs at 54 months. Strikingly children with no plasticity alleles demonstrated no intervention effect on levels of indiscriminate behaviour at 54 months. These findings represent the first genetic associations reported with indiscriminate social behaviour, replicate previous gene×gene×environment findings with these polymorphisms, and add to the growing body of literature supporting a differential susceptibility model of gene×environment interactions in developmental psychopathology.


ABSTRACT

Objective:
To examine the effectiveness of the Safe Environment for Every Kid (SEEK) model of enhanced paediatric primary care to help reduce child maltreatment in a relatively low-risk population.

Methods:
A total of 18 paediatric practices were assigned to intervention or control groups, and 1119 mothers of children ages 0 to 5 years were recruited to help evaluate SEEK by completing assessments initially and after 6 and 12 months. Children's medical records and Child Protective Services data were reviewed. The SEEK model included training health professionals to address targeted risk factors (eg., maternal depression), the Parent Screening Questionnaire, parent handouts, and a social worker. Maltreatment was assessed 3 ways: 1) maternal self-report, 2) children's medical records, and 3) Child Protective Services reports.

Results:
In the initial and 12-month assessments, SEEK mothers reported less Psychological Aggression than controls (initial effect size = -0.16, 95percent confidence interval [95percent CI] -0.27, -0.05, P = .006; 12-month effect size = -0.12, 95percent CI -0.24, -0.002, P = .047). Similarly, SEEK mothers reported fewer Minor Physical Assaults than controls (initial effect size = -0.16, 95percent CI -0.29, -0.03, P = .019; 12-month effect size = -0.14, 95percent CI -0.28, -0.005, P =
.043). There were trends in the same positive direction at 6 months, albeit not statistically significant. There were few instances of maltreatment documented in the medical records and few Child Protective Services reports.

**Conclusions:**
The SEEK model was associated with reduced maternal Psychological Aggression and Minor Physical Assaults. Although such experiences may not be reported to protective services, ample evidence indicates their potential harm. SEEK offers a promising and practical enhancement of paediatric primary care.


**ABSTRACT**

In 1951 John Bowlby, British psychoanalyst and child psychiatrist, published his now famous report, Maternal Care and Mental Health, commissioned by the World Health Organisation. In this report, Bowlby coined the term 'maternal deprivation', which quickly permeated into Western psychiatry and psychology. The implications of Bowlby's writings, while widely criticised and contested, generated a considerable amount of research and brought about significant changes in perceptions of separation between children and their mothers. This article examines the origins of the 'maternal deprivation' hypothesis, focussing on how the deficiency theory of disease influenced psychiatric discourse, and framed Bowlby's theory of maternal care. We argue that developments in paediatric medicine, and particularly in the field of nutritional deficiencies, provided Bowlby a prototype for conceptualising his early views on the psychological needs of children and the development of psychopathology.


**ABSTRACT**

**Purpose:**
The purpose of this study was to explore the process of mandated reporting of child maltreatment by paediatric nurses.

**Design and Methods:**
Qualitative description using a grounded theory lens was used with a cross-section of paediatric nurses.
Results:
A point of divergence in the reporting process appears to occur at the first of three moderating points. When nurses hesitate at this first point, decision-making becomes complex and delays the reporting process, giving rise to two themes: "It's the law" and "The ones that haunt you."

Practice Implications:
Increasing educational efforts focussed on the recognition of child maltreatment may impact nurses' low rate of reporting.


No abstract available


ABSTRACT

Purpose:
The prevention of youth violence is a public health priority in many countries. We examined the prevalence of bullying victimisation and physical fighting in youths in 79 high- and low-income countries and the relations between structural determinants of adolescent health (country wealth, income inequality, and government spending on education) and international differences in youth violence.

Methods:
Cross-sectional surveys were administered in schools between 2003 and 2011. These surveys provided national prevalence rates of bullying victimisation (n = 334,736) and four or more episodes of physical fighting in the past year (n = 342,312) in eligible and consenting 11-16 year olds. Contextual measures included per capita income, income inequality, and government expenditures on education. We used meta-regression to examine relations between country characteristics and youth violence.

Results:
Approximately 30 percent of adolescents reported bullying victimisation and 10.7 percent of males and 2.7 percent of females were involved in frequent physical fighting. More youth were exposed to violence in African and Eastern Mediterranean countries than in Europe and Asia. Violence directly related to country wealth; a 1 standard deviation increase in per capita income
corresponded to less bullying (-3.9 percent in males and -4.2 percent in females) and less fighting (-2.9 percent in males and -1.0 percent in females). Income inequality and education spending modified the relation between country wealth and fighting; where inequality was high, country wealth related more closely to fighting if education spending was also high.

**Conclusions:**
Country wealth is a robust determinant of youth violence. Fighting in affluent but economically unequal countries might be reduced through increased government spending on education.


**ABSTRACT**

This article is an invited commentary and analysis of the authors’ completed systematic evaluation of Child Protective Services (CPS) differential response (DR) models. I write this commentary based on 25 years of public child welfare experience followed by 13 years as a social work professor and researcher. In their review of DR, the authors’ identify critical and unresolved issues in DR implementation and programme evaluation as well as recommendation to improve DR within CPS. In the course of the authors’ evaluation, they completed interviews with key informants in states that have implemented DR; an important contribution to CPS literature. Concepts, issues, and controversies in the DR literature are discussed in view of CPS practice models and history of policymaking.


**ABSTRACT**

The article examines violence experienced by children in substitute care and at home based on the survey results of the Finnish Child Victim Survey carried out in schools in 2008. The focus is on physical and psychological violence in conflict situations. Of the 13 459 respondents, pupils between 12 and 16 years of age, 233 children reported living in care or having lived in care. Children living in care were asked the same questions as children living at home about violence experienced by their care-taking adults. The analysis compares the answers between those two groups and examines them in relation to information about children's psychosocial problems and measures of emotional well-being.

ABSTRACT

In this Series paper, we review evidence for interventions to reduce the prevalence and incidence of violence against women and girls. Our reviewed studies cover a broad range of intervention models, and many forms of violence—ie, intimate partner violence, non-partner sexual assault, female genital mutilation, and child marriage. Evidence is highly skewed towards that from studies from high-income countries, with these evaluations mainly focussing on responses to violence. This evidence suggests that women-centred, advocacy, and home-visitation programmes can reduce a woman’s risk of further victimisation, with less conclusive evidence for the preventive effect of programmes for perpetrators. In low-income and middle-income countries, there is a greater research focus on violence prevention, with promising evidence on the effect of group training for women and men, community mobilisation interventions, and combined livelihood and training interventions for women. Despite shortcomings in the evidence base, several studies show large effects in programmatic timeframes. Across different forms of violence, effective programmes are commonly participatory, engage multiple stakeholders, support critical discussion about gender relationships and the acceptability of violence, and support greater communication and shared decision making among family members, as well as non-violent behaviour. Further investment in intervention design and assessment is needed to address evidence gaps.


ABSTRACT

The objectives of the study are (i) to describe and compare the epidemiology of emotional/behavioural problems and associated risk/protective factors among nationally representative samples of institutionally reared and similarly aged community-based adolescents brought up in their natural homes by means of youth self-reports, caregiver/parent, and teacher informants; and (ii) to identify mental health service needs and utilisation. A cross-sectional survey was conducted between November 2005 through April 2006 using an equal probability cluster sample of 11-18-year-old adolescents in institutional care settings (N = 350; 163 males, 187 females) and results were compared with similarly aged community sample of youth living in their natural homes (N = 2,206). The Sociodemographic Information Form, Youth Self Report (YSR), Child Behaviour Checklist (CBCL) by caregivers for institutional sample and parents for the community sample, and Teacher's Report Form (TRF) were used to obtain standardised data on demographic characteristics, emotional/behavioural problems, and risk/protective factors. The
prevalence of problems behaviours by YSR, caregiver/parent CBCL, and TRF were: 47, 15.1, 20.5 percent for the institutional versus 10.1, 7.5 and, 9.5 percent for the community samples, respectively (p < 0.05). Youth self-reports were fourfold, and all informant reports were twofold higher for institutional versus community comparisons. Furthermore, institutional sample had consistently higher rates, not only of Externalising, but Internalising, Social Problems, Attention Problems, and Thought Problems, as well as discrete DSM-oriented scales, suggesting that labelling of institutional youth as simply aggressive and delinquent contributes to their further marginalisation and does not comprehensively address their mental health needs. In terms of protective factors, we found that: perceived social support, high competency scores, supportive caregiving, getting along well with peers and relatives (positive relationships), and problem solving skills were significantly protective of mental health. On the other hand, fatalistic beliefs, cigarette and alcohol use were significantly associated with increased risk for problem behaviours (p < 0.05). The primary reason for institutional placement was family disruption (68.9 percent), poverty (15.7 percent), abandonment (8.4 percent), and physical or sexual abuse (5.4 percent). Only 31.2 percent of the youth were in fact true orphans (loss of one or both parents). It is therefore remarkable that in terms of service use, despite consistently high prevalence of problem behaviours across all informant sources, only 2.4 percent of the youth had received any speciality mental health services during institutional care. In conclusion, there is a pressing need to transform the social and health care policy and to provide family and community-based alternatives for youth currently in institutional care in Turkey. Before this goal is achieved, it is necessary to address their mental health needs urgently and comprehensively. The highest rates of problems by youth self-report also support the view that the youths’ own voices ought to be heard and need to inform the reform process regarding their future care.


ABSTRACT

The article aims to explore how certain social welfare, health and education institutions and the police respond to children exposed to violence. In particular, it focusses on how the institutions interact with each other in terms of informing one another about violence targeted at children or the suspicion of it, as suggested by present Finnish legislation. Based on interviews with 33 practitioners, the analysis highlights hesitation as a common response, especially in cases of mild violence and uncontested “evidence”. Hesitation is against the present legal norms and reflects some lack of knowledge of professional duties. However, the rationalities for hesitation relate, especially, to the agency and profession-based understanding of the principle of the best interests of the child, and they may include some practice-based understanding of the system. Thus, hesitation as a system response should not be ignored but explored in more detail.
ABSTRACT

Out-of-home placement may not always protect children against violence or maltreatment. We investigated the prevalence rates of physical abuse of adolescents in different types of out-of-home care, and compared these with the prevalence of physical abuse in the general population, using findings from the Netherlands' Prevalence study of Maltreatment of children and youth (NPM-2010; Alink et al., 2011). Adolescents (N = 329) between 12 and 17 years of age living in residential and foster care reported on their experiences with physical abuse during the year 2010. Twenty-five percent of all participating adolescents experienced physical abuse, which is a nearly three-fold increase in risk compared to the general population. Prevalence rates in residential care, especially in secure care, were significantly higher than in foster care. However, the prevalence of physical abuse in juvenile detention did not differ from either foster care or the general population. Boys reported more physical abuse in out-of-home care than girls. Age, ethnicity, and education did not affect the prevalence of physical abuse. The current findings indicate that children in out-of-home care, and especially in residential care, are not well protected against violence or maltreatment.

Keywords:
Physical abuse, maltreatment, out of home care, prevalence, self report

ABSTRACT

We investigated the 2010-year prevalence of child sexual abuse (CSA) in residential and foster care and compared it with prevalence rates in the general population. We used two approaches to estimate the prevalence of CSA. First, 264 professionals working in residential or foster care (sentinels) reported CSA for the children they worked with (N = 6,281). Second, 329 adolescents staying in residential or foster care reported on their own experiences with CSA. Sentinels and adolescents were randomly selected from 82 Dutch out-of-home care facilities. We found that 3.5 per 1,000 children had been victims of CSA based on sentinel reports. In addition, 248 per 1,000 adolescents reported having experienced CSA. Results based on both sentinel report and self-report revealed higher prevalence rates in out-of-home care than in the general population, with the highest prevalence in residential care. Prevalence rates in foster care did not differ from the
general population. According to our findings, children and adolescents in residential care are at increased risk of CSA compared to children in foster care. Unfortunately, foster care does not fully protect children against sexual abuse either, and thus its quality needs to be further improved.


**ABSTRACT**

Every health crisis creates orphans, but Ebola causes disproportionate mortality among working-age adults, who are also the most likely to have young children. Across Guinea, Liberia, and Sierra Leone, individuals aged between 15 and 44 years make up 2.85 times as many of the Ebola patients as individuals under 15 years of age.\(^1\) Parent mortality has the potential to multiply the effects of Ebola by leading to poorer health and education outcomes in future generations.\(^2\)


**ABSTRACT**

In this article, we will argue for the moral legitimacy of support and its difference from intervention and the need to engage with and develop a family support project for the twenty-first century. We call for a debate on the current settlement between the state and family life and for a recognition that a perfect storm has ensued from the unholy alliance of early intervention and child protection. We will argue for a project that celebrates families’ strengths as well as their vulnerabilities in the context of considerable adversities and (re)locates workers as agents of hope and support. We draw from a diverse set of literatures and disciplines to locate our arguments within a broader project occasioned by the economic crisis and questioning of the verities of neoliberalism.

**Keywords:**
Child, family, inequality, protection, support


**ABSTRACT**

**Background:**
Mandated reporters inconsistently report child abuse cases. Ethical dilemmas and legal challenges to reporting arise creating barriers to assist abused children and their families.
**Purpose:**
The purpose of this study was to describe professionals' ethical dilemmas and legal challenges to reporting child abuse.

**Method:**
A qualitative study was conducted to explore the ethical and legal challenges of mandated reporters when reporting child abuse. Individual interviews between 60 and 100 min were conducted with a purposive sample of 18 mandated reporters including physicians, nurses, social workers, and teachers. Grounded theory methodology was used to develop categorical themes that reflected mandated reporters' experiences and challenges.

**Result:**
Three themes emerged from the data: conflicts, time, and law as refuge. Professionals described challenges in balancing autonomy, beneficence, non-maleficence, and justice. There was no best solution to do no harm. The associated stigma and pressure of cultural and secular norms of child abuse inhibit professionals' action based on legal and ethical requirements. The theme of time included limited time and an uncertain future. The law provides security and refuge for professionals to find a solution to the challenges of reporting child abuse.

**Conclusions:**
The ethical and legal challenges of reporting child abuse create complex dilemmas for mandated reporters. Ethical principles are in constant opposition when negotiating rights of children and rights of parents. Supportive structures and education are needed to assist professionals in meeting their reporting obligation and solving their dilemmas.

**Highlights:**
► We explored the ethical and legal challenges of mandatory reporting child abuse. ► Three themes emerged from the data: conflicts, time, and law as refuge. ► The stigma and cultural pressure of child abuse inhibit professionals to report. ► The ethical and legal challenges of reporting child abuse create complex dilemmas. ► Supportive structures and education are needed for professionals to solve dilemmas.

**Keywords:**
Child abuse, mandated reporter, ethical challenge, Taiwan
ABSTRACT

Background:
The complexity of reporting child abuse requires multidisciplinary collaboration. The dynamics of a multidisciplinary team in reporting child abuse which begins the process of child protection remains unclear.

Objective:
To explore the experiences and perspectives of professionals working with other disciplines when reporting child abuse.

Design:
A qualitative study with grounded theory was used.

Setting:
Participants were recruited from hospitals, the Department of Child Welfare, and schools in Taiwan.

Participants:
Twenty-one professionals from four disciplines agreed to participate. The purposive sample included 5 physicians, 5 nurses, 6 social workers, and 5 teachers.

Method:
Individual interviews were conducted to explore the experiences in reporting child abuse of a purposive sample of 21 professionals including physicians, nurses, social workers, and teachers. Transcripts were analysed using a grounded theory approach. Categorical themes were developed that reflected reporters’ experiences and perspectives in reporting child abuse.

Results:
The professionals involved in reported child abuse are described as participants in a relay race. Four themes emerged from the interviews: running the relay race of child protection; reporters as runners with expectations of runners’ characteristics and the order of runners; carrying the baton of a mandatory report described using baton characteristics while running in space and time; and team chemistry including trust of and communication with teammates. Systems that encourage and promote team building and collaboration among child abuse reporters are needed.
Conclusions:
Success in the race to report child abuse across professional disciplines includes runners' skills, speed, a light and easy to carry baton, and team chemistry. As a team of child abuse reporters, when performance is enhanced by practice, the team's success will be measured as victories in child protection. The paradigm of individual disciplines developing their own goals, designing their own training, and practicing within their own regimen needs to be reframed.


ABSTRACT

Importance:
It is important to estimate the burden of and trends for violence, crime, and abuse in the lives of children.

Objective:
To provide health care professionals, policy makers, and parents with current estimates of exposure to violence, crime, and abuse across childhood and at different developmental stages.

Design, Setting, and Participants:
The National Survey of Children's Exposure to Violence (NatSCEV) includes a representative sample of US telephone numbers from August 28, 2013, to April 30, 2014. Via telephone interviews, information was obtained on 4000 children 0 to 17 years old, with information about exposure to violence, crime, and abuse provided by youth 10 to 17 years old and by caregivers for children 0 to 9 years old.

Main Outcome and Measure:
Exposure to violence, crime, and abuse using the Juvenile Victimization Questionnaire.

Results:
In total, 37.3 percent of youth experienced a physical assault in the study year, and 9.3 percent of youth experienced an assault-related injury. Two percent of girls experienced sexual assault or sexual abuse in the study year, while the rate was 4.6 percent for girls 14 to 17 years old. Overall, 15.2 percent of children and youth experienced maltreatment by a caregiver, including 5.0 percent who experienced physical abuse. In total, 5.8 percent witnessed an assault between parents. Only 2 significant rate changes could be detected compared with the last survey in 2011, namely, declines in past-year exposure to dating violence and lifetime exposure to household theft.
Conclusions and Relevance:
Children and youth are exposed to violence, abuse, and crime in varied and extensive ways, which justifies continued monitoring and prevention efforts.


ABSTRACT

Objective:
To investigate the long-term impact of antenatal domestic violence on maternal psychiatric morbidity and child behaviour.

Design:
Cohort study.

Setting:
Avon, UK.

Population or Sample:
A birth cohort of 13,617 children and mother dyads were followed to 42 months of age.

Methods:
Experiences of domestic violence and depressive symptoms were gathered at 18 weeks of gestation and up to 33 months after birth, together with maternal, paternal and child characteristics.

Main Outcome Measures:
Child behavioural problems were assessed at 42 months using the Revised Rutter Questionnaire.

Analysis:
Logistic regression with the use of multiple imputation employing chained equations for missing data.

Results:
Antenatal domestic violence was associated with high levels of maternal antenatal (odds ratio [OR], 4.02; 95percent confidence interval [CI], 3.4-4.8) and postnatal (OR, 1.29; 95percent CI, 1.02-1.63) depressive symptoms after adjustment for potential confounders. Antenatal domestic violence predicted future behavioural problems at 42 months in the child before adjustment for possible confounding and mediating factors (OR, 1.87; 95percent CI, 1.45-2.40); this association
was not significant after adjustment for high levels of maternal antenatal depressive symptoms, postnatal depressive symptoms or domestic violence since birth.

**Conclusions:**
Antenatal domestic violence is associated with high levels of both maternal antenatal and postnatal depressive symptoms. It is also associated with postnatal violence, and both are associated with future behavioural problems in the child at 42 months. This is partly mediated by maternal depressive symptoms in the ante- or postnatal period.


**ABSTRACT**
This is a response to the document by Hughes et al. in this issue that offers a critique of the status of differential response (DR). We find the document to be helpful in intent, but do not find that it reflects scientifically sound methods, and contains many mischaracterisations of the status, impetus, research, and evaluation of DR to date. We attempt to define DR, provide a national overview, and in doing so clarify some inaccuracies portrayed by the authors on the implementation of DR. Second, we provide some observations about the critique of the research, our sense of what is coming, and what is needed in the way of research and evaluation going forward.


**ABSTRACT**
**Objectives:**
This article reviews the available evidence regarding the efficacy, effectiveness, ethics, and sustainability of approaches to strengthen systems to care for and protect children living outside family care in low- and middle-income countries.

**Method:**
For trafficked children, children of and on the street, children of conflict/disaster, and institutionalised children, a systems framework approach was used to organise the topic of sustainable approaches in low- and middle-income countries and addresses the following: legislation, policies, and regulations; system structures and functions (formal and informal); and continuum of care and services. The article draws on the findings of a focal group convened by
the U.S. Government Evidence Summit: Protecting Children Outside of Family Care (December 12-13, 2011, Washington, DC), tasked with reviewing the literature on systems, strategies, and interventions for sustainable long-term care and protection of children with a history of living outside of family care in low- and middle-income country contexts. The specific methodology for the review is described in the commentary paper (Higgs, Zlidar, and Balster, 2012) that accompanies these papers.

**Results:**
For the most part, the evidence base in support of sustainable long-term care for the populations of interest is relatively weak, with some stronger but unreplicated studies. Some populations have been studied more thoroughly than others, and there are many gaps. Most of the existing studies identify population characteristics, needs, and consequences of a lack of systemic services to promote family-like care. There is some evidence of the effectiveness of laws and policies, as well as some evidence of service effectiveness, in improving outcomes for children outside of family care.

**Conclusions:**
Despite the weaknesses and gaps of the existing research, there is a foundation of research for going forward, which should focus on developing and implementing systems for these most vulnerable children. The evidence reviewed indicates that child protection systems should aim for appropriate, permanent family care (including reunification, adoption, kinship care, or kafalah) for children in order to secure the best environment for a child's developmental prospects. Evidence also suggests that the quality and duration of care, including both permanent family care and alternative care, are important regardless of setting. The diversity of political, socioeconomic, historical, regional, community, and cultural contexts in which child protection systems operate need to be taken into account during programming and research design.


**ABSTRACT**

**Purpose:**
To examine the effects of a family-based teen dating abuse prevention programme, *Families for Safe Dates*, primarily on outcomes related to testing the conceptual underpinnings of the programme including (1) factors motivating and facilitating caregiver engagement in teen dating abuse prevention activities, and 2) risk factors for teen dating abuse, and secondarily on dating abuse behaviours.
Methods:
Families were recruited nationwide using listed telephone numbers. Caregivers and teens completed baseline and 3-month follow-up telephone interviews (n = 324). Families randomly allocated to treatment condition received the Families for Safe Dates programme including six mailed activity booklets followed-up by health educator telephone calls.

Results:
There were significant (<.05) treatment effects in hypothesized directions on most of the factors motivating and facilitating caregiver engagement in teen dating abuse prevention activities including caregiver perceived severity of dating abuse, response efficacy for preventing dating abuse, self-efficacy for talking about dating abuse, knowledge of dating abuse, acceptance of dating abuse, communication skills with the teen, and belief in the importance of involvement in their male (but not female) teen's dating. The latter effect was the only one moderated by sex of the teen. The targeted risk factor affected by the programme was teen acceptance of dating abuse. Treatment was also significantly associated with less physical dating abuse victimisation.

Conclusions:
Modifications to the programme are warranted, but overall, the findings are very favourable for the first family-based teen dating abuse prevention programme to be evaluated.


ABSTRACT

Background:
Previous reports from the Bucharest Early Intervention Project suggested that children removed from institutions and placed into intervention displayed gains in IQ relative to children randomised to remain in institutional care.

Method:
The current report presents data from the 8-year follow-up of these children. One hundred and three of the original 136 children in the study were tested with the WISC IV.

Results:
Results reveal continued benefit from the intervention even though many of the children in both the intervention and control groups were no longer residing in their initial placements. Gains in IQ were particularly evident for those children who remained with their intervention family. There were also modest timing effects such that children placed earlier displayed higher scores on the
WISC processing speed subscale. Early placement was also a significant predictor of a profile of stable, typical IQ scores over time.

**Conclusions:**
These data suggest the continued importance of early intervention and the negative effects of severe psychosocial deprivation on the development of IQ scores across early childhood.


**ABSTRACT**
The reporting of suspected child abuses and neglect is a mandated role of medical doctors, nurses, police and teachers in Victoria, Australia. This paper reports on a research study that sought to explicate how mandated professionals working in rural Victorian contexts identify a child/ren at risk and the decisions they make subsequently.


**ABSTRACT**
**Summary:**
The Avon Longitudinal Study of Children and Parents (ALSPAC) was established to understand how genetic and environmental characteristics influence health and development in parents and children. All pregnant women resident in a defined area in the South West of England, with an expected date of delivery between 1st April 1991 and 31st December 1992, were eligible and 13761 women (contributing 13867 pregnancies) were recruited. These women have been followed over the last 19-22 years and have completed up to 20 questionnaires, have had detailed data abstracted from their medical records and have information on any cancer diagnoses and deaths through record linkage. A follow-up assessment was completed 17-18 years postnatal at which anthropometry, blood pressure, fat, lean and bone mass and carotid intima media thickness were assessed, and a fasting blood sample taken. The second follow-up clinic, which additionally measures cognitive function, physical capability, physical activity (with accelerometer) and wrist bone architecture, is underway and two further assessments with similar measurements will take place over the next 5 years. There is a detailed biobank that includes DNA, with genome-wide data available on >10000, stored serum and plasma taken repeatedly since pregnancy and other
samples; a wide range of data on completed biospecimen assays are available. Details of how to access these data are provided in this cohort profile.


**ABSTRACT**

**Background:**
Reporting of known and suspected child abuse and neglect is a fundamental responsibility of health professionals in many countries including Australia. Nurses’ duties to report child abuse and neglect are expressed in legislation, or in occupational policy documents. In this paper factors influencing nurses' compliance with mandated reporting are examined.

**Objective:**
The purpose of this study was to examine the relationship between nurse characteristics, training, knowledge of legislative reporting duty and attitudinal factors on the reporting by nurses of different types of child abuse and neglect.

**Methods:**
Logistic regression analyses were conducted to examine relationships between variables.

**Design, Setting and Participants:**
A cross-sectional survey using the Child Abuse and Neglect Nurses’ Questionnaire (CANNQ) was conducted. The respondents were 930 Registered Nurses (RNs) currently working across metropolitan, rural and remote locations throughout the state of Queensland, Australia.

**Results:**
Nurses were confident and knowledgeable in their obligation to report physical [CPA] and sexual [CSA] abuse. They were less confident and knowledgeable about emotional abuse [CEA] and neglect [CN]. Recognition of the extent of harm to abused and neglected children was poor. Positive attitudes to mandatory reporting influenced better recognition of all forms of abuse and neglect and the likelihood of reporting CSA, CEA and CN; parenting experience influenced intention to report child sexual abuse, and CAN training predicted reporting of child neglect.

**Conclusions and Practice Implications:**
Results indicate that with training, nurses are a key choice for mandating child abuse and neglect reporting. Educational preparation and training for nurses should emphasise the serious impact of child abuse and neglect on children and families to improve recognition of the extent of harm and the likelihood of reporting. From a perspective of increasing compliance with the legislative duty,
particular attention needs to be paid to recognition and reporting of CEA and CN. Further research is needed to determine whether factors influencing sound reporting can be successfully modified.


**ABSTRACT**

**Objectives:**
Infant crying is particularly frustrating to caregivers in the first few months of life and the most common trigger for shaking and abuse. The effectiveness of the Period of PURPLE Crying prevention materials (DVD and booklet) designed to increase knowledge and change behaviours related to crying and the dangers of shaking was reported in North America. The aim of this study was to replicate the effectiveness of the PURPLE materials with mothers of newborns in Japan.

**Methods:**
In a randomised controlled trial, 201 parents received either PURPLE materials or analogous control materials on infant safety via mail within 2 weeks of birth. At 6 weeks, mothers completed a 4-day behavioural diary. At 2 months, participants completed a predefined 20-min structured telephone survey by an independent firm to assess knowledge and behaviour.

**Results:**
Scores on crying knowledge scales (out of 100) were significantly higher in the intervention than control groups (56.1 vs. 53.1; difference=3.0, 95percent confidence interval [CI]: 1.0-4.9, p<0.005). Percentage of sharing of advice to walk away if frustrated by crying was significantly higher in the intervention than control groups (22.4percent vs. 4.1percent; difference=18percent, 95percent CI: 7.4-29.1). Walking away during unsoothable crying was significantly higher in the intervention group than controls (0.085 vs. 0.017 events per day, rate ratio=4.8, 95percent CI: 1.1-21.2) by diary. Self-talk behaviour scale (out of 100) tended to significance in the intervention group (16.6 vs. 8.9, difference=7.7, 95percent CI: -1.0 to 16.4, p<0.1).

**Conclusions:**
Crying knowledge, sharing of walk away information with others and walk away behaviour when crying was unsoothable were higher for those who received intervention than control materials. The Period of PURPLE Crying materials may be useful in Japan as well as in North America for informing caregivers about the properties of infant crying and changing some behaviours related to infant crying and shaking. (UMIN Clinical Trials Registry register no. UMIN000001711.)

**ABSTRACT**

Globalisation theories have proliferated over the past two decades. However, global developments have yet to be systematically incorporated into theories around violence against women. This article proposes to add a global level to the existing ecological model framework, popularised by Lori Heise in 1998, to explore the relationships between global processes and experiences of violence against women. Data from the Maldives and Cambodia are used to assess how globalised ideologies, economic development and integration, religious fundamentalisms, and global cultural exchange, as components of a larger globalisation process, have affected men and women’s experiences and perceptions of violence against women.


**SUMMARY**

**Background:**

Male perpetration of intimate partner violence (IPV) is under-researched. In this Article, we present data for the prevalence of, and factors associated with, male perpetration of IPV from the UN Multi-Country Cross-sectional Study on Men and Violence in Asia and the Pacific. We aimed to estimate the prevalence of perpetration of partner violence, identify factors associated with perpetration of different forms of violence, and inform prevention strategies.

**Methods:**

We undertook standardised population-based household surveys with a multistage representative sample of men aged 18–49 years in nine sites in Bangladesh, China, Cambodia, Indonesia, Sri Lanka, and Papua New Guinea between January, 2011, and December, 2012. We built multinomial regression models of factors associated with lifetime violence perpetration: physical IPV, sexual IPV, both physical and sexual IPV, multiple emotional or economic IPV versus none, and calculated population-attributable fractions. In the analysis, we considered factors related to social characteristics, gender attitudes and relationship practices, victimisation history, psychological factors, substance misuse, and participation in violence outside the home.

**Findings:**

10 178 men completed interviews in our study (between 815 and 1812 per site). The response rate was higher than 82·5percent in all sites except for urban Bangladesh (73·2percent) and Sri Lanka (58·7percent). The prevalence of physical or sexual IPV perpetration, or both, varied by
site, between 25.4 percent (190/746; rural Indonesia) and 80.0 percent (572/714; Bougainville, Papua New Guinea). When multiple emotional or economic abuse was included, the prevalence of IPV perpetration ranged from 39.3 percent (409/1040; Sri Lanka) to 87.3 percent (623/714; Bougainville, Papua New Guinea). Factors associated with IPV perpetration varied by country and type of violence. On the basis of population-attributable fractions, we show factors related to gender and relationship practices to be most important, followed by experiences of childhood trauma, alcohol misuse and depression, low education, poverty, and involvement in gangs and fights with weapons.

**Interpretation:**
Perpetration of IPV by men is highly prevalent in the general population in the sites studied. Prevention of IPV is crucial, and interventions should address gender socialisation and power relations, abuse in childhood, mental health issues, and poverty. Interventions should be tailored to respond to the specific patterns of violence in various contexts. Physical and sexual partner violence might need to be addressed in different ways.

**Funding:**
Partners for Prevention—a UN Development Programme, UN Population Fund, UN Women, and UN Volunteers regional joint programme for gender-based violence prevention in Asia and the Pacific; UN Population Fund Bangladesh and China; UN Women Cambodia and Indonesia; UN Development Programme in Papua New Guinea and Pacific Centre; and the Governments of Australia, the UK, Norway, and Sweden.


**ABSTRACT**

The Behavioural Assessment System for Children–2 (BASC-2) is used to assess behavioural and emotional outcomes for youth. Research providing evidence for use of the BASC-2 parent-report form historically has included biological parents reporting on their children (Reynolds and Kamphaus, 2004). For youth residing in out-of-home placements through enrolment in foster care, caregivers reporting on their functioning may include foster parents or residential staff. Given the significant adverse mental health outcomes for youth in foster care and the need to adequately assess adjustment in foster care, the purpose of the study was to evaluate the measurement properties of caregivers’ report on the parent report form (PRS) of the BASC-2 in foster care youth. Using 479 respondents, a measurement model was fit to the data demonstrating adequate fit across Internalising Problems, Externalising Problems, and Adaptive Skills. Further, a comparison of measurement properties across child and adolescent groups and groups of youth residing in residential facilities versus foster homes was conducted. Factorial invariance and latent
means also were assessed. The BASC-2 PRS was found to be an adequate assessment of psychological outcomes for youth in foster care when completed by foster parents or residential facility staff.

**Keywords:**
Behavioural and emotional assessment, foster youth, factorial invariance, psychometric assessment, residential and foster home placement


**ABSTRACT**

**Objectives:**
This study examined whether mothers' experience of violence was a risk factor for physical punishment.

**Methods:**
Data were derived from the nationally representative 2000 Peru Demographic and Family Health Survey. Participants were 12,601 currently married women who were living with biological children aged 0-17 years and were responsible for disciplining the children. A multinomial logit model was used to determine the probabilities of using no physical punishment, slapping/spanking only, beating only, and both slapping/spanking and beating to discipline children.

**Results:**
The study found that childhood history of physical punishment, a greater variety of intimate partner emotional violence and experience of intimate partner physical violence increased significantly a mother's probability of using physical punishment with her children, even after controlling for confounding factors. A mother's history of physical violence victimisation by someone other than the current partner was also a significant factor for beating children as opposed to using non-physical forms of punishment.

**Conclusions:**
Mothers were at substantially increased risk of using physical punishment if they were victims of parental physical violence in childhood, intimate partner violence in the current union, and physical violence by someone other than the current partner.

**Practice Implications:**
Increased public education is needed of the negative consequences of intimate partner emotional and physical violence victimisation for mothers' childrearing strategies. There is a need to
integrate intimate partner violence into child welfare programmes and develop effective screening mechanisms for maternal violence victimisation and child maltreatment.


ABSTRACT

This article discusses how at the end of the Soviet Union the world was alerted to the situation of thousands of children living in large residential institutions across countries of the Central and Eastern Europe and Commonwealth of Independent States (CEE/CIS) region.

The study discusses a variance in results in eliminating use of large-scale residential institutions for children across the CEE/CIS region. In particular, there was noticeable variance between Bulgaria and Ukraine. The researcher investigated this variance using a comparative case study approach. The researcher employed a literature review to explore “the concept of deinstitutionalisation, the contextual background of post-communist countries, and child care reform in Bulgaria and Ukraine.”

The researcher also conducted fieldwork involving semi-structured interviews with child care professionals in both Bulgaria and Ukraine. These interviews provided information on the deinstitutionalisation process and analysis.

The study determined that it would be in the best interest of the children in to close of large residential institutions, as well as instate a multi-faceted child care reform process incorporating programmes that help to prevent child and parent separation. Programmes that support family reunification should be used whenever possible.

The researcher further concluded in regard to Bulgaria and Ukraine that there are variances and similarities in deinstitutionalisation efforts in both the processes and achievements in each country.


ABSTRACT

Based on in-depth interviews with thirty-eight individuals on the front line of child welfare (educators, mothers, and child protection workers) this study analyses the attitudes behind educators' acknowledged noncompliance with mandatory reporting of child abuse and neglect by
teachers. Regulatory theory posits that “compliance” is affected by a mix of sanctions, capacity, motivation, and the perceptions of legitimacy and moral purpose associated with particular rules. Paradoxically, while the educators in this study were knowledgeable and supportive of the rule in principle, their accounts of reporting decision making were highly contextualised and ambivalent. The interview data suggests that existing theories of compliance may be usefully supplemented with an explicitly relational approach that better accounts for decision making in the contexts of care and dependency that characterise regulatory fields of human services such as education and child welfare.


**ABSTRACT**

Violence against women and girls is prevalent worldwide but historically has been overlooked and condoned. Growing international recognition of these violations creates opportunities for elimination, although solutions will not be quick or easy. Governments need to address the political, social, and economic structures that subordinate women, and implement national plans and make budget commitments to invest in actions by multiple sectors to prevent and respond to abuse. Emphasis on prevention is crucial. Community and group interventions involving women and men can shift discriminatory social norms to reduce the risk of violence. Education and empowerment of women are fundamental. Health workers should be trained to identify and support survivors and strategies to address violence should be integrated into services for child health, maternal, sexual, and reproductive health, mental health, HIV, and alcohol or substance abuse. Research to learn how to respond to violence must be strengthened. The elimination of violence against women and girls is central to equitable and sustainable social and economic development and must be prioritised in the agenda for development after 2015.


**SUMMARY**

Health systems have a crucial role in a multisector response to violence against women. Some countries have guidelines or protocols articulating this role and health-care workers are trained in some settings, but generally system development and implementation have been slow to progress. Substantial system and behavioural barriers exist, especially in low-income and middle-income countries. Violence against women was identified as a health priority in 2013 guidelines published
by WHO and the 67th World Health Assembly resolution on strengthening the role of the health system in addressing violence, particularly against women and girls. In this Series paper, we review the evidence for clinical interventions and discuss components of a comprehensive health-system approach that helps health-care providers to identify and support women subjected to intimate partner or sexual violence. Five country case studies show the diversity of contexts and pathways for development of a health system response to violence against women. Although additional research is needed, strengthening of health systems can enable providers to address violence against women, including protocols, capacity building, effective coordination between agencies, and referral networks.


**ABSTRACT**

Institutional rearing is associated with neurocognitive and behavioural difficulties. Although such difficulties are thought to reflect abnormal neurologic development resulting from early social deprivation (ED) and there is evidence for functional abnormality in children with histories of ED, the impact of early deprivation on brain anatomy has received little study in humans. The present study utilised an objective and sensitive neuroimaging analysis technique (Tract-Based Spatial Statistics) to evaluate white matter fractional anisotropy (FA) and diffusivity in a group of right-handed children with histories of ED (n = 17; mean age = 10.9 + 2.6 years) as compared with age-matched healthy controls (n = 15; mean age = 11.7 + or - 2.8 years). Participants underwent magnetic resonance imaging diffusion tensor imaging sequences and comprehensive neuropsychological evaluations. Results revealed reduced FA in frontal, temporal, and parietal white matter including components of uncinate and superior longitudinal fasciculi, in children with histories of ED, providing further support for limbic and paralimbic abnormalities in children with such histories. Furthermore, white matter abnormalities were associated with duration of time in the orphanage and with inattention and hyperactivity scores. It is suspected that the observed white matter abnormalities are associated with multiple depriving factors (e.g., poor prenatal care, postnatal stress) associated with institutional caregiving.

ABSTRACT

Background:
Policymakers struggling to protect the 153 million orphaned and separated children (OSC) worldwide need evidence-based research on the burden of potentially traumatic events (PTEs) and the relative risk of PTEs across different types of care settings.

Methods:
The Positive Outcomes for Orphans study used a 2-stage, cluster-randomised sampling design to identify 1,357 institution-dwelling and 1,480 family-dwelling orphaned and separated children in 5 low- and middle-income countries (LMICs) in sub-Saharan Africa and Asia. We used the Life Events Checklist developed by the National Centre for Posttraumatic Stress Disorder to examine self-reported PTEs among 2,235 OSC ages 10–13 at baseline. We estimated prevalence and incidence during 36-months of follow-up and compared the risk of PTEs across care settings. Data collection began between May 2006 and February 2008, depending on the site.

Results:
Lifetime prevalence by age 13 of any PTE, excluding loss of a parent, was 91.0 percent (95 percent confidence interval (CI)=85.6, 94.5) in institution-dwelling OSC and 92.4 percent (95 percent CI=90.3, 94.0) in family-dwelling OSC; annual incidence of any PTE was lower in institution-dwelling (23.6 percent [95 percent CI=19.4, 28.7]) than family-dwelling OSC (30.0 percent [95 percent CI=28.1, 32.2]). More than half of children in institutions (50.3 percent [95 percent CI=42.5, 58.0]) and in family-based care (54.0 percent [95 percent CI=50.2, 57.7]) had experienced physical or sexual abuse by age 13. Annual incidence of physical or sexual abuse was lower in institution-dwelling (12.9 percent [95 percent CI=9.6, 17.3]) than family-dwelling OSC (19.4 percent [95 percent CI=17.7, 21.3]), indicating statistically lower risk in institution-dwelling OSC (risk difference=6.5 percent [95 percent CI=1.4, 11.7]).

Conclusions:
Prevalence and incidence of PTEs were high among OSC, but contrary to common assumptions, OSC living in institutions did not report more PTEs or more abuse than OSC living with families. Current efforts to reduce the number of institution-dwelling OSC may not reduce incidence of PTEs in this vulnerable population. Protection of children from PTEs should be a primary consideration, regardless of the care setting.

RESUMEN

Los países en todo el mundo luchan por cambiar sus sistemas de cuidado infantil partiendo de un sistema que está predominantemente basado en un amplio cuidado institucional para llegar a un sistema que provea servicios continuados y esté enfocado en la familia. Georgia ha demostrado, en gran parte, que la loable meta de terminar instituciones a gran escala para niños es posible. Entre 2005 y 2013, el gobierno de la República de Georgia cerró 36 instituciones grandes. Se reforzó el trabajo social, se creó un programa robusto para reunir los niños con sus familias, se puso en práctica un sistema de hogares sustitutos que se aumentó proporcionalmente, y se estableció un pequeño grupo de casas para dar acogida de 8 a 10 niños. Lo que sucedió en Georgia es un caso único en la región. Ucrania, que según muchos cuenta con 100,000 niños que viven en orfanatos grandes al estilo soviético, ha luchado por reformar su sistema de cuidado infantil. Se estima que el cuidado institucional de niños responde del 1 percent del Producto Interior Bruto (PIB) en Ucrania. Rumania, que ha progresado considerablemente en los últimos 10 años, tiene aún más de 40,000 niños bajo cuidado institucional.

La meta de este ensayo es contar cómo esta transformación se llevó a cabo, las condiciones en Georgia que hicieron posible la reforma, cómo las instituciones fueron cerradas, cómo se establecieron las alternativas, y cuán sostenible ha sido el progreso.


ABSTRACT

Many children in the child welfare system (CWS) have histories of recurrent interpersonal trauma perpetrated by caregivers early in life often referred to as complex trauma. Children in the CWS also experience a diverse range of reactions across multiple areas of functioning that are associated with such exposure. Nevertheless, few CWSs routinely screen for trauma exposure and associated symptoms beyond an initial assessment of the precipitating event. This study examines trauma histories, including complex trauma exposure (physical abuse, sexual abuse, emotional abuse, neglect, domestic violence), posttraumatic stress, and behavioural and emotional problems of 2,251 youth (age 0 to 21; M = 9.5, SD = 4.3) in foster care who were referred to a National Child Traumatic Stress Network site for treatment. High prevalence rates of complex trauma exposure were observed: 70.4 percent of the sample reported at least two of the traumas that constitute complex trauma; 11.7 percent of the sample reported all 5 types. Compared to youth with other types of trauma, those with complex trauma histories had significantly higher rates of
internalising problems, posttraumatic stress, and clinical diagnoses, and differed on some demographic variables. Implications for child welfare practice and future research are discussed.


**ABSTRACT**

**Background:**
Childhood maltreatment is an important risk factor for mental and physical health problems. Adolescents living in residential youth care (RYC) have experienced a high rate of childhood maltreatment and are a high-risk group for psychiatric disorders. Quality of life (QoL) is a subjective, multidimensional concept that goes beyond medical diagnoses. There is a lack of research regarding the associations between childhood maltreatment and QoL. In the present study, we compare self-reported QoL between adolescents in RYC in Norway with and without maltreatment histories, and adolescents from the general population. We also study the impact of number of types of adversities on QoL.

**Methods:**
Adolescents aged 12–23 years living in RYC in Norway were invited to participate in the study; 400 participated, yielding a response rate of 67 percent. Maltreatment histories were assessed through interviews with trained research assistants, and completed by 335 adolescents. Previous exposure to maltreatment was reported by 237 adolescents. The Questionnaire for Measuring Health-Related Quality of Life in Children and Adolescents (KINDL-R) was used. Non-exposed peers in RYC (n = 98) and a sample of adolescents from the general population (n = 1017) were used for comparison. General linear model analyses (ANCOVA) were conducted with five KINDL-R life domains as dependent variables. Linear regression was used to study the effect of number of types of adversities.

**Results:**
Exposed adolescents in RYC reported poorer QoL than peers in control groups. Compared with non-exposed peers in RYC, the 95 percent confidence intervals for mean score differences on the KINDL-R subdomains (0–100 scale) were 1.9–11.4 (Physical Well-being), 2.2–11.1 (Emotional Well-being), −0.7–10.0 (Self-esteem), and 1.8–10.9 (Friends). Compared with the general population sample, the 95 percent confidence intervals for mean score differences were 9.7–17.6 (Physical Well-being), 7.9–15.3 (Emotional Well-being), 3.6–12.5 (Self-esteem), and 5.3–12.8 (Friends). Number of types of adversities was associated with a poorer QoL score on all subdomains (Physical- and Emotional Well-being, Self-esteem, Friends, and School).
Conclusions:
Childhood maltreatment was associated with a poorer QoL score. We suggest the use of QoL and maltreatment measures for all children and adolescents in RYC.

Keywords:
Child abuse, maltreatment, adolescents, KINDL-R, quality of life, residential care


ABSTRACT
Intimate partner violence (IPV) against women and child maltreatment (CM) have been traditionally addressed in isolation by researchers, policy makers and programmes. In recent years, however, a growing body of research suggests that these types of violence often occur within the same household and that exposure to violence in childhood—either as a victim of physical or sexual abuse or as a witness to IPV—may increase the risk of experiencing or perpetrating different forms of violence later in life. Moreover, physical punishment of children is more common in households where women are abused and interventions that address child maltreatment may be less effective in households experiencing IPV.

This evidence calls for greater recognition of the intersections between types of violence. We outline 4 specific gaps and present an integrated framework for moving the field forward with respect to the intersection of IPV and CM.


ABSTRACT
Associations between early deprivation and memory functioning were examined in 9- to 11-year-old children. Children who had experienced prolonged institutional care prior to adoption were compared to children who were adopted early from foster care and children reared in birth families. Measures included the Paired Associates Learning task from the Cambridge Neuropsychological Test and Automated Battery (CANTAB) and a continuous recognition memory task during which ERPs were also recorded. Children who experienced prolonged institutionalisation showed deficits in both behavioural memory measures as well as an attenuated P300 parietal memory effect. Results implicate memory function as one of the domains that may be negatively influenced by early deprivation in the form of institutional care.
Keywords:
Neurodevelopment, memory functioning, ERP, post-institutionalised children, international adoption


**ABSTRACT**

To examine the co-occurrence of witnessing partner violence with child maltreatment and other forms of victimisation. Data are from the National Survey of Children's Exposure to Violence (NatSCEV), a nationally representative telephone survey of the victimisation experiences of 4,549 youth aged 0-17. Witnessing partner violence (WPV) is very closely associated with several forms of maltreatment and exposure to other forms of family violence in this sample, with adjusted OR ranging from 3.88 to 9.15. WPV is also significantly associated with a wide variety of other forms of victimisation, with OR ranging from 1.43 to 7.32. More than 1/3 (33.9 percent) of youth who witnessed partner violence had also been maltreated in the past year, compared with 8.6 percent of non-witnesses. For lifetime data, more than half (56.8 percent) of WPV youth had also been maltreated. Neglect and custodial interference were most closely associated with WPV. These data support the poly-victimization model, indicating that many youth experience multiple forms of victimisation. They also indicate that the various forms of family violence are especially closely linked. These results provide new urgency to calls to better integrate services to adult and child victims of family violence. For example, screening to identify the needs of child witnesses could be done in domestic violence shelters, and screening to identify the needs of adult victims could be done in child protective service settings.


**ABSTRACT**

**Background:**
Early life stress (ELS) can compromise development, with higher amounts of adversity linked to behavioural problems. To understand this linkage, a growing body of research has examined two brain regions involved with socioemotional functioning—amygdala and hippocampus. Yet empirical studies have reported increases, decreases, and no differences within human and nonhuman animal samples exposed to different forms of ELS. This divergence in findings may stem from methodological factors, nonlinear effects of ELS, or both.
Methods:
We completed rigorous hand-tracing of the amygdala and hippocampus in three samples of children who experienced different forms of ELS (i.e., physical abuse, early neglect, or low socioeconomic status). Interviews were also conducted with children and their parents or guardians to collect data about cumulative life stress. The same data were also collected in a fourth sample of comparison children who had not experienced any of these forms of ELS.

Results:
Smaller amygdala volumes were found for children exposed to these different forms of ELS. Smaller hippocampal volumes were also noted for children who were physically abused or from low socioeconomic status households. Smaller amygdala and hippocampal volumes were also associated with greater cumulative stress exposure and behavioural problems. Hippocampal volumes partially mediated the relationship between ELS and greater behavioural problems.

Conclusions:
This study suggests ELS may shape the development of brain areas involved with emotion processing and regulation in similar ways. Differences in the amygdala and hippocampus may be a shared diathesis for later negative outcomes related to ELS.

Keywords:
Abuse, amygdala, chronic stress, development, early life stress, emotion, hippocampus, limbic system, medial temporal lobe, neglect, neural plasticity, neuroimaging, poverty, stress


ABSTRACT

Research internationally and in South Africa attribute the deficit in our understanding of the link between child and woman abuse by an intimate male partner of the mother as being largely due to the different theoretical frameworks adopted by social workers with significant implications for practice. Social workers working with abused children tend to adopt a child-centred approach, putting the needs of the child first, whilst those working with abused women adopt a feminist approach, prioritising the needs of the woman. This article examines the impact of theory on practice with particular reference to the link between woman and child abuse. The two predominant theoretical approaches adopted when addressing this phenomenon are explored looking at their basic tenets and assumptions, the critique of the approach, and policy developments and practice in the local context. Finally, a third theoretical framework that integrates the strengths of these two theoretical approaches is proposed.

Keywords:
Domestic violence, child abuse, woman abuse, feminism, social work theory
ABSTRACT

Nearly one-third of South African men report enacting intimate partner violence. Beyond the direct health consequences for women, intimate partner violence is also linked to varied risk behaviours among men who enact it, including alcohol abuse, risky sex, and poor healthcare uptake. Little is known about how to reduce violence perpetration among men. We conducted retrospective, in-depth interviews with men (n = 53) who participated in a rural South African programme that targeted masculinities, HIV risk, and intimate partner violence. We conducted computer-assisted thematic qualitative coding alongside a simple rubric to understand how the programme may lead to changes in men's use of intimate partner violence. Many men described new patterns of reduced alcohol intake and improved partner communication, allowing them to respond in ways that did not lead to the escalation of violence. Sexual decision-making changed via reduced sexual entitlement and increased mutuality about whether to have sex. Men articulated the intertwined nature of each of these topics, suggesting that a syndemic lens may be useful for understanding intimate partner violence. These data suggest that alcohol and sexual relationship skills may be useful levers for future violence prevention efforts, and that intimate partner violence may be a tractable issue as men learn new skills for enacting masculinities in their household and in intimate relationships.

Keywords:
South Africa, masculinity, men, relationships, sexual violence

ABSTRACT

Approximately 15-20% of children experience behavioural and/or emotional difficulties. Evidence-based treatment will likely not be sufficient to reduce the prevalence of these difficulties in children and adolescents. Effective prevention programmes are therefore also needed to enable families access to support at multiple points across the life course. The aim of the current investigation was to evaluate the 4-year efficacy of the group-based Triple P (Positive Parenting Programme) as a prevention programme administered universally. Seventeen preschools were randomly assigned to Triple P (n = 11 preschools, 186 families) or a no parenting intervention control group (n = 6 preschools, 94 families). Long-term efficacy was analysed with hierarchical
linear models using maternal and paternal self-report measures. Mothers and fathers from the intervention preschool group reported significant reductions in dysfunctional parenting behaviour \((d = 0.24\) and \(0.19\), respectively). Mothers also reported a less steep decline from pre- to post-intervention in positive parenting behaviour, which was maintained 4 years later \((d = 0.38)\). Fathers from intervention preschools reported a delayed less steep decline in positive parenting during the follow-up \((d = 0.33)\). In addition, mothers from intervention preschools reported immediate improvement in child behaviour problems during the programme while mothers from control preschools did not report this immediate change. However, with mothers from intervention preschools reporting more child behaviour problems at baseline, the effect disappeared by the fourth year \((d = 0.19)\). The results support the long-term efficacy of the Triple P-group programme as a universal prevention intervention for changing parenting behaviour while there was little evidence for maintenance of change in behaviour problems.


**SUMMARY**

**Background:**
On average, intimate partner violence affects nearly one in three women worldwide within their lifetime. But the distribution of partner violence is highly uneven, with a prevalence of less than 4\% in the past 12 months in many high-income countries compared with at least 40\% in some low-income settings. Little is known about the factors that drive the geographical distribution of partner violence or how macro-level factors might combine with individual-level factors to affect individual women's risk of intimate partner violence. We aimed to assess the role that women's status and other gender-related factors might have in defining levels of partner violence among settings.

**Methods:**
We compiled data for the 12 month prevalence of partner violence from 66 surveys (88 survey years) from 44 countries, representing 481,205 women between Jan 1, 2000, and Apr 17, 2013. Only surveys with comparable questions and state-of-the-art methods to ensure safety and encourage violence disclosure were used. With linear and quantile regression, we examined associations between macro-level measures of socioeconomic development, women's status, gender inequality, and gender-related norms and the prevalence of current partner violence at a population level. Multilevel modelling and tests for interaction were used to explore whether and how macro-level factors affect individual-level risk. The outcome for this analysis was the population prevalence of current partner violence, defined as the percentage of ever-partnered women (excluding widows without a current partner), aged from 15 years to 49 years who were victims of at least one act of physical or sexual violence within the past 12 months.
Findings:
Gender-related factors at the national and subnational level help to predict the population prevalence of physical and sexual partner violence within the past 12 months. Especially predictive of the geographical distribution of partner violence are norms related to male authority over female behaviour (0·102, p<0·0001), norms justifying wife beating (0·263, p<0·0001), and the extent to which law and practice disadvantage women compared with men in access to land, property, and other productive resources (0·271, p<0·0001). The strong negative association between current partner violence and gross domestic product (GDP) per person (−0·055, p=0·0009) becomes non-significant in the presence of norm-related measures (−0·015, p=0·472), suggesting that GDP per person is a marker for social transformations that accompany economic growth and is unlikely to be causally related to levels of partner violence. We document several cross-level effects, including that a girl's education is more strongly associated with reduced risk of partner violence in countries where wife abuse is normative than where it is not. Likewise, partner violence is less prevalent in countries with a high proportion of women in the formal work force, but working for cash increases a woman's risk in countries where few women work.

Interpretation:
Our findings suggest that policy makers could reduce violence by eliminating gender bias in ownership rights and addressing norms that justify wife beating and male control of female behaviour. Prevention planners should place greater emphasis on policy reforms at the macro-level and take cross-level effects into account when designing interventions.


ABSTRACT
Using nationally representative samples of 45,964 two- to nine-year-old children and their primary caregivers in 17 developing countries, this study examined the relations between children's cognitive, language, sensory, and motor disabilities and caregivers' use of discipline and violence. Primary caregivers reported on their child's disabilities and whether they or anyone in their household had used nonviolent discipline, psychological aggression, and physical violence toward the target child and believed that using corporal punishment is necessary. Logistic regression analyses supported the hypothesis that children with disabilities are treated more harshly than children without disabilities. The findings suggest that policies and interventions are needed to work toward the United Nations' goals of ensuring that children with disabilities are protected from abuse and violence.

**ABSTRACT**

Research has shown the harmful potential of institutional care on young children; however, little is known about the consequences of institutional care on infants in Sub-Saharan Africa. We compared 35 Tanzanian children who were institutionalised at birth to 4 years of age with a matched group of 35 children who were institutionalised at 5 to 14 years of age. We examined adverse childhood experiences over the course of their entire lives, in their family of origin and in institutional care, and mental health problems at primary school age, such as depressive symptoms, aggressive behaviour, and internalising and externalising problems. Results showed that early institutionalised children reported more adverse experiences during their time in institutional care and a greater variety of mental health problems than did late institutionalised children. Moreover, maltreatment in institutional care was positively related to mental health problems only in early institutionalised children. We conclude that adverse experiences in institutional care play an important role for early institutionalised children who need special care from adequately educated caregivers. Therefore, training concepts focusing on the needs of the youngest children have to be developed, tested, and established. Countries such as Tanzania need policies that apply to all orphanages to ensure an adequate standard of quality in childcare.


**ABSTRACT**

Institutionalised children in low-income countries often face maltreatment and inadequate caregiving. In addition to prior traumatisation and other childhood adversities in the family of origin, abuse and neglect in institutional care are linked to various mental health problems. By providing a manualised training workshop for caregivers, we aimed at improving care quality and preventing maltreatment in institutional care. In Study 1, 29 participating caregivers rated feasibility and efficacy of the training immediately before, directly after, and 3 months following the training workshop. The results showed high demand, good feasibility, high motivation, and acceptance of caregivers. They reported improvements in caregiver-child relationships, as well as in the children's behaviour. Study 2 assessed exposure to maltreatment and the mental health of 28 orphans living in one institution in which all caregivers had been trained. The children were interviewed 20 months before, 1 month before, and 3 months after the training. Children reported a decrease in physical maltreatment and assessments showed a decrease in mental health problems. Our approach seems feasible under challenging circumstances and provides first hints
for its efficacy. These promising findings call for further studies testing the efficacy and sustainability of this maltreatment prevention approach.

**Keywords:**
Sub-Saharan Africa, attachment, care quality, child maltreatment, institutional care, mental health, orphans, violence


*No abstract available*


**ABSTRACT**

Despite the development of much positive work by to tackle domestic violence, frustrations are often voiced by social care and other professionals - and echoed in women's and children's experiences - that it can be difficult to ensure and sustain safe outcomes for women and children in circumstances of domestic violence. The article takes as its starting point these frustrations and difficulties, and provides an attempt at understanding some of the systemic problems practitioners may be facing that undermine the effectiveness of their practice. The article explores in particular some of the tensions and contradictions that are evident in professional discourses and practices across work with victims and perpetrators of domestic violence; child protection and safeguarding; and child contact. These three areas of work are especially difficult to bring together into a cohesive and co-ordinated approach because they are effectively on separate ‘planets’ - with their own separate histories, culture, laws, and populations (sets of professionals). The notion of separate ‘planets’ can also be understood in light of what Bourdieu (1989) would call the ‘habitus’ of groups, where the particular structures, orientations and approaches in the work of a professional group may create divides between their own everyday and common place professional assumptions and practices and those of other professional groups. Tackling the ‘three planet problem’, and dealing more effectively with domestic violence as it impacts on adults and children, requires both a unified approach across the separate ‘planet’ areas and acknowledgement of the processes of gendering that are situating women as culpable victims. It requires much closer and coherent practices across the three areas of work, with acknowledgement and understanding of professional assumptions and practices of different professional groups.

**Keywords:**
Domestic violence, child protection and safeguarding, child contact
ABSTRACT

More than 1 billion children - half the children in the world - are victims of violence every year. As part of the Post-2015 sustainable development agenda, the UN has issued a global call-to-action: to eliminate violence against children. Essential to preventing violence against children is guidance to countries on using the best available evidence to address this problem. THRIVES provides this evidence. It represents a framework of complementary strategies that, taken together, have potential to achieve and sustain efforts to prevent violence against children. These strategies, which span health, social services, education, and justice sectors, include Training in parenting, Household economic strengthening, Reduced violence through legislative protection, Improved services, Values and norms that protect children, Education and life skills, and Surveillance and evaluation. For each THRIVES area, we review evidence for effectiveness and identify programmatic or policy examples. This framework will facilitate commitments to effective, sustainable, and scalable action.

Keywords:
Child maltreatment, child sexual abuse, global, prevention programmes, violence against children

ABSTRACT

Aim:
To investigate factors contributing to the sustained domestic violence screening and support practices of Maternal and Child Health nurses 2 years after a randomised controlled trial.

Background:
Domestic violence screening by healthcare professionals has been implemented in many primary care settings. Barriers to screening exist and screening rates remain low. Evidence for longer term integration of nurse screening is minimal. Trial outcomes showed sustained safety planning behaviours by intervention group nurses.

Design:
Process evaluation in 2-year follow-up of a cluster randomised controlled trial.
Methods:
Evaluation included a repeat online nurse survey and 14 interviews (July-September 2013). Survey analysis included comparison of proportionate group difference between arms and between trial baseline and 2 year follow-up surveys. Framework analysis was used to assess qualitative data. Normalisation Process Theory informed evaluation design and interpretation of results.

Results:
Survey response was 77 percent (n = 123/160). Sustainability of nurse identification of domestic violence appeared to be due to greater nurse discussion and domestic violence disclosure by women, facilitated by use of a maternal health and well-being checklist. Over time, intervention group nurses used the maternal checklist more at specific maternal health visits and found the checklist the most helpful resource assisting their domestic violence work. Nurses' spoke of a degree of 'normalisation' to domestic violence screening that will need constant investment to maintain.

Conclusions:
Sustainable domestic violence screening and support outcomes can be achieved in an environment of comprehensive, nurse designed and theory driven implementation. Continuing training, discussion and monitoring of domestic violence work is needed to retain sustainable practices.


ABSTRACT

Aim:
To provide examples of a qualitative multiple case study to illustrate the specific strategies that can be used to ensure the credibility, dependability, confirmability and transferability of a study.

Background:
There is increasing recognition of the valuable contribution qualitative research can make to nursing knowledge. However, it is important that the research is conducted in a rigorous manner and that this is demonstrated in the final research report.

Data Sources:
A multiple case study that explored the role of the clinical skills laboratory in preparing students for the real world of practice. Multiple sources of evidence were collected: semi-structured interviews (n=58), non-participant observations at five sites and documentary sources.
**Discussion:**
Strategies to ensure the rigour of this research were prolonged engagement and persistent observation, triangulation, peer debriefing, member checking, audit trail, reflexivity, and thick descriptions. Practical examples of how these strategies can be implemented are provided to guide researchers interested in conducting rigorous case study research.

**Conclusions:**
While the flexible nature of qualitative research should be embraced, strategies to ensure rigour must be in place.


*No abstract available*


**ABSTRACT**

Differential response (DR), also referred to as alternative response (AR), family assessment response (FAR), or multiple track response, was developed to incorporate family-centred, strengths-based practices into child protective services (CPS), primarily by diverting lower risk families into an assessment track rather than requiring the traditional CPS investigation. Since the programme’s inception, researchers have conducted several large evaluation studies of DR programmes, and a large body of research and programme literature has been published touting the success and benefits of DR. In response to significant concerns about the clarity and consistency of DR programme models and the validity and generalisability of its associated research, the authors undertook a comprehensive, three-pronged evaluation to provide guidance in shaping the ongoing development of DR programmes. This report summarises the methodology, findings, conclusions, and recommendations from the review.


**ABSTRACT**

Until recently, dealing with children at risk in Israeli hospitals was almost exclusively the domain of medical social workers. Suspected cases of abuse or neglect must be identified in real-time,
during the child's short stay in the hospital, and the decision of whether or not to report the case, and to whom (law enforcement or welfare authorities), must be made. The recognition that effective treatment also demands the involvement of physicians led to the development of an intensive training programme for hospital-paediatricians. The current study, based on in-depth interviews with the doctors who participated in the programme and the social workers who work with them at 14 hospitals in Israel, examined the impact of the training on cooperation between the two groups, seeking to determine whether the doctors' increased familiarity with the social work profession enhanced team-work. Phenomenological analysis of the interviews revealed several themes, indicating greater collaboration between the doctors and social workers. However, the participants also noted increased friction between the two groups. Possible explanations and practical recommendations for enhancing the potential effectiveness of such collaborations are offered. The study has implications for designing similar training programmes as well as for improving the dynamics between the two professions.

**Keywords:**
Child abuse and neglect, hospital social workers, paediatricians, professional collaboration


**ABSTRACT**

In this article, the role of the EU as a key factor for the development of the deinstitutionalisation of children is explored. A series of hypotheses concerning EU funding, policies and politics are addressed with regards to how the EU as a whole has affected the deinstitutionalisation of children. The article explains the presence of association between instigation of public interest and civil mobilisation and the launch of a nationwide reform – in particular how advocacy both at national and EU level led to the adoption of a national reform strategy in Bulgaria. Further, the association between the availability of an innovative approach to spending the EU funds and the decision generally to reform the system for institutional care for children is presented. The article explains the difference that €107.6 million will make for Bulgaria's abandoned children if the European structural funds are realised with their full potential. On the other hand, it reveals the challenges that the process is facing. A great deal of non-governmental organisation (NGO) experience concerning EU involvement in the process has been generalised and construed in order to achieve the best possible understanding of the whole process, the key players and the fundamental issues.

**SUMMARY**

**Background:**
Cross-sectional studies have shown that intimate partner violence and gender inequity in relationships are associated with increased prevalence of HIV in women. Yet temporal sequence and causality have been questioned, and few HIV prevention programmes address these issues. We assessed whether intimate partner violence and relationship power inequity increase risk of incident HIV infection in South African women.

**Methods:**
We did a longitudinal analysis of data from a previously published cluster-randomised controlled trial undertaken in the Eastern Cape province of South Africa in 2002–06. 1099 women aged 15–26 years who were HIV negative at baseline and had at least one additional HIV test over 2 years of follow-up were included in the analysis. Gender power equity and intimate partner violence were measured by a sexual relationship power scale and the WHO violence against women instrument, respectively. Incidence rate ratios (IRRs) of HIV acquisition at 2 years were derived from Poisson models, adjusted for study design and herpes simplex virus type 2 infection, and used to calculate population attributable fractions.

**Findings:**
128 women acquired HIV during 2076 person-years of follow-up (incidence 6·2 per 100 person-years). 51 of 325 women with low relationship power equity at baseline acquired HIV (8·5 per 100 person-years) compared with 73 of 704 women with medium or high relationship power equity (5·5 per 100 person-years); adjusted multivariable Poisson model IRR 1·51, 95 percent CI 1·05–2·17, p=0·027. 45 of 253 women who reported more than one episode of intimate partner violence at baseline acquired HIV (9·6 per 100 person-years) compared with 83 of 846 who reported one or no episodes (5·2 per 100 person-years); adjusted multivariable Poisson model IRR 1·51, 1·04–2·21, p=0·032. The population attributable fractions were 13·9 percent (95 percent CI 2·0–22·2) for relationship power equity and 11·9 percent (1·4–19·3) for intimate partner violence.

**Interpretation:**
Relationship power inequity and intimate partner violence increase risk of incident HIV infection in young South African women. Policy, interventions, and programmes for HIV prevention must address both of these risk factors and allocate appropriate resources.

**SUMMARY**

Violence perpetrated by and against men and boys is a major public health problem. Although individual men's use of violence differs, engagement of all men and boys in action to prevent violence against women and girls is essential. We discuss why this engagement approach is theoretically important and how prevention interventions have developed from treating men simply as perpetrators of violence against women and girls or as allies of women in its prevention, to approaches that seek to transform the relations, social norms, and systems that sustain gender inequality and violence. We review evidence of intervention effectiveness in the reduction of violence or its risk factors, features commonly seen in more effective interventions, and how strong evidence-based interventions can be developed with more robust use of theory. Future interventions should emphasise work with both men and boys and women and girls to change social norms on gender relations, and need to appropriately accommodate the differences between men and women in the design of programmes.


**SUMMARY**

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Interpretation:
Relationship power inequity and intimate partner violence increase risk of incident HIV infection in young South African women. Policy, interventions, and programmes for HIV prevention must address both of these risk factors and allocate appropriate resources.


ABSTRACT
This article examines how the historical interaction between coloniser and colonised influenced gender inequality in the Central Asian state of Uzbekistan. The study demonstrates that the interaction had cultural and structural components that contributed to the establishment of gender conservatism as a national virtue. After the failure of other initiatives in the region, the Soviets launched a massive unveiling ritual in Uzbekistan that led to widespread resistance, including a wave of murders of unveiled women. At the same time, the Soviets left in place local patriarchal networks that reinforced this gender conservatism. To underscore the critical nature of these interactions and their variability, the study includes evidence from neighbouring Kazakhstan, a nomadic society where women did not veil and where local networks were disrupted through Soviet-led collectivisation and sedentarisation. The study argues that these two societies interacted differently with the Soviet modernising project, with implications for present-day disparities in gender equality.

**ABSTRACT**

This study is one of the first longitudinal investigations of outcomes from different types of out-of-home foster care services in Korea. The main purpose of the study is to compare foster care with institutional care by focusing on two concerns: (1) children’s perception of the caregiving services and (2) developmental outcomes of such services. Study participants included 342 children in institutional and foster care in Korea, all of whom participated in both the first and the second wave surveys for the Panel Study on Korean Children in Out-of Home-Care. The first-wave survey was conducted in 2010; the second wave survey was conducted in 2011. The data were analysed using the Generalised Estimating Equation (GEE), the Chi-square test, ANOVA, and descriptive data analysis.

The results from GEE showed significant relationships between placement types and placement outcomes. In particular, children in foster care groups perceived caregiving services more positively than those in institutional care overall. In addition, each of the foster care groups revealed more positive developmental outcomes compared to the institution group. We did not find major differences among different types of foster care placements. In summary, our findings suggest that the effects of foster care are more positive than those of institutional care. Based on the results, we discuss practice implications, including the concern of using institutional care as a major out-of-home care service in Korea.

**Keywords:**
Korean foster care, institutional care, comparison between foster care and institutional care, developmental outcomes of children in out-of-home care


**ABSTRACT**

A wide range of statutory and non-statutory child protection and family support services exist to prevent the occurrence or re-occurrence of maltreatment. They may be oriented towards primary, secondary or tertiary levels of prevention, employ various types of professional and/or paraprofessional workers, and target a diverse range of groups. The purpose of this study was to examine the experiences of parents who were directed by child protection authorities to attend a tertiary level child protection and family enhancement programme. In depth unstructured interviews were used to gather data about these parents' experience. Thematic content analysis of
these transcripts identified four major themes as follows: 1) It's a good place to be: Participation as an affordable social outlet; 2) Learning about kids: Participation as a source of learning; 3) They are there for me: Participation as a source of practical help and support; and, 4) I am a good mother: Participation as a source of tension and conflict. Participants' perceptions of friendship with workers emerged as the most significant and valued aspect of their experience. These feelings of friendship were tested when staff undertook their mandatory reporting role. Feelings of betrayal arose that challenged the women's previous unconditional feelings of trust, and jeopardised the therapeutic relationships that had been established.


ABSTRACT

Background:
Parent education and training programmes can improve maternal psychosocial health, child behavioural problems and parenting practices. This review assesses the effects of parenting interventions for reducing child injury.

Objectives:
To assess the effects of parenting interventions for preventing unintentional injury in children aged under 18 years and for increasing possession and use of safety equipment and safety practices by parents.

Search Methods:
We searched CENTRAL, MEDLINE, EMBASE, BIOSIS Preview, PsycINFO, Sociological Abstracts, Social Science Citation Index, CINAHL, ProQuest Dissertations and Theses, ERIC, DARE, ASSIA, Web of Science, SIGLE and ZETOC. We also handsearched abstracts from the World Conferences on Injury Prevention and Control and the journal Injury Prevention. The searches were conducted in January 2011.

Selection Criteria:
We included randomised controlled trials (RCTs), non-randomised controlled trials (non-RCTs) and controlled before and after studies (CBAs), which evaluated parenting interventions administered to parents of children aged 18 years and under, and reported outcome data on injuries for children (unintentional or unspecified intent), possession and use of safety equipment or safety practices (including the Home Observation for Measurement of the Environment (HOME) scale which contained an assessment of home safety) by parents. Parenting interventions were defined as those with a specified protocol, manual or curriculum aimed at changing knowledge, attitudes or skills covering a range of parenting topics.
Data Collection and Analysis:
Studies were selected, data were extracted and quality appraised independently by two authors. Pooled relative risks (RR) were estimated using random effect models.

Main Results:
Twenty-two studies were included in the review: 16 RCTs, two non-RCTs, one partially randomised trial which contained two randomised intervention arms and one non-randomised control arm, two CBA studies and one quasi randomised controlled trial. Seventeen studies provided interventions comprising parenting education and other support services; 15 of which were home visiting programmes and two of which were paediatric practice-based interventions. Two provided solely educational interventions. Nineteen studies recruited families who were from socio-economically disadvantaged populations, were at risk of adverse child outcomes or people who may benefit from extra support, such as single mothers, teenage mothers, first time mothers and mothers with learning difficulties. Ten RCTs involving 5074 participants were included in the meta-analysis, which indicated that intervention families had a statistically significant lower risk of injury than control families (RR 0.83, 95 percent CI 0.73 to 0.94). Sensitivity analyses undertaken including only RCTs at low risk of various sources of bias found the findings to be robust to including only those studies at low risk of detection bias in terms of blinded outcome assessment and attrition bias in terms of follow up of fewer than 80 percent of participants in each arm. When analyses were restricted to studies at low risk of selection bias in terms of inadequate allocation concealment the effect size was no longer statistically significant. Several studies found statistically significant fewer home hazards or a greater number of safety practices in intervention families. Of ten studies reporting scores on the HOME scale, data from three RCTs were included in a meta-analysis which found no evidence of a difference in quality of the home environment between treatment arms (mean difference 0.57, 95 percent CI -0.59 to 1.72). Most of the studies reporting home safety practices, home hazards or composite home safety scores found statistically significant effects favouring intervention arm families. Overall, using GRADE, the quality of the evidence was rated as moderate.

Authors' Conclusions:
Parenting interventions, most commonly provided within the home using multi-faceted interventions are effective in reducing child injury. There is fairly consistent evidence that they also improve home safety. The evidence relates mainly to interventions provided to families from disadvantaged populations, who are at risk of adverse child health outcomes or whose families may benefit from extra support. Further research is required to explore mechanisms by which these interventions may reduce injury, the features of parenting interventions that are necessary or sufficient to reduce injury and the generalisability to different population groups.

**ABSTRACT**

**Background:**
Child Protective Services' (CPS) placements of children in out-of-home care disproportionately impact families marginalised by poverty, racism and criminalisation. CPS' mandate to protect children from neglect and abuse is frequently criticised as failing to address the multiple social and structural domains shaping parents' lives, especially mothers.

**Methods:**
We conducted a thematic narrative analysis of in-depth interviews to explore the impact of child custody loss on 19 women who use drugs residing in Toronto, Canada. We also assessed the potential roles of intersectional forms of violence and inequities in power that can both give rise to child custody loss and mediate its consequences.

**Results:**
Trauma was identified as a key impact of separation, further exacerbated by women's cumulative trauma histories and ongoing mother-child apartness. Women described this trauma as unbearable and reported persistent symptoms of post-traumatic stress disorder and other mental health conditions. Practices of dissociation through increased use of drugs and alcohol were central in tending to the pain of separation, and were often synergistically reinforced by heightened structural vulnerability observed in increased exposure to housing instability, intimate partner violence, and initiation of injection drug use and sex work. Women's survival hinged largely on hopefulness of reuniting with children, a goal pivotal to their sense of future and day-to-day intentions toward ameliorated life circumstances.

**Conclusions:**
Findings highlight needs for strategies addressing women's health and structural vulnerability following custody loss and also direct attention to altering institutional processes to support community-based alternatives to parent-child separation.

**ABSTRACT**

Given the incidence of child sexual abuse in the United States, mental health professionals need training to detect, assess, and treat victims and should possess a clear understanding of the process of victimisation. However, many mental health professionals who work with children and families have not been exposed to any training in child sexual abuse during their formal education. This article will examine the need for such training, suggest critical components of child sexual abuse training, and describe various methods of training (e.g., in person, Web-based, and community resources).

**Keywords:**

Child sexual abuse education, curriculum, educational components, helping professional, training


**ABSTRACT**

**Background:**

Recently, parenting programmes to address behavioural and emotional problems associated with child maltreatment in developing countries have received much attention. There is a paucity of literature on effective parent education interventions in the local context of Pakistan. This study aimed to assess the feasibility of offering a 6-week parenting programme for mothers of pre-school children attending family health centres (FHCs) in Karachi, the largest metropolitan city of Pakistan.

**Methods:**

A pilot quasi-experimental trial was conducted. Two FHCs were selected, one as the intervention and the second as the control. A total of 57 mothers of pre-school children (n = 30 intervention; n = 27 control) participated in this study. Mothers in the intervention group received SOS Help for parents’ module, while mothers in the control group received information about routine childcare. A parenting scale (PS) was administered before the programme was implemented and repeated 2 weeks after the programme was completed in both groups. Statistical analysis was performed to compare participants’ attributes. Descriptive analysis was conducted to compare pre- and post-test mean scores along with standard deviation for parenting subscales in the intervention and control groups.
Results:
A total of 50 mothers (n = 25 intervention; n = 25 control) completed the 6-week programme. Attrition was observed as 5/30 (17 percent) in the intervention arm and 2/27 (2 percent) in the control arm. Mothers commonly reported the burden of daily domestic and social responsibilities as the main reason for dropping out. Furthermore, the majority of participants in the control group recommended increasing the duration of weekly sessions from 1 to 1.5 hours, thereby decreasing the programme period from 6 to 4 weeks. Mothers in intervention group reported substantial improvement in parenting skills as indicated by mean difference in their pre- and post-test scores for laxness and over-reactivity.

Conclusions:
Parenting programmes can be implemented for mothers attending FHCs in Pakistan. Mothers require positive reinforcement and constant encouragement at the participant level. Integrating such programmes into primary healthcare at the population level has the potential to maximise child health benefits and to improve parenting skills at the country level.


ABSTRACT
The article discusses whether the fact that social pedagogy originated in Germany can be assumed to constitute a barrier to its successful establishment in the UK: would cultural and other differences suggest that social pedagogy might be ‘too German’ for a UK context? The article draws on material illustrating how social pedagogy travelled from Germany via Spain to Latin America, whence it has now arrived in the USA. Reflections are added as to the UK’s role as an Anglo-Saxon as well as a European country.

Keywords:
Social work, social pedagogy, England, UK, Germany, Spain, Latin America, USA


ABSTRACT
Child abuse has negative health consequences. Early detection and preventive measures lead to avoidance of prolonged and more complex problems. School nurses have a child protection role and should pay attention to vulnerable children. Through health dialogues and other interactions with pupils, school nurses have the opportunity to detect child abuse. The aim of the study was to
explore how school nurses detect child abuse and initiate support measures. Focus group interviews were conducted with 23 school nurses. The data were analysed using a grounded theory approach. Results showed that the main concern of the school nurses was support and assistance to children who are abused which was preceded by a trust-creating and trust-strengthening process. Trust contains self-confidence and confidence in the system and trust can be strengthened or undermined. Building trustful relations is time consuming and is facilitated by networking, refined assessment instruments, and collaboration.


**ABSTRACT**

African American children are disproportionally overrepresented in the U.S. child protection system. Because educational personnel are a significant source of reports of suspected child maltreatment across the country and in all states, the present study examines the impact of these reports on racial disproportionality and disparity at the national, state, and local levels, with an examination of New York State specifically. Geographic information systems technology is used to report differences in county-level experiences through maps. This study's findings highlight that racial disproportionality and disparity in reporting by educational personnel exist at the national level and significantly differ within a state. These findings demand that efforts to address racially disproportionate and disparate reporting should be tailored to local experiences, and highlight the importance of involvement of school personnel, including school social workers, in these efforts.

**Keywords:**
Child maltreatment, child welfare, educational personnel, mandated reporting, racial disproportionality


**ABSTRACT**

Every state has a statute through which certain individuals are required to report suspicions of child maltreatment to Child Protective Services. Some states require all adults to report suspicions of child maltreatment (Universal Mandated Reporting); other states only require certain professionals to make such reports. In response to high profile child sexual abuse cases, many states have considered moving to Universal Mandated Reporting. This study compares characteristics and outcomes of reports from states with and without Universal Mandated
Reporting. Analysis found no differences in the rate of report or report disposition. Reports from educational personnel in states with universal reporting made up a smaller proportion of reports than in states where only a delineated list of professionals are required to report. Additionally, states with Universal Mandated Reporting had more reports involving neglect as compared to other states. These findings are important to inform any movement to expand Universal Mandated Reporting.

**Keywords:**
Child abuse, child protective services, child abuse reporting, state policy, federal policy


**ABSTRACT**

This study examined the factors that lead specialists in paediatric dentistry to suspect child abuse or neglect and the considerations that influence the decision to report these suspicions to social services. Focus group discussions were used to identify new aspects of child maltreatment suspicion and reporting. Such discussions illuminate the diversity of informants’ experiences, opinions, and reflections. Focus groups included 19 specialists and postgraduate students in paediatric dentistry. We conducted video-recorded focus group discussions at the informants’ dental clinics. All sessions lasted approximately 1.5 h. We transcribed the discussions verbatim and studied the transcripts using thematic analysis, a method well-suited to evaluating the experiences discussed and how the informants understand them. The analysis process elicited key concepts and identified one main theme, which we labelled ‘the dilemma of reporting child maltreatment’. We found this dilemma to pervade a variety of situations and divided it into three sub-themes: to support or report; differentiating concern for well-being from maltreatment; and the supportive or unhelpful consultation. Reporting a suspicion about child maltreatment seems to be a clinical and ethical dilemma arising from concerns of having contradicting professional roles, difficulties confirming suspicions of maltreatment, and perceived shortcomings in the child-protection system.

**Keywords:**
Child abuse, dentist-patient relations, mandatory reporting, professional practice
Abstract

Intimate partner violence (IPV) and child maltreatment often co-occur in households and lead to negative outcomes for children. This article explores the extent to which SASA!, an intervention to prevent violence against women, impacted children's exposure to violence. Between 2007 and 2012 a cluster randomised controlled trial was conducted in Kampala, Uganda. An adjusted cluster-level intention to treat analysis, compares secondary outcomes in intervention and control communities at follow-up. Under the qualitative evaluation, 82 in-depth interviews were audio recorded at follow-up, transcribed verbatim, and analysed using thematic analysis complemented by constant comparative methods. This mixed-methods article draws mainly on the qualitative data. The findings suggest that SASA! impacted on children's experience of violence in three main ways. First, quantitative data suggest that children's exposure to IPV was reduced. We estimate that reductions in IPV combined with reduced witnessing by children when IPV did occur, led to a 64 percent reduction in prevalence of children witnessing IPV in their home (aRR 0.36, 95 percent CI 0.06-2.20). Second, among couples who experienced reduced IPV, qualitative data suggests parenting and discipline practices sometimes also changed-improving parent-child relationships and for a few parents, resulting in the complete rejection of corporal punishment as a disciplinary method. Third, some participants reported intervening to prevent violence against children. The findings suggest that interventions to prevent IPV may also impact on children's exposure to violence, and improve parent-child relationships. They also point to potential synergies for violence prevention, an area meriting further exploration.

Keywords:
Corporal punishment, parenting, primary prevention of violence against women, SASA! Uganda; violence against children

Executive Summary

Girls' and women's health is in transition and, although some aspects of it have improved substantially in the past few decades, there are still important unmet needs. Population ageing and transformations in the social determinants of health have increased the coexistence of disease burdens related to reproductive health, nutrition, and infections, and the emerging epidemic of
chronic and non-communicable diseases (NCDs). Simultaneously, worldwide priorities in women's health have themselves been changing from a narrow focus on maternal and child health to the broader framework of sexual and reproductive health and to the encompassing concept of women's health, which is founded on a life-course approach. This expanded vision incorporates health challenges that affect women beyond their reproductive years and those that they share with men, but with manifestations and results that affect women disproportionately owing to biological, gender, and other social determinants.


**ABSTRACT**

The Perceived Stress Scale (PSS; Cohen, Kamarck, and Merrelstein, *Journal of Health and Social Behaviour* 24: 385–396, 1983) and its derivatives are among the most commonly used self-report measures of subjective global stress. Several factorial models of the PSS have been proposed; however, which of these structures reliably measures individuals with mental illness remains unclear. Moreover, despite the detection of gender differences in perceived stress, factorial invariance between genders has not yet been tested with the PSS. Confirmatory factor analysis evaluating six prevailing factorial models of the PSS among a large sample of psychiatric patients and a matched community sample supported a two-factor model. Multiple group analysis established configural, metric and scalar invariance of this model across gender, but only configural invariance across samples differing by mental health status. Implications are that gender differences can be cautiously interpreted as true mean differences rather than artefacts of measurement bias; however, mean perceived stress factor scores should not be compared directly across psychiatric and non-psychiatric samples.

**Keywords:**
Perceived stress, psychopathology, factor analysis, measurement invariance, gender.


**ABSTRACT**

Adolescent dating violence is a pressing international issue: yet, there have been few attempts to collate the international evidence regarding this phenomenon. This article reviews contemporary evidence from Europe and North America on prevalence, dynamic risk factors, and the efficacy of intervention programmes for adolescent dating violence. Prevalence findings suggest that victimisation rates are comparable across Europe and North America. Although individual studies
report differing prevalences, the overall hierarchy of violence types – in which psychological/emotional violence is most and sexual violence least prevalent – is consistent across almost all investigations. Four dynamic risk factors for perpetration are identified: peer influence, substance use, psychological adjustment and competencies, and attitudes towards violence. Peer influences and attitudes towards violence appear to be the most extensively evidenced factors in the literature. Nine existing intervention programmes are identified, all located within North America. Intervention results are mixed, with some evaluations reporting significant long-term benefits while others report positive intervention effects dissipate throughout follow-up. Tentative analysis suggests that programmes focussed on behavioural change may elicit sustainable effects more readily. However, this is difficult to ascertain with no data on programme repetitions and variations across intervention pedagogy and sample. Concerns with existing research and interventions and possible future directions are discussed.

Keywords:
Adolescent dating violence, violence prevalence, violence risk factors, violence intervention programme, domestic violence, literature review


ABSTRACT

Background:
Prenatal stress has been shown to predict persistent behavioural abnormalities in offspring. Unknown is whether prenatal stress makes children more vulnerable to peer victimisation.

Methods:
The current study is based on the Avon Longitudinal Study of Parents and Children, a prospective community-based study. Family adversity, maternal anxiety and depression were assessed at repeated intervals in pregnancy and the postnatal period. Parenting, partner conflict and temperament were measured at preschool age. Peer victimisation was assessed using multiple informants (child, parent, teacher) at primary school age (between ages 7 and 10).

Results:
Prenatal severe family adversity and maternal mental health directly increased the risk of victimisation at school even when controlled for postnatal family adversity and maternal mental health, parenting, partner conflict and temperament. Effects were found to be independent of sources of information of peer victimisation. Partner conflict and maladaptive parenting also independently increased the risk of peer victimisation.
Conclusions:
Experiences in pregnancy may affect the developing foetus and increase vulnerability to be victimised by peers. Conflict between parents and their parenting further increase the risk of being victimised by peers at school.


ABSTRACT

Objective:
To assess whether being bullied between 7 and 10 years of age is directly associated with self-harm in late adolescence when controlling for previous exposure to an adverse family environment (domestic violence, maladaptive parenting); concurrent internalising and externalising behaviour; and subsequent psychopathology (borderline personality disorder and depression symptoms).

Method:
A total of 4,810 children and adolescents in the Avon Longitudinal Study of Parents and Children (ALSPAC) cohort were assessed to ascertain bullying exposure (between 7 and 10 years of age) and self-harm at 16 to 17 years.

Results:
A total of 16.5 percent of 16- to 17-year-olds reported self-harm in the previous year. Being bullied was associated with an increased risk of self-harm directly, and indirectly via depression symptoms in early adolescence. The association between an adverse family environment (exposure to maladaptive parenting and domestic violence) and self-harm was partially mediated by being bullied.

Conclusions:
Being bullied during childhood increases the risk of self-harm in late adolescence via several distinct pathways, for example, by increasing the risk of depression and by exacerbating the effects of exposure to an adverse family environment; as well as in the absence of these risk exposures. Health practitioners evaluating self-harm should be aware that being bullied is an important potential risk factor.

*No Abstract available*

**Keywords:**
Child maltreatment, children exposed to domestic and family violence, collaboration between fields of expertise and knowledge, intimate partner violence


**ABSTRACT**

**Background:**
An increasing number of children are placed in foster care (i.e., a kin or non kin family home other than the biological parent) due to experiences of physical, sexual, emotional, or psychological abuse, and/or neglect. Children in foster care are at increased risk for a host of negative outcomes encompassing emotional, behavioural, neurobiological, and social realms.

**Methods:**
Areas of risk and vulnerability among foster children are described, including emotional and behavioural deficits, impaired neurobiological development, and social relationship deficits. Evidence suggesting the significance of family placement changes and prenatal exposure to substances as contributing mechanisms is presented. Based on a systematic search of the PsycINFO database (to March 2012), eight efficacious evidence-based interventions for foster families are summarised.

**Findings:**
Although the development of evidence-based interventions that improve outcomes for foster children has lagged behind the delivery of interventions in other service sectors (e.g., mental health and educational sectors), several interventions across childhood and adolescence offer promise. Service system constraints offer both challenges and opportunities for more routine implementation of evidence-based interventions.

**Conclusions:**
Given the increased likelihood of poor outcomes for foster children, increased efforts to understand the pathways to vulnerability and to implement interventions shown to be effective in
remediating risks and improving outcomes for this population are indicated. Evaluation of efficacious interventions in countries outside of the United States is also needed.


**ABSTRACT**

This qualitative case study aimed to analyse the challenges faced by the Family Health Programme (FHP) teams in dealing with domestic violence against children and adolescents in Teresópolis, Rio de Janeiro State, Brazil. The sample consisted of 25 professionals from three family health teams. Data were collected through face-to-face semi-structured thematic interviews and submitted to content analysis. Findings included the health professionals' detection of cases of domestic violence among families enrolled in the programme, often associated with drug use and drug dealing, alcoholism, family breakdown, and poverty. Collaboration with the community and difficulty in inter-sector actions were identified as challenges for detecting, reporting, and monitoring cases. Most professionals felt insecure in dealing with such cases, due to lack of appropriate knowledge and skills. The study concludes that it is essential to managers, staff and community discuss the problem and means to approach it in the context of the territories.


**ABSTRACT**

Research has consistently linked social-emotional skills to important educational and life outcomes. Many children begin their school careers, however, without the requisite social and emotional skills that facilitate learning, which has prompted schools nationwide to adopt specific curricula to teach students the social-emotional skills that enable them to maintain optimal engagement in the learning process. Second Step® is one of the most widely disseminated social-emotional learning (SEL) programmes; however, its newly revised version has never been empirically evaluated. The purpose of this study was to conduct a randomised controlled trial investigating the impact of the 4th Edition Second Step® on social-behavioural outcomes over a 1-year period when combined with a brief training on proactive classroom management. Participants were kindergarten to 2nd grade students in 61 schools (321 teachers, 7300 students) across six school districts. Hierarchical models (time×condition) suggest that the programme had few main effects from teacher-reported social and behavioural indices, with small effect sizes. The majority of significant findings were moderated effects, with 8 out of 11 outcome variables indicating the intervention-produced significant improvements in social-emotional competence.
and behaviour for children who started the school year with skill deficits relative to their peers. All the significant findings were based on teacher-report data highlighting a need for replication using other informants and sources of data. Findings provide programme validation and have implications for understanding the reach of SEL programmes.

**Keywords:**
Efficacy trial, second step, social skills, social-emotional learning


**ABSTRACT**

Intimate partner violence (IPV) and sexual violence (SV) are widespread among adolescents and place them on a lifelong trajectory of violence, either as victims or perpetrators. The aim of this review was to identify effective approaches to prevent adolescent IPV and SV and to identify critical knowledge gaps. The interventions reviewed in this article reflect the global focus on interventions addressing violence perpetrated by men against women in the context of heterosexual relationships. Interventions for girls and boys (10-19 years) were identified through electronic searches for peer-reviewed and gray literature such as reports and research briefs. Studies were excluded if they were published before 1990 or did not disaggregate participants and results by age. Programmes were classified as "effective," "emerging," "ineffective," or "unclear" based on the strength of evidence, generalisability of results to developing country settings, and replication beyond the initial pilot. Programmes were considered "effective" if they were evaluated with well-designed studies, which controlled for threats to validity through randomisation of participants. A review of 142 articles and documents yielded 61 interventions, which aimed to prevent IPV and SV among adolescents. These were categorised as "parenting" (n = 8), "targeted interventions for children and adolescents subjected to maltreatment" (n = 3), "school based" (n = 31; including 10 interventions to prevent sexual assault among university students), "community based" (n = 16), and "economic empowerment" (n = 2). The rigor of the evaluations varies greatly. A good number have relatively weak research designs, short follow-up periods, and low or unreported retention rates. Overall, there is a lack of robust standardised measures for behavioural outcomes. Three promising approaches emerge. First, school-based dating violence interventions show considerable success. However, they have only been implemented in high-income countries and should be adapted and evaluated in other settings. Second, community-based interventions to form gender equitable attitudes among boys and girls have successfully prevented IPV or SV. Third, evidence suggests that parenting interventions and interventions with children and adolescents subjected to maltreatment hold promise in preventing IPV or SV by addressing child maltreatment, which is a risk factor for later perpetration or experience of IPV or SV. Results suggest that programmes with longer term investments and repeated exposure to ideas delivered in different settings over time have better results than single
awareness-raising or discussion sessions. However, lack of rigorous evidence limits conclusions regarding the effectiveness of adolescent IPV and SV prevention programmes and indicates a need for more robust evaluation.

**Keywords:**
Adolescents, dating violence, gender norms, gender-based violence, intimate partner violence, rape, sexual violence


**ABSTRACT**

This study examined the prevalence and determinants of spanking of children at 3 years of age and the associations between spanking and externalising behaviour and receptive verbal ability at age 5 years. Overall, we find maternal spanking rates of 55.2 percent and paternal rates of 43.2 percent at age 3 years. Mothers facing greater stress and those who spanked earlier are more likely to spank at age 3 years, whereas those who report a supportive partner during pregnancy and those who were not US born were less likely to spank. Mothers and fathers in communities where spanking was more normative were more likely to spank. Fathers were less likely to spank daughters at age 3 years. Frequent maternal spanking at age 3 years was associated with externalising behaviour and receptive vocabulary at age 5 years, controlling for an array of ecological risks, earlier behaviour and verbal capacity. Taking advantage of the large and diverse sample, we explored potential interactions and found no evidence that race, parental warmth, normativeness or child gender moderated the association between spanking and externalising or receptive vocabulary. These findings add to the literature on negative consequences associated with a widely endorsed parenting practice and highlight the need for research that explores alternative effective discipline practices and addresses parent questions of what else they could, or even should, be doing.


**ABSTRACT**

Children's exposure to intimate partner violence (IPV) is increasingly recognised as a type of child maltreatment that has a level of impairment similar to other types of abuse and neglect. Despite advances in the area of IPV, the safety planning strategies recommended as part of the overall response to IPV need to be examined in terms of their implications for children. This
article discusses these strategies within the context of child safety, comparing IPV safety planning with approaches aimed at reducing exposure to other types of violence such as child sexual abuse, as well as general child safety strategies. Despite the emphasis on safety planning in information available on responding to IPV, the actual effectiveness of such planning in improving safety and reducing violence is unknown. Safety planning provided to children by a parent experiencing IPV, especially when IPV is ongoing and not recognised by anyone outside the home, may lead to confusing messages for children, particularly if there is an emphasis on secrecy. While awaiting evidence about the effectiveness of specific safety planning strategies for children, we suggest basic principles and general strategies that emphasise universality in terms of education about any type of violence or abuse in the home being unacceptable, as well as the need to focus on safety in general.

Keywords:
Intimate partner violence, children, safety


No abstract available


ABSTRACT

This article focusses on the social protection programmes that have been put in place in Zimbabwe to assist orphaned and vulnerable children. The programmes inter-a-lia includes BEAM, adoption, institutionalisation, Free Treatment Orders, and the National Plan of Action for Orphans and Vulnerable Children. It is argued that though the programmes are commendable, they have gaps which need to be addressed. This will result in many orphans and vulnerable children lead a near normal life. The article is concluded by making some recommendations which might make the social protection programmes more responsive to the needs of orphaned and vulnerable children. Keywords: Programmes, Social protection, Orphans and vulnerable children.

**ABSTRACT**

**Objective:**
To describe age- and sex-specific rates of child homicide in South Africa.

**Methods:**
A cross-sectional mortuary-based study was conducted in a national sample of 38 medicolegal laboratories operating in 2009. These were sampled in inverse proportion to the number that were operational in each of three strata defined by autopsy volume: < 500, 500–1499 or > 1499 annual autopsies. Child homicide data were collected from mortuary files, autopsy reports and police interviews. Cause of death, evidence of abuse and neglect or of sexual assault, perpetrator characteristics and circumstances surrounding the death were investigated.

**Findings:**
An estimated 1018 (95 percent confidence interval, CI: 843–1187) child homicides occurred in 2009, for a rate of 5.5 (95 percent CI: 4.6–6.4) homicides per 100,000 children younger than 18 years. The homicide rate was much higher in boys (6.9 per 100,000; 95 percent CI: 5.6–8.3) than in girls (3.9 per 100,000; 95 percent CI: 3.2–4.7). Child abuse and neglect had preceded nearly half (44.5 percent) of all homicides, but three times more often among girls than among boys. In children aged 15 to 17 years, the homicide rate among boys (21.7 per 100,000; 95 percent CI: 14.2–29.2) was nearly five times higher than the homicide rate among girls (4.6 per 100,000; 95 percent CI: 2.4–6.8).

**Conclusions:**
South Africa’s child homicide rate is more than twice the global estimate. Since a background of child abuse and neglect is common, improvement of parenting skills should be part of primary prevention efforts.


**ABSTRACT**

There is now conclusive evidence of the major and long-lasting negative effects of physical and sexual abuse on children. Within Africa, studies consistently report high rates of child abuse, with prevalence as high as 64 percent. However, to date, there has been no review of factors associated with physical and sexual child abuse and polyvictimisation in Africa. This review identified 23
Quantitative studies, all of which showed high levels of child abuse in varying samples of children and adults. Although studies were very heterogeneous, a range of correlates of abuse at different levels of the Model of Ecologic Development were identified. These included community-level factors (exposure to bullying, sexual violence, and rural/urban location), household-level factors (poverty, household violence, and non-nuclear family), caregiver-level factors (caregiver illness in particular AIDS and mental health problems, caregiver changes, family functioning, parenting, caregiver-child relationship, and substance abuse), and child-level factors (age, disability, physical health, behaviour, and gender). These findings identify key associated factors that are potential foci of child abuse prevention interventions. In addition, there is a clear need for further rigorous longitudinal research into predictive factors and culturally relevant interventions.


**ABSTRACT**

**Background:**
Child maltreatment is a great public health concern that has long-term mental and physical health consequences and can result in death. We studied the effect of a nurse home visiting programme on child maltreatment among young disadvantaged families in The Netherlands. This study is the first to investigate the effects of this programme outside of the United States.

**Methods:**
We conducted a single blind, parallel-group, randomised controlled trial that compared usual care with the nurse home visitation programme, which began during pregnancy and continued until the children's second birthdays, in 460 disadvantaged women who were pregnant for the first time and <26 years of age. The primary outcome was the existence of a report about the child from a child protecting services agency (CPS reports). Secondary outcome measures included home environment and child behaviour.

**Results:**
Two hundred twenty-three participants were assigned to the control group, and 237 were assigned to the intervention group. Three years after birth, 19 percent of the children in the control group had a CPS report. The 11 percent of children in the intervention group with CPS files was significantly lower (relative risk 0.91, p-value 0.04). At 24 months, the intervention group scored significantly better on the IT-HOME. At 24 months after birth, the children in the intervention group exhibited a significant improvement in internalising behaviour (relative risk 0.56, p-value 0.04) but no evidence of a difference from the control group in externalising behaviour (relative risk 0.71, p-value 0.12).
Conclusions:
The number of CPS reports for the intervention group was significantly lower than that of the control group. Additionally, the long-term home environments were improved and internalising behaviours of the children were lower in the intervention group.


ABSTRACT

Many children in developing countries are at risk of emotional and behavioural difficulties, which are likely to be elevated due to the effects of poverty. Parenting programmes have shown to be effective preventative strategies in high-income countries, but to date the research on their effectiveness in lower-income countries is limited. International organisations such as the World Health Organisation have called for the implementation of programmes to prevent behavioural difficulties through the development of stable relationships between children and their parents. The aim of the present paper was to review the literature on parenting programmes in developing countries in order to identify challenges, opportunities and directions for further research. First, reports of international organisations were reviewed in order to gain a preliminary overview of the field. In a second stage, a non-systematic review was carried out. Databases were searched in order to identify empirical evaluations of parenting programmes in low-income countries. Finally, a systematic review was carried out to specifically identify evaluations of programmes targeting emotional or behavioural outcomes. Only one study had a strong methodology among those designed to prevent emotional and behavioural outcomes. Opportunities for further programme development and research are identified.


ABSTRACT

Victims’ responses to violent experiences within intimate relationships are highly diverse and can range from remaining silent, at least temporarily, to disclosing the abuse to informal and formal sources of support. Decisions to remain silent or to reach out for support are influenced by a complex range of factors, including situational circumstances, such as the presence of children. Using data from in-depth interviews with victims of IPV (N = 29) in Southeast Queensland, Australia, I examined victims’ responses to IPV when children are present in the abusive household. Victims, who accessed general formal support sources, including the criminal justice systems and Child Protection Services (CPS), frequently faced stereotypical and victim-blaming
attitudes along with a lack of understanding of the dynamics of IPV and the circumstances surrounding victims’ help-seeking decisions. The presence of children in abuse relationships complicated victims’ help-seeking decisions because fear of harm and loss of custody often delayed or hindered the disclosure of IPV to formal support sources. Once disclosing the abuse victims often found themselves trapped between CPS expectations to protect their children by leaving the abusive partner and a reluctance on behalf of judges and magistrates to offer the necessary protection by including children on granted Domestic Violence Orders (DVO). These findings highlight the ongoing need for specialised training of CPS personnel, judges and magistrates along with an ongoing collaboration with the women’s sector to ensure the safety of victims and their children throughout the help-seeking process and to improve victims’ confidence in disclosing IPV.

Keywords:
Domestic violence, intimate partner violence, help-seeking, child protection, victim safety.


No abstract available


**ABSTRACT**

This study aimed to systematically assess the readiness of five countries - Brazil, the Former Yugoslav Republic of Macedonia, Malaysia, Saudi Arabia, and South Africa - to implement evidence-based child maltreatment prevention programmes on a large scale. To this end, it applied a recently developed method called Readiness Assessment for the Prevention of Child Maltreatment based on two parallel 100-item instruments. The first measures the knowledge, attitudes, and beliefs concerning child maltreatment prevention of key informants; the second, completed by child maltreatment prevention experts using all available data in the country, produces a more objective assessment readiness. The instruments cover all of the main aspects of readiness including, for instance, availability of scientific data on the problem, legislation and policies, will to address the problem, and material resources. Key informant scores ranged from 31.2 (Brazil) to 45.8/100 (the Former Yugoslav Republic of Macedonia) and expert scores, from 35.2 (Brazil) to 56/100 (Malaysia). Major gaps identified in almost all countries included a lack of professionals with the skills, knowledge, and expertise to implement evidence-based child maltreatment programmes and of institutions to train them; inadequate funding, infrastructure, and equipment; extreme rarity of outcome evaluations of prevention programmes; and lack of
national prevalence surveys of child maltreatment. In sum, the five countries are in a low to moderate state of readiness to implement evidence-based child maltreatment prevention programmes on a large scale. Such an assessment of readiness - the first of its kind - allows gaps to be identified and then addressed to increase the likelihood of programme success.

**Keywords:**
Capacity, child maltreatment prevention, developing countries, implementation, policy, readiness


**ABSTRACT**

This study explored gender norms with cricket coaches and athletes in India to adapt a coach-delivered gender violence prevention programme from the United States for the urban Indian context. Interviews and focus groups conducted among coaches and adolescent cricketers highlight the extent to which coaches and athletes articulate prevailing inequitable notions about gender and recognition of the power coaches wield. Adapting a violence prevention programme that emphasises gender norms change may be feasible with Indian cricket coaches but is likely to require attention to defining gender equity and challenging cultural assumptions with coaches prior to implementing the programme with athletes.


**ABSTRACT**

Several well-designed and methodologically sound studies have described long-term effects of specific prenatal drug exposures on children’s health and development. Some longitudinal studies now extend into late adolescence and early adulthood and assess vulnerability to substance abuse and dependence.

The psychoactive substances widely used by women of childbearing age include alcohol, tobacco, marijuana, stimulants, and opioids. Here we summarize current knowledge of the effects of prenatal exposure to each of these drugs, except alcohol. The extensive research on prenatal alcohol exposure has been reviewed elsewhere (Manji, et al., 2009; O’Connor and Paley, 2009; Paley and O’Connor, 2009). We also discuss promising findings from trials of interventions to help pregnant and postpartum substance-abusing women and prenatally drug-exposed children.
ABSTRACT

Objective:
Parenting programmes based on cognitive-behavioural and social learning principles are effective in changing child behaviour problems and parenting styles. However, such programmes typically have limited population reach. The current study aimed to evaluate the efficacy of a brief radio series that provided parenting advice based on the Triple P-Positive Parenting Programme.

Method:
One hundred thirty-nine parents of children aged 2 to 10 years who had concerns about their child's behavioural and/or emotional adjustment were recruited, randomly assigned to either an intervention or waitlist control group, and completed online self-report measures. Parents in the intervention group were given access to seven Triple P podcasts online over a period of 2 weeks.

Results:
Parents in the intervention group improved significantly more than parents in the control group, from pre- to postintervention, on measures of child behavioural problems and parenting style, self-efficacy, and confidence. These short-term intervention effects were maintained at the 6-month follow-up.

Conclusions:
These results suggest that brief radio and online parenting programmes can be effective and have the potential to reach a large proportion of parents experiencing child behaviour problems. Limitations, clinical significance, and future research suggestions are discussed.

ABSTRACT

Research into maternal protectiveness in domestic violence has focused either on women's experiences of mothering or children's experiences of growing up in domestic violence. This paper reports on a qualitative research study with both mothers and individuals who grew up in domestic violence that sought to explore perspectives on, and experiences of, maternal protectiveness in the two groups. The study used a feminist social constructionist theoretical...
perspective and a relational empowerment methodology, and involved interviews with nine mothers and 16 individuals who grew up in domestic violence. Thematic analysis revealed the different ways that mothers and children approached the question of so-called ‘failure to protect’. Analysis revealed that themes of self-blame by the mothers and mother-blame by those who grew up in domestic violence were common, with three main thematic categories capturing the ways in which blame was constructed: (1) centring feminine traits; (2) self-blame and guilt; and (3) the double bind of protection. The paper explores the gendered discourses about mothering and femininity that frame practices of self-blame and mother-blame, elaborating the double bind of protection that women face. The paper also explores the implications for practitioners who work with domestic violence in balancing the need to strengthen connections between mothers and children and, at the same time, safeguard children.


ABSTRACT

Background:
Violence exposure within each setting of community, school, or home has been linked with internalising and externalising problems. Although many children experience violence in multiple contexts, the effects of such cross-contextual exposure have not been studied. This study addresses this gap by examining independent and interactive effects of witnessing violence and victimisation in the community, home, and school on subsequent internalising and externalising problems in early adolescence.

Methods:
A community sample of 603 boys and girls (78 percent African American, 20 percent Caucasian) participated in a longitudinal study of youth violence. During two assessments 16 months apart, adolescents reported on witnessing violence and victimisation in the community, school, and home, and their internalising and externalising problems.

Results:
Multiple regressions tested the independent and interactive effects of witnessing violence or victimisation across contexts on subsequent adjustment, after controlling for initial levels of internalising and externalising problems and demographic covariates. Witnessing violence at school predicted anxiety and depression; witnessing at home was related to anxiety and aggression; and witnessing community violence predicted delinquency. Victimization at home was related to subsequent anxiety, depression, and aggression; victimisation at school predicted anxiety; and victimisation in the community was not independently related to any outcomes.
Finally, witnessing violence at home was associated with more anxiety, delinquency, and aggression only if adolescents reported no exposure to community violence.

**Conclusions:**
Violence exposure at home and school had the strongest independent effects on internalising and externalising outcomes. Witnessing community violence attenuated the effects of witnessing home violence on anxiety and externalising problems, perhaps due to desensitisation or different norms or expectations regarding violence. However, no comparable attenuation effects were observed for victimisation across contexts.


*No abstract available*


**ABSTRACT**

**Purpose:**
Most children live in low- and middle-income countries (LMICs), many of which have high levels of violence. Research in high-income countries (HICs) shows that childhood behaviour problems are important precursors of crime and violence. Evidence is lacking on whether this is also true in LMICs. This study examines prevalence rates and associations between conduct problems and hyperactivity and crime and violence in Brazil and Britain.

**Methods:**
A comparison was made of birth cohorts in Brazil and Britain, including measures of behaviour problems based on parental report at age 11, and self-reports of crime at age 18 (N = 3,618 Brazil; N = 4,103 Britain). Confounders were measured in the perinatal period and at age 11 in questionnaires completed by the mother and, in Brazil, searches of police records regarding parental crime.

**Results:**
Conduct problems, hyperactivity and violent crime were more prevalent in Brazil than in Britain, but nonviolent crime was more prevalent in Britain. Sex differences in prevalence rates were larger where behaviours were less common: larger for conduct problems, hyperactivity, and violent crime in Britain, and larger for nonviolent crime in Brazil. Conduct problems and hyperactivity predicted nonviolent and violent crime similarly in both countries; the effects were partly explained by perinatal health factors and childhood family environments.
Conclusions:
Conduct problems and hyperactivity are similar precursors of crime and violence across different social settings. Early crime and violence prevention programmes could target these behavioural difficulties and associated risks in LMICs as well as in HICs.

Keywords:
Conduct problems, hyperactivity, crime cohort study, middle-income country, ALSPAC


ABSTRACT
To monitor and evaluate the feasibility of implementing Trauma Focused-Cognitive Behavioural Therapy (TF-CBT) to address trauma and stress-related symptoms in orphans and vulnerable children (OVC) in Zambia as part of ongoing programming within a non-governmental organisation (NGO). As part of ongoing programming, voluntary care-workers administered locally validated assessments to identify children who met criteria for moderate to severe trauma symptomatology. Local lay counsellors implemented TF-CBT with identified families, while participating in ongoing supervision. Fifty-eight children and adolescents aged 5-18 completed the TF-CBT treatment, with pre- and post-assessments. The mean number of traumas reported by the treatment completers (N=58) was 4.11. Post assessments showed significant reductions in severity of trauma symptoms (p<0.0001), and severity of shame symptoms (p<0.0001). Our results suggest that TF-CBT is a feasible treatment option in Zambia for OVC. A decrease in symptoms suggests that a controlled trial is warranted. Implementation factors monitored suggest that it is feasible to integrate and evaluate evidence-based mental health assessments and intervention into programmatic services run by an NGO in low/middle resource countries. Results also support the effectiveness of implementation strategies such as task shifting, and the Apprenticeship Model of training and supervision.


ABSTRACT
Sex selection skewed towards males is a malady that our society is grappling with. The desire to have a child of preferred gender has encouraged people to move beyond the ambit of traditions and explore scientific methods. Despite the controversies around sex-selection for social reasons and strong regulatory mechanisms in place, the demand for such measures has not gone down.
On the contrary, traditional practice of consuming indigenous medicines during pregnancy for a male child continues. Recent research highlights the harms of this practice in the form of birth defects and stillbirths. This has led to stricter enforcement of PCPNDT Act and has stimulated the propagation of messages on the harms of these practices in the community.


**ABSTRACT**

Few studies have sought the views of children and young people in relation to child abuse reporting laws and policies, including mandatory reporting of child abuse. This study* sought to determine whether mandatory reporting legislation would have an impact on secondary school students' attitudes towards: (a) disclosing abuse to a teacher or school counsellor; and (b) attending school, if they had been obviously physically abused. A stratified random sample of 466 secondary school students in two New Zealand provinces answered nine questions in response to an in-class written survey. Results indicated that the introduction of mandatory reporting legislation in New Zealand would deter secondary students from disclosing abuse to teachers and school counsellors. Further, the introduction of mandatory reporting laws might deter students from attending school if they had been obviously physically abused.


**ABSTRACT**

Child protection authorities are becoming routinely involved in cases of domestic violence, sometimes removing children from the home. Abused mothers can experience profound grief and loss, especially when their children are removed. This qualitative study focussed on the impact of child protective services on mothers because of concerns of domestic violence. Experiences of loss were complex, and included the loss associated with removal of their children, an inability to mother their children, and their identity as mothers. Participants also noted serious health concerns. These themes, along with implications for abused mothers and their children and child protection professionals, are discussed.

**Keywords:**

child exposure to intimate partner violence, intimate partner violence, child protection, child welfare, mothering, loss, grief
SUMMARY

Background:
Adolescents are often noted to have an increased risk of death during pregnancy or childbirth compared with older women, but the existing evidence is inconsistent and in many cases contradictory. We aimed to quantify the risk of maternal death in adolescents by estimating maternal mortality ratios for women aged 15–19 years by country, region, and worldwide, and to compare these ratios with those for women in other 5-year age groups.

Methods:
We used data from 144 countries and territories (65 with vital registration data and 79 with nationally representative survey data) to calculate the proportion of maternal deaths among deaths of females of reproductive age (PMDF) for each 5-year age group from 15–19 to 45–49 years. We adjusted these estimates to take into account under-reporting of maternal deaths, and deaths during pregnancy from non-maternal causes. We then applied the adjusted PMDFs to the most reliable age-specific estimates of deaths and livebirths to derive age-specific maternal mortality ratios.

Findings:
The aggregated data show a J-shaped curve for the age distribution of maternal mortality, with a slightly increased risk of mortality in adolescents compared with women aged 20–24 years (maternal mortality ratio 260 [uncertainty 100–410] vs 190 [120–260] maternal deaths per 100 000 livebirths for all 144 countries combined), and the highest risk in women older than 30 years. Analysis for individual countries showed substantial heterogeneity; some showed a clear J-shaped curve, whereas in others adolescents had a slightly lower maternal mortality ratio than women in their early 20s. No obvious groupings were apparent in terms of economic development, demographic characteristics, or geographical region for countries with these different age patterns.

Interpretation:
Our findings suggest that the excess mortality risk to adolescent mothers might be less than previously believed, and in most countries the adolescent maternal mortality ratio is low compared with women older than 30 years. However, these findings should not divert focus away from efforts to reduce adolescent pregnancy, which are central to the promotion of women's educational, social, and economic development.


ABSTRACT

This study investigated the efficacy of the INSIGHTS into Children's Temperament intervention in supporting the academic development of shy kindergarten and first-grade children. INSIGHTS is a temperament-based intervention with teacher, parent, and classroom programmes. The participants included 345 children from 22 low-income, urban elementary schools who were randomly assigned to INSIGHTS or a supplemental after-school reading programme. Growth-curve modelling showed that shy children in INSIGHTS evidenced more rapid growth in critical thinking and math than their shy peers in the attention-control condition during kindergarten and the transition to first grade. The effects of INSIGHTS were partly indirect through improved behavioural engagement. INSIGHTS enhances the academic development of early elementary school children with shy temperaments.


ABSTRACT

The purpose of this study was to examine the risk factors of delinquent behaviour in children's homes in Japan and the co-occurrence of externalising problem behaviour and internalising problem behaviour. Eight hundred and nine children (436 boys, 373 girls were recruited from such homes. Childcare workers from these homes completed sets of questionnaires. Our results found significant relationships between delinquent behaviour and gender [odds ratio (OR) = 1.66; 95percent confidence interval (CI), 1.16–2.38], age (OR = 1.25; 95percent CI, 1.16–1.35), parent–child conflict (OR = 2.79; 95percent CI, 1.45–5.36), neglect (OR = 1.43; 95percent CI, 1.03–2.11), and aggressive behaviour (OR = 1.10; 95percent CI, 1.08–1.12). Results also showed externalising problem behaviours and internalising problem behaviours were associated with age (OR = 1.23; 95percent CI, 1.08–1.41), thought problems (OR = 1.37; 95percent CI, 1.17–1.59), attention problems (OR = 1.12; 95percent CI, 1.02–1.23), and physical abuse (OR = 3.09; 95percent CI, 1.64–5.83). Our study clarifies the predictive factors for delinquency and related internalising behaviour symptoms and externalising behaviour problems. These results indicate that children in children's homes have various problems and require multilevel intervention. Our findings may be used to improve current policies governing children's homes.

Keywords:
Children’s homes, delinquent behaviour, physical abuse, thought problems, attention problems, Japan

ABSTRACT

Background:
Adverse childhood experiences have been associated with a variety of mental health problems in adult life.

Aims:
To examine whether this reported link between childhood experiences and mental health disorders in adult life applies in a Sub-Saharan African setting where cultural and family attributes may be different.

Method:
A multistage random sampling was used in the Nigerian Survey of Mental Health and Well-Being (NSMHW) to select respondents for face-to-face interviews. Assessments of family-related adverse childhood experiences and lifetime mental health disorders were conducted with the Composite International Diagnostic Interview (CIDI 3.0).

Results:
Almost half of the respondents had experienced an adverse childhood experience within the context of the family before they were 16 years of age. Associations between adverse childhood experiences and adult mental health disorders were few and were attenuated when clustering of adverse childhood experience and disorder comorbidities were accounted for. There was an elevated likelihood of adult substance use disorders among individuals who had experienced family violence and neglect or abuse. Parental psychopathology was associated with a significantly increased risk for developing mood disorders.

Conclusions:
Adverse childhood experiences reflecting violence in the family, parental criminality and parental mental illness and substance misuse were more likely to have significant mental health consequences in adulthood.

**ABSTRACT**

The effects of universal mandated reporting laws on child maltreatment reporting rates have not been systematically evaluated. To better understand the effects of universal reporting, the objectives of the present study are: (1) to evaluate the relationship of total and confirmed child maltreatment report rates with state universal reporting laws; (2) to determine whether demographic characteristics modify these effects; and (3) to assess whether these relationships, if any, hold with confirmed reports of specific child maltreatment types. We used county-level data from the U.S. National Child Abuse and Neglect Data System for the year 2000 in linear regression models to evaluate reporting rates for total reports, confirmed reports, and confirmed maltreatment types in a cross-sectional, ecological analysis. We compared these rates while controlling for child and community demographic variables such as child population size, gender, race, ethnicity, school attendance, disability, poverty, housing, high school graduation, parental marriage, religiosity, unemployment and crime. We found that counties in states with laws mandating that all adults must report suspected child maltreatment have significantly higher rates of total and confirmed reports even after controlling for several demographic characteristics previously associated with CM in the literature. However, among CM types, universal reporting was associated only with higher rates of confirmed neglect. Since it is unclear whether changing state law or policy will enhance case identification in states that do not currently require universal reporting, policymakers should consider whether universal reporting will meaningfully improve CM identification as they consider changes to state statutes.

**Keywords:**
Mandated reporting, universal reporting, report rates, national child abuse, neglect data system


**ABSTRACT**

Domestic violence and child abuse rates have been slowly but steadily increasing since 2000 in Cyprus. Both the police and social services departments report alarming changes in the way families function nowadays in Cyprus. However, this is not a new problem. In order to monitor the phenomenon and to be able to design policy programmes, the law services introduced, in 1998, mandatory reporting of all child abuse and domestic violence cases to the Attorney General’s Office. Seven years later there were no signs of significant changes, and the real causes for this were unknown. The aim of this paper is to report on the evaluation of mandatory reporting.
The study investigated causes and obstacles that seemed to lead to the insufficient implementation of mandatory reporting. The views of all stakeholders involved were collected. Findings indicated that although several services make use of mandatory reporting, they report gaps in the policy, poor planning on behalf of the law services and lack of coordination and communication between all the services involved. Findings suggest the development of a mediator scheme, which can act as a screening point and liaise with the final service (Attorney General's Office) and reporters/services.

Keywords:
Mandatory reporting, child abuse and neglect, domestic violence, multiagency collaboration

Λέξεις-κλειδιά:: Υποχρεωτική Αναφορά, διεπιστημονική συνεργασία, ενδο-οικογενειακή βία και παιδική κακοποίηση


**ABSTRACT**

Adolescence and young adulthood offer opportunities for health gains both through prevention and early clinical intervention. Yet development of health information systems to support this work has been weak and so far lagged behind those for early childhood and adulthood. With falls in the number of deaths in earlier childhood in many countries and a shifting emphasis to non-communicable disease risks, injuries, and mental health, there are good reasons to assess the
present sources of health information for young people. We derive indicators from the conceptual framework for the Series on adolescent health and assess the available data to describe them. We selected indicators for their public health importance and their coverage of major health outcomes in young people, health risk behaviours and states, risk and protective factors, social role transitions relevant to health, and health service inputs. We then specify definitions that maximise international comparability. Even with this optimisation of data usage, only seven of the 25 indicators, covered at least 50 percent of the world's adolescents. The worst adolescent health profiles are in sub-Saharan Africa, with persisting high mortality from maternal and infectious causes. Risks for non-communicable diseases are spreading rapidly, with the highest rates of tobacco use and overweight, and lowest rates of physical activity, predominantly in adolescents living in low-income and middle-income countries. Even for present global health agendas, such as HIV infection and maternal mortality, data sources are incomplete for adolescents. We propose a series of steps that include better coordination and use of data collected across countries, greater harmonisation of school-based surveys, further development of strategies for socially marginalised youth, targeted research into the validity and use of these health indicators, advocating for adolescent-health information within new global health initiatives, and a recommendation that every country produce a regular report on the health of its adolescents.


**ABSTRACT**

Health professionals working with children and their families are often required by law to report to governmental authorities any reasonable suspicion of child abuse and/or neglect. Extant research has pointed toward various barriers to reporting, with scant attention to positive processes to support the reporting process. This paper focuses on the context for mandatory reporting and evidence-informed practice for supporting a more structured and purposeful process of mandatory reporting. These practical strategies discuss: (1) the factors that positively influence the relationship between a child's caregivers and the mandated health professional reporter; (2) a framework and specific skills for discussing concerns about maltreatment and reporting to child protective services with the caregiver(s); and (3) the need for further training and education of health professionals.

**ABSTRACT**

The neurodevelopmental sequelae of early deprivation were examined by testing (N = 132) 8- and 9-year-old children who had endured prolonged versus brief institutionalised rearing or rearing in the natal family. Behavioural tasks included measures that permit inferences about underlying neural circuitry. Children raised in institutionalised settings showed neuropsychological deficits on tests of visual memory and attention, as well as visually mediated learning and inhibitory control. Yet, these children performed at developmentally appropriate levels on similar tests where auditory processing was also involved and on tests assessing executive processes such as rule acquisition and planning. These findings suggest that specific aspects of brain-behavioural circuitry may be particularly vulnerable to postnatal experience.


**ABSTRACT**

**Objective:**

This study searched for gender differences in filicidal offense characteristics and associated variables.

**Methods:**

In this bi-national register-based study all filicide perpetrators (75 mothers and 45 fathers) and their crimes in Austria and Finland 1995-2005 were examined for putative gender differences. The assessed variables were associated with the offense characteristics, the offenders' socioeconomic and criminal history, and related stressful events.

**Results:**

Mothers had previously committed violent offenses less often than fathers (5percent vs. 28percent, p<0.001) and they were less often employed (27percent vs. 49percent, p<0.05). Mothers' victims were on average younger than those of fathers; median ages of the victims were 3.4 and 6.1 years, respectively (p<0.001). Fathers were more often intoxicated during the offense (11percent vs. 42percent, p<0.001) and also used shooting as the method of operation more often than mothers (5percent vs. 27percent, p<0.001). Mothers used drowning, criminal negligence, and poisoning more often than fathers. Fathers' motives were more impulsive in nature (13percent vs. 41percent, p<0.001). After the killing, mothers tried to get rid of the body more often than fathers (25percent vs. 7percent, p<0.05).
Conclusions:
Fathers who commit filicide may represent at least two subgroups, the one not unlike the common homicide offender; the other, the overloaded, working and suicidal father. Mothers may include several types of offenders, one of which is the neonaticide offender. More detailed descriptions and, therefore, more research is needed.

Practice Implications:
Distressed parents and families need support and health care personnel, social work and other officials need to be alert to notice fatigued parents' signs of despair, especially when several stressful experiences amass. Straightforward enquiry to the situation and even practical and psychological help may be needed for enhanced protection of children. The role of employers should also be discussed in relation to the welfare of working parents.


ABSTRACT

Background:
Domestic violence is a public health problem with negative consequences. We aimed to determine the prevalence of violence between parents and by parents against children, types of intimate partner violence against women, the intergenerational transmission of violence, and to identify a profile of beliefs and judgements regarding violent behaviour.

Methods:
The data used for this article were sourced from three cross-sectional studies performed in Romania in 2009–2011. We sampled 869 respondents (male and female) with a homogenous distribution between environment, gender, educational level, and age group (18 to 75). From a 96-item questionnaire regarding family and reproductive health, this article refers to four items: (1) feelings relating to the family in which they were raised; (2) whether they witnessed violence between parents or were victims of violence by parents or other family members during childhood or the teenage years; (3) opinions relating to 10 statements on violence from Maudsley Violence Questionnaire; (4) the manifestation of psychological, emotional, and sexual abuse from the partner in the family of procreation (FOP). The data were analysed by Pearson chi-square tests and latent class analysis.

Results:
During childhood, 35 percent of respondents witnessed parental violence and 53.7 percent were victims of family violence. Psychological abuse by men against women was the most common type of violence reported in the FOP (45.1 percent). Violence in childhood and adolescence
correlated with the perception of the family of origin as a hostile environment and of violence against women as a corrective measure, and that insults, swearing, and humiliation by their partner within the FOP is acceptable (p < 0.05). A profile of beliefs and judgements about violent behaviour indicated that the Impulsive reactive cluster is represented by men in rural areas, and by subjects who witnessed parental violence or were victims of violence during childhood (p < 0.001).

Conclusions:
In Romania, the use of violence as a form of discipline or instruction of children and women remains a significant problem, with a higher rate of intimate partner violence than in other developed countries. Furthermore, implementing intervention mechanisms for psychological abuse is urgently required, as are education and intervention in high-risk populations.

Keywords:
Domestic violence, intimate partner violence, violence against women, witnessed parental violence, child abuse, psychological violence, physical violence, risk factors, family.


ABSTRACT

Objectives:
To measure the prevalence of maltreatment and other types of victimisation among children, young people, and young adults in the UK; to explore the risks of other types of victimisation among maltreated children and young people at different ages; using standardised scores from self-report measures, to assess the emotional well-being of maltreated children, young people, and young adults taking into account other types of childhood victimisation, different perpetrators, non-victimisation adversities and variables known to influence mental health.

Methods:
A random UK representative sample of 2,160 parents and caregivers, 2,275 children and young people, and 1,761 young adults completed computer-assisted self-interviews. Interviews included assessment of a wide range of childhood victimisation experiences and measures of impact on mental health.

Results:
2.5 percent of children aged under 11 years and 6 percent of young people aged 11-17 years had 1 or more experiences of physical, sexual, or emotional abuse, or neglect by a parent or caregiver in the past year, and 8.9 percent of children under 11 years, 21.9 percent of young people aged 11-
17 years, and 24.5 percent of young adults had experienced this at least once during childhood. High rates of sexual victimisation were also found; 7.2 percent of females aged 11-17 and 18.6 percent of females aged 18-24 reported childhood experiences of sexual victimisation by any adult or peer that involved physical contact (from sexual touching to rape). Victimisation experiences accumulated with age and overlapped. Children who experienced maltreatment from a parent or caregiver were more likely than those not maltreated to be exposed to other forms of victimisation, to experience non-victimisation adversity, a high level of polyvictimisation, and to have higher levels of trauma symptoms.

**Conclusions:***
The past year maltreatment rates for children under age 18 were 7-17 times greater than official rates of substantiated child maltreatment in the UK. Professionals working with children and young people in all settings should be alert to the overlapping and age-related differences in experiences of childhood victimisation to better identify child maltreatment and prevent the accumulative impact of different victimisations upon children's mental health.

**Keywords:**
Child maltreatment, child victimisation, polyvictimisation, prevalence of child abuse, sexual abuse


**ABSTRACT**

**Objective:**
This study aimed to examine the association among adverse childhood experiences, health-risk behaviours, and chronic disease conditions in adult life.

**Study Population:**
One thousand and sixty-eight (1,068) males and females aged 35 years and older, and residing in selected urban communities in Metro Manila participated in the cross-sectional survey.

**Methods:**
A pretested local version of the Adverse Childhood Experiences Questionnaires developed by the Centres for Disease Control and Prevention, USA, was used. Data were collected through self-administration of the questionnaire. Prevalence and estimates of odds ratio were computed to obtain a measure of association among variables. Logistic regression analysis was employed to adjust for the potential confounding effects of age, sex, and socio-economic status.
Results:
The results indicated that 75 percent of the respondents had at least 1 exposure to adverse childhood experiences. Nine percent had experienced 4 or more types of abuse and household dysfunctions. The most commonly reported types of negative childhood events were psychological/emotional abuse, physical neglect, and psychological neglect of basic needs. Majority of respondents claimed to have experienced living with an alcoholic or problem drinker and where there was domestic violence. Health-risk behaviour consequences were mostly in the form of smoking, alcohol use, and risky sexual behaviour. The general trend shows that there was a relatively strong graded relationship between number of adverse childhood experiences, health-risk behaviours, and poor health.

Conclusions:
This study provided evidence that child maltreatment is a public health problem even in poorer environments. Prevention and early intervention of child maltreatment were recommended to reduce the prevalence of health-risk behaviour and morbidity in later life.


ABSTRACT

Pregnant women who use drugs are more likely to receive little or no prenatal care. This study sought to understand how drug use and factors associated with drug use influence women’s prenatal care use. A total of 20 semi-structured interviews and 2 focus groups were conducted with a racially/ethnically diverse sample of low-income women using alcohol and drugs in a California county. Women using drugs attend and avoid prenatal care for reasons not connected to their drug use: concern for the health of their baby, social support, and extrinsic barriers such as health insurance and transportation. Drug use itself is a barrier for a few women. In addition to drug use, women experience multiple simultaneous risk factors. Both the drug use and the multiple simultaneous risk factors make resolving extrinsic barriers more difficult. Women also fear the effects of drug use on their baby’s health and fear being reported to Child Protective Services, each of which influence women’s prenatal care use. Increasing the number of pregnant women who use drugs who receive prenatal care requires systems-level rather than only individual-level changes. These changes require a paradigm shift to viewing drug use in context of the person and society and acceptance of responsibility for unintended consequences of public health bureaucratic procedures and messages about effects of drug use during pregnancy.

Keywords:
Illicit drugs, prenatal care, pregnant women, consumer involvement
Evidence shows that children and young people with disability experience violence, abuse, and neglect at rates considerably higher than their peers. Despite persistent efforts to address it, these rates do not appear to be declining over time. As Australia moves towards implementing a national policy of personalised disability support, new opportunities and risks arise concerning personal safety in young people's lives. This paper reviews the existing evidence on abuse and neglect of children and young people with disability to help identify the nature of these risks and potential ways of thinking about and responding to these. Applying a social ecological lens, the discussion points to the importance of working productively with the multidimensional realities of these children's lives at a time when the policy and services designed to support them are also in a state of flux. The paper invites and challenges researchers, policymakers, and practitioners to engage critically with the knowledge already available and to question more deeply why abuse and neglect continue to diminish the lives of children and young people with disability.

Keywords: Abuse, children with disability, abuse prevention, personal safety, national disability, insurance scheme

Parents without immigration status in the United States regularly face the threat of deportation and separation from their children. When an undocumented parent is brought to the attention of law enforcement through the child welfare system, they also face the potential of the loss of legal custodial rights to their children. The child welfare system and immigration enforcement mechanisms operate independent of one another with little regard to how actions in one can impact a parent’s legal rights in the other, often permanently separating children from their parents. This article examines the particular issue of undocumented parents who are charged with the failure to protect their children from witnessing or otherwise experiencing abuse committed by a third party. It explores how such a charge, whether founded or unfounded, can result in loss of eligibility for immigration relief to which the undocumented parent would otherwise be entitled, as well as deportation of the parent and permanent separation of parent and child. These issues are situated within the larger context of the normative guideposts of both family and immigration law, namely, the best interests of the child and family unity. It identifies issues for
further academic inquiry as well as tips for practitioners who may represent undocumented parents in either the family or immigration systems.

**Keywords:**
Family unity, custody, immigration, failure, protect, child, deportation


**ABSTRACT**

**Background:**
Although the history of recognition of child abuse in Europe and North America extends over 40 years, recognition and data are lacking in other parts of the world. Cultural differences in child-rearing complicate cross-cultural studies of abuse.

**Objective:**
To ascertain rates of harsh and less-harsh parenting behaviour in population-based samples.

**Methods:**
We used parallel surveys of parental discipline of children in samples of mothers in Brazil, Chile, Egypt, India, Philippines, and the United States. Data were collected between 1998 and 2003. The instrument used was a modification of the Parent-Child Conflict Tactics Scale, along with a study-developed survey of demographic characteristics and other parent and child variables. Women (N=14,239) from 19 communities in 6 countries were surveyed. We interviewed mothers aged 15 to 49 years (18-49 years in the United States) who had a child younger than 18 years in her home. Sample selection involved either random sampling or systematic sampling within randomly selected blocks or neighbourhoods.

**Results:**
Nearly all parents used nonviolent discipline and verbal or psychological punishment. Physical punishment was used in at least 55 percent of the families. Spanking rates (with open hand on buttocks) ranged from a low of 15 percent in an educated community in India to a high of 76 percent in a Philippine community. Similarly, there was a wide range in the rates of children who were hit with objects (9 percent-74 percent [median: 39 percent]) or beaten by their parents (0.1 percent-28.5 percent). Extremely harsh methods of physical punishment, such as burning or smothering, were rare in all countries. It is concerning that >or=20 percent of parents in 9 communities admitted shaking children younger than 2 years.
Conclusions:
Physical and verbal punishments of children are common in high-, middle-, and low-income communities around the world. The forms and rates of punishment vary among countries and among communities within countries. A median of 16 percent of children experienced harsh or potentially abusive physical discipline in the previous year.


ABSTRACT

The objective of this study was to determine whether children’s characteristics and/or institutional characteristics were predictors of severe punishments (including beatings) and/or frequency of punishments that children received from staff in Romanian institutions. The data was hierarchical with institutionalised children (N=1391) nested within 44 institutions, and the measurement of punishments by the staff and frequency of punishments had a binary distribution. Thus, multilevel logistic regression models were used to examine the effects of individual and institutional level variables on reported punishments and to account for the clustering of the children within institutions. Two general patterns of results emerged. First, regarding individual level variables, it was found that: (1) amount of time spent by children in their current institutions had a significant effect on the probability of being punished by staff and the frequency of this punishment; (2) the probability of being punished was higher for boys than for girls; and (3) having no siblings in the institution increased the odds of being punished several times. Second, regarding institutional level variables: (4) being in placement centres for school-aged children with a traditional type of institutional organisation increased the odds of severe punishment compared to a familial/mixed type. The results of the present study highlight the importance of understanding the consequences of institutionalisation in a broader way, where children not only experienced early severe psychosocial deprivation as documented in other studies, but also high levels of severe punishments administered by institutional staff.

Keywords:
Child abuse, institutional care, institutionalisation, orphanage, placement centre, punishment, Romania
ABSTRACT

Children who experience polyvictimisation in high-income countries (HICs) are at higher risk for mental health-related trauma symptoms. There is limited information on the impact of polyvictimisation on children with high levels of exposure, as occurs in some low- and middle-income countries (LMICs). This study investigates the impact of polyvictimisation on Jamaican children's intellectual functioning, achievement, and disruptive behaviours. Data from a geographical subgroup (n = 1171) of a 1986 population based birth cohort study were utilised. At age 11-12 years, the sub-group completed questionnaires on exposure to violence at school, at home and in their communities, and tests of academic and intellectual functioning. Their parents completed questionnaires on family resources (socioeconomic status) and children's behaviour. Findings from Structural Equational Modelling indicated that for both genders, exposure to polyvictimisation had a direct negative effect on intellectual functioning, and an indirect negative effect on achievement mediated through intellectual functioning. For boys, polyvictimisation had a direct negative effect on behavioural risk. Family resources was negatively associated with exposure to polyvictimisation. In Jamaica, a LMIC country with high levels of polyvictimisation, there is a significant negative effect of polyvictimisation on children. The secondary- and tertiary-level interventions to address these effects are costly to LMICs with limited financial resources. Prevention of exposure to violence in all its forms is therefore the recommended approach to reduce violence-related morbidity.

Keywords:
Jamaica, LMIC, polyvictimisation, violence, childhood


ABSTRACT

Objective:
This study examined the validity of primary health care providers' (PHCPs) assessment of suspicion that an injury was caused by child abuse and their decision to report suspected child abuse to child protective services (CPS).
Methods:
By using a subsample of injuries drawn from the 15,003 childhood injuries evaluated in the Child Abuse Recognition and Evaluation Study, PHCPs completed telephone interviews concerning a stratified sample (no suspicion of abuse; suspicious but not reported; and suspicious of abuse and reported) of 111 injury visits. Two techniques were used to validate the PHCPs' initial decision: expert review and provider retrospective self-assessment. Five child abuse experts reviewed clinical vignettes created by using data prospectively collected by PHCPs about the patient encounter. The PHCPs' opinions 6 weeks and 6 months after the injury-related visits were elicited and analysed.

Results:
PHCPs and experts agreed about the suspicion of abuse in 81 percent of the cases of physical injury. PHCPs did not report 21 percent of injuries that experts would have reported. Compared with expert reviewers, PHCPs had a 68 percent sensitivity and 96 percent specificity in reporting child abuse. A PHCP's decision to report suspected child abuse to CPS did not reduce the frequency of primary care follow-up in the 6 months after the index visit. PHCPs received information from their state CPS in 70 percent of the reported cases.

Conclusions:
Child abuse experts and PHCPs are in general agreement concerning the assessment of suspected child physical abuse, although experts would have reported suspected abuse to CPS more frequently than the PHCPs. Future training should focus on clear guidance for better recognition of injuries that are suspicious for child abuse and state laws that mandate reporting.


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**ABSTRACT**
Hypoxic-ischemic and traumatic brain injuries are leading causes of long-term mortality and disability in infants and children. Although several preclinical models using rodents of different ages have been developed, species differences in the timing of key brain maturation events can render comparisons of vulnerability and regenerative capacities difficult to interpret. Traditional models of developmental brain injury have utilised rodents at postnatal day 7-10 as being roughly equivalent to a term human infant, based historically on the measurement of post-mortem brain weights during the 1970s. Here we will examine fundamental brain development processes that occur in both rodents and humans, to delineate a comparable time course of postnatal brain development across species. We consider the timing of neurogenesis, synaptogenesis, gliogenesis, oligodendrocyte maturation and age-dependent behaviours that coincide with developmentally regulated molecular and biochemical changes. In general, while the time scale is considerably different, the sequence of key events in brain maturation is largely consistent between humans and rodents. Further, there are distinct parallels in regional vulnerability as well as functional consequences in response to brain injuries. With a focus on developmental hypoxic-ischemic encephalopathy and traumatic brain injury, this review offers guidelines for researchers when considering the most appropriate rodent age for the developmental stage or process of interest to approximate human brain development.
Keywords:
5-HT, 5-hydroxytryptamine, agamma-aminobutyric acid, brain development, CNS, central nervous system, GAB, GCL, Gd, HI, HIE, human, hypoxia-ischemia, IL, immature, MRI, N-methyl-D-aspartate, NMDA, OL, rodent, SGZ, SVZ, TBI, traumatic brain injury, gestation day, granule cell layer, hypoxia-ischemia/hypoxic-ischemia, hypoxic-ischemic encephalopathy, interleukin, magnetic resonance imaging, oligodendrocyte, pdn, postnatal day, pre-OL, pre-oligodendrocyte, subgranular zone, subventricular zone, traumatic brain injury


**ABSTRACT**

The impact mitigation for orphans and vulnerable children (OVC) has continued to be prioritised as an immediate measure and action which is clearly stated in a newly-launched comprehensive National Strategic Plan III (2011 - 2015). With an effort of the national response, OVCs have gained wider access to health services but only very little access to social supports such as educational and economic development. In a detailed study of HIV impacts and responses to OVCs in Kien Svay district of Kandal province, Cambodia, it was found that educational and economic development is the only way out to breaking a poverty cycle of OVCs and of their families. Since the educational and economic development support needs high and long-term investment, the government plays a very important role in coordinating and launching a nationwide scheme with the insurance of sufficient funding.

Keywords:
Orphans, vulnerable children, Kien Svay district, Kandal province, Cambodia


**ABSTRACT**

Contextualising the situation of orphans within the Southern African region and drawing on quantitative and qualitative field research, this article analyses care options and social protection policy for orphans in Mozambique, with its focus placed on children in orphan support centres. Seeking to offer new insights and greater understanding of the experiences of children in care and of the social protection available to them, the research highlights that orphaned children living in informal foster care arrangements are more likely to experience abuse, neglect and maltreatment than those living in non-governmental care organisations. The research emphasises the need for
a more careful selection of foster families in which children are placed. Recommendations include the need to focus on capacity building and institutional reforms that provide social protection policies for orphaned children as part of an overall social protection floor. The monitoring and evaluation of organisations providing care to orphaned children is deemed a priority.


**ABSTRACT**

The article constructs children’s rights as a social institution relevant to the multifunctional nature of the contemporary child. In line with the interpretivist approach, the United Nations Convention on the Rights of the Child (UNCRC) is viewed as a soft law, which requires the pluralization of practices towards international regulations. The juxtaposition of two key approaches to the UNCRC, the double status of the child and the dilemma of public versus private, frames the investigation of the current issues in Russia and Belarus through the discourses operating around children’s rights. The comparison highlights the common shortcomings and the peculiarities, clarifying the possible strategies for refining the implementation of children’s rights in post-Soviet countries.


**ABSTRACT**

Advances in fields of inquiry as diverse as neuroscience, molecular biology, genomics, developmental psychology, epidemiology, sociology, and economics are catalysing an important paradigm shift in our understanding of health and disease across the lifespan. This converging, multidisciplinary science of human development has profound implications for our ability to enhance the life prospects of children and to strengthen the social and economic fabric of society. Drawing on these multiple streams of investigation, this report presents an ecobiodevelopmental framework that illustrates how early experiences and environmental influences can leave a lasting signature on the genetic predispositions that affect emerging brain architecture and long-term health. The report also examines extensive evidence of the disruptive impacts of toxic stress, offering intriguing insights into causal mechanisms that link early adversity to later impairments in learning, behaviour, and both physical and mental well-being. The implications of this framework for the practice of medicine, in general, and paediatrics, specifically, are potentially transformational. They suggest that many adult diseases should be viewed as developmental disorders that begin early in life and that persistent health disparities associated with poverty, discrimination, or maltreatment could be reduced by the alleviation of toxic stress in childhood.
An ecobiodevelopmental framework also underscores the need for new thinking about the focus and boundaries of paediatric practice. It calls for paediatricians to serve as both front-line guardians of healthy child development and strategically positioned, community leaders to inform new science-based strategies that build strong foundations for educational achievement, economic productivity, responsible citizenship, and lifelong health.

**Keywords:**
ecobiodevelopmental framework, new morbidity, toxic stress, social inequalities, health disparities, health promotion, disease prevention, advocacy, brain development, human capital development, paediatric basic science


**ABSTRACT**

**Background:**
Child abuse is a serious global problem with long-lasting consequences for the child and his/her family. Nurses are in a position to stop the abuse, to detect and initiate care. The aim of this study was to describe nurses’ experiences when they had suspected child abuse in their encounters with children and their families in various health care contexts. Child abuse is understood as a lack of care, neglect, physical or psychological, and sexual abuse according to World Health Organisation and previous research.

**Methods:**
Descriptive exploratory research design that uses content analysis. Eight nurses were interviewed individually and were chosen to represent a strategic sample of Norwegian health care units.

**Results:**
The responsibility of the nurses was challenged and in many cases neglected when child abuse was suspected by the nurses. The child and his or her family lingered heavily in their minds regardless of whether they had acted on their suspicion or not. They doubted what they saw and what it meant, and they feared the consequences for the child and the family when acting on their suspicion. The fear of consequences included themselves. Uncertainty and anxiety haunted the nurses, and they felt little support for their actions from their colleagues and leaders. The nurses felt that their knowledge of the signs of child abuse, documentation and report routines was insufficient.

**Conclusions:**
Nurses need to raise their awareness, responsibility, and courage to act when they encounter suspected child abuse. Nurses therefore need more knowledge about child abuse but also ethical reflection, collegial and management support, and interprofessional collaboration.
Violence against children is prevalent across all countries and cultures, with the burden of child injury and violence heaviest in low- and middle-income (LAMI) settings. There are several types of programme to prevent child abuse, with family-based approaches to prevention being the most comprehensively researched and successful interventions in high-income settings. In LAMI countries, however, there is very little research evidence for the prevention of child abuse. We conducted a systematic search of relevant databases for studies published between 1995 and 2011 and the search revealed only one relevant study. There is thus a need for research into child maltreatment prevention in LAMI settings, taking account of local resources and contexts. In the light of the lack of evidence, we focus on two case studies that document the use of home visiting by community health workers perinatally to improve maternal and child outcomes. We propose four areas for action moving forward, including increased investment in early intervention and prevention programmes, development of a research agenda that prioritises prevention research, integration of implementation research into efforts to scale up interventions, and improving systematically collected information on child maltreatment.

Background:
Evidence linking violence against women and HIV has grown, including on the cycle of violence and the links between violence against children and women. To create an effective response to the HIV epidemic, it is key to prevent sexual violence against children and intimate partner violence (IPV) against adolescent girls.

Methods:
Authors analysed data from national household surveys on violence against children undertaken by governments in Swaziland, Tanzania, Kenya, and Zimbabwe, with support of the Together for Girls initiative, as well as an analysis of evidence on effective programmes.

Results:
Data show that sexual and physical violence in childhood are linked to negative health outcomes, including increased sexual risk taking (e.g., inconsistent condom use and increased number of
sexual partners), and that girls begin experiencing IPV (emotional, physical, and sexual) during adolescence. Evidence on effective programmes addressing childhood sexual violence is growing. Key interventions focus on increasing knowledge among children and caregivers by addressing attitudes and practices around violence, including dating relationships. Programmes also seek to build awareness of services available for children who experience violence.

Discussion:
Findings include incorporating attention to children into HIV and violence programmes directed to adults; increased coordination and leveraging of resources between these programmes; test transferability of programmes in low- and middle-income countries; and invest in data collection and robust evaluations of interventions to prevent sexual violence and IPV among children.

Conclusions: 
This article contributes to a growing body of evidence on the prevention of sexual violence and HIV in children.


ABSTRACT
This study examined the unique and combined effects of child abuse and children’s exposure to domestic violence on later attachment to parents and antisocial behaviour during adolescence. Analyses also investigated whether the interaction of exposure and low attachment predicted youth outcomes. Findings suggest that, while youth dually exposed to abuse and domestic violence were less attached to parents in adolescence than those who were not exposed, those who were abused only, and those who were exposed only to domestic violence, the relationship between exposure types and youth outcomes did not differ by level of attachment to parents. However, stronger bonds of attachment to parents in adolescence did appear to predict a lower risk of antisocial behaviour independent of exposure status. Preventing child abuse and children’s exposure to domestic violence could lessen the risk of antisocial behaviour during adolescence, as could strengthening parent-child attachments in adolescence. However, strengthening attachments between parents and children after exposure may not be sufficient to counter the negative impact of earlier violence trauma in children.

**ABSTRACT**

This paper describes the extent to which abused and neglected children report intimate partner violence (IPV) victimisation and perpetration when followed up into middle adulthood. Using data from a prospective cohort design study, children (ages 0–11) with documented histories of physical and sexual abuse and/or neglect (*n* = 497) were matched with children without such histories (*n* = 395) and assessed in adulthood (Mean = 39.5). Prevalence, number, and variety of four types of IPV (psychological abuse, physical violence, sexual violence, and injury) were measured. Over 80 percent of both groups—childhood abuse and neglect (CAN) and controls—reported some form of IPV victimisation during the past year (most commonly psychological abuse) and about 75 percent of both groups reported perpetration of IPV toward their partner. Controlling for age, sex, and race, overall CAN ([adjusted odds ratio (AOR) = 1.60, 95 percent CI [1.03, 2.49]], physical abuse (AOR = 2.52, 95 percent CI [1.17, 5.40]), and neglect (AOR = 1.64, 95 percent CI [1.04, 2.59])) predicted increased risk for being victimised by a partner via physical injury. CAN and neglect also predicted being victimised by a greater number and variety of IPV acts. CAN and control groups did not differ in reports of perpetration of IPV, although neglect predicted greater likelihood of perpetrating physical injury to a partner, compared to controls. Abused/neglected females were more likely to report being injured by their partner, whereas maltreated males did not. This study found that child maltreatment increases risk for the most serious form of IPV involving physical injury. Increased attention should be paid to IPV (victimisation and perpetration) in individuals with histories of neglect.

**Keywords:**
Child abuse, neglect, sexual abuse, intimate partner violence, victimisation, perpetration, physical injury


**ABSTRACT**

This paper reports the results of a scoping study that reviewed research about child abuse, child protection and disabled children published in academic journals between 1996 and 2009. The review was conducted using a five stage method for scoping studies. Several studies have revealed a strong association between disability and child maltreatment, indicating that disabled children are significantly more likely to experience abuse than their non-disabled peers. Those with particular impairments are at increased risk. There is evidence that the interaction of age, gender and/or socio-cultural factors with impairment results in different patterns of abuse to those found
among non-disabled children although the reasons for this require further examination. It appears that therapeutic services and criminal justice systems often fail to take account of disabled children's needs and heightened vulnerability. In Britain, little is known about what happens to disabled children who have been abused and how well safeguarding services address their needs. Very few studies have sought disabled children's own accounts of abuse or safeguarding. Considerable development is required, at both policy and practice level, to ensure that disabled children's right to protection is upheld. The paper concludes by identifying a number of aspects of the topic requiring further investigation.


ABSTRACT

This study was designed to assess the impacts of maltreatment reporting policies and reporting system structures on four aspects of entry into the child protection system (the maltreatment referral rate, the percentage of referrals screened in for investigation, the screened-in report rate and the substantiated report rate). Using secondary data from several sources, eight multiple linear regression models were created and analysed. Results from a sample of 44 states indicated significant effects for system structure but no effects for reporting policies. Specifically, states with decentralised reporting system structures were significantly more restrictive in access than other states. These results have implications for child welfare administrators and policymakers seeking to maximise access for maltreated children and their families.

Keywords:
Child maltreatment reporting, child welfare, organisation, policy, system structure


ABSTRACT

Background:
Little is known about the prevalence of intimate partner violence (IPV) and its associated factors among adolescents and younger women.
Methods:
This study analysed data from nine countries of the WHO Multi-Country Study on Women’s Health and Domestic Violence against Women, a population-based survey conducted in ten countries between 2000 and 2004.

Results:
The lifetime prevalence of IPV ranged from 19 to 66 percent among women aged 15 to 24, with most sites reporting prevalence above 50 percent. Factors significantly associated with IPV across most sites included witnessing violence against the mother, partner’s heavy drinking and involvement in fights, women’s experience of unwanted first sex, frequent quarrels and partner’s controlling behaviour. Adolescent and young women face a substantially higher risk of experiencing IPV than older women.

Conclusions:
Adolescence and early adulthood is an important period in laying the foundation for healthy and stable relationships, and women’s health and well-being overall. Ensuring that adolescents and young women enjoy relationships free of violence is an important investment in their future.

Keywords:
Intimate partner violence, prevalence risk factors, adolescents, young women, population-based survey


ABSTRACT

Background:
Pathways from early-life conduct problems to young adult depression remain poorly understood.

Aims:
To test developmental pathways from early-life conduct problems to depression at age 18.

Method:
Data (n = 3542) came from the Avon Longitudinal Study of Parents and Children (ALSPAC). Previously derived conduct problem trajectories (ages 4-13 years) were used to examine associations with depression from ages 10 to 18 years, and the role of early childhood factors as potential confounders.
**Results:**

Over 43 percent of young adults with depression in the ALSPAC cohort had a history of child or adolescent conduct problems, yielding a population attributable fraction of 0.15 (95 percent CI 0.08-0.22). The association between conduct problems and depression at age 18 was considerable even after adjusting for prior depression (odds ratio 1.55, 95 percent CI 1.24-1.94). Early-onset persistent conduct problems carried the highest risk for later depression. Irritability characterised depression for those with a history of conduct problems.

**Conclusions:**

Early-life conduct problems are robustly associated with later depressive disorder and may be useful targets for early intervention.

Conduct problems are common in youth, are potent risks for poor psychiatric and psychosocial outcomes in adulthood, and carry high costs to society. An important outstanding question concerns the extent to which children with conduct problems are at increased risk for adult depression. Although some studies suggest that conduct problems in youth are a precursor to adult depression, others have failed to find an association. Confirming the extent and nature of the link between conduct problems and early adult depression is, however, important from a clinical and public health point of view. There are effective treatments for conduct problems. If there were a causal relationship between depression and conduct problems, then the effectiveness of such treatments in preventing the progression to depression should also be assessed. From an aetiological perspective, understanding the mechanisms that lead children with conduct problems to become depressed would become a research priority. To examine associations between conduct problems and adult depression we use data from the Avon Longitudinal Study of Parents and Children (ALSPAC), a large population-based cohort which has a number of advantages for a study of this kind, including information about conduct problems starting early in childhood (4 years of age), data on potential risk factors, and multiple assessments from pregnancy through to young adulthood. We sought to answer five main questions:

a) What is the risk for adult depression in children with early-life conduct problems, and how does this risk compare with that of early-life depression? Moreover, is the association between conduct problems and depression robust to adjustment for early depression?

b) Do some subtypes of conduct problems carry a particular risk for early adult depression? We focussed on age at onset as a key differentiating factor, in light of extensive research into the hypothesis that disruptive behaviours emerging in childhood differ from adolescent-onset conduct problems in both aetiology and course.

c) Do young people with a history of conduct problems show the typical adolescent rise in depressive symptoms?

d) Are depressive symptom profiles similar in young people with depression with and without a history of conduct problems? We anticipated that irritability would be more common among young adults with depression and a history of conduct problems, based
on the finding that conduct problems are more common in adolescents with depression who are also irritable.

e) Although much past attention has focussed on adolescent risk factors for depression in teenagers with conduct problems, little research has focussed on the role of early childhood factors. The rich early-life data available in the ALSPAC cohort allow us to examine the role of a range of potential confounders.


ABSTRACT

The objective of the study was to examine the change in child homicides in Sweden between the 1990s and the 2000s based on a study of all cases registered during the periods 1990-1996 and 2002-2008. The results show a significant annual 4 percent decrease in the number of child homicides, with the main decline being due to a decrease in cases of filicide—suicide among both fathers and mothers. One possible explanation for the decrease may be the increases in the general prescription of antidepressant medication. However, other factors may also have played a significant role in the decline as well.


No abstract available


ABSTRACT

This article explores hospital social workers’ assessment processes for children at risk within the context of inter-professional teams working in child hospital care in Sweden. Based on qualitative interviews, the study discusses how assessment processes for children at risk can be understood from a professionalism perspective. Three institutionalised norms—juridical, therapeutic, and medical, building on different knowledge systems—are analysed in relation to the three positions taken by hospital social workers as team members—active, reflective, or passive—leading to different kinds of actions in the assessment processes. The outlined norms and the positions taken involve consequences for the children and their families, but also pose questions for the future professionalisation efforts of hospital social work.

**Keywords:**
children at risk, assessment processes, emotions, professionalism, hospital social work

**Nyckelord:**
barn som far illa, bedömningar, emotioner, professioner, kuratorer


**ABSTRACT**

Current child protective service policies encourage family preservation and reunification. Yet little is known about how mothers accused of child neglect experience being labelled neglectful or how this influences compliance with child protective services (CPS) service plans. This paper reports the results of a case study of mothers' perceptions of being labelled neglectful. Drawing on symbolic interactionist theories of identity, interviews with sixteen mothers and sixteen child protective service caseworkers, and content analysis of interview data obtained, this paper describes the strategies mothers employ to resist the stigma of being labelled a neglectful mother, strategies that ultimately put them at odds with child protection goals. Findings suggest that mothers' identity preservation and maintenance have powerful implications for CPS policy.

**Keywords:**
Parents' perspectives, child neglect, identity management

**ABSTRACT**

Despite the fact that corporal punishment (CP) is a significant risk factor for increased aggression in children, child physical abuse victimisation, and other poor outcomes, approval of CP remains high in the United States. Having a positive attitude toward CP use is a strong and malleable predictor of CP use and, therefore, is an important potential target for reducing use of CP. The Theory of Planned Behaviour suggests that parents’ perceived injunctive and descriptive social norms and expectations regarding CP use might be linked with CP attitudes and behaviour. A random-digit-dial telephone survey of parents from an urban community sample (n = 500) was conducted. Perceived social norms were the strongest predictors of having positive attitudes toward CP, as follows: (1) perceived approval of CP by professionals (β = 0.30), (2) perceived descriptive norms of CP use (β = 0.22), and (3) perceived approval of CP by family and friends (β = 0.19); also, both positive (β = 0.13) and negative (β = -0.13) expected outcomes for CP use were strong predictors of these attitudes. Targeted efforts are needed to both assess and shift the attitudes and practices of professionals who influence parents regarding CP use; universal efforts, such as public education campaigns, are needed to educate parents and the general public about the high risk/benefit ratio for using CP and the effectiveness of non-physical forms of child discipline.


**ABSTRACT**

When it comes to the care and well-being of orphaned children, attachment is an important construct to consider. Not only may it help influence how an orphan child will integrate, or fail to, within the setting of a group foster care home, attachment patterns may also have a bearing in the nature of relationships they will have as an adult, after leaving the care of the home. Attachment is doubly important in the context of orphan children due to their histories of often having experienced loss or abandonment or witnessed significant trauma, including loss of loved ones. These factors have been described as leading to orphans having attachment challenges, with many being unnaturally avoidant or overly trusting. And yet, attachment theory as we know it is deeply rooted in a Euro-American understanding of child development. Specifically, attachment in the Western context is idealised and romanticised, built upon a pair-bond between one primary caregiver and one child. This paper, using data from research conducted among orphans in New Delhi, India, explores attachment relationships among 89 children across 11 group foster care
homes in collaboration with the organisation Udayan Care. The study aims to shed light on the relationships that Udayan orphans have formed with non-parental figures, and in many cases, non-adults. This study is based on two questionnaires: The Inventory of Peer and Parent Attachment-Revised (IPPA) administered for children 9 to 18 years old, and the Randolph test of attachment for children ages 4 to 8 in the sample. Our findings indicate that this sample tends to display a stronger sense of attachment to their peers than to their mentor mothers or caregivers. In addition, greater attachment is seen to mentor mothers than to caregivers. These results raise important questions, notably, what does attachment to peers rather than to caregivers mean for later functioning? And are these children more vulnerable because they are not closely attached to caregivers?

**Keywords:**
Attachment, Udayan Care, orphans, children, group foster care


*No abstract available*


**ABSTRACT**

This study compares the effectiveness of Parent-Child Interaction Therapy (PCIT) in reducing behaviour problems (e.g., aggression, defiance, anxiety) of 62 clinic-referred, 2- to 7-year-old, maltreated children exposed to interparental violence (IPV) with a group of similar children with no exposure to IPV (N=67). Preliminary analyses showed that IPV-exposed dyads were no more likely to terminate treatment prematurely than non IPV-exposed dyads. Results of repeated-measures MANCOVAs showed significant decreases in child behaviour problems and caregivers' psychological distress from pre- to posttreatment for IPV-exposed and IPV nonexposed groups, and no significant variation by exposure to IPV. Stress in the parent role related to children's difficult behaviours and the parent-child relationship decreased from pre- to posttreatment, but parental distress did not decrease significantly over the course of PCIT. Results of an analysis testing the benefits of a full course of treatment over the first phase of treatment showed that dyads completing the full course of treatment reported significantly greater improvements in children's behaviour problems than those receiving only the first phase of treatment.
ABSTRACT

Child abuse and neglect is common in the United States, and victims often present to emergency departments (EDs) for care. Most US children who seek care in EDs are treated in general EDs without specialised paediatric services. We aim to explore general ED providers' experiences with screening and reporting of child abuse and neglect to identify barriers and facilitators to detection of child abuse and neglect in the ED setting.

Methods:
We conducted 29 semi-structured interviews with medical providers at 3 general EDs, exploring experiences with child abuse and neglect. Consistent with grounded theory, researchers coded transcripts and then collectively refined codes and identified themes. Data collection and analysis continued until theoretical saturation was achieved.

Results:
Barriers to recognising child abuse and neglect included providers' desire to believe the caregiver, failure to recognise that a child's presentation could be due to child abuse and neglect, challenges innate to working in an ED such as lack of ongoing contact with a family and provider biases. Barriers to reporting child abuse and neglect included factors associated with the reporting process, lack of follow-up of reported cases, and negative consequences of reporting such as testifying in court. Reported facilitators included real-time case discussion with peers or supervisors and the belief that it was better for the patient to report in the setting of suspicion. Finally, providers requested case-based education and child abuse and neglect consultation for unclear cases.

Conclusions:
Our interviews identified several approaches to improving detection of child abuse and neglect by general ED providers. These included providing education through case review, improving follow-up by Child Protective Services agencies, and increasing real-time assistance with patient care decisions.


**ABSTRACT**

**Background:**
The syntheses of multiple qualitative studies can pull together data across different contexts, generate new theoretical or conceptual models, identify research gaps, and provide evidence for the development, implementation and evaluation of health interventions. This study aims to develop a framework for reporting the synthesis of qualitative health research.

**Methods:**
We conducted a comprehensive search for guidance and reviews relevant to the synthesis of qualitative research, methodology papers, and published syntheses of qualitative health research in MEDLINE, Embase, CINAHL and relevant organisational websites to May 2011. Initial items were generated inductively from guides to synthesizing qualitative health research. The preliminary checklist was piloted against forty published syntheses of qualitative research, purposively selected to capture a range of year of publication, methods and methodologies, and health topics. We removed items that were duplicated, impractical to assess, and rephrased items for clarity.

**Results:**
The Enhancing transparency in reporting the synthesis of qualitative research (ENTREQ) statement consists of 21 items grouped into five main domains: introduction, methods and methodology, literature search and selection, appraisal, and synthesis of findings.

**Conclusions:**
The ENTREQ statement can help researchers to report the stages most commonly associated with the synthesis of qualitative health research: searching and selecting qualitative research, quality appraisal, and methods for synthesizing qualitative findings. The synthesis of qualitative research is an expanding and evolving methodological area and we would value feedback from all stakeholders for the continued development and extension of the ENTREQ statement.

**Keywords:**
Thematic synthesis, standards, qualitative health research, reporting

ABSTRACT

Recent systematic reviews have emphasised the need for more research into the health and social impacts of adverse childhood experiences (ACEs) in the Asia-Pacific region. This cross-sectional study was conducted with 2099 young adult students in 8 medical universities throughout Vietnam. An anonymous, self-report questionnaire included the World Health Organisation ACE-International Questionnaire and standardised measures of mental and physical health. Three quarters (76 percent) of the students reported at least one exposure to ACEs; 21 percent had 4 or more ACEs. The most commonly reported adversities were emotional abuse, physical abuse, and witnessing a household member being treated violently (42.3 percent, 39.9 percent, and 34.6 percent, respectively). Co-occurrence of ACEs had dose-response relationships with poor mental health, suicidal ideation, and low physical health-related quality of life. This first multisite study of ACEs among Vietnamese university students provided evidence that childhood adversity is common and is significantly linked with impaired health and well-being into the early adult years.


ABSTRACT

While there is a growing number of international population surveys about rates of child maltreatment there is much less data on legal, health and social services responses to maltreatment. Agency surveys are a cost effective method for assessing this response in countries where there is limited administrative data available about child maltreatment reports, investigations and services. The first step in conducting such survey is to map out the network of agencies and organisations tasked with responding to child maltreatment, as part of a multi-stage sampling strategy to identify a representative sample of child maltreatment reports and investigations. This endeavour can be complex as a diverse universe of agencies are involved in protecting victimised children and supporting their families—government-run child protective services, child protection teams at hospitals, not-for-profit helplines, psychotherapists at private practices, and community-based child welfare organisations, to name a few examples. This paper offers a framework for mapping child protection along the dimensions of levels of authority, functions and processes. Beyond high-income countries with well-established child protection systems, it gives special consideration to informal structures such as councils of community leaders and non-governmental organisations’ consortiums in low-income countries.
Keywords: 
Child protection, child protection agencies, service provision 


**ABSTRACT**

There is substantial evidence indicating that children who witness domestic violence (DV) have psychosocial maladaptation that is associated with demonstrable changes in the anatomic and physiological make up of their central nervous system. Individuals with these changes do not function well in society and present communities with serious medical, sociological, and economic dilemmas. In this focused perspective, we discuss the psychosocially induced biological alterations (midbrain, cerebral cortex, limbic system, corpus callosum, cerebellum, and the hypothalamic, pituitary, and adrenal axis) that are related to maladaptation (especially post-traumatic stress disorder) in the context of child-witnessed DV, and provide evidence for these physical alterations to the brain. Herein, we hope to stimulate the necessary political discourse to encourage legal systems around the world to make the act of DV in the presence of a child, including a first time act, a stand-alone felony.

Keywords: 
Central nervous system, child abuse, domestic violence, endocrine system, Ohio, paediatrics, philosophy, post-traumatic stress disorder 


**ABSTRACT**

Some child welfare legislation have recently expanded the definition of ‘a child in need of protection’ to include child exposure to intimate partner violence. Such legislation places clinicians in the challenging position of determining whether a situation falls under their duty to report. The current paper examines a case example in which there was child exposed to intimate partner violence, the clinician made a report to child welfare authorities and attempted to maintain the therapeutic alliance with the couple in treatment. The couple viewed contacting child welfare authorities as a crisis situation both in their marriage and in their family. Practice principles for clinicians are suggested.
Keywords:
Intimate partner violence, mandatory reporting legislation, therapeutic alliance with families, child maltreatment


ABSTRACT

Mandatory reporting of child maltreatment presents a challenging clinical issue for social workers who find themselves obligated to report the maltreatment while managing an often discordant therapeutic alliance with the family. The betrayal and anger felt by families following the report may result in the discontinuation of treatment or negatively impact further clinical work. Registered social workers participated in an online survey examining how they maintain the therapeutic alliance in the face of mandatory reporting. Results showed numerous strategies employed before and following the disclosure of reportable material. Practice principles for clinicians are suggested.

Keywords:
Counselling, family intervention, worker-client relationships


ABSTRACT

Background:
Most studies of children’s exposure to violence focus on separate, relatively narrow categories of victimisation (such as sexual abuse, physical maltreatment, or bullying), paying less attention to exposure to multiple forms of victimisation.

Purpose:
This study documents children’s lifetime exposure to multiple victimisation types (i.e., "poly-victimisation") and examines the association between poly-victimisation and extent of trauma symptomatology.

Methods:
Analyses were based on telephone interviews conducted between January 2008 and May 2008 with a nationally representative sample of 4053 children aged 2-17 years and their caregivers.
Results:
Exposure to multiple forms of victimisation was common. Almost 66 percent of the sample was exposed to more than one type of victimisation, 30 percent experienced five or more types, and 10 percent experienced 11 or more different forms of victimisation in their lifetimes. Poly-victims comprise a substantial portion of the children who would be identified by screening for an individual victimisation type, such as sexual assault or witnessing parental violence. Poly-victimisation is more highly related to trauma symptoms than experiencing repeated victimisations of a single type and explains a large part of the associations between individual forms of victimisation and symptom levels.

Conclusions:
Studies focussing on single forms of victimisation are likely to underestimate the full burden of victimisation that children experience and to incorrectly specify the risk profiles of victims. Research, clinical practice, and intervention strategies are likely to improve with more comprehensive assessments of victimisation exposure.


ABSTRACT

‘One Man Can’ (OMC) is a rights-based gender equality and health programme implemented by Sonke Gender Justice in South Africa. It has been featured as an example of best practice by the World Health Organisation, UNAIDS, and the UN Population Fund, and translated into nearly a dozen languages and implemented all across Africa. South Africa has strong gender and HIV-related policies, but the highest documented level of men’s violence against women in the world, and the largest number of people living with HIV. In this context, OMC seeks to improve men’s relationships with their partners, children, and families, reduce the spread and impact of HIV and AIDS, and reduce violence against women, men, and children. To understand whether and how OMC workshops brought about changes in men’s attitudes and practices related to parenting, an academic-non-government organisation partnership was carried out with the University of California at San Francisco, the University of Cape Town, and Sonke. The workshops appear to have contributed powerfully to improved parenting and more involved and responsible fathering. This article shares our findings in more detail and discusses the promises and challenges of gender-transformative work with men, underscoring the implications of this work for the health and well-being of women, children, and men.

Keywords:
Care, children, fatherhood, gender equality, masculinities, ‘One Man Can’

ABSTRACT

Aim:
To report a study of emergency nurses' experiences of caring for survivors of intimate partner violence.

Background:
Emergency nurses have the opportunity to intervene during the period following exposure to intimate partner violence when survivors are most receptive for interventions. The confrontation with the trauma of intimate partner violence can, however, affect emergency nurses' ability to engage empathetically with survivors, which is fundamental to all interventions.

Design:
The research was guided by the philosophical foundations of phenomenology as founded by Husserl.

Method:
A descriptive phenomenological inquiry grounded in Husserlian philosophy was used. The phenomenological reductions were applied throughout data collection and analysis. During 2010, concrete descriptions were obtained from interviewing 11 nurses working in emergency units of two public hospitals in an urban setting in South Africa. To arrive at a description of the essence, the data were analysed by searching for the meaning given to the experience of caring for survivors of intimate partner violence.

Findings:
Emergency nurses in South Africa are often witnesses of the emotional and physical effects of intimate partner violence. Exposure to the vulnerability and suffering of survivors elicits sympathy and emotional distress. Emergency nurses are left with the emotional impact and disruptive and recurrent memories.

Conclusions:
Exploring the tacit internal experiences related to caring for survivors of intimate partner violence revealed emergency nurses' vulnerability to the effects of secondary traumatic stress. The findings generated an opportunity to develop guidelines through which to support and empower emergency nurses.
Keywords:
compassion fatigue, descriptive phenomenology, emergency nursing, intimate partner violence, secondary traumatic stress


ABSTRACT

Children exposed to institutional care often suffer from “structural neglect” which may include minimum physical resources, unfavourable and unstable staffing patterns, and social-emotionally inadequate caregiver-child interactions. This chapter is devoted to the analysis of the ill effects of early institutional experiences on resident children’s development. Delays in the important areas of physical, hormonal, cognitive, and emotional development are discussed. The evidence for and against the existence of a distinctive set of co-occurring developmental problems in institutionalised children is weighed and found to not yet convincingly demonstrate a “post-institutional syndrome”. Finally, shared and non-shared features of the institutional environment and specific genetic, temperamental, and physical characteristics of the individual child are examined that might make a crucial difference in whether early institutional rearing leaves irreversible scars.


ABSTRACT

Children exposed to institutional care often suffer from “structural neglect” which may include minimum physical resources, unfavourable and unstable staffing patterns, and social-emotionally inadequate caregiver-child interactions. This chapter is devoted to the analysis of the ill effects of early institutional experiences on resident children’s development. Delays in the important areas of physical, hormonal, cognitive, and emotional development are discussed. The evidence for and against the existence of a distinctive set of co-occurring developmental problems in institutionalised children is weighed and found to not yet convincingly demonstrate a “post-institutional syndrome”. Finally, shared and non-shared features of the institutional environment and specific genetic, temperamental, and physical characteristics of the individual child are examined that might make a crucial difference in whether early institutional rearing leaves irreversible scars.

**ABSTRACT**

**Background:**
Intimate partner violence (IPV) is associated with HIV infection. We aimed to assess whether provision of a combination of IPV prevention and HIV services would reduce IPV and HIV incidence in individuals enrolled in the Rakai Community Cohort Study (RCCS), Rakai, Uganda.

**Methods:**
We used pre-existing clusters of communities randomised as part of a previous family planning trial in this cohort. Four intervention group clusters from the previous trial were provided standard of care HIV services plus a community-level mobilisation intervention to change attitudes, social norms, and behaviours related to IPV, and a screening and brief intervention to promote safe HIV disclosure and risk reduction in women seeking HIV counselling and testing services (the Safe Homes and Respect for Everyone [SHARE] Project). Seven control group clusters (including two intervention groups from the original trial) received only standard of care HIV services. Investigators for the RCCS did a baseline survey between February, 2005, and June, 2006, and two follow-up surveys between August, 2006, and April, 2008, and June, 2008, and December, 2009. Our primary endpoints were self-reported experience and perpetration of past year IPV (emotional, physical, and sexual) and laboratory-based diagnosis of HIV incidence in the study population. We used Poisson multivariable regression to estimate adjusted prevalence risk ratios (aPRR) of IPV, and adjusted incidence rate ratios (aIRR) of HIV acquisition. This study was registered with ClinicalTrials.gov, number NCT02050763.

**Findings:**
Between Feb 15, 2005, and June 30, 2006, we enrolled 11 448 individuals aged 15–49 years. 5337 individuals (in four intervention clusters) were allocated into the SHARE plus HIV services group and 6111 individuals (in seven control clusters) were allocated into the HIV services only group. Compared with control groups, individuals in the SHARE intervention groups had fewer self-reports of past-year physical IPV (346 [16 percent] of 2127 responders in control groups vs 217 [12 percent] of 1812 responders in intervention groups; aPRR 0·79, 95 percent CI 0·67–0·92) and sexual IPV (261 [13 percent] of 2038 vs 167 [10 percent] of 1737; 0·80, 0·67–0·97). Incidence of emotional IPV did not differ (409 [20 percent] of 2039 vs 311 [18 percent] of 1737; 0·91, 0·79–1·04). SHARE had no effect on male-reported IPV perpetration. At follow-up 2 (after about 35 months) the intervention was associated with a reduction in HIV incidence (1·15 cases per 100 person-years in control vs 0·87 cases per 100 person-years in intervention group; aIRR 0·67, 95 percent CI 0·46–0·97, p=0·0362).
Interpretation:
SHARE could reduce some forms of IPV towards women and overall HIV incidence, possibly through a reduction in forced sex and increased disclosure of HIV results. Findings from this study should inform future work toward HIV prevention, treatment, and care, and SHARE's ecological approach could be adopted, at least partly, as a standard of care for other HIV programmes in sub-Saharan Africa.


ABSTRACT
This article explores street children’s exposure to and responses to violence based on data collected in 21 major towns in Uganda. Findings show that violence among Ugandan street children is endemic, perpetuated by both street children against each other and adults. Both male and female children suffer outright abuse from police, occasional strangers, and from each other. Boys were more frequently physically abused while girls were more frequently abused emotionally and sexually. The study recommends policy-oriented actions linked to addressing the variations in the vulnerability to violence among children on the basis of gender, age and other risk factors and targeting the change of attitudes and behaviour among duty bearers in various settings, which result in violence against children on the street.

Keywords:
Violence, street children, perpetrators, Uganda


ABSTRACT
The author examines the policies and treatment of children institutionalised during and after the communist regime, the adoption policies for these children, the human rights claimed in the name of these children, and the ecology of disabilities in Romania. Institutionalised children fell into three categories: children who had one or more minor to severe disabilities, children who had been abandoned, and children who were part of ethnic minorities, especially the Roma. The author reviews the literature on these topics and adds her own perspective, as a Romanian special education teacher and researcher. While during communism, institutionalised persons were invisible to the public and kept in inhuman conditions, after communism, increased awareness about the situation in state institutions and about disabilities and human rights in general led to the adoption and implementation of new disability-friendly policies. Currently, there is increased
advocacy for the rights of the people with disabilities, although great challenges remain.


**ABSTRACT**

**Objective:**
An estimated 178 million children younger than 5 years in developing countries experience linear growth retardation and are unlikely to attain their developmental potential. We aimed to evaluate adult benefits from early childhood stimulation and/or nutritional supplementation in growth-retarded children.

**Methods:**
In Kingston, Jamaica, 129 growth-retarded children aged 9 to 24 months took part in a 2-year trial of nutritional supplementation (1 kg milk-based formula per week) and/or psychosocial stimulation (weekly play sessions to improve mother-child interaction). We assessed IQ, educational attainment, and behaviour at 22 years old in 105 participants. We used multivariate regressions, weighted to adjust for loss to follow-up, to determine treatment benefits.

**Results:**
We found no significant benefits from supplementation. Participants who received stimulation reported less involvement in fights (odds ratio: 0.36 [95percent confidence interval (CI) 0.12–1.06]) and in serious violent behaviour (odds ratio: 0.33 [95percent CI: 0.11–0.93]) than did participants with no stimulation. They also had higher adult IQ (coefficient: 6.3 [95percent CI: 2.2–10.4]), higher educational attainment (achievement, grade level attained, and secondary examinations), better general knowledge, and fewer symptoms of depression and social inhibition.

**Conclusions:**
Early psychosocial intervention had wide-ranging benefits in adulthood that are likely to facilitate functioning in everyday life. The reductions in violent behaviour are extremely important given the high levels of violence in many developing countries. The study provides critical evidence that early intervention can lead to gains in adult functioning.

**Keywords:**
Child development, behaviour, educational status, intelligence, undernutrition

**ABSTRACT**

In sub-Saharan Africa, HIV/AIDS has resulted in a rapidly growing population of orphans and vulnerable children (OVC). These OVC have strained the traditional safety net provided by extended families to its breaking point. Increasingly, community-based initiatives are emerging to fill the gap. However, relatively little is known about these efforts and their effectiveness. This article looks at one such initiative in rural Tanzania, and explores the relationship between local communities that seek to empower themselves to address the needs of their OVC and external organisations that have the resources and power to help them. This case study describes the successful effort of a community to build a Centre housing its orphans, and the subsequent closure of that Centre despite its evident success, because of a conflict between internal and external interests. This case study is used as the basis of a broader discussion on how those with power, and communities seeking empowerment, are complexly intertwined.


No abstract available


No abstract available


**ABSTRACT**

**Background:**

Intimate partner violence (IPV) and child maltreatment (CM) are major global public health problems. The Preventing Violence Across the Lifespan (PreVAiL) Research Network, an international group of over 60 researchers and national and international knowledge-user partners
in CM and IPV, sought to identify evidence-based research priorities in IPV and CM, with a focus on resilience, using a modified Delphi consensus development process.

**Methods:**
Review of existing empirical evidence, PreVAiL documents and team discussion identified a starting list of 20 priorities in the following categories: resilience to violence exposure (RES), CM, and IPV, as well as priorities that cross-cut the content areas (CC), and others specific to research methodologies (RM) in violence research. PreVAiL members (N = 47) completed two online survey rounds, and one round of discussions via three teleconference calls to rate, rank and refine research priorities.

**Results:**
Research priorities were: to examine key elements of promising or successful programmes in RES/CM/IPV to build intervention pilot work; CC: to integrate violence questions into national and international surveys, and RM: to investigate methods for collecting and collating datasets to link data and to conduct pooled, meta and sub-group analyses to identify promising interventions for particular groups.

**Conclusions:**
These evidence-based research priorities, developed by an international team of violence, gender and mental health researchers and knowledge-user partners, are of relevance for prevention and resilience-oriented research in the areas of IPV and CM.


**ABSTRACT**

Exposure to intimate partner violence is increasingly being recognised as a form of child maltreatment; it is prevalent, and is associated with significant mental health impairment and other important consequences. The present article provides an evidence-based overview regarding children’s exposure to intimate partner violence, including epidemiology, risks, consequences, assessment and interventions to identify and prevent both initial exposure and impairment after exposure. It concludes with specific guidance for the clinician.

**Keywords:**
Behaviour therapy, child abuse, child welfare, mental disorders, spouse abuse

ABSTRACT

Some national governments have adopted a wide variety of measures to address violence against women, including legal reform, public education campaigns, and support for shelters and rape crisis centres, but other governments have done little to confront the problem. What accounts for these differences in policy? To answer this question, we analysed policies on violence against women in 70 countries from 1975 to 2005. Our analysis reveals that the most important and consistent factor driving policy change is feminist activism. This plays a more important role than left-wing parties, numbers of women legislators, or even national wealth. In addition, our work shows that strong, vibrant domestic feminist movements use international and regional conventions and agreements as levers to influence policy-making. Strong local movements bring home the value of global norms on women’s rights.

Keywords:
Gender-based violence, feminism, social movements, violence against women, domestic violence, sexual violence, policy


ABSTRACT

This paper describes the extent to which abused and neglected children report intimate partner violence (IPV) victimisation and perpetration when followed up into middle adulthood. Using data from a prospective cohort design study, children (ages 0-11) with documented histories of physical and sexual abuse and/or neglect (n=497) were matched with children without such histories (n=395) and assessed in adulthood (Mage=39.5). Prevalence, number, and variety of four types of IPV (psychological abuse, physical violence, sexual violence, and injury) were measured. Over 80 percent of both groups—childhood abuse and neglect (CAN) and controls—reported some form of IPV victimisation during the past year (most commonly psychological abuse) and about 75 percent of both groups reported perpetration of IPV toward their partner. Controlling for age, sex, and race, overall CAN [adjusted odds ratio (AOR)=1.60, 95 percent CI [1.03, 2.49]], physical abuse (AOR=2.52, 95 percent CI [1.17, 5.40]), and neglect (AOR=1.64, 95 percent CI [1.04, 2.59]) predicted increased risk for being victimised by a partner via physical injury. CAN and neglect also predicted being victimised by a greater number and variety of IPV acts. CAN and control groups did not differ in reports of perpetration of IPV, although neglect
predicted greater likelihood of perpetrating physical injury to a partner, compared to controls. Abused/neglected females were more likely to report being injured by their partner, whereas maltreated males did not. This study found that child maltreatment increases risk for the most serious form of IPV involving physical injury. Increased attention should be paid to IPV (victimisation and perpetration) in individuals with histories of neglect.

**Keywords:**
Child abuse, intimate partner violence, neglect, perpetration, physical injury, sexual abuse, victimisation


**ABSTRACT**

So ubiquitous is reference to collaboration in policy documents that it is in danger of being ignored altogether by service deliverers who are not clear about its rationale, how it is built, or its real value. This is evident in the child and family services context where for example the National Framework for Protecting Australia's Children calls for collaboration and a ‘shared responsibility’ across the state, Commonwealth and the non-government sectors to keep children safe and well. This article describes a project undertaken to analyse and ultimately increase levels of collaboration between state and Commonwealth government family service providers. The research reinforced an important message that levels of collaboration should align with the vulnerability of children and their families: the greater the level of risks to children, the greater the level of collaboration needed within and between systems to keep children safe.


*No abstract available*
ABSTRACT

Background:
Abuse by adults has been reported as a potent predictor of borderline personality disorder (BPD). Unclear is whether victimisation by peers increases the risk of borderline personality symptoms.

Method:
The Avon Longitudinal Study of Parents and Children (ALSPAC) prospective, longitudinal observation study of 6050 mothers and their children. Child bullying was measured by self-report and mother and teacher report between 4 and 10 years. Family adversity was assessed from pregnancy to 4 years; parenting behaviours from 2 to 7 years, sexual abuse from 1.5 to 9 years, and IQ and DSM-IV axis I diagnoses at 7 to 8 years. Trained psychologists interviewed children at 11.8 years to ascertain DSM-IV BPD symptoms (five or more).

Results:
Accounting for known confounders, victims of peer bullying had an increased risk of BPD symptoms according to self-report (OR, 2.82; 95percent CI, 2.13-3.72); mother report (OR, 2.43; 95percent CI, 1.86-3.16); and teacher report (OR, 1.95; 95percent CI, 1.34-2.83). Children who reported being chronically bullied (OR, 5.44; 95percent CI, 3.86-7.66) or experienced combined relational and overt victimisation (OR, 7.10; 95percent CI, 4.79-10.51) had highly increased odds of developing BPD symptoms. Children exposed to chronic victimisation according to mother report were also at heightened risk of developing BPD symptoms (OR, 3.24; 95percent CI, 2.24-4.68).

Conclusions:
Intentional harm inflicted by peers is a precursor or marker on the trajectory towards the development of BPD symptoms in childhood. Clinicians should be adequately trained to deal with, and ask users of mental health services routinely about, adverse experiences with peers.
ABSTRACT

Background:
Victims of bullying are at risk for psychotic experiences in early adolescence. It is unclear if this elevated risk extends into late adolescence. The aim of this study was to test whether bullying perpetration and victimisation in elementary school predict psychotic experiences in late adolescence.

Method:
The current study is based on the Avon Longitudinal Study of Parents and Children (ALSPAC), a prospective community-based study. A total of 4720 subjects with bullying perpetration and victimisation were repeatedly assessed between the ages of 8 and 11 years by child and mother reports. Suspected or definite psychotic experiences were assessed with the Psychosis-Like Symptoms semi-structured interview at age 18 years.

Results:
Controlling for child's gender, intelligence quotient at age 8 years, childhood behavioural and emotional problems, and also depression symptoms and psychotic experiences in early adolescence, victims [child report at 10 years: odds ratio (OR) 2.4, 95percent confidence interval (CI) 1.6-3.4; mother report: OR 1.6, 95percent CI 1.1-2.3], bully/victims (child report at 10 years: OR 3.1, 95percent CI 1.7-5.8; mother: OR 2.9, 95percent CI 1.7-5.0) and bullies (child report at 10 years: OR 4.9, 95percent CI 1.3-17.7; mother: OR 1.2, 95percent CI 0.46-3.1, n.s.) had a higher prevalence of psychotic experiences at age 18 years. Path analysis revealed that the association between peer victimisation in childhood and psychotic experiences at age 18 years was only partially mediated by psychotic or depression symptoms in early adolescence.

Conclusions:
Involvement in bullying, whether as victim, bully/victim or bully, may increase the risk of developing psychotic experiences in adolescence. Health professionals should ask routinely during consultations with children about their bullying of and by peers.
ABSTRACT

Background and objectives:
Environmental factors such as serious trauma or abuse and related stress can lead to nightmares or night terrors. Being bullied can be very distressing for children, and victims display long-term social, psychological, and health consequences. Unknown is whether being bullied by peers may increase the risk for experiencing parasomnias such as nightmares, night terrors, or sleepwalking.

Methods:
A total of 6796 children of the Avon Longitudinal Study of Parents and Children (ALSPAC) birth cohort were interviewed at elementary school age (8 and 10 years) about bullying experiences with a previously validated bullying interview and at secondary school age (12.9 years) about parasomnias such as nightmares, night terrors and sleepwalking by trained postgraduate psychologists.

Results:
Even after adjusting for pre-existing factors related to bullying and parasomnias, being bullied predicted having nightmares (8 years’ odds ratio [OR], 1.23; 95percent confidence interval [CI], 1.05–1.44; 10 years OR, 1.62; 95percent CI, 1.35–1.94) or night terrors (8 years OR, 1.39; 95percent CI, 1.10–1.75; 10 years OR, 1.53; 95percent CI, 1.18–1.98) at age 12 to 13 years. Especially being a chronic victim was associated with both nightmares (OR, 1.82; 95percent CI, 1.46–2.27) and night terrors (OR, 2.01; 95percent CI, 1.48–2.74). Being a bully/victim also increased the risk for any parasomnia at ages 8 or 10 years (8 years OR, 1.42; 95percent CI, 1.08–1.88; 10 years OR, 1.75; 95percent CI, 1.30–2.36). In contrast, bullies had no increased risk for any parasomnias.

Conclusions:
Being bullied increases the risk for having parasomnias. Hence, parents, teachers, school counsellors, and clinicians may consider asking about bullying experiences if a child is having parasomnias.

Keywords:
Victimisation, bullying, parasomnias, nightmares, sleepwalking, ALSPAC

**ABSTRACT**

It is acknowledged that teacher training programmes around HIV in most of sub-Saharan Africa appear not to have been very effective in assisting teachers to respond to the demands placed on them by the pandemic. In response to the need identified by international development agencies, for research into teacher education and HIV in sub-Saharan Africa, this study investigated teacher perceptions of the effectiveness of training programmes offered in a specific school district in South Africa to equip them to deal with issues arising from having orphans and vulnerable children in their classrooms. A qualitative research design was followed to purposively select teachers who had attended the departmental training to participate in focus groups to explore the phenomenon of teaching orphaned and vulnerable children. The findings that emerged from the thematic data analysis provided supporting evidence that current teacher education approaches in this regard are not perceived to be effective. The results are used to suggest guidelines for an alternative approach to the current forms of HIV and AIDS training for teachers that is more likely to be sustainable, culturally appropriate and suited to the context.

**Keywords:**

In-service teacher education, HIV and AIDS, orphans, quality of education, teacher education, vulnerable children


**ABSTRACT**

Domestic violence continues to be one of the most significant aspects of child abuse and neglect in Australia. However, the children are not well served by either child protection or domestic violence service sectors, which continue to operate as segregated, tertiary response systems. This paper reports on research that examined bridges and barriers to effective collaboration between child protection and domestic violence services in responding to children affected by domestic violence. The differing conceptions and responses of the workers from each service sector, in relation to children and families affected by domestic violence, is discussed in the light of gaps in service provision in both sectors. In doing so, areas of common ground for more effective collaboration between these service sectors are identified, including the prioritising of emotional and psychological abuse, supporting and empowering abused mothers, strengthening the mother–child relationship, and supporting children and families across a continuum of service provision, particularly in the medium- to long-term. Understanding each other and finding common ground...
across the two service sectors is paramount to improving how each responds to children and families affected by domestic violence.


**ABSTRACT**

Traumatic childhood experiences have been found to predict later internalising problems. This prospective longitudinal study investigated whether repeated and intentional harm doing by peers (peer victimisation) in childhood predicts internalising symptoms in early adolescence. 3,692 children from the Avon Longitudinal Study of Parents and Children (ALSPAC), as well as their mothers and teachers, reported on bullying in childhood (7-10 years) and internalising problems in early adolescence (11-14 years). Controlling for prior psychopathology, family adversity, gender and IQ, being a victim of bullying was associated with higher overall scores, as well as increased odds of scoring in the severe range (>90(th) percentile) for emotional and depression symptoms. Victims were also more likely to show persistent depression symptoms over a 2-year period. These associations were found independent of whether mothers, teachers or the children reported on bullying. It is concluded that peer victimisation in childhood is a precursor of both short-lived and persistent internalising symptoms, underlining the importance of environmental factors such as peer relationships in the etiology of internalising problems.
2.2 Schools


**ABSTRACT**

**Background:**
Intimate partner violence (IPV) against women is a global public health and human rights concern. Despite a growing body of research into risk factors for IPV, methodological differences limit the extent to which comparisons can be made between studies. We used data from ten countries included in the WHO Multi-country Study on Women's Health and Domestic Violence to identify factors that are consistently associated with abuse across sites, in order to inform the design of IPV prevention programmes.

**Methods:**
Standardised population-based household surveys were done between 2000 and 2003. One woman aged 15-49 years was randomly selected from each sampled household. Those who had ever had a male partner were asked about their experiences of physically and sexually violent acts. We performed multivariate logistic regression to identify predictors of physical and/or sexual partner violence within the past 12 months.

**Results:**
Despite wide variations in the prevalence of IPV, many factors affected IPV risk similarly across sites. Secondary education, high SES, and formal marriage offered protection, while alcohol abuse, cohabitation, young age, attitudes supportive of wife beating, having outside sexual partners, experiencing childhood abuse, growing up with domestic violence, and experiencing or perpetrating other forms of violence in adulthood, increased the risk of IPV. The strength of the association was greatest when both the woman and her partner had the risk factor.

**Conclusions:**
IPV prevention programmes should increase focus on transforming gender norms and attitudes, addressing childhood abuse, and reducing harmful drinking. Development initiatives to improve access to education for girls and boys may also have an important role in violence prevention.

**ABSTRACT**

The purpose of the study was to examine the association between affective empathy, cognitive empathy, and gender on cyberbullying among adolescents. Participants were 396 adolescents from Singapore with age ranging from 12 to 18 years. Adolescents responded to a survey with scales measuring both affective and cognitive empathy, and cyberbullying behaviour. A three-step hierarchical multiple regression analysis was used with cyberbullying scores as the dependent variable. Gender was dummy coded and both affective and cognitive empathy were centred using the sample mean prior to creating interaction terms and entering them into the regression equations. The testing, probing and interpretation of interaction effects followed established statistical procedures. Results from hierarchical multiple regression analysis indicated a significant three-way interaction. At low affective empathy, both boys and girls who also had low cognitive empathy had higher scores on cyberbullying than those who had high cognitive empathy. This pattern of results was similarly found for boys at high affective empathy. However, for girls, high or low levels of cognitive empathy resulted in similar levels of cyberbullying. Implications of these findings include the need for empathy training and the importance of positive caregiver-child relationships in reducing cyberbullying behaviour among adolescents.


**ABSTRACT**

The current study examined normative beliefs about aggression as a mediator between narcissistic exploitativeness and cyberbullying using two Asian adolescent samples from Singapore and Malaysia. Narcissistic exploitativeness was significantly and positively associated with cyberbullying and normative beliefs about aggression and normative beliefs about aggression were significantly and positively associated with cyberbullying. Normative beliefs about aggression were a significant partial mediator in both samples; these beliefs about aggression served as one possible mechanism of action by which narcissistic exploitativeness could exert its influence on cyberbullying. Findings extended previous empirical research by showing that such beliefs can be the mechanism of action not only in offline but also in online contexts and across cultures. Cyberbullying prevention and intervention efforts should include modification of norms and beliefs supportive of the legitimacy and acceptability of cyberbullying.

**ABSTRACT**

Among the major concerns relating to the current vulnerability of Caribbean youth is the continued use of corporal punishment as a means of disciplining children, by those charged with the responsibility of caring for them. This study was undertaken to obtain data on practices, attitudes, and influencing factors among educators in four islands within the Eastern Caribbean, as they relate to corporal punishment. A questionnaire survey was administered to 835 students and 206 teachers in the four islands and 17 elite interviews were conducted with school Principals. The study revealed widespread acceptance among the various stakeholders—teachers, students and administrators of the use of corporal punishment in schools. A lack of administrative acceptance that the practice is wrong, as well as the failure of Caribbean governments, signatories to the Convention on the Rights of the Child, to bring their laws in accordance with the provisions of the Convention, have served to undermine positive disciplinary messages and allow such negative practicestocontinue.


**ABSTRACT**

Physical abuse in school has lifelong consequences affecting child health and educational achievements. A study was designed to assess the prevalence of physical abuse experienced by pupils in basic-education schools in Aden, Yemen, and to examine the risk factors associated with it. A cross-sectional study covering 1066 pupils in 7th-9th grades from 8 schools in different districts of Aden governorate were randomly selected. Answering an anonymous self-administered questionnaire, 55.7 percent of pupils reported physical abuse at least once in their school lifetime (73.2 percent of males versus 26.6 percent of females). Teachers were the main perpetrators (45.4 percent). A statistically significant association was found between physical abuse and sex, age group, family type and father's education. Significant predictors of physical abuse on multivariate regression were male sex (OR=7.89) and extended family type (OR=1.36). Physical abuse in basic-education schools requires serious consideration by educational authorities, families and the community at large.

**ABSTRACT**

This study examined the prevalence rates of bully victimisation and risk for repeated victimisation among students with disabilities using the Special Education Elementary Longitudinal Study and the National Longitudinal Transition Study-2 longitudinal datasets. Results revealed that a prevalence rate ranging from 24.5 percent in elementary school to 34.1 percent in middle school. This is one to one and a half times the national average for students without disabilities. The rate of bully victimisation was highest for students with emotional disturbance across school levels. Findings from this study also indicated that students with disabilities who were bullied once were at high risk of being bullied repeatedly. Elementary and middle school students with autism and high school students with orthopaedic impairments were at the greatest risk of experiencing repeated victimisation. Implications of the findings are discussed.


**ABSTRACT**

Researchers have become increasingly interested in uncovering how genetic factors work together with the peer environment in influencing development. This article offers an overview of the state of knowledge. It first describes the different types of gene-environment correlations (rGE) and gene-environment interactions (GxE) that are of relevance for understanding the role of peer relations as well as the two main methodologies of genetically informed research, that is, the quantitative genetic approach and molecular genetics. This is followed by an overview of recent studies that examined different mechanisms of gene-environment interplay involving peer relations in childhood and adolescence. The article concludes with an outline of future directions in genetically informed peer relations research as well as the implications for theory and practice.


**ABSTRACT**

**Purpose:**

Using a genetically informed design based on 192 Monozygotic and Dizygotic twin pairs assessed in kindergarten, this study examined whether the expression of genetic risk for physical
aggression or for relational aggression varies depending on the peer group’s injunctive behaviour norms.

**Methods:**
Physical aggression and relational aggression, as well as injunctive peer group norms in regard to these behaviours, were measured via peer nominations in the twins’ kindergarten classes.

**Results:**
Peer groups varied considerably in terms of the level of acceptability of both physical and relational aggression. Bivariate Cholesky modelling revealed a significant gene-environment interaction, indicating that a strong genetic disposition for physical aggression was much more likely to be expressed when peer group injunctive norms were favourable to such behaviour. In contrast, genetic factors essentially played no role in explaining inter-individual differences when peer group norms discouraged physical aggression. Relational aggression was generally less explained by genetic influences and more by environmental influences regardless of peer group norms, but environmental influences became even more important when peer group norms favoured such behaviour.

**Conclusions:**
These findings speak to the importance of the peer group in shaping aggression already in young children by either condoning or penalising such behaviour.


**ABSTRACT**

Although research on cyberbullying has recently begun to emerge, few researchers have used longitudinal data to explore this phenomenon in Canada. Using 1-year longitudinal data from the Health Behaviour in School-Aged Children Study conducted by the World Health Organization, we investigated the prevalence and stability and risk factors associated with cyberbullying, cybervictimisation, and simultaneous cyberbullying and cybervictimisation among 1,972 adolescents. Risk factors associated with cyberbullying included higher levels of antisocial behaviours and fewer prosocial peer influences. Risk factors associated with cybervictimisation included being in the transition year for high school, as well as higher levels of traditional victimisation and depression. Higher levels of traditional victimisation were also associated with simultaneous cyberbullying and cybervictimisation. Gender differences and implications of the findings are discussed.
ABSTRACT

Introduction:
Mental disorders are the largest cause of the burden of disease in the world. Most of the burden affecting adult life has its onset during childhood and adolescence. The European Pact for Mental Health and Well-being calls for immediate action and investments in the mental health of children and adolescents. Schools may be the ideal location for promoting health and delivering healthcare services, since schools are a location where young people usually spend their daytime and socialise, schools are easily accessible to families, can provide non-stigmatising health actions, and form links with the community.

Aims and Goals of this Special Issue:
This issue is developed within the framework of the Joint Action on Mental Health promoted by the European Commission. It presents a set of systematic reviews on the evidence of the international literature on school interventions for the promotion of the mental health and well-being of children and adolescents. It is focussed on five topical main areas: promoting general health and well-being; programmes targeting specific mental disorders and conditions and integration of adolescents with mental health problems; Bullying; Sport; Alcohol and Drugs. An additional paper on the results of the largest epidemiological study conducted in some European countries on the prevalence and relative risk factors of mental disorders in school-age completes the issue.

Conclusions:
These reviews are a first contribution to address future European research and interventions, in particular about the multiple ways through which European policies could support the schooling and well-being of children and adolescents.

Keywords:
Adolescent, children, Europe, intervention, mental health, school, well-being

**ABSTRACT**

Traditional school bullying and cyberbullying are growing concerns worldwide. Research has been devoted to understanding the etiology of bullying behaviours. Using a large sample of secondary school adolescents in Hong Kong (N = 1,893), this study explores gender differences in mean levels of traditional school bullying (i.e., physical and verbal forms of bullying, and extortion and exclusion) and cyberbullying (i.e., overt and relational aggression) behaviours, and psychosocial characteristics (i.e., self-efficacy, empathy, prosocial behaviour, family bonding, perception of a harmonious school, sense of belonging in school, and positive school experiences and involvement). The differential role of psychosocial characteristics in types of bullying perpetration is also examined. Findings indicate that the perpetration of traditional school bullying and cyberbullying behaviours are positively correlated, and male adolescents reported higher levels of bullying perpetration than female adolescents. Multivariate findings reveal that, to some extent, male and female adolescents shared a similar set of psychosocial risk factors of bullying perpetration, especially in the perpetration of traditional school bullying. The findings of this study may have important implications for practice in regard to minimising, if not entirely preventing, through the joint efforts of the family, school, and social service systems, the propensity of adolescents to engage in the perpetration of bullying behaviours.


**ABSTRACT**

**Purpose:**
There has been little community-based research regarding multiple-type victimisation experiences of young people in Asia, and none in Malaysia. This study aimed to estimate prevalence, explore gender differences, as well as describe typical perpetrators and family and social risk factors among Malaysian adolescents.

**Methods:**
A cross-sectional survey of 1,870 students was conducted in 20 randomly selected secondary schools in Selangor state (mean age: 16 years; 58.8 percent female). The questionnaire included items on individual, family, and social background and different types of victimisation experiences in childhood.
**Results:**

Emotional and physical types of victimisation were most common. A significant proportion of adolescents (22.1 percent) were exposed to more than one type, with 3 percent reporting all four types. Compared with females, males reported more physical, emotional, and sexual victimisation. The excess of sexual victimisation among boys was due to higher exposure to noncontact events, whereas prevalence of forced intercourse was equal for both genders (3.0 percent). Although adult male perpetrators predominate, female adults and peers of both genders also contribute substantially. Low quality of parent-child relationships and poor school and neighbourhood environments had the strongest associations with victimisation. Family structure (parental divorce, presence of step-parent or single parent, or household size), parental drug use, and rural/urban location were not influential in this sample.

**Conclusions:**

This study extends the analysis of multiple-type victimisation to a Malaysian population. Although some personal, familial, and social factors correlate with those found in western nations, there are cross-cultural differences, especially with regard to the nature of sexual violence based on gender and the influence of family structure.


**ABSTRACT**

This article reports on findings from a preliminary study that aims to ascertain the extent to which a group of 30 15–17-year-old Angolan juvenile suspects are polyvictims, as defined by Finkelhor and colleagues, and the degree to which their victimisation might be attributed to the aftermath of the country’s civil war. Analysis of their victimisation identified the majority as being polyvictims. Research into the context of victimisation revealed their neighbourhoods as being of primary importance. Findings confirm a direct link between these children’s victimisation and Angola’s war history. The article concludes that Angolan authorities need to adopt a psychosocial approach to dealing with the traumatic experiences of these children and their social development.

**Keywords:** Polyvictimisation, Angola, neighbourhoods, psychosocial approaches, trauma

*No abstract available*

**Keywords:**
Adolescents, poly-victimisation, PTSD, South Africa


**ABSTRACT**

Little attention has been paid to whether violence in adolescent romantic relationships is associated with relationship violence later in young adulthood. This study examined the continuation of intimate partner violence (IPV) from adolescence to young adulthood. Using data from the National Longitudinal Study of Adolescent Health, results from negative binomial models and propensity score models showed that being victimised by relationship partners in adolescence was significantly associated with both perpetration and victimisation in romantic relationships in young adulthood. Women reported higher levels of perpetration and lower levels of victimisation than men did. Those who were living together (married or cohabiting) reported higher levels of victimisation and perpetration than those who were dating. Further, such associations existed beyond the effects of parent-child violence and general aggression tendencies, suggesting the continuation of relationship-specific violence. Finally, these patterns persisted after controlling for participants' age, race and ethnicity, parental education, and family structure.

**Keywords:**
Adolescence, intimate partner violence, young adulthood


**ABSTRACT**

This study sought to document lifetime experiences of individual categories of victimisations and polyvictimisation using the Juvenile Victimisation Questionnaire among children from the province of Quebec (Canada) to examine whether polyvictimisation predicts mental health symptoms and to assess whether categories of victimisation still contribute to mental health
symptoms after considering polyvictimisation. Polyvictimisation accounted for the most variability in scores for depression, anxiety, and anger/aggression compared with individual victimisation categories. None of the individual categories of victimisation made an independent contribution to the prediction of trauma scores, once polyvictimisation was considered.


**ABSTRACT**

**Purpose:**
The study has aimed to address the gaps in knowledge about male adolescents and their attitudes toward wife beating in a multi-country study in Bangladesh, India, and Nepal.

**Methods:**
The study used secondary data generated from nationally representative samples of male adolescents (aged 15-19 years) in the demographic and health surveys data in Bangladesh, India, and Nepal. These were household surveys using structured questionnaires, with 275 boys in Bangladesh, 13,078 boys in India, and 939 boys in Nepal. Chi-square tests and logistic regressions were used to assess the associations.

**Results:**
In Bangladesh, 42 percent of 275 respondents had justified wife beating; in India, 51 percent of 13,078 male adolescents had supported wife beating; and in Nepal, 28 percent of 939 respondents had supported wife abuse. Individual-level factors, such as rural residency, low educational attainment, low economic status, being unemployed, and having a history of family violence, were positively associated with the justification of wife abuse.

**Conclusions:**
This multi-country study indicates a general trend of male adolescents’ strong supportive attitude toward wife beating, and hence may suggest that policy makers can specifically target young groups of the population for various interventions for reducing violence against women.

**ABSTRACT**

Young males' perpetration of violence against females is prevalent across the globe, and is associated with inequitable gender attitudes including the condoning of violence against women. A cross-sectional survey was conducted among boys ages 10-16 (N = 1040) from urban neighbourhoods of Mumbai, India to examine the relationship among adolescent males' gender attitudes, attitudes condoning violence against women, exposure to family and community violence, and violence perpetration against peers and girls. More equitable gender attitudes were associated with significantly less likelihood of sexual violence perpetration. Promoting equitable gender attitudes may be an important modifiable factor in preventing violence against women and girls, especially among boys who have been exposed to violence.

**Keywords:**
Gender-based violence, violence perpetration, gender equity, sports, violence against women, coaches, exposure to violence


**ABSTRACT**

**Objective:**
To identify the characteristics and reasons reported by Brazilian students for school bullying.

**Method:**
This cross-sectional study uses data from an epidemiological survey (National Survey of School Health) conducted in 2012. A total of 109,104 9th grade students from private and public schools participated. Data were collected through a self-applied questionnaire and the analysis was performed using SPSS, version 20, Complex Samples Module.

**Results:**
The prevalence of bullying was 7.2 percent, most frequently affecting Afro-descendant or indigenous younger boys, whose mothers were characterised by low levels of education. In regard to the reasons/causes of bullying, 51.2 percent did not specify; the second highest frequency of victimisation was related to body appearance (18.6 percent); followed by facial appearance (16.2
percent); race/color (6.8 percent); sexual orientation 2.9 percent; religion 2.5 percent; and region of origin 1.7 percent. The results are similar to those found in other sociocultural contexts.

**Conclusion:**
The problem belongs to the health field because it gathers aspects that determine the students’ health-disease-care continuum.

**Descriptors:**
School health, adolescent health, causality, violence, bullying


**ABSTRACT**
The purpose of this paper is to conduct a systematic review of cyberbullying intervention programmes that are either in current practice and/or have been well documented. There are negative effects associated with cyberbullying including poor academic, social, and mental health outcomes. Consequently, there is a need to develop evidence-based interventions. Critical content and evaluation elements of traditional bullying interventions provided a framework, due to the limited evidence on effective features for addressing cyberbullying. The review is based on a set of criteria for traditional bullying by Craig, Pepler, and Shelley (2004), which emphasises scientific merit and ease of implementation. Results suggest that most studies are lacking in scientific merit, with most studies meeting less than half of the criteria. The average ease of implementation score was higher than that of scientific merit, however, only 3 programmes provided maintenance after implementation. Recommendations are made for best practices for cyberbullying interventions.


**ABSTRACT**
This study examines the association between schools and student bullying behaviours and victimisation among a nationally representative sample (N = 9,107) of New Zealand high school students. In particular, the study sought to explore the role of characteristics of schools and school culture with respect to bystander behaviour, while controlling for individual student factors related to victimisation and bullying behaviours. Results indicated that a total of 6 percent of students report being bullied weekly or more often and 5 percent of students reported bullying other students at least weekly. Results of multilevel analyses suggested that schools characterised
by students taking action to stop bullying were associated with less victimisation and less reported bullying among students. In contrast, in schools where students reported teachers take action to stop bullying, there was no decline in victimisation or bullying. Overall, these findings support whole-school approaches that aid students to take action to stop bullying.

**Keywords:**
School bullying, victimisation, bystander, school climate


**ABSTRACT**

**Background:**
Violence against children from school staff is widespread in various settings, but few interventions address this. We tested whether the Good School Toolkit—a complex behavioural intervention designed by Ugandan not-for-profit organisation Raising Voices—could reduce physical violence from school staff to Ugandan primary school children.

**Methods:**
We randomly selected 42 primary schools (clusters) from 151 schools in Luwero District, Uganda, with more than 40 primary 5 students and no existing governance interventions. All schools agreed to be enrolled. All students in primary 5, 6, and 7 (approximate ages 11-14 years) and all staff members who spoke either English or Luganda and could provide informed consent were eligible for participation in cross-sectional baseline and endline surveys in June-July 2012 and 2014, respectively. We randomly assigned 21 schools to receive the Good School Toolkit and 21 to a waitlisted control group in September, 2012. The intervention was implemented from September, 2012, to April, 2014. Owing to the nature of the intervention, it was not possible to mask assignment. The primary outcome, assessed in 2014, was past week physical violence from school staff, measured by students' self-reports using the International Society for the Prevention of Child Abuse and Neglect Child Abuse Screening Tool-Child Institutional. Analyses were by intention to treat, and are adjusted for clustering within schools and for baseline school-level means of continuous outcomes. The trial is registered at clinicaltrials.gov, NCT01678846.

**Findings:**
No schools left the study. At 18-month follow-up, 3820 (92.4 percent) of 4138 randomly sampled students participated in a cross-sectional survey. Prevalence of past week physical violence was lower in the intervention schools (595/1921, 31.0 percent) than in the control schools (924/1899, 48.7 percent; odds ratio 0.40, 95 percent CI 0.26-0.64, p<0.0001). No adverse events related to
the intervention were detected, but 434 children were referred to child protective services because of what they disclosed in the follow-up survey.

**Interpretation:**
The Good School Toolkit is an effective intervention to reduce violence against children from school staff in Ugandan primary schools.


**ABSTRACT**

**Objective:**
Adverse childhood experiences are associated with significant functional impairment and life lost in adolescence and adulthood. This study identified relationships between multiple types of adverse events and distinct categories of adolescent violence perpetration.

**Methods:**
Data are from 136,549 students in the 6th, 9th, and 12th grades who responded to the 2007 Minnesota Student Survey, an anonymous, self-report survey examining youth health behaviours and perceptions, characteristics of primary socialising domains, and youth engagement. Linear and logistic regression models were used to determine if 6 types of adverse experiences including physical abuse, sexual abuse by family and/or other persons, witnessing abuse, and household dysfunction caused by family alcohol and/or drug use were significantly associated with risk of adolescent violence perpetration after adjustment for demographic covariates. An adverse-events score was entered into regression models to test for a dose-response relationship between the event score and violence outcomes. All analyses were stratified according to gender.

**Results:**
More than 1 in 4 youth (28.9 percent) reported at least one adverse childhood experience. The most commonly reported adverse experience was alcohol abuse by a household family member that caused problems. Each type of adverse childhood experience was significantly associated with adolescent interpersonal violence perpetration (delinquency, bullying, physical fighting, dating violence, weapon-carrying on school property) and self-directed violence (self-mutilatory behaviour, suicidal ideation, and suicide attempt). For each additional type of adverse event reported by youth, the risk of violence perpetration increased 35 percent to 144 percent.

**Conclusions:**
Multiple types of adverse childhood experiences should be considered as risk factors for a spectrum of violence-related outcomes during adolescence. Providers and advocates should be aware of the interrelatedness and cumulative impact of adverse-event types. Study findings
support broadening the current discourse on types of adverse events when considering pathways from child maltreatment to adolescent perpetration of delinquent and violent outcomes.


*No abstract available*


**ABSTRACT**

The study reported on, in this paper sought to investigate the issue of corporal and verbal punishment as means of disciplining pupils’ behaviour in basic schools in Sudan. The practice of corporal punishment in schools is an indication of the absence of meaningful access to quality education that all nations worldwide are aiming to achieve by the year 2015. Moreover, punishment is against children rights that are well considered in the Convention on the Rights of Children (CRC) which is ratified by government of Sudan. The main focus of the current study is on the reasons that led some teachers to support and use corporal punishment in basic schools in Khartoum state, Sudan, though they are aware of its prohibition as it was spelt in the country’s education policy. Pupils’ opinions and perceptions about the use of punishment in schools are also looked into. The data for this study was collected by adopting qualitative research design. The study was conducted in two basic schools in Khartoum state (one governmental and one private school) from which ten teachers were selected and interviewed in addition to a group discussion held with ten pupils in grades seven and eight. The study findings revealed the facts that some teachers knew that punishment has negative impact on pupils’ behaviour and personality but there are no other alternatives they could follow: other teachers believed that they punish their pupils due to the stress and frustration they experience. The school environment is poor and lacking all facilities that might be useful for modelling pupils’ behaviour and absorbing the unwanted behaviours. Pupils on the other hand see no justification for their teachers to hit, kick, slap or call them bad names. Some of the pupils mentioned that they have developed sense and feelings of fear, frustration, aggression, low self-esteem, low confidence and lacked motivation for learning as result of the continuous punishment. The study concluded by stressing the issue that a meaningful access to quality education is one that strengthens the promotion of children’s psychological well-being and competencies. The practice of punishment (physical or verbal) on pupils in schools is a reflection of poor teaching and discipline.
Keywords:
Effective teaching/means, corporal/verbal punishment, discipline, psychological well-being, meaningful access, quality education


ABSTRACT

According to criminological literature, victimisation tends to cluster among the same adolescents. Recent American studies have shown that the poly-victimised youth are different in terms of their whole victimisation profile than those children with fewer or no victimisation experiences. In this article poly-victimisation is studied among Finnish sixth and ninth graders (n = 13,459) based on the Finnish Child Victim Survey 2008. The article will answer questions with regard to accumulation of victimisation and its associations with children's psycho-social well-being. The study examines the individual and family level background characteristics which are related to poly-victimisation. The accumulations of these risk factors are analysed with poly-victimised children compared with less or non-victimised children. According to the analysis, poly-victimisation exists among Finnish children and adolescents. In addition, the characteristics indicated as risk factors of victimisation seem to accumulate among poly-victims. With cross-sectional data, no causal conclusions can be made, but poly-victimisation is related to higher levels of psycho-social problems. The results confirm earlier findings of poly-victimisation as a life condition.

Keywords:
Adolescents, child victim survey, children ecological approach, poly-victim, poly victimization, victimization, violence


ABSTRACT

Context:
A considerable proportion of women worldwide are married during childhood. Although many studies have examined early marriage (before age 18), few have compared outcomes or correlates among girls married during different stages of adolescence or have focussed on girls married very early (before age 15).
Methods:
Data from a population-based survey conducted in 2009-2010 in seven Ethiopian regions were used to examine early marriage among 1,671 women aged 20-24. Cross-tabulations and logistic regression were used to compare characteristics and contextual factors among girls married before age 15, at ages 15-17 or at ages 18-19 and to identify factors associated with selected marital outcomes.

Results:
17 percent of respondents had married before age 15 and 30 percent had married at ages 15-17. Most of those who married before age 18 had never been to school. Compared with young women who had married at ages 18-19, those married before age 15 were less likely to have known about the marriage beforehand (odds ratio, 0.2) and more likely to have experienced forced first marital sex (3.8). Educational attainment was positively associated with foreknowledge and wantedness of marriage and with high levels of marital discussions about fertility and reproductive health issues.

Conclusions:
Initiatives addressing the earliest child marriages should focus on girls who have left or never attended school. Given the vulnerability of girls married before age 15, programmes should pay special attention to delaying very early marriages.


ABSTRACT
This study examines sociodemographic characteristics and social-environmental factors associated with bullying during the elementary to middle school transition from a sample of 5th-grade students (n=300) in 3 elementary schools at Time 1. Of these, 237 participated at Time 2 as 6th-grade students. Using cluster analyses, we found groups of students who reported no increase in bullying, some decrease in bullying, and some increase in bullying. Students who reported increases in bullying also reported decreases in school belongingness and teacher affiliation and increases in teacher dissatisfaction. Students who reported decreases in bullying also reported decreases in victimisation. These findings suggest that changes across the transition in students’ relations to school and their teachers are predictive of changes in bullying.

Keywords:
Bullying, cluster analysis, early adolescence, middle school, transition

**ABSTRACT**

Bullying involvement status (i.e., bully, victim, bully-victim) and school adjustment were examined in a sample of 1,389 fifth graders (745 females, 644 male) including 145 special education students who were served in general education classrooms for at least 50 percent of the day. The sample was drawn from 35 rural schools in seven states across all geographic areas of the United States. School adjustment difficulties including internalising and externalising behaviour problems were most pronounced in students who were identified as bully-victims (students who were identified as both victims and perpetrators of bullying). In contrast, bullies tended to have more positive interpersonal characteristics and fewer negative ones than youth who were identified as victims or bully-victims. Furthermore, compared to their nondisabled peers, students who received special education services had elevated rates of involvement as victims and bully-victims, but not as bullies. Implications for intervention are discussed.


**ABSTRACT**

The purpose of this survey was to acquire descriptive information regarding corporal punishment in Tanzania's O-level secondary schools. 448 individuals participated in the study: 254 teachers and 194 students, all from government or private secondary schools in the Iringa Region of Tanzania. In addition, 14 students and 14 teachers were interviewed. It was found that corporal punishment was the most common form of punishment in secondary schools. The majority of teachers supported its continued use, but believed in moderation. The majority of students and teachers were unaware of national laws to restrict corporal punishment. There was agreement between students and teachers that corporal punishment was used for major and minor student offences such as misbehaviour and tardiness. Students reported disliking the practice and believed it was ineffective and resulted in emotional, as well as physical, distress. (Contains 4 tables).

**Descriptors:**
Secondary school students, secondary school teachers, foreign countries, punishment, interviews, teacher attitudes, laws, student attitudes, emotional disturbances, surveys.

**ABSTRACT**

Polyvictimisation (i.e., exposure to multiple forms of victimisation) appears highly correlated with indicators of traumatic stress in children. In this study, a national sample of children and youth were assessed for 36 different kinds of victimisation using the Juvenile Victimisation Questionnaire. Polyvictims were defined as the 10 percent of children experiencing the most different kinds of victimisation in each of 4 developmental cohorts. The younger polyvictims had somewhat fewer victimisations overall, less sexual victimisation, and more victimisation at the hands of family members, particularly siblings. However, polyvictimisation at every developmental level was strongly associated with distress symptoms. This study suggests the importance of assessing for and identifying polyvictims at all ages, including among preschoolers.

**Keywords:**
Child abuse, bullying, sexual abuse, sexual assault, exposure to violence


**ABSTRACT**

**Objective:**
To assess trends in children's exposure to abuse, violence, and crime victimisations.

**Design:**
An analysis based on a comparison of 2 cross-sectional national telephone surveys using identical questions conducted in 2003 and 2008.

**Setting:**
Telephone interview.

**Participants:**
Experiences of children aged 2 to 17 years (2030 children in 2003 and 4046 children in 2008) were assessed through interviews with their caretakers and the children themselves. Outcome Measure Responses to the Juvenile Victimisation Questionnaire.
**Results:**
Several types of child victimisation were reported significantly less often in 2008 than in 2003: physical assaults, sexual assaults, and peer and sibling victimisations, including physical bullying. There were also significant declines in psychological and emotional abuse by caregivers, exposure to community violence, and the crime of theft. Physical abuse and neglect by caregivers did not decline, and witnessing the abuse of a sibling increased.

**Conclusions:**
The declines apparent in this analysis parallel evidence from other sources, including police data, child welfare data, and the National Crime Victimisation Survey, suggesting reductions in various types of childhood victimisation in recent years.


**ABSTRACT**
Polyvictimisation involves experiencing multiple forms of maltreatment or other interpersonal victimisation, and places children at risk for severe psychosocial impairment. Children with psychiatric problems are at risk for polyvictimisation, and polyvictimised child psychiatric inpatients have been found to have particularly severe psychiatric symptoms. Cluster analysis was used to identify a polyvictimised subgroup (N = 22, 8 percent) among 295 outpatient admissions in 2007-2009 to a child psychiatry outpatient clinic, based on chart review of documented maltreatment, parental impairment (history of arrest, psychiatric illness, and substance use), and multiple out-of-home placements. Polyvictimisation was associated with severe parent-reported externalising problems and clinician-rated psychosocial impairment, independent of demographics and psychiatric diagnoses. Posttraumatic stress disorder (PTSD) was the only psychiatric diagnosis associated with polyvictimisation. Polyvictimisation merits further clinical and research assessment with child psychiatry outpatients. Evidence-based PTSD assessment and treatment for polyvictimised children with adaptations to address their severe impairment and externalising problems also warrants empirical evaluation.


**ABSTRACT**
The natural emergence of status hierarchies in adolescent peer groups has long been assumed to help prevent future intragroup aggression. However, clear evidence of this beneficial influence is lacking. In fact, few studies have examined between-group differences in the degree of status
hierarchy (defined as within-group variation in individual status) and how they are related to bullying, a widespread form of aggression in schools. Data from 11,296 eighth- and ninth-graders (mean age = 14.57, 50.6 percent female) from 583 classes in 71 schools were used to determine the direction of the association between classroom degree of status hierarchy and bullying behaviours, and to investigate prospective relationships between these two variables over a 6-month period. Multilevel structural equation modelling analyses showed that higher levels of classroom status hierarchy were concurrently associated with higher levels of bullying at the end of the school year. Higher hierarchy in the middle of the school year predicted higher bullying later in the year. No evidence was found to indicate that initial bullying predicted future hierarchy. These findings highlight the importance of a shared balance of power in the classroom for the prevention of bullying among adolescents.


ABSTRACT

Whether cases of bullying should be handled in a direct, condemning mode or in a manner that does not involve blaming the perpetrator is a controversial issue among school professionals. This study compares the effectiveness of a Confronting Approach where the bully is openly told that his behaviour must cease immediately to a Non-Confronting Approach where the adult shares his concern about the victim with the bully and invites him to provide suggestions on what could improve the situation. We analysed 339 cases of bullying involving 314 children from grades 1 to 9 (mean age = 11.95). Cases were handled in 65 schools as part of the implementation of the KiVa antibullying programme. In each school, a team of three teachers addressed cases coming to their attention by organising discussions with the bullies using either a Confronting or a Non-Confronting Approach; schools were randomly assigned to one of the two conditions. Victims reported that bullying stopped in 78 percent of the cases. Logistic regression analyses indicated that neither approach was overall more effective than the other, controlling for grade level, duration of victimisation and type of aggression. The Confronting Approach worked better than the Non-Confronting Approach in secondary school (grades 7 to 9), but not in primary school (grades 1 to 6). The Confronting Approach was more successful than the Non-Confronting Approach in cases of short-term victimisation, but not in cases of long-term victimisation. The type of aggression used did not moderate the effectiveness of either approach.

**ABSTRACT**

Spanking remains a common, if controversial, childrearing practice in the United States. In this article, I pair mounting research indicating that spanking is both ineffective and harmful with professional and human rights opinions disavowing the practice. I conclude that spanking is a form of violence against children that should no longer be a part of American childrearing.


**ABSTRACT**

This study examined the associations of 11 discipline techniques with children's aggressive and anxious behaviours in an international sample of mothers and children from 6 countries and determined whether any significant associations were moderated by mothers' and children's perceived normativeness of the techniques. Participants included 292 mothers and their 8- to 12-year-old children living in China, India, Italy, Kenya, Philippines, and Thailand. Parallel multilevel and fixed effects models revealed that mothers' use of corporal punishment, expressing disappointment, and yelling were significantly related to more child aggression symptoms, whereas giving a time-out, using corporal punishment, expressing disappointment, and shaming were significantly related to greater child anxiety symptoms. Some moderation of these associations was found for children's perceptions of normativeness.


**ABSTRACT**

This study examined whether the longitudinal links between mothers' use of spanking and children's externalising behaviours are moderated by family race/ethnicity, as would be predicted by cultural normativeness theory, once mean differences in frequency of use are controlled. A nationally representative sample of White, Black, Hispanic, and Asian American families (n = 11,044) was used to test a cross-lagged path model from 5 to 8 years old. While race/ethnic
differences were observed in the frequency of spanking, no differences were found in the associations of spanking and externalising over time: early spanking predicted increases in children's externalising while early child externalising elicited more spanking over time across all race/ethnic groups.


ABOUT THE BOOK

This Brief reviews the past, present, and future use of school corporal punishment in the United States, a practice that remains legal in 19 states as it is constitutionally permitted according to the U.S. Supreme Court. As a result of school corporal punishment, nearly 200,000 children are paddled in schools each year. Most Americans are unaware of this fact or the physical injuries sustained by countless school children who are hit with objects by school personnel in the name of discipline. Therefore, Corporal Punishment in U.S. Public Schools begins by summarising the legal basis for school corporal punishment and trends in Americans’ attitudes about it. It then presents trends in the use of school corporal punishment in the United States over time to establish its past and current prevalence. It then discusses what is known about the effects of school corporal punishment on children, though with so little research on this topic, much of the relevant literature is focussed on parents’ use of corporal punishment with their children. It also provides results from a policy analysis that examines the effect of state-level school corporal punishment bans on trends in juvenile crime. It concludes by discussing potential legal, policy, and advocacy avenues for abolition of school corporal punishment at the state and federal levels as well as summarising how school corporal punishment is being used and what its potential implications are for thousands of individual students and for the society at large. As school corporal punishment becomes more and more regulated at the state level, Corporal Punishment in U.S. Public Schools serves an essential guide for policymakers and advocates across the country as well as for researchers, scientist-practitioners, and graduate students.


ABSTRACT

This exploratory study investigated the functions served by corporal punishment as perceived by high school students in a developing country. A qualitative research design was used. Participants were a convenient sample of five high school students. Data were collected using the focus group interview technique. Results show that adolescents have contesting views on the functions served
by corporal punishment in school. Adolescents' perspectives coalesced into three main conceptual spheres namely: hedonistic/sadistic, regulatory and instrumental functions. Teachers and other professionals, whose mandate is the welfare of adolescents, need to recognise the influence and importance of adolescent perspectives on functions served by corporal punishment.

**Keywords:**
Adolescents, corporal punishment, children's rights, perspectives, high school


**ABSTRACT**

Research on school-based prevention suggests that the success of prevention programmes depends on whether they are implemented as intended. In antibullying programme evaluations, however, limited attention has been paid to implementation fidelity. The present study fills in this gap by examining the link between the implementation of the KiVa antibullying programme and outcome. With a large sample of 7413 students (7-12 years) from 417 classrooms within 76 elementary schools, we tested whether the degree of implementation of the student lessons in the KiVa curriculum was related to the effectiveness of the programme in reducing bullying problems in classrooms. Results of multilevel structural equation modelling revealed that after nine months of implementation, lesson adherence as well as lesson preparation time (but not duration of lessons) were associated with reductions in victimisation at the classroom level. No statistically significant effects, however, were found for classroom-level bullying. The different outcomes for victimisation and bullying as well as the importance of documenting programme fidelity are discussed.

**Keywords:**
Antibullying programme, bullying, evaluation, fidelity, implementation, victimization

42. Harris, A. 2017. “Health Behaviour in School-Aged Children (HBSC) 2001-2010 and Multiple Indicator Cluster Surveys (MICS) 4 and 5 Datasets” (Paper submitted to the Know Violence initiative)

*No abstract available*
ABSTRACT

Objective:
To fill gaps in the bystander literature by describing patterns of bystander involvement and associations between bystander involvement and victim outcomes across different types of emotional, physical, and sexual victimisations and to expand these considerations to a rural rather than urban sample.

Method:
Adults and adolescents (n = 1,703) were surveyed about bystander actions, bystander safety, and victim outcomes (injury, disrupted routine, fear level, and current mental health) for 10 forms of victimisation.

Results:
Bystanders were present for roughly 2 thirds of most victimisation types (59 percent to 67 percent), except sexual victimisation (17 percent). Relatives were the most common bystanders of family violence and friends or acquaintances were the most common bystanders of peer violence. For all 10 victimisations, more bystanders helped than harmed the situation, but most commonly had no impact. Rates of bystander harm for sexual victimisations were higher than for other types. Especially for peer-perpetrated incidents, victim outcomes were often better when bystanders helped. Bystander safety (unharmed and unthreatened) was consistently associated with better victim outcomes.

Conclusions:
Bystanders witness the majority of physical and psychological victimisations. These data lend support to the premise of many prevention programmes that helpful bystanders are associated with more positive victim outcomes. Bystander prevention should focus on the type of bystanders most commonly present and should teach bystanders ways to stay safe while helping victims.

ABSTRACT

Background:
Multiple approaches exist, both in theory and in practice, to reduce young people's risk of violent victimisation when they are in school. Among these approaches, a growing number of school districts are choosing to install metal detectors. We sought to review the literature available on the impacts of metal detectors on school violence and perceptions about school violence.

Methods:
We conducted an extensive literature search, including databases for the medical, public health, sociology, and political science literature. Of 128 papers that met our search criteria, 7 studies met inclusion criteria for the literature review.

Results:
Each of the papers reviewed utilised data that originated from self-report surveys. Four of the studies consisted of secondary analyses of national databases, with the other 3 utilising local surveys. The studies varied as to the outcome, ranging from student/staff perceptions of safety at school to student self-reports of weapon carrying and/or victimisation, and showed mixed results. Several studies suggested potential detrimental effects of metal detectors on student perceptions of safety. One study showed a significant beneficial effect, linking metal detector use to a decrease in the likelihood that students reported carrying a weapon while in school (7.8 percent vs 13.8 percent), without a change in weapon carrying in other settings or a decline in participation in physical fights.

Conclusions:
There is insufficient data in the literature to determine whether the presence of metal detectors in schools reduces the risk of violent behaviour among students, and some research suggests that the presence of metal detectors may detrimentally impact student perceptions of safety.


ABSTRACT

The adverse effect of harsh corporal punishment on mental health and psychosocial functioning in children has been repeatedly suggested by studies in industrialised countries. Nevertheless,
corporal punishment has remained common practice not only in many homes, but is also regularly practiced in schools, particularly in low-income countries, as a measure to maintain discipline. Proponents of corporal punishment have argued that the differences in culture and industrial development might also be reflected in a positive relationship between the use of corporal punishment and improving behavioural problems in low-income nations. In the present study we assessed the occurrence of corporal punishment at home and in school in Tanzanian primary school students. We also examined the association between corporal punishment and externalising problems. The 409 children (52 percent boys) from grade 2 to 7 had a mean age of 10.49 (SD=1.89) years. Nearly all children had experienced corporal punishment at some point during their lifetime both in family and school contexts. Half of the respondents reported having experienced corporal punishment within the last year from a family member. A multiple sequential regression analysis revealed that corporal punishment by parents or by caregivers was positively related to children's externalising problems. The present study provides evidence that Tanzanian children of primary school age are frequently exposed to extreme levels of corporal punishment, with detrimental consequences for externalising behaviour. Our findings emphasise the need to inform parents, teachers and governmental organisations, especially in low-income countries, about the adverse consequences of using corporal punishment be it at home or at school.

**Keywords:**
Aggressive behaviour, children, corporal punishment, externalising problems, sub-saharan Africa, Tanzania


**ABSTRACT**

Bullying and peer victimisation in school are serious concerns for students, parents, teachers, and school officials in the U.S. and around the world. This article reviews risk factors associated with bullying and peer victimisation in school within the context of Bronfenbrenner's ecological framework. This review integrates empirical findings on the risk factors associated with bullying and peer victimisation within the context of micro- (parent-youth relationships, inter-parental violence, relations with peers, school connectedness, and school environment), meso- (teacher involvement), exo- (exposure to media violence, neighbourhood environment), macro- (cultural norms and beliefs, religious affiliation), and chronosystem (changes in family structure) levels. Theories that explain the relationships between the risk factors and bullying behaviour are also included. We then discuss the efficacy of the current bullying prevention and intervention programmes, which is followed by directions for future research.

**ABSTRACT**

Using data from a national survey (N = 6,979) of young people in their last year in Norwegian secondary schools in 2007 (aged 18 and 19), this paper examines the effect of experience of violence including sexual abuse during childhood (before the age of 13) on the later academic achievement of young people. This investigation includes three types of violence: non-physical, physical and sexual, and two types of victimisation: being abused and witness to abuse. First we investigate the relationship between the experience of various violent acts before the age of 13 and young people’s later academic achievement. Second, applying the structural equation modelling technique, we take into account the effect of background factors such as parents’ educational attainment and gender, and the effect of mediating factors such as social capital and educational motivation on the academic achievement of the young victims. The results show that exposure to violence during childhood not only directly influences young people’s educational outcomes but also exerts indirect influences on their achievement through its impact on young victims’ social relations and psychological health.

**Keywords:** Academic achievement, violence and sexual abuse against children, family, socio-economic status, social capital, psychological health, structural equation modelling (LISREL)


**ABSTRACT**

A literature overview is presented on the influence of eyeglasses on children’s perceptions. Children’s stereotypes of eyeglass wearers were mostly negative, but included smartness. Glasses were of relatively low importance in person categorisation. Eyeglasses seemed non-destructive for global self-esteem, but negatively affected self-perceptions of physical appearance. Additionally, particularly older, urban children showed non-compliance, which probably indicates a dislike of glasses. It was concluded that children have negative and positive stereotypes of peers with eyeglasses. Wearing eyeglasses can negatively affect physical self-esteem.

**Keywords:** Spectacles, stereotype, self-esteem, review, youth

ABSTRACT

Background:
Rape perpetration is under-researched. In this study, we aimed to describe the prevalence of, and factors associated with, male perpetration of rape of non-partner women and of men, and the reasons for rape, from nine sites in Asia and the Pacific across six countries: Bangladesh, China, Cambodia, Indonesia, Papua New Guinea, and Sri Lanka.

Methods:
In this cross-sectional study, undertaken in January 2011-December 2012, for each site we chose a multistage representative sample of households and interviewed one man aged 18-49 years from each. Men self-completed questionnaires about rape perpetration. We present multinomial regression models of factors associated with single and multiple perpetrator rape and multivariable logistic regression models of factors associated with perpetration of male rape with population-attributable fractions.

Findings:
We interviewed 10,178 men in our study (815-1812 per site). The prevalence of non-partner single perpetrator rape varied between 2.5 percent (28/1131; rural Bangladesh) and 26.6 percent (225/846; Bougainville, Papua New Guinea), multiple perpetrator rape between 1.4 percent (18/1246; urban Bangladesh) and 14.1 percent (119/846; Bougainville, Papua New Guinea), and male rape between 1.5 percent (13/880; Jayapura, Indonesia) and 7.7 percent (65/850; Bougainville, Papua New Guinea). 57.5 percent (587/1022) of men who raped a non-partner committed their first rape as teenagers. Frequent reasons for rape were sexual entitlement (666/909; 73.3 percent, 95 percent CI 70.3-76.0), seeking of entertainment (541/921; 58.7 percent, 55.0-62.4), and as a punishment (343/905; 37.9 percent, 34.5-41.4). Alcohol was a factor in 249 of 921 cases (27.0 percent, 95 percent CI 24.2-30.1). Associated factors included poverty, personal history of victimisation (especially in childhood), low empathy, alcohol misuse, masculinities emphasising heterosexual performance, dominance over women, and participation in gangs and related activities. Only 443 of 1933 men (22.9 percent, 95 percent CI 20.7-25.3) who had committed rape had ever been sent to prison for any period.

Interpretation:
Rape perpetration committed by men is quite frequent in the general population in the countries studied, as it is in other countries where similar research has been undertaken, such as South Africa. Prevention of rape is essential, and interventions must focus on childhood and
adolescence, and address culturally rooted male gender socialisation and power relations, abuse in childhood, and poverty.

**Funding:**
Partners for Prevention—a UN Development Programme, UN Population Fund, UN Women, and UN Volunteers regional joint programme for gender-based violence prevention in Asia and the Pacific; UN Population Fund Bangladesh and China; UN Women Cambodia and Indonesia; United Nations Development Programme in Papua New Guinea and Pacific Centre; and the Governments of Australia, the UK, Norway, and Sweden.


**ABSTRACT**

**Objective:**
To describe prevalence of childhood experiences of adversity in rural South African youth and their associations with health outcomes.

**Methods:**
We analysed questionnaires and blood specimens collected during a baseline survey for a cluster randomized controlled trial of behavioural intervention, and also tested blood HIV and herpes simplex type 2 virus at 12 and 24 month follow up; 1,367 male and 1,415 female volunteers were recruited from 70 rural villages.

**Results:**
Both women and men before 18 had experienced physical punishment (89.3 percent and 94.4 percent), physical hardship (65.8 percent and 46.8 percent), emotional abuse (54.7 percent and 56.4 percent), emotional neglect (41.6 percent and 39.6 percent), and sexual abuse (39.1 percent and 16.7 percent). Incident HIV infections were more common in women who experienced emotional abuse (IRR 1.96, 95 percent CI 1.25, 3.06, p=0.003), sexual abuse (IRR 1.66 95 percent CI 1.04, 2.63, p=0.03), and physical punishment (IRR 2.13 95 percent CI 1.04, 4.37, p=0.04). Emotional neglect in women was associated with depression (aOR 1.82 (95 percent CI 1.15, 2.88, p= 0.01), suicidality (aOR 5.07 (95 percent CI 2.07, 12.45, p<0.0001), alcohol abuse (aOR 2.17 (95 percent CI 0.99, 4.72, p=0.05), and incident HSV2 infections (IRR 1.62, 95 percent CI 1.01, 2.59, p=0.04). In men emotional neglect was associated with depression (aOR 3.41 (95 percent CI 11.87, 6.20, p<0.0001) and drug use (aOR 1.98 (95 percent CI 1.37, 2.88, p<0.0001). Sexual abuse was associated with alcohol abuse in men (aOR 3.68 (95 percent CI 2.00, 6.77, p<0.0001) and depression (aOR 2.16 (95 percent CI 11.34, 3.48, p=0.002) and alcohol abuse in women (aOR 3.94 (95 percent CI 1.90, 8.17, p<0.0001).
Practice Implications:
Childhood exposure to adversity is very common and influences the health of women and men. All forms of adversity, emotional, physical and sexual, enhance the risk of adverse health outcomes in men and women. Prevention of child abuse need to be included as part of the HIV prevention agenda in Sub-Saharan Africa. Interventions are needed to prevent emotional, sexual, and physical abuse and responses from health and social systems in Africa to psychologically support exposed children must be strengthened.


ABSTRACT

Objective:
The current study examines an increase in youth online harassment over the last decade in order to better explore the implications of the trend for prevention initiatives.

Method:
The Youth Internet Safety Surveys (YISSs) involved 3 crosssectional, nationally representative telephone surveys of 4,561 youth Internet users, ages 10 to 17, in 2000 (n = 1,501), 2005 (n = 1,500), and 2010 (n = 1,560). Results: The increase in youth online harassment from 6 percent in 2000 to 11 percent in 2010 was driven primarily by a rise in indirect harassment—someone posting or sending comments to others about them online. Girls made up an increasing proportion of victims: 69 percent of victims were girls in 2010 compared with 48 percent in 2000. Furthermore, in comparison with earlier in the decade, harassment incidents in 2010 were more likely to come from a school friend or acquaintance and occur on a social networking site. Victims reported disclosing harassment incidents to school staff at greater rates in 2010 than in 2005 or 2000.

Conclusions:
The increase in online harassment can likely be attributed to changes in how youth are using the Internet, especially a disproportional increase in online communication with friends by girls, providing more opportunity for offline peer conflicts to expand to this environment. School-based prevention programmes aimed at improving peer relationships and reducing bullying are recommended to reduce online harassment.

Keywords:
Online harassment, bullying, Internet safety, trends

**ABSTRACT**

Bullying is a pervasive problem affecting school-age children. Reviewing the latest findings on bullying perpetration and victimisation, we highlight the social dominance function of bullying, the inflated self-views of bullies, and the effects of their behaviours on victims. Illuminating the plight of the victim, we review evidence on the cyclical processes between the risk factors and consequences of victimisation and the mechanisms that can account for elevated emotional distress and health problems. Placing bullying in context, we consider the unique features of electronic communication that give rise to cyberbullying and the specific characteristics of schools that affect the rates and consequences of victimisation. We then offer a critique of the main intervention approaches designed to reduce school bullying and its harmful effects. Finally, we discuss future directions that underscore the need to consider victimisation a social stigma, conduct longitudinal research on protective factors, identify school context factors that shape the experience of victimisation, and take a more nuanced approach to school-based interventions.


**ABSTRACT**

We examined whether the bystanders’ behaviours in bullying situations influence vulnerable students’ risk for victimisation. The sample consisted of 6,980 primary school children from Grades 3-5, who were nested within 378 classrooms in 77 schools. These students filled out Internet-based questionnaires in their schools’ computer labs. The results from multilevel models indicated that the associations between victimisation and its two risk factors—social anxiety and peer rejection—were strongest in classrooms that were high in reinforcing bullying and low in defending the victims. This suggests that bystanders’ behaviours in bullying situations moderate the effects of individual and interpersonal risk factors for victimisation. Influencing these behaviours might be an effective way to protect vulnerable children from victimisation.


**ABSTRACT**

This study demonstrates the effectiveness of the KiVa antibullying programme using a large sample of 8,237 youth from Grades 4-6 (10-12 years). Altogether, 78 schools were randomly
assigned to intervention (39 schools, 4,207 students) and control conditions (39 schools, 4,030 students). Multilevel regression analyses revealed that after 9 months of implementation, the intervention had consistent beneficial effects on 7 of the 11 dependent variables, including self- and peer-reported victimisation and self-reported bullying. The results indicate that the KiVa programme is effective in reducing school bullying and victimisation in Grades 4-6. Despite some evidence against school-based interventions, the results suggest that well-conceived school-based programmes can reduce victimisation.


ABSTRACT

This study investigated the effects of a gender-based violence (GBV) educational curriculum on improving male attitudes toward women and increasing the likelihood of intervention if witnessing GBV, among adolescent boys in Nairobi, Kenya. In total, 1,543 adolescents participated in this comparison intervention study: 1,250 boys received six 2-hr sessions of the "Your Moment of Truth" (YMOT) intervention, and 293 boys comprised the standard of care (SOC) group. Data on attitudes toward women were collected anonymously at baseline and 9 months after intervention. At follow-up, boys were also asked whether they encountered situations involving GBV and whether they successfully intervened. Compared with baseline, YMOT participants had significantly higher positive attitudes toward women at follow-up, whereas scores for SOC participants declined. At follow-up, the percentage of boys who witnessed GBV was similar for the two groups, except for physical threats, where the intervention group reported witnessing more episodes. The percentage of boys in the intervention group who successfully intervened when witnessing violence was 78 percent for verbal harassment, 75 percent for physical threat, and 74 percent for physical or sexual assault. The percentage of boys in the SOC group who successfully intervened was 38 percent for verbal harassment, 33 percent for physical threat, and 26 percent for physical or sexual assault. Results from the logistic regression demonstrate that more positive attitudes toward women predicted whether boys in the intervention group would intervene successfully when witnessing violence. This standardised 6-week GBV training programme is highly effective in improving attitudes toward women and increasing the likelihood of successful intervention when witnessing GBV.

Keywords:
Adolescent boys, gender-based violence, sexual assault, sexual violence prevention
Bullying is shown to be associated with adverse outcomes in cross-sectional studies, but only a few studies have prospectively examined the effects of childhood bullying on adult outcomes. Our Series paper focuses on prospective longitudinal studies that used large, population-based, community samples analysed through quantitative methods and published between 1960 and 2015. We describe the results of childhood bullying in adulthood in three of the most burdensome areas: psychopathology, suicidality, and criminality. We note that the different groups involved (i.e., victims, bullies, and bully-victims) are at risk of difficulties later in life, but their risk profiles differ and the contributions are probably not independent. Controlling for confounders reduces the risk and sometimes eliminates it. Victims are at a high risk of internalising disorders. Bullies seem to be at risk of later externalising disorders and criminality, mainly violent crime and illicit drug misuse. Bully-victims seem to be at risk of internalising disorders, externalising disorders, and criminality, but not all studies examined bully-victims as a separate group. Boys and girls differ in their long-term outcomes. A dose effect exists in which frequent bullying involvement in childhood is most strongly associated with adult adversities. Future studies need to control for additional factors (including genetic, psychosocial, and environmental) to account for the mechanisms behind the reported longitudinal associations.
**ABSTRACT**

**Background:**
Violence during childhood may affect short and long-term educational factors. There is scant literature on younger children from resource poor settings.

**Methods:**
This study assessed child violence experiences (harsh punishment and exposure to domestic or community violence) and school enrolment, progress and attendance in children attending community-based organisations in South Africa and Malawi (n=989) at baseline and at 15 months' follow-up, examining differential experience of HIV positive, HIV affected and HIV unaffected children.

**Results:**
Violence exposure was high: 45.4 percent experienced some form of psychological violence, 47.8 percent physical violence, 46.7 percent domestic violence and 41.8 percent community violence. Primary school enrolment was 96 percent. Violence was not associated with school enrolment at baseline but, controlling for baseline, children exposed to psychological violence for discipline were more than ten times less likely to be enrolled at follow-up (OR 0.09; 95 percent CI 0.01 to 0.57). Harsh discipline was associated with poor school progress. For children HIV positive a detrimental effect of harsh physical discipline was found on school performance (OR 0.10; 95 percent CI 0.02 to 0.61).

**Conclusions:**
Violence experiences were associated with a number of educational outcomes, which may have long-term consequences. Community-based organisations may be well placed to address such violence, with a particular emphasis on the challenges faced by children who are HIV positive.

**Keywords:**
Children and young people, educational outcomes, Malawi, maltreatment, South Africa, violence

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**ABSTRACT**

The purpose of this research was to investigate the associations between students’ bullying behaviours in Islamic private schools, Pattani province and classroom management factors (democracy, authoritarian, and permissive classroom management), family upbringing factors (strict, permissive, and democracy upbringing), environment violence factors (influence of peers violence, community violence, and parents violence), and to identify risk factors for bullying behaviours. A cross-sectional survey was conducted among 1,500 students were interviewed to collect relevant data by using a screening inventory for students at risk of exposure to bullying behaviour in Islamic private schools (Laeheem and Sungkharat, 2012). Pearson Product-moment correlation test was used to analyse the associations between bullying outcome and various determinants linked to classroom management factors, family upbringing factors, and environment violence factors. Multiple linear regression analysis was used to identify risk factors for bullying. The study indicated that there were significant associations between bullying behaviour and authoritarian classroom management, strict upbringing, influence of peers violence, and influence of parents violence. The influence of parents violence was clearly the most strongly associated predictors in explaining the students bullying behaviour (Beta value= 2.26). The strict upbringing, authoritarian classroom management, and influence of peers violence were also made some contribution in explaining the variance in the students bullying behaviour (Beta value= 1.93, 0.23, and -3.27), respectively.

**Keywords:**
Bullying behaviour, Islamic private schools, classroom management factors, family upbringing factors, and environment violence factors


**ABSTRACT**

Cyberbullying is a reality of the digital age. To address this phenomenon, it becomes imperative to understand exactly what cyberbullying is. Thus, establishing a workable and theoretically sound definition is essential. This article contributes to the existing literature in relation to the definition of cyberbullying. The specific elements of repetition, power imbalance, intention, and aggression, regarded as essential criteria of traditional face-to-face bullying, are considered in the cyber context. It is posited that the core bullying elements retain their importance and applicability in relation to cyberbullying. The element of repetition is in need of redefining, given the public nature of material in the online environment. In this article, a clear distinction between direct and indirect cyberbullying is made and a model definition of cyberbullying is offered. Overall, the
analysis provided lends insight into how the essential bullying elements have evolved and should apply in our parallel cyber universe.


**ABSTRACT**

The present study examined the prevalence and country-level correlates of 11 responses to children's behaviour, including nonviolent discipline, psychological aggression, and physical violence, as well as endorsement of the use of physical punishment, in 24 countries using data from 30,470 families with 2- to 4-year-old children that participated in UNICEF’s Multiple Indicator Cluster Survey. The prevalence of each response varied widely across countries, as did the amount of variance accounted for by country in relation to each response. Country-level indicators of life expectancy, educational attainment, and economic well-being were related to several responses to children's behaviour. Country-level factors are widely related to parents' methods of teaching children good behaviour and responding to misbehaviour.


**ABSTRACT**

Bullying victimisation is associated with mental health of adolescents. The purpose of this study is to develop a reliable and valid scale, which determines victimisation behaviours (including traditional and cyberbullying victimisation) among school students. A total of 1,424 adolescents (54.9 percent female, mean age = 14.7, SD= 1.9) enrolled in two middle and two high schools in Hanoi and Hai Duong province completed self-administered questionnaires in 2014. Results of principal component analysis indicated that two factors emerged which accounted for 58.0 percent of the total variance. For predictive validity, results showed high correlations between mean score of victimisation and gender, age, depressive syndromes, psychological distress, and suicidal ideation. Internal consistency coefficients for reliability of cyberbullying victimisation and traditional bullying victimisation subscales were 0.92 and 0.73 respectively, and 0.85 for the whole scale. Results demonstrate the traditional and cyberbullying victimisation scale is a valid and reliable instrument.

ABSTRACT

This study first investigated the prevalence of emotional and physical maltreatment by teachers in South Korea and then identified factors that predict student maltreatment by teachers. Specific areas of interest were the associations between student demographic characteristics (gender and grade level), family (economic status), and school experience (academic performance and student-teacher relationships) and how these characteristics were related to student maltreatment. Data were obtained by questionnaire from a random sample of 1,777 students in middle schools in Seoul, the largest metropolitan area, and its surrounding province, Gyeonggi-Do. Questionnaires were completed during school time. All information was collected anonymously. Of those surveyed, 18.2 percent reported emotional maltreatment by teachers and 24.3 percent physical maltreatment. Overall, 30.7 percent reported being emotionally or physically mistreated by teachers at least once in the previous year. Hierarchical regression analysis showed that gender, family economic status, academic performance, and student-teacher relationships were predictors of student maltreatment by teachers. The results have practical and policy implications for the design of programmes that will result in altering abusive teacher classroom behaviour.

Keywords:
Academic performance, confucian culture, family economic status, South Korea, student-teacher relationships, teacher-student maltreatment


ABSTRACT

Chronic victimisation negatively affects mental health, making it crucial to understand the key predictive social health (e.g., loneliness, isolation) factors. Evidence suggests that the effects of victimisation are worse over the transition from primary to secondary school. Longitudinal data from 1810 students transitioning were used to identify victimisation trajectory groups, classified as low increasing, low stable, medium stable, and not bullied. Adolescents with poorer social health were more likely to be in the increasing and stable victimised group than in the not bullied group. Students in the low increasing victimised group had poorer mental health outcomes than those in the stable and not bullied groups. The results of this study have important implications for the type and timing of school-based interventions aimed at reducing victimisation and the harms caused by long-term exposure.
Keywords:
Anxiety, connectedness, depression, loneliness, peer support, safety, victimisation


**ABSTRACT**

Many children across the world are exposed to school violence, which undermines their right to education and adversely affects their development. Studies of interventions for school violence suggest that it can be prevented. However, this evidence base is challenging to navigate. We completed a systematic review of interventions to reduce four types of school violence: (a) peer violence; (b) corporal punishment; (c) student-on-teacher violence and (d) teacher-on-student violence. Reviewers independently searched databases and journals. Included studies were published between 2005 and 2015, in English, and considered school-based interventions for children and measured violence as an outcome. Many systematic reviews were found, thus we completed a systematic review of systematic reviews. Only systematic reviews on interventions for intimate partner violence (IPV) and peer aggression were found. These reviews were generally of moderate quality. Research on both types of violence was largely completed in North America. Only a handful of programmes demonstrate promise in preventing IPV. Cognitive behavioural, social-emotional and peer mentoring/mediation programmes showed promise in reducing the levels of perpetration of peer aggression. Further research needs to determine the long-term effects of interventions, potential moderators and mediators of programme effects, programme effects across different contexts and key intervention components.

Keywords:
Systematic review, intimate partner violence, peer aggression, school violence, school-based


**ABSTRACT**

In both schools and homes, information and communication technologies (ICT) are widely seen as enhancing learning, this hope fuelling their rapid diffusion and adoption throughout developed societies. But they are not yet so embedded in the social practices of everyday life as to be taken for granted, with schools proving slower to change their lesson plans than they were to fit computers in the classroom. This article examines two possible explanations - first, that convincing evidence of improved learning outcomes remains surprisingly elusive, and second, the unresolved debate over whether ICT should be conceived of as supporting delivery of a traditional or a radically different vision of pedagogy based on soft skills and new digital
literacies. The difficulty in establishing traditional benefits, and the uncertainty over pursuing alternative benefits, raises fundamental questions over whether society really desires a transformed, technologically-mediated relation between teacher and learner.


**ABSTRACT**

Taking the UN Convention on the Rights of the Child as a starting point for evidence-based policy regarding children’s rights in the digital age, we offer a global research agenda designed to produce evidence of value for policy-makers working to promote children’s rights. Informed by research reviews and interviews with international stakeholders, four priorities for theory and evidence are identified: (1) the provision of opportunities that confer benefit, recognising that this may be defined diversely according to the cultural context, (2) the protection of children from risk of harm, including understanding the relation between vulnerability and resilience, (3) the balance between risk and opportunities, especially to allow for children’s participation even in risky opportunities and (4) the framing of the research agenda (in terms of concepts, design, measures and priorities) and the evaluation of policies and initiatives in collaboration with researchers and practitioners from the global South.

**Keywords:**
Children’s rights, UN Convention on the Rights of the Child, online opportunities, online risks, global and comparative, research agenda, evidence-based policy, global South


**ABSTRACT**

**Aims and Scope:**
The usage of mobile phones and the internet by young people has increased rapidly in the past decade, approaching saturation by middle childhood in developed countries. Besides many benefits, online content, contact or conduct can be associated with risk of harm; most research has examined whether aggressive or sexual harms result from this. We examine the nature and prevalence of such risks, and evaluate the evidence regarding the factors that increase or protect against harm resulting from such risks, so as to inform the academic and practitioner knowledge base. We also identify the conceptual and methodological challenges encountered in this relatively new body of research, and highlight the pressing research gaps.
Methods:
Given the pace of change in the market for communication technologies, we review research published since 2008. Following a thorough bibliographic search of literature from the key disciplines (psychology, sociology, education, media studies, and computing sciences), the review concentrates on recent, high-quality empirical studies, contextualising these within an overview of the field.

Findings:
Risks of cyberbullying, contact with strangers, sexual messaging (‘sexting’) and pornography generally affect fewer than one in five adolescents. Prevalence estimates vary according to definition and measurement, but do not appear to be rising substantially with increasing access to mobile and online technologies, possibly because these technologies pose no additional risk to offline behaviour, or because any risks are offset by a commensurate growth in safety awareness and initiatives. While not all online risks result in self-reported harm, a range of adverse emotional and psychosocial consequences is revealed by longitudinal studies. Useful for identifying which children are more vulnerable than others, evidence reveals several risk factors: personality factors (sensation-seeking, low self-esteem, psychological difficulties), social factors (lack of parental support, peer norms) and digital factors (online practices, digital skills, specific online sites).

Conclusions:
Mobile and online risks are increasingly intertwined with pre-existing (offline) risks in children’s lives. Research gaps, as well as implications for practitioners, are identified. The challenge is now to examine the relations among different risks, and to build on the risk and protective factors identified to design effective interventions.

Keywords:
Cyberbullying, child harm protection, cyber-aggression, internet, online and mobile technologies, risk factors, sexual messaging and pornography


ABSTRACT

Objectives:
Childhood obesity and bullying are both pervasive public health problems. The objective of this study was to determine the relationship between childhood obesity and being bullied in third, fifth, and sixth grades while testing for potential confounding and moderation.
Methods:
A total of 821 children who were participating in the Eunice Kennedy Shriver National Institute of Child Health and Human Development Study of Early Child Care and Youth Development (50 percent male, 81 percent white, 17 percent obese, 15 percent overweight in third grade) were studied. Generalised estimating equations were used to evaluate the relationship between child weight status and the odds of being bullied as reported by child, mother, and teacher, accounting for repeated measures and adjusting for grade level in school, child gender, child race, family income-to-needs ratio, school racial and socioeconomic composition, and mother- and teacher-reported child social skills and child academic achievement.

Results:
In sixth grade, 33.9 percent, 44.5 percent, and 24.9 percent of the children were reported to be bullied per teacher-, mother-, and self-report, respectively. There was a significant independent association between being obese and being bullied (odds ratio: 1.63 [95 percent confidence interval: 1.18-2.25]). The relationship between being obese and being bullied was attenuated but not eliminated by all covariates except gender. The relationship was not moderated by any of the covariates.

Conclusions:
Children who are obese are more likely to be bullied, regardless of a number of potential sociodemographic, social, and academic confounders. No protective factors were identified. Effective interventions to reduce bullying of obese children need to be identified.


ABSTRACT
Intimate partner violence (IPV) and sexual violence (SV) are widespread among adolescents and place them on a lifelong trajectory of violence, either as victims or perpetrators. The aim of this review was to identify effective approaches to prevent adolescent IPV and SV and to identify critical knowledge gaps. The interventions reviewed in this article reflect the global focus on interventions addressing violence perpetrated by men against women in the context of heterosexual relationships. Interventions for girls and boys (10-19 years) were identified through electronic searches for peer-reviewed and gray literature such as reports and research briefs. Studies were excluded if they were published before 1990 or did not disaggregate participants and results by age. Programmes were classified as "effective," "emerging," "ineffective," or "unclear" based on the strength of evidence, generalisability of results to developing country settings, and replication beyond the initial pilot. Programmes were considered "effective" if they were evaluated with well-designed studies, which controlled for threats to validity through
randomisation of participants. A review of 142 articles and documents yielded 61 interventions, which aimed to prevent IPV and SV among adolescents. These were categorised as "parenting" (n = 8), "targeted interventions for children and adolescents subjected to maltreatment" (n = 3), "school based" (n = 31; including 10 interventions to prevent sexual assault among university students), "community based" (n = 16), and "economic empowerment" (n = 2). The rigour of the evaluations varies greatly. A good number have relatively weak research designs, short follow-up periods, and low or unreported retention rates. Overall, there is a lack of robust standardised measures for behavioural outcomes. Three promising approaches emerge. First, school-based dating violence interventions show considerable success. However, they have only been implemented in high-income countries and should be adapted and evaluated in other settings. Second, community-based interventions to form gender equitable attitudes among boys and girls have successfully prevented IPV or SV. Third, evidence suggests that parenting interventions and interventions with children and adolescents subjected to maltreatment hold promise in preventing IPV or SV by addressing child maltreatment, which is a risk factor for later perpetration or experience of IPV or SV. Results suggest that programmes with longer term investments and repeated exposure to ideas delivered in different settings over time have better results than single awareness-raising or discussion sessions. However, lack of rigorous evidence limits conclusions regarding the effectiveness of adolescent IPV and SV prevention programmes and indicates a need for more robust evaluation.

**Keywords:**
Adolescents, dating violence, gender norms, gender-based violence, intimate partner violence, rape, sexual violence


**ABSTRACT**

This article analysed the views of the stakeholders towards the administration of corporal punishment in Zimbabwean schools, with Bulawayo as a Case Study. The use of corporal punishment may pose both negative and positive effects in the Zimbabwean education system whereas the complete negation of corporal punishment has its own detrimental and positive effects as well. In rigorous efforts to establish child friendly schools in Zimbabwe, where children are seen as stakeholders as well as linking their vision with teachers in schools’ developments, this research was carried out against the notion of “spare the rod and spoil the child” in order to come up with the right formulae of instilling discipline to school children. The methodology was qualitative in nature while the research design is a case study. Research tools and techniques such as questionnaires and interviews were administered to selected school children, teachers, education officials, human rights groups, policymakers, child protection groups and parents in order to solicit for their views on corporal punishment. The results indicated that although most
of the stakeholders do not support the use of corporal punishment in schools, they appear to agree that, for troublesome and uncounsellable children, it can be used as a last resort. Document analysis was carried out on newspapers and circulars containing the ministry of education rules and regulations on corporal punishment in line with the international conventions on the rights of children. It was also established that the teachers need to be trained on how to handle corporal punishment issues, while children, child protection groups, parents and human rights groups were urged to view teachers without suspicions, just like stakeholders contributing to mould a better child.


No abstract available


ABSTRACT

This comment will try to discuss the point raised by Olweus: is cyberbullying just one type of bullying or a distinct phenomenon and how much does it need a specific approach to be investigated? Specifically, I will try to support my perspective taking into consideration five areas of investigation: definition, measurement, association between traditional bullying and cyberbullying, possible consequences and interventions.


ABSTRACT

During the school years, bullying is one of the most common expressions of violence in the peer context. Research on bullying started more than forty years ago, when the phenomenon was defined as ‘aggressive, intentional acts carried out by a group or an individual repeatedly and over time against a victim who cannot easily defend him- or herself’. Three criteria are relevant in order to define aggressive behaviour as bullying: (1) repetition, (2) intentionality and (3) an imbalance of power. Given these characteristics, bullying is often defined as systematic abuse of power by peers. It is recognised globally as a complex and serious problem. In the present paper, we discuss the prevalence, age and gender differences, and various types of bullying, as well as
why it happens and how long it lasts, starting from the large surveys carried out in western countries and to a lower extent in low- and middle-income countries. The prevalence rates vary widely across studies; therefore, specific attention will be devoted to the definition, time reference period and frequency criterion. We will also focus on risk factors as well as short- and long-term outcomes of bullying and victimisation. Finally, a section will be dedicated to review what is known about effective prevention of bullying.

**Keywords:**
Bullying, violence in school, children, adolescents, antibullying intervention


**ABSTRACT**

This Series paper describes programming to prevent violence against women and girls, and emphasises the importance of systematic, sustained programming across the social ecology (ie, the delicate equilibrium of interacting social, institutional, cultural, and political contexts of people's lives) to transform gender-power inequalities. Effective prevention policy and programming is founded on five core principles: first, analysis and actions to prevent violence across the social ecology (individual, interpersonal, community, and societal); second, intervention designs based on an intersectional gender-power analysis; third, theory-informed models developed on the basis of evidence; fourth, sustained investment in multisector interventions; and finally, aspirational programming that promotes personal and collective thought, and enables activism on women's and girls' rights to violence-free lives. Prevention programming of the future will depend on all of us having a vision of, and a commitment to, gender equality to make violence-free lives for women and girls a reality.


**ABSTRACT**

This paper describes the Washington Group project to test a short battery of disability questions developed for national censuses. The study used an unusually structured cognitive test protocol and was administered to a total of 1,290 respondents selected from convenience samples in fifteen countries in Central and South America, Asia and Africa. The test protocol consisted of the six core disability questions followed by questions designed to illustrate: (1) whether core questions were administered with relative ease; (2) how core questions were interpreted by respondents; (3) the factors considered by respondents when forming answers to core questions; and (4) the degree
of consistency between responses to core questions and a set of more detailed functioning questions. Additionally, demographic and general health sections allowed for an examination of comparability, specifically, whether test questions performed consistently across all respondents, or if nationality, education, gender or socio-economic status impacted the ways in which respondents interpreted or considered each core question.

**Keywords:**
Question evaluation, international comparability, disability measures, cognitive testing


**ABSTRACT**

Little research has been conducted that comprehensively examines cyberbullying with a large and diverse sample. The present study examines the prevalence, impact, and differential experience of cyberbullying among a large and diverse sample of middle and high school students (N = 2,186) from a large urban centre. The survey examined technology use, cyberbullying behaviours, and the psychosocial impact of bullying and being bullied. About half (49.5 percent) of students indicated they had been bullied online and 33.7 percent indicated they had bullied others online. Most bullying was perpetrated by and to friends and participants generally did not tell anyone about the bullying. Participants reported feeling angry, sad, and depressed after being bullied online. Participants bullied others online because it made them feel as though they were funny, popular, and powerful, although many indicated feeling guilty afterward. Greater attention is required to understand and reduce cyberbullying within children’s social worlds and with the support of educators and parents.


**ABSTRACT**

While the Convention on the Rights of the Child (CRC) demands that children be respected as human beings with the right to dignity and physical integrity, in Nepal corporal punishment is often considered necessary to children’s upbringing, to facilitate learning and to instill discipline in the children. The existence of this cruel practice towards children is attributed to the weak national policy, unhealthy academic competition among the schools, poorly trained teachers, superstitious traditional beliefs and hierarchical social structure. Consequently, the children are doomed to suffer this practice resulting in negative physical, mental and social welfare. Besides corporal punishment, sexual abuse in school going children seems to be frequent but mostly unreported. This is high time we eliminated this violence against children in schools and it calls
for holistic approach. For this, it is necessary to pursue a set code of conduct and raise awareness among the teachers for the child rights in order to stop undignified, inhuman and undisciplined tradition. The awareness and capacity of the health professionals to deal with complexities of the child abuse also needs to be promoted. Furthermore, the need of improvements in the national laws and their proper implementation is a longstanding challenge for the governmental and nongovernmental organisations.

**Keywords:**
Child abuse, child rights, corporal punishment, psychological


No abstract available


**ABSTRACT**

The Kenyan government banned corporal punishment in Kenyan schools in 2001 and enacted the Children's Act (Government of Kenya, 2001) which entitles children to protection from all forms of abuse and violence. Kenya is also a signatory to the Convention on the Rights of the Child (United Nations, 1990) which states that discipline involving violence is unacceptable. In spite of this, the use of corporal punishment continues in Kenyan schools. This study therefore sought to identify the reasons behind the use of corporal punishment by Kenyan teachers and teachers' awareness of existing laws on the use of violence on children. Data collected through focus group discussions showed that teachers were aware of existing laws prohibiting the use of corporal punishment in schools. Their reasons for using corporal punishment included the belief that it was the most effective way to discipline children and that parents had authorised its use. This study has shown that, although the Kenyan government has introduced laws to protect children, teachers will readily break them if they believe it is for the children's good. This paper therefore recommends the involvement of the Kenyan government in training teachers on non-violent ways of disciplining children.

ABSTRACT

This paper presents a meta-analytic review of 33 studies, with a total of 29,552 participants, that examined the concurrent association between peer victimisation and academic achievement. The results revealed a small but significant negative correlation between peer victimisation and academic achievement under both the random-effects model (r = −.12, p < .001) and the fixed-effects model (r = −.10, p < .001). Factors that moderated the strength of this association across studies include the peer victimisation informant, the indicator of academic achievement, whether there was shared method variance, and the national setting of the study. An exploratory analysis revealed that the strength of the correlations did not differ for boys and girls. The results help resolve the conflicting findings in the existing literature and suggest the need for further investigation into the association between peer victimisation and academic achievement.


ABSTRACT

Data were collected from 286 pairs of Japanese junior high school students and their parents to explore the association between parenting style and the intention to use monitoring systems incorporating advanced information technology such as GPS devices and IC cards. Results indicated that a majority of the participants had not experienced advanced monitoring systems, but more than half of the parents had some degree of intention to use them. The relationship between the intention to use monitoring systems and two types of parenting styles (i.e., responsiveness and control) reported by both parents and children was investigated. Categorical regression analyses revealed that parenting style was a predictor of the intention to use monitoring systems, with parent-reported control being the most significant predictor of parents’ intention to use. Child-reported responsiveness also had a significant positive effect on child’s intention to use, whereas child-reported control did not have such an effect. It became clear that parenting style was differently affected the intention to use advanced monitoring systems between parents and children; the significant predictor of parents’ intention to use is their tendency of control and that of children’s to use is their perceived responsiveness.


No abstract available
ABSTRACT

Cyberbullying is a deliberate, aggressive activity carried out through digital means. Cybervictimisation in adolescence may be related to negative psychosocial variables such as loneliness and depressive mood. The purpose of the present study, the first of its kind in Israel, was to examine the association between adolescent cybervictimisation and two socio-emotional variables: loneliness and depressive mood. The sample consisted of 242 Israeli adolescents, aged 13–16 years, who completed questionnaires regarding Internet use, cyberbullying, traditional bullying, loneliness and depressive mood. In total, 16.5 percent of the participants reported being cybervictims and 32.5 percent reported knowing someone who was cybervictimised. The results revealed a relationship between cybervictimisation and loneliness (social, emotional and general) as well as depressive mood. A logistic hierarchical regression found that loneliness, gender and depressive mood each explained some variance in cybervictimisation in adolescents. As an anchor for comparison, and in order to shed light on the findings, results are presented in comparison to traditional bullying. The results make a contribution to national and international cyberbullying research and broaden the knowledge about potential risk factors for cybervictimisation.

Keywords:
Cyberbullying, cybervictimisation, adolescents, loneliness, depressive mood

ABSTRACT

To examine whether bullying is strategic behaviour aimed at obtaining or maintaining social dominance, 1129 9- to 12-year-old Dutch children were classified in terms of their role in bullying and in terms of their use of dominance oriented coercive and prosocial social strategies. Multi-informant measures of participants' acquired and desired social dominance were also included. Unlike non-bullying children, children contributing to bullying often were bistrategics in that they used both coercive and prosocial strategies and they also were socially dominant. Ringleader bullies also expressed a higher desire to be dominant. Among non-bullying children, those who tended to help victims were relatively socially dominant but victims and outsiders were not. Generally, the data supported the claim that bullying is dominance-oriented strategic behaviour, which suggests that intervention strategies are more likely to be successful when they take the functional aspects of bullying behaviour into account.
ABSTRACT

The paper argues that several claims about cyberbullying made in the media and elsewhere are greatly exaggerated and have little empirical scientific support. Contradicting these claims, it turns out that cyberbullying, when studied in proper context, is a low-prevalence phenomenon, which has not increased over time and has not created many “new” victims and bullies, that is, children and youth who are not also involved in some form of traditional bullying. These conclusions are based on two quite large samples of students, one from the USA and one from Norway, both of which have time series data for periods of four or five years. It is further argued that the issue of possible negative effects of cyberbullying has not received much serious research attention and a couple of strategies for such research are suggested together with some methodological recommendations. Finally, it is generally recommended that schools direct most of their antibullying efforts to counteracting traditional bullying, combined with an important system-level strategy that is likely to reduce the already low prevalence of cyberbullying.

Keywords:
Cyberbullying, victims, bullying

ABSTRACT

After sketching how my own interest and research into bullying problems began, I address a number of potentially controversial issues related to the definition and measurement of such problems. The importance of maintaining the distinctions between bullying victimisation and general victimisation and between bullying perpetration and general aggression is strongly emphasised. There are particular problems with the common method of peer nominations for purposes of prevalence estimation, comparisons of such estimates and mean levels across groups and time, and measurement of change. Two large-scale projects with time series data show that several recent claims about cyberbullying made in the media and by some researchers are greatly exaggerated and lack scientific support. Recent meta-analyses of the long-term outcomes for former bullies and victims provide convincing evidence that being involved in such problems is not just a harmless and passing school problem but something that has serious adjustment and public health consequences that also entail great costs to society. Another section presents my view of why the theme of bullying took quite some time to reach the peer relations research community in the United States and the role of a dominant research tradition focussing on "likeability" in this account. In a final section, I summarise some reasons why it may be
considered important and interesting to focus both research and intervention on bully/victim problems.


ABSTRACT

The NoTrap! (Noncadamointrappola!) programme is a school-based intervention, which utilises a peer-led approach to prevent and combat both traditional bullying and cyberbullying. The aim of the present study was to evaluate the efficacy of the third Edition of the programme in accordance with the recent criteria for evidence-based interventions. Towards this aim, two quasi-experimental trials involving adolescents (age M = 14.91, SD = .98) attending their first year at different high schools were conducted. In Trial 1 (control group, n = 171; experimental group, n = 451), latent growth curve models for data from pre-, middle- and post-tests showed that intervention significantly predicted change over time in all the target variables (victimisation, bullying, cybervictimisation, and cyberbullying). Specifically, target variables were stable for the control group but decreased significantly over time for the experimental group. Long-term effects at the follow up 6 months later were also found. In Trial 2 (control group, n = 227; experimental group, n = 234), the moderating effect of gender was examined and there was a reported decrease in bullying and cyberbullying over time (pre- and post-test) in the experimental group but not the control group, and this decrease was similar for boys and girls.

Keywords: Antibullying programme, bullying, cyberbullying, evidence-based intervention, peer education


ABSTRACT

One of the most recent major shifts in focus of child maltreatment research has been the recognition of the interrelatedness of childhood victimisation experiences. The purpose of this paper is to compare two of the main frameworks that have been developed to better understand and measure this interrelatedness: multi-type maltreatment and polyvictimisation. This paper first compares multi-type maltreatment and polyvictimisation conceptually, outlining the history of the development of the two frameworks, the measurement tools used to operationalise them, and a selection of illustrative findings from some important studies in their respective histories. Second, the paper compares these frameworks empirically, using data from the Australian Temperament Project to explore their utility in identifying the long-term psychosocial outcomes
associated with childhood adversity. The paper demonstrates the value of both the multi-type maltreatment and polyvictimisation frameworks, and suggests that both have different strengths that may make them preferable for particular forms of research.


ABSTRACT

This study examined the theoretically expected contributions of early emotional abuse, adult attachment, and depression to several aspects of romantic relationship functioning. College students in dating relationships (N = 285) completed an online survey, including measures of childhood emotional maltreatment, adult attachment style, psychological distress, and romantic relationships. Results indicated that childhood emotional maltreatment directly predicted insecure adult attachment. In the full models, emotional maltreatment contributed to dyadic adjustment, but was not a significant predictor of psychological aggression or victimisation. In contrast, depression accounted for the largest proportion of variance in the models for reported psychological aggression and victimisation, but was nonsignificant for dyadic adjustment. Adult attachment style emerged as an important predictor of all 3 relationship constructs.

Keywords:
Adult attachment, emotional abuse, parent-child attachment, romantic relationship


ABSTRACT

The purpose of this article is to review the theoretical and empirical literature regarding the normative development of the attachment system from infancy through adulthood, and then discuss deviations from the normal developmental pathways that occur in response to emotionally abusive parenting (e.g., strong rejection, intrusive or controlling, hostile, or frightening behaviour). A theoretical model grounded in attachment theory is presented describing the development of maladaptive interaction patterns in adult romantic relationships. The model proposes that early emotional abuse engenders insecure attachment, which impairs emotional regulation, fosters negative views of self and others that support maladaptive coping responses, interferes with social functioning and the capacity for intimate adult attachments, contributes to poor mental health, and consequently shapes the quality of romantic relationships.
Keywords:
Attachment development, childhood emotional abuse, romantic relationships


**ABSTRACT**

Children (0-18 years) with maltreatment histories are vulnerable to experiencing difficulties across multiple domains of functioning, including educational outcomes that encompass not only academic achievement but also mental well-being. The current literature review adopted Slade and Wissow’s model to examine (1) the link between childhood maltreatment and academic achievement, (2) the link between childhood maltreatment and mental health outcomes (i.e., emotional and behavioural difficulties), and (3) the bidirectional relationship between childhood academic achievement and mental health. In addition, we reviewed variables that might influence or help explain the link between childhood maltreatment and educational outcomes, drawing on developmental perspectives and Bronfenbrenner’s ecological model. Finally, whenever possible, we presented findings specific to maltreated children in out-of-home care to highlight the unique challenges experienced by this population. Results indicated that children with maltreatment histories often experience impairments in both their academic performance (e.g., special education, grade retention, lower grades) and mental well-being (e.g., anxiety, low mood, aggression, social skills deficits, poor interpersonal relationships). These impairments appeared to be particularly pronounced among maltreated children in out-of-home care. Findings, albeit sparse, also indicated that mental health difficulties are negatively associated with children’s academic achievement and, similarly, that academic achievement deficits are linked with mental health problems. The link between childhood maltreatment and educational outcomes may be partly explained through the disruption of key developmental processes in children, such as attachment, emotion regulation, and sense of agency. As well, maltreatment characteristics and the functioning of various systems in which children are embedded (e.g., family, school, child welfare) can serve to positively or negatively influence the educational outcomes of maltreated children. The theoretical, research, and applied implications stemming from the findings are considered.

Keywords:
Maltreatment, education, achievement, mental health, child welfare, children, adolescents
ABSTRACT

Many lesbian, gay, bisexual, and transgender (LGBT) adolescents disclose their sexual and/or gender identities to peers at school. Disclosure of LGBT status is linked with positive psychosocial adjustment for adults; however, for adolescents, "coming out" has been linked to school victimisation, which in turn is associated with negative adjustment. This study investigates the associations among adolescent disclosure of LGBT status to others at school, school victimisation, and young adult psychosocial adjustment using a sample of 245 LGBT young adults (aged 21-25 years, living in California). After accounting for the association between school victimisation and later adjustment, being out at high school was associated with positive psychosocial adjustment in young adulthood. Results have significant implications for training of school-based health and mental health providers, education and guidance for parents and caregivers, fostering positive development of LGBT youth, and developing informed school policies and educational practices.

ABSTRACT

This longitudinal study examines the mediating mechanisms by which the KiVa antibullying programme, based on the Participant Role approach, reduces bullying and victimisation among elementary school students. Both student-level mechanisms leading to reduced perpetration of bullying and classroom-level mechanisms leading to reductions in bullying and victimisation are considered. Analyses are based on a sample of 7,491 students (49.5 percent boys) nested within 421 classrooms within 77 schools. At the beginning of programme implementation, the children were in Grades 4, 5, and 6 (mean age 11.3 years). Multilevel structural equation modelling was used to analyse whether changes in the hypothesised mediators accounted for later reductions in the outcomes. At the student level, antibullying attitudes and perceptions regarding peers' defending behaviours and teacher attitudes toward bullying mediated the effects of KiVa on self-reported bullying perpetration. The effects on peer-reported bullying were only mediated by antibullying attitudes. At the classroom level, the programme effects on both self- and peer-reported bullying were mediated by students' collective perceptions of teacher attitudes toward bullying. Also, perceived reinforcing behaviours predicted bullying but did not emerge as a significant mediator. Finally, bullying mediated the effects of the classroom-level factors on victimisation. These findings enhance knowledge of the psychosocial developmental processes
contributing to bullying and victimisation and shed light on the key mechanisms by which school bullying can successfully be counteracted.


ABSTRACT

It is often stated that bullying is a “group process”, and many researchers and policymakers share the belief that interventions against bullying should be targeted at the peer-group level rather than at individual bullies and victims. There is less insight into what in the group level should be changed and how, as the group processes taking place at the level of the peer clusters or school classes have not been much elaborated. This paper reviews the literature on the group involvement in bullying, thus providing insight into the individuals' motives for participation in bullying, the persistence of bullying, and the adjustment of victims across different peer contexts. Interventions targeting the peer group are briefly discussed and future directions for research on peer processes in bullying are suggested.


ABSTRACT

This article provides a view of school bullying as a group phenomenon and practical implications stemming from this approach. The motivation for bullying perpetration often relates to one's social standing in the group. Peer bystanders are typically present when bullying takes place, often providing the perpetrators with social rewards. The more such rewards (e.g., laughing, cheering) are present and the less the victimised children are supported and defended, the more likely bullying is maintained in a classroom or a peer group. However, bystanders are not necessarily aware of the consequences of their responses when witnessing bullying, and they may not know how to support and defend vulnerable peers. In interventions aiming to reduce bullying, peer bystanders' awareness of their own role, their empathy toward victimised youth, as well as their self-efficacy related to defending those youth should be enhanced. Intervention evaluations have shown that changing bystander responses to bullying is a fruitful way to reduce bullying and victimisation.

ABSTRACT

Peer victimisation is a common problem among school-aged children, and those with chronic conditions are at an increased risk. A systematic review of the literature was carried out to explore the increased risk of peer victimisation among children with chronic conditions compared with others, considering a variety of chronic conditions; and to assess intervention programs designed to reduce negative attitudes or peer victimisation at school toward children with chronic conditions. Various data sources were used (PubMed, ERIC, PsycINFO, Web of Science), and 59 studies published between 1991 and 2011 and mainly carried out in North American and European countries were included in the review. A higher level of peer victimisation among children with chronic conditions was shown for each type of condition explored in this review (psychiatric diagnoses, learning difficulties, physical and motor impairments, chronic illnesses, and overweight). Despite a substantial number of studies having shown a significant association between chronic conditions and peer victimisation, intervention studies aiming to reduce bullying among these children were rarely evaluated. The findings of this review suggest a growing need to develop and implement specific interventions targeted at reducing peer victimisation among children with chronic conditions.


ABSTRACT

Background:
Lifetime co-occurrence of violence victimisation is common. A large proportion of victims report being exposed to multiple forms of violence (physical, sexual, emotional violence) and/or violence by multiple kinds of perpetrators (family members, intimate partners, acquaintances/strangers). Yet much research focusses on only one kind of victimisation. The aim of this study was to investigate the association between symptoms of psychological ill-health, and A) exposure to multiple forms of violence, and B) violence by multiple perpetrators.

Method:
Secondary analysis of cross-sectional data previously collected for prevalence studies on interpersonal violence in Sweden was used. Respondents were recruited at hospital clinics (women n = 2439, men n = 1767) and at random from the general population (women n = 1168,
men n = 2924). Multinomial regression analysis was used to estimate associations between exposure to violence and symptoms of psychological ill-health.

**Results:**
Among both men and women and in both clinical and population samples, exposure to multiple forms of violence as well as violence by multiple perpetrators were more strongly associated with symptoms of psychological ill-health than reporting one form of violence or violence by one perpetrator. For example, in the female population sample, victims reporting all three forms of violence were four times more likely to report many symptoms of psychological ill-health compared to those reporting only one form of violence (adj OR: 3.8, 95 percent CI 1.6-8.8). In the male clinical sample, victims reporting two or three kind of perpetrators were three times more likely to report many symptoms of psychological ill-health than those reporting violence by one perpetrator (adj OR 3.3 95 percent CI 1.9-5.9).

**Discussion:**
The strong association found between lifetime co-occurrence of violence victimisation and symptoms of psychological ill-health is important to consider in both research and clinic work. If only the effect of one form of violence or violence by one kind of perpetrator is considered this may lead to a misinterpretation of the association between violence and psychological ill-health. When the effect of unmeasured traumata is ignored, the full burden of violence experienced by victims may be underestimated.

**Conclusions:**
Different kinds of victimisation can work interactively, making exposure to multiple forms of violence as well as violence by multiple perpetrators more strongly associated with symptoms of psychological ill-health than any one kind of victimisation alone.


**ABSTRACT**

They enter the institutions at the mercy of someone; they quit at the fury of some other. The vicious cycle of silent and never reported violence continues. Private teachers, especially those who work in small privately owned schools, are vulnerable to lack of job security and hostile and stringent work environment at work place. Such an oppressive state of affairs has led to job dissatisfaction, depression, and lack of interest in work and sense of alienation among most of the teachers working mostly in small private schools. As per experiences and observations, they are beset with myriad of issues today which even the state has ignored. Besides exploitation, overwork, and minimum wages, discrimination in salaries and lack of mental satisfaction and happiness at work place are some pressing problems of such school teachers though such
problems vary from institution to institution and cannot be generalised for all the privately owned educational institutions at any place of the country. This paper gives a conceptual outline based on the grass root observation pertaining to the issues and challenges faced by such a vulnerable lot on routine basis.

**Keywords:**
Private teachers, discrimination, unstable workplace


**ABSTRACT**

The prevention of drug abuse is an especially salient topic for school psychologists and other educational professionals. Schools are the primary setting for providing education and information aimed at the prevention of drug abuse. Previous meta-analyses (Ennett, et al., 1994; West and O’Neal, 2004) indicate that one of the nation’s most popular drug prevention programmes, the Drug Abuse Resistance Education programme (D.A.R.E.), was not effective in reducing illicit drug use among youths. In 2003, D.A.R.E. was modified in an attempt to make it more effective. The purpose of this review is to summarise and synthesize the contemporary empirical evidence, which includes six studies focussing on the old D.A.R.E. and one study focussing on the new D.A.R.E., regarding outcomes associated with the modified D.A.R.E. programme. Recent studies offer mixed evidence regarding the effectiveness of the new D.A.R.E curriculum, thus, further systematic investigation is warranted to better understand student outcomes associated with the new D.A.R.E curriculum. This information is particularly valuable for school psychologists, administrators, and other education professionals responsible for identifying empirically supported programmes for use in schools.


**ABSTRACT**

Bullying among young people is a major concern for educators and health professionals. It has been mostly studied in Western countries, but with a significant amount of research in the Asian Pacific Rim countries of Japan, South Korea, Mainland China and Hong Kong, which suggests that it can exhibit different characteristics in other cultural contexts. Research in this area in South-East Asian countries has been relatively neglected, but has begun to appear in recent years.
Here, we review studies on bullying in the 10 ASEAN countries. We summarise the nature and main findings of these studies, and comment on similarities and differences with studies in Western and Asian Pacific Rim societies. Finally we make suggestions for future research which will enhance comparability, respecting cultural differences but moving towards a more effective comparative analysis.


**ABSTRACT**

There are four sources of large-scale self-report survey data on victim rates, cross-nationally. These are EU Kids Online, Global School Health Survey, Trends in International Mathematics and Science Study, and Health Behaviour of School-aged Children. There are some differences in methodology between these surveys, but all use pupil self-report data. They have all been used to look at cross-national differences, in relation to other country characteristics and correlates. Here, we examine measures of internal validity (consistency within a survey) and external validity (agreement across surveys) on these data sets. We first report on internal validity issues, using available means within each survey (correlations across strict or lenient frequency criteria; across types of bullying; across ages; across genders). Generally, these correlations are high. We secondly report on external validity, in the sense of how much agreement there is between the four surveys, where they overlap in countries. Here, we find agreement to be from moderate to zero. These low external validity rates raise concerns about using these cross-national data sets to make judgements about which countries are higher or lower in victim rates. A range of possible explanations for the findings are discussed.


**ABSTRACT**

The objective of this research is to study the relationship between individual characteristics, the family context and cyberbullying. We examine the nature, frequency, degree of violence and prevalence of cyberbullying using data from a survey of 1,200 secondary and vocational students in Bangkok. The data were analysed by using descriptive statistics. The results showed a considerable degree of cyberbullying among Thai youth. More than half had ever seen or heard of cyberbullying occurring to their friends. About 11.0 percent of students had seen or heard online fights using electronic messages with angry and vulgar language more than 6 times per month. The potential relationship between cyberbullying and duration of using the internet, family relationships, experience of violence in the family and family income is also examined.
Keywords:
Cyberbullying, individual characteristics, family context, secondary students, vocational students


**ABSTRACT**

The relationship between intimate partner violence (IPV) and early marriage is explored using the 2005-2006 India National Family Health Survey (NFHS-3). The NFHS-3 collected data from a representative sample of women and men in India with a large enough sample size to have a representative sample at the state level. The focus is on youth from Bihar and Rajasthan, two states with high IPV and early marriage. Multivariate logistic regression analyses demonstrate that women aged 20 to 24 who married before age eighteen, the legal age at marriage in India, are more likely to have ever experienced IPV in their lifetime and recently experienced IPV (in the last 12 months) than their counterparts who married later. The results were significant in Rajasthan but not in Bihar. To reduce IPV, targeted efforts must be made to decrease the proportion of India's girls who are married under the legal age of marriage.


**ABSTRACT**

Youth violence remains a serious public health issue nationally and internationally. The social-ecological model has been recommended as a framework to design youth violence prevention initiatives, requiring interventions at the micro-, meso-, exo-, and macro-levels. However, documentation of interventions at the macro-level, particularly those that address policy issues, is limited. This study examines a recommendation in the literature that formalised collaborations play a vital role in stimulating macro-level policy change. The purpose of this systematic literature review is to examine existing youth violence prevention collaborations and evaluate their policy-related outcomes. The search found 23 unique collaborations focussed on youth violence prevention. These were organised into three groups based on the "catalyst" for action for the collaboration-internal (momentum began within the community), external (sparked by an external agency), or policy (mandated by law). Findings suggest that internally catalysed collaborations were most successful at changing laws to address youth violence, while both internally and externally catalysed collaborations successfully attained policy change at the organizational level. A conceptual model is proposed, describing a potential pathway for achieving macro-level change.
via collaboration. Recommendations for future research and practice are suggested, including expansion of this study to capture additional collaborations, investigation of macro-level changes with a primary prevention focus, and improvement of evaluation, dissemination, and translation of macro-level initiatives.


ABSTRACT

Few studies have examined the influence of environmental factors on children’s executive functioning (EF) performance. The present study examined the effects of a punitive vs. non-punitive school environment on West African children’s EF skills. Tasks included a 'cool' (relatively non-affective) and 'hot' (relatively affective/motivational) version of three EF tasks: delay of gratification; gift delay; and dimensional change card sort. Children had more difficulties with the hot versions of the tasks than the cool versions, and older children outperformed younger children. After controlling for verbal ability (Peabody picture vocabulary test-third edition), a consistent pattern of interaction between school and grade level emerged. Overall, kindergarten children in the punitive school performed no differently than their counterparts in the non-punitive school. However, in grade 1, children in the punitive school performed significantly worse than their counterparts in the non-punitive school. These results point to the need to consider interactions among discipline style, age, and internalisation processes of self-regulation to better understand environmental influences on EF development.


ABSTRACT

This study uses newly developed international measures in order to determine the prevalence of two types of bullying: Active (being hit by other children in school) and Passive (being left out by classmates), among 8, 10 and 12-year-old Algerian school children. It also attempts to draw the profile of the victims and to assess the effects of bullying on children’s Subjective Well-being (SWB). Data have been obtained from a total of 1,452 school children. The results indicate that 15.1, 9.9 and 12.3 percent of respectively 8, 10 and 12 year students have been victims of active bullying, and respectively 16.3, 15.8 and 20.6 percent have been victims of passive bullying during the month that precedes data collection. It has been noticed that boys use more direct methods, with an increasing frequency with age, but both gender groups equally use indirect methods of bullying. Furthermore, the findings suggest that bullying victimisation is more present among children belonging to less advantaged families, families changing house and changing local area. Absenteeism, though found high in Algerian schools, is much frequent amongst
victims of bullying. And, significant differences are found in most of the SWB ratings in favour of children who have not experienced bullying victimisation. Finally, regression analyses show that passive bullying and age have strong negative effects on satisfaction with life as a whole, but this effect has been reduced when lack of rewarding material facilities, gratifying living environments, good health and self-confidence were introduced in the second step. The results have been discussed on the light of previous international research.


**ABSTRACT**

More than 97 percent of youths in the United States are connected to the Internet in some way. An unintended outcome of the Internet’s pervasive reach is the growing rate of harmful offenses against children and teens. Cyberbullying victimisation is one such offense that has recently received a fair amount of attention. The present report synthesizes findings from quantitative research on cyberbullying victimisation. An integrative definition for the term cyberbullying is provided, differences between traditional bullying and cyberbullying are explained, areas of convergence and divergence are offered, and sampling and/or methodological explanations for the inconsistencies in the literature are considered. About 20-40 percent of all youths have experienced cyberbullying at least once in their lives. Demographic variables such as age and gender do not appear to predict cyberbullying victimisation. Evidence suggests that victimisation is associated with serious psychosocial, affective, and academic problems. The report concludes by outlining several areas of concern in cyberbullying research and discusses ways that future research can remedy them.

**Keywords:** Cyberbullying, online harassment, social implications, demography, disturbances, coping strategies


**ABSTRACT**

The association between experienced victimisation and students' psychological and social adjustment depends on the intensity of victimisation. We examined how frequency and multiplicity of victimisation, and the number of bullies involved, account for differences in students’ psychosocial well-being and social standing in the classroom. Multilevel
analyses were conducted on the control group of an intervention study among students in grades 3-6 of Dutch elementary schools (N = 2859 students from 124 classes and 33 schools; ages 8–12; 49.6 percent boys). It was found that victims of frequent and multiple victimisation, and victims who were victimised by several bullies, had higher levels of psychosocial adjustment problems than victims of less frequent and non-multiple victimisation, and victims with only one bully. Moreover, these more severe victims turned out to be least accepted and most rejected among their classmates. The findings illustrate that it can be fruitful to use several measures of victimisation so that (differences in) adjustment problems can be better understood. Moreover, the results suggest that it is important to find out who is victimised, in what ways, and by whom. Antibullying interventions should provide resources to do this.


ABSTRACT

Cumulative violence exposure is associated with poor child outcomes, but has not been investigated using a social ecological approach. Using National Survey of Child and Adolescent Well-Being data, cumulative and differential effects of child violence exposure by ecological domains were modelled across two points using fixed effects regression. Children exposed to violence in more ecological domains over time reported increased trauma and depression symptoms. Similarly, direct victims of violence at baseline who experienced higher-order ecological domains of violence over time reported increased trauma and depression symptoms, but effects differed depending on the ecological domain. Results suggest that operationalising cumulative violence exposure using ecological domains provides a different lens for studying the effects of violence exposure and expands the implications for intervention.


ABSTRACT

Findings from a nationally representative telephone survey of 1,560 young Internet users revealed youth receiving special education services in schools were more likely to report receiving an online interpersonal victimisation in the past year, even after adjusting for other explanatory factors. These findings suggest that special education staff and other professionals should assess students for risk of online victimisation.

**ABSTRACT**

Bullying is the systematic abuse of power and is defined as aggressive behaviour or intentional harm-doing by peers that is carried out repeatedly and involves an imbalance of power. Being bullied is still often wrongly considered as a ‘normal rite of passage’. This review considers the importance of bullying as a major risk factor for poor physical and mental health and reduced adaptation to adult roles including forming lasting relationships, integrating into work and being economically independent. Bullying by peers has been mostly ignored by health professionals but should be considered as a significant risk factor and safeguarding issue.

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**SUMMARY**

Sibling relationships have a substantial and lasting effect on children's development. Many siblings experience some occasional conflict, however, up to 40 percent are exposed to sibling bullying every week, a repeated and harmful form of intrafamilial aggression. We review evidence on the precursors, factors relating to peer bullying, and mental health consequences of sibling bullying. Parenting quality and behaviour are the intrafamilial factors most strongly associated with bullying between siblings. Sibling bullying increases the risk of being involved in peer bullying, and is independently associated with concurrent and early adult emotional problems, including distress, depression, and self-harm. The effects appear to be cumulative, with those children bullied by both siblings and peers having highly increased emotional problems compared with those bullied by siblings or peers only, probably because they have no safe place to escape from bullying. The link between sibling and peer bullying suggests interventions need to start at home. Health professionals should ask about sibling bullying and interventions are needed for families to prevent and reduce the health burden associated with sibling bullying.

**ABSTRACT**

Traditional bullying has received considerable research but the emerging phenomenon of cyberbullying much less so. Our study aims to investigate environmental and psychological factors associated with traditional and cyberbullying. In a school-based 2-year prospective survey, information was collected on 1,344 children aged 10 including bullying behaviour/experience, depression, anxiety, coping strategies, self-esteem, and psychopathology. Parents reported demographic data, general health, and attention-deficit hyperactivity disorder (ADHD) symptoms. These were investigated in relation to traditional and cyberbullying perpetration and victimisation at age 12. Male gender and depressive symptoms were associated with all types of bullying behaviour and experience. Living with a single parent was associated with perpetration of traditional bullying while higher ADHD symptoms were associated with victimisation from this. Lower academic achievement and lower self esteem were associated with cyberbullying perpetration and victimisation, and anxiety symptoms with cyberbullying perpetration. After adjustment, previous bullying perpetration was associated with victimisation from cyberbullying but not other outcomes. Cyberbullying has differences in predictors from traditional bullying and intervention programmes need to take these into considerations.


**ABSTRACT**

**Purpose:**

To inform the scientific debate about bullying, including cyberbullying, measurement.

**Methods:**

Two split-form surveys were conducted online among 6-17-year-olds (n = 1,200 each) to inform recommendations for cyberbullying measurement.

**Results:**

Measures that use the word "bully" result in prevalence rates similar to each other, irrespective of whether a definition is included, whereas measures not using the word "bully" are similar to each other, irrespective of whether a definition is included. A behavioural list of bullying experiences without either a definition or the word "bully" results in higher prevalence rates and likely measures experiences that are beyond the definition of "bullying." Follow-up questions querying differential power, repetition, and bullying over time were used to examine misclassification. The measure using a definition but not the word "bully" appeared to have the highest rate of false
positives and, therefore, the highest rate of misclassification. Across two studies, an average of 25 percent reported being bullied at least monthly in person compared with an average of 10 percent bullied online, 7 percent via telephone (cell or landline), and 8 percent via text messaging.

Conclusions:
Measures of bullying among English-speaking individuals in the United States should include the word "bully" when possible. The definition may be a useful tool for researchers, but results suggest that it does not necessarily yield a more rigorous measure of bullying victimisation. Directly measuring aspects of bullying (i.e., differential power, repetition, over time) reduces misclassification. To prevent double counting across domains, we suggest the following distinctions: mode (e.g., online, in-person), type (e.g., verbal, relational), and environment (e.g., school, home). We conceptualise cyberbullying as bullying communicated through the online mode.


ABSTRACT
Cyberbullying has become a common occurrence among adolescents worldwide; however, it has yet to receive adequate scholarly attention in China, especially in the mainland. The present study investigated the epidemiological characteristics and risk factors of cyberbullying, utilising a sample of 1,438 high school students from central China. Findings revealed that cyberbullying among high school students in the heartland of central China is relatively common with 34.84 percent (N = 501) of participants reported having bullied someone and 56.88 percent (N = 818) reported having been bullied by online. Significant gender differences were found, suggesting that boys are more likely to be involved in cyberbullying both as perpetrators and victims. Students with lower academic achievement were more likely to be perpetrators online than were students with better academic achievement. Students who spend more time on online, have access to the internet in their bedrooms, have themselves experienced traditional bullying as victims, and are frequently involved in instant-messaging and other forms of online entertainment are more likely to experience cyberbullying. Increased parent and teacher supervision reduced students’ involvement in cyberbullying. Implications for intervention are explored.
2.3 Public Spaces and Communities


ABSTRACT

The article focusses on guidance with an initiative named Gun-Involved Violence Elimination (GIVE) provided by Governor of New York Andrew Cuomo along with New York's Division of Criminal Justice Services to law enforcement. It mentions the use of core elements in reducing shootings include development of local areas, coordinated activities, and hot spot policing. It also mentions the development of GIVE approach by heads of state public safety include John Klofas, Teny Gross, and Tracey Meares.


ABSTRACT

This paper is derived from a pilot project implemented by Habitat for Humanity during 2012-2013, where the author was a technical advisor. Rapid urbanisation and the growth of slums in developing countries such as Bangladesh has led to slum upgrading as an approach to address the problems of the urban poor. The project here was in essence such a slum upgrading project, targeted at an urban slum settlement called Talab Camp in Dhaka, Bangladesh, where the residents comprised an ethnic Bihari community. Dhaka is a rapidly urbanising megacity in one of the world's most densely populated and poorest countries, where almost 30 percent of its more than 14 million population lives in slums and faces the impacts of a range of hazards, hence the need for building resilience. The project began with a study of this urban context to identify the challenges and opportunities for building resilience in slums there, followed by a sequence of inter-related activities. This consisted of provision of training to local professionals on concepts and applications of Urban Resilience and toolkits for Risk Assessment and Action Planning; a Community Based Participatory Risk Assessment (CBPRA) to identify the inter-related hazards and vulnerabilities affecting Talab Camp, supplemented by a survey of city level institutional actors; and a set of pilot activities guided by the above and Community Action Planning (CAP) workshops, together with community capacity building and developing community organisations. Three main risks were prioritised for addressing in the pilot activities – inadequate drainage, inadequate waste disposal and poor sanitation, and thereby focussed on WaSH (drainage, community toilets, water supply, and water purification), solid waste management (household and community level waste collection and disposal), housing improvement (plinth-raising above flood level) and awareness raising (cleaning event and billboards). The pilot activities also
included extensive training and capacity building activities. A long-term Community Development Plan (CDP) was also developed in parallel to the pilot activities. The project faced a number of challenges in terms of local expectations, capacity building, and working in a megacity like Dhaka. A number of key lessons were learnt including the time required for adequate community consultation and participation, and unpredictability of political circumstances, in addition to a set of other lessons that can inform future such projects.

Keywords:
Dhaka, capacity building, risk assessment, resilience, slums


ABSTRACT

This study improved on the existing work by examining these issues with a more rigorous scientific design. The researchers first examined the relationship between land-use law, the built environment, and crime using detailed block-level crime data and careful observations conducted on 205 blocks in eight different relatively high-crime areas of Los Angeles. They then analysed the relationship between changes in land-use zones and crime in all neighbourhoods in Los Angeles. The study finds that zoning matters. An important fraction of reported crime is associated with the primary kind of zoning on a city block: Blocks that include both residential and commercial zoning uses exhibit less crime than blocks that are zoned for primary commercial purposes.

Crime is lowest in blocks zoned for residential-only uses even in relatively high crime neighbourhoods, suggesting that efforts to reduce crime by introducing commercial activities in residential areas are probably misguided.

When neighbourhoods across Los Angeles undergo some change in zoning, mostly toward residential uses, crime drops more than it does in neighbourhoods with comparable crime trends before the zoning change occurred, suggesting the apparent crime-reducing effects of residential development.

Changing zoning to include parcels with residential uses on blocks that are otherwise zoned commercially might be a viable means of reducing crime in Los Angeles. The study also suggests that planners should recognise the crime-reducing effects of residential zoning.
ABSTRACT

Purpose:
The aim of this paper is to help in understanding the relationship between the construction of the male identity and how social violence may be “reproduced” (using the concept of habitus after Pierre Bourdieu), in poor and socially excluded contexts. The paper aims to inform debate and policymaking.

Design/Methodology/Approach:
The paper draws on empirical data collected in 2008, in the form of life-history interviews with male youths – including members and non-members of gangs – from two poor and very violent neighbourhoods in Medellín, Colombia’s second largest city.

Findings:
Masculinities alone do not account for urban violence, but they play an integral role why violence is reproduced. In socio-economically excluded contexts the gang becomes an attractive vehicle for “doing masculinity” for boys and young men. Youths who did not join gangs tended to have family support to develop a “moral rejection” of gangs, crime and violence during childhood, which contributed to them finding non-gang pathways to manhood. Youths who joined gangs were less likely to develop this “moral rejection” during childhood, often due to family problems; and were more likely to admire older gang members, and perceive the gang as an attractive pathway to manhood.

Research Limitations/Implications:
As the sole researcher, a limited number of 32 individuals were interviewed.

Originality/Value:
There is a lack of research on masculinities and gang affiliation in the UK and across the globe. This paper provides new conceptual ideas for understanding why young men make up the vast majority of violent gang members, whilst providing an original data set from a very violent urban setting.

Keywords:
Gangs, youthviolence, urbanviolence, violence revention, masculinity, habitus, Colombia, violence, gender, youth, social groups, urban communities

**ABSTRACT**

Using a randomised trial, we evaluate the impact of Liceo Jubilar, a tuition-free private school providing middle school education to poor students in Montevideo, Uruguay. The research compares adolescents randomly selected to enter the school with those not drawn in the school lottery. Several features of this school — the capacity to select personnel, a culture of high expectations, a safe and disciplined environment, differential teaching, extended instructional time, strong parental involvement, and a rich offer of extracurricular activities — contrast with the country's highly centralised public education system. We find large positive impacts of Liceo Jubilar on students' promotion rates and academic expectations. Our results shed light on new approaches to education that may contribute to improve opportunities for disadvantaged adolescents in developing countries.

**Keywords:**
Experimental evaluation, privately-managed education, poverty


**ABSTRACT**

Crime victimisation is an important cause of political participation. Analysis of survey data from five continents shows that individuals who report recent crime victimisation participate in politics more than comparable nonvictims. Rather than becoming withdrawn or disempowered, crime victims tend to become more engaged in civic and political life. The effect of crime victimisation is roughly equivalent to an additional five to ten years of education, meaning that crime victimisation ranks among the most influential predictors of political participation. Prior research has shown that exposure to violence during some civil wars can result in increased political participation, but this article demonstrates that the effect of victimisation extends to peacetime, to nonviolent as well as violent crimes, and across most of the world. At the same time, however, crime victimisation is sometimes associated with dissatisfaction with democracy and support for authoritarianism, vigilantism, and harsh policing tactics, especially in Latin America.


*No abstract available*

**ABSTRACT**

This essay analyses previous studies evaluating the effectiveness of the crime prevention policies adopted by the Government of Minas Gerais (Brazil). In this work, greater emphasis is placed on studies evaluating outcomes than on studies dealing with the process of setting up and implementing programmes and projects. In order to allow a more systematic discussion, the Maryland Scale, which categorises research and evaluations according to the methodological strengths and weaknesses in five levels, is employed. Subsequently, the authors draw a parallel between Brazil and other settings. Finally, this essay lays out the implications of this discussion regarding the prevention programmes.

**Keywords:**
Crime, prevention, public policy


**ABSTRACT**

The intergenerational transmission (IGT) of violence has been a main theoretical consideration to explain the link between interparental aggression in the family of origin and intimate partner violence (IPV) in subsequent intimate relationships. Studies have examined this theoretical link based on self-reports of interparental violence witnessed during childhood and adolescence. However, no study has examined whether emerging adults who currently witness interparental violence are more likely to exhibit violence in their own intimate relationships. Data were analysed from undergraduate students (N = 223) attending an ethnically diverse Southern California university. Multivariate linear regression analyses were used to examine the impact of witnessing interparental violence on the physical and psychological IPV experienced in emerging adult relationships. The joint effects of witnessing both forms of interparental violence were also tested. Support for the intergenerational transmission of violence was identified for specific types of violence. Future directions of study and implications for prevention and treatment are offered.

**Keywords:**
Intimate partner violence, interparental violence, social cognitive theory, intergenerational transmission, emerging adulthood

*No abstract available*


**ABSTRACT**

**Objectives:**
The relatively weak quasi-experimental evaluation design of the original Boston Operation Ceasefire left some uncertainty about the size of the programme’s effect on Boston gang violence in the 1990s and did not provide any direct evidence that Boston gangs subjected to the Ceasefire intervention actually changed their offending behaviours. Given the policy influence of the Boston Ceasefire experience, a closer examination of the intervention’s direct effects on street gang violence is needed.

**Methods:**
A more rigorous quasi-experimental evaluation of a reconstituted Boston Ceasefire programme used propensity score matching techniques to develop matched treatment gangs and comparison gangs. Growth-curve regression models were then used to estimate the impact of Ceasefire on gun violence trends for the treatment gangs relative to comparisons gangs.

**Results:**
This quasi-experimental evaluation revealed that total shootings involving Boston gangs subjected to the Operation Ceasefire treatment were reduced by a statistically-significant 31 percent when compared to total shootings involving matched comparison Boston gangs. Supplementary analyses found that the timing of gun violence reductions for treatment gangs followed the application of the Ceasefire treatment.

**Conclusions:**
This evaluation provides some much-needed evidence on street gang behavioural change that was lacking in the original Ceasefire evaluation. A growing body of scientific evidence suggests that jurisdictions should adopt focussed deterrence strategies to control street gang violence problems.

**Keywords:**
Gang violence, guns, deterrence, problem-oriented policing

ABSTRACT

Background:
A number of American police departments have been experimenting with new problem-oriented policing frameworks to prevent gang and group-involved violence. These are generally known as the “pulling levers” focussed deterrence strategies. Focussed deterrence strategies honour core deterrence ideas, such as increasing risks faced by offenders, while finding new and creative ways of deploying traditional and non-traditional law enforcement tools to do so, such as directly communicating incentives and disincentives to targeted offenders. Pioneered in Boston to halt serious gang violence, the focussed deterrence framework has been applied in many American cities through federally sponsored violence prevention programmes.

In its simplest form, the approach consists of selecting a particular crime problem, such as gang homicide; convening an inter-agency working group of law enforcement, social service and community-based practitioners; conducting research to identify key offenders, groups, and behaviour patterns; framing a response to offenders and groups of offenders that uses a varied menu of sanctions (“pulling levers”) to stop them from continuing their violent behaviour; focussing social services and community resources on targeted offenders and groups to match law enforcement prevention efforts; and directly and repeatedly communicating with offenders to make them understand why they are receiving this special attention.

These new strategic approaches have been applied to a range of crime problems, such as overt drug markets and individual repeat offenders, and have shown promising results in the reduction of crime.

Objectives:
To synthesize the extant evaluation literature and assess the effects of pulling levers focussed deterrence strategies on crime.

Selection Criteria:
Eligible studies had to meet three criteria: (1) the programme had to have the core elements of a pulling levers focussed deterrence strategy present; (2) a comparison group was included; (3) at least one crime outcome was reported. The units of analysis had to be people or places.

Search Strategy:
Several strategies were used to perform an exhaustive search for literature fitting the eligibility criteria. First, a keyword search was performed on an array of online abstract databases. Second, we reviewed the bibliographies of past narrative and empirical reviews of literature that examined the effectiveness of pulling levers focussed deterrence programmes. Third, we performed forward
searches for works that have cited seminal focussed deterrence studies. Fourth, we searched bibliographies of narrative reviews of police crime prevention efforts and past completed Campbell systematic reviews of police crime prevention efforts. Fifth, we performed hand searches of leading journals in the field.

**Data Collection and Analysis:**
For our ten eligible studies, we complete a narrative review of effectiveness and a formal meta-analysis of the main effects of these programmes on reported crime outcomes.

**Main results:**
Based on our narrative review, we find that nine of the ten eligible evaluations reported statistically significant reductions in crime. It is important to note here that all ten evaluations used nonrandomised quasi-experimental designs. No randomised controlled trials were identified by our search strategies. Our meta-analysis suggests that pulling levers focussed deterrence strategies are associated with an overall statistically-significant, medium-sized crime reduction effect.

**Conclusions:**
We conclude that pulling levers focussed deterrence strategies seem to be effective in reducing crime. However, we urge caution in interpreting these results because of the lack of more rigorous randomised controlled trials in the existing body of scientific evidence on this approach.


**ABSTRACT**
Background Spatial dependencies may influence the success of community action strategies to prevent and reduce harmful alcohol use. This study examined the effectiveness of a multicomponent Responsible Beverage Service (RBS) programme targeting on-licensed premises on police-recorded assaults in Swedish municipalities. It was expected that the implementation of the programme within any given municipality had an indirect effect by reducing violent assaults in adjacent municipalities.

**Methods:**
This study was a natural experiment exploiting the temporal and spatial variation in the implementation of the RBS programme to predict change in the rate of violent assaults in all Swedish municipalities during 1996–2009 (n=288; T=14; N=4 032). Yearly police-recorded violent assaults per 100 000 inhabitants aged 15 and above committed on weekend nights were used as a dependent variable. Programme fidelity was identified by means of survey data. A
A semilogarithmic fixed-effects spatial panel regression model was used to estimate the direct, indirect and total effects of the programme.

**Results:**
The direct, indirect and total effects were $-1.8$ percent (95 percent CI $-4.4$ percent to $0.8$ percent), $-5.8$ percent (95 percent CI $-11.5$ percent to $0.1$ percent) and $-7.6$ percent (95 percent CI $-13.2$ percent to $-2.2$ percent), respectively. Averaged over time and across all municipalities, implementing one additional programme component in all municipalities will thus reduce violent assaults in one typical municipality by nearly 8 percent.

**Conclusions:**
The indirect effect of the programme was three times larger than its direct effect. Failing to account for such local spillover effects can result in a considerable underestimation of the programme’s total impact and may lead to erroneous policy recommendations.


**ABSTRACT**
Drawing on Jacobs’s (1961) and Taylor’s (1988) discussions of the social control implications of mixed land use, the authors explore the link between commercial and residential density and violent crime in urban neighbourhoods. Using crime, census, and tax parcel data for Columbus, Ohio, the authors find evidence of a curvilinear association between commercial and residential density and both homicide and aggravated assault, consistent with Jacobs’s expectations. At low levels, increasing commercial and residential density is positively associated with homicide and aggravated assault. Beyond a threshold, however, increasing commercial and residential density serves to reduce the likelihood of both outcomes. In contrast, the association between commercial and residential density and robbery rates is positive and linear. The implications of these findings for understanding the sources of informal social control in urban neighbourhoods are discussed.


**ABSTRACT**
Scholars and practitioners alike in recent years have suggested that real and lasting progress in the fight against gun violence requires changing the social norms and attitudes that perpetuate violence and the use of guns. The Cure Violence model is a public health approach to gun violence reduction that seeks to change individual and community attitudes and norms about gun violence.
It considers gun violence to be analogous to a communicable disease that passes from person to person when left untreated. Cure Violence operates independently of, while hopefully not undermining, law enforcement. In this article, we describe the theoretical basis for the programme, review existing programme evaluations, identify several challenges facing evaluators, and offer directions for future research.

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**ABSTRACT**

The article advances conceptual alternatives to the ‘failed state.’ It provides reasons why the concept is deficient, showing especially how counterproductive it is to aggregate states as diverse as Colombia, Malawi, Somalia, Iraq, Haiti, and Tajikistan. I argue for distinguishing among capacity gaps, security gaps, and legitimacy gaps that states experience. Importantly, I show that these gaps often do not coincide in a given country, and that the logical responses to each of the three gaps diverge in significant ways. I offer brief case examples of the logic of response to the gaps and of the tensions that must be managed among them. The article advances the debate over an important and under-theorised emergent concept in global politics.


**ABSTRACT**

We present a test of the crime-deterrent effect of police-monitored street-viewing CCTV cameras using viewsheds of areas that were visible by cameras via direct line-of-sight and that were digitised using easily replicable methods, Google Maps, and standard GIS tools. A quasi-experimental research design, using camera installation sites and randomly selected control sites, assessed the impact of CCTV on the crimes of shootings, auto thefts, and thefts from autos in Newark, NJ, for 13 months before and after camera installation dates. Strategically-placed cameras were not any different from randomly-placed cameras at deterring crime within their viewsheds; there were statistically significant reductions in auto thefts within viewsheds after camera installations; there were significant improvements to location quotient values for shootings and auto thefts after camera installations. There was no significant displacement and there was a small diffusion of benefits, which was greater for auto thefts than shootings. The system of cameras in Newark is not as efficient as it could be at deterring certain street crimes; some camera locations are significantly more effective than others. Results of a system-wide evaluation of CCTV cameras should not be the only basis for endorsing or contesting the use of CCTV cameras for crime control or prevention within a city. Future research should test whether
the effectiveness of CCTV cameras is dependent upon the micro-level attributes of environments within which they are installed.

Keywords:
Camera, CCTV, crime, deterrence, police, public surveillance, viewshed


ABSTRACT
The Evidence for Violence Prevention Across the Lifespan and Around the World is the summary of a workshop convened in January 2013 by the Institute of Medicine's Forum on Global Violence Prevention to explore value and application of the evidence for violence prevention across the lifespan and around the world. As part of the Forum's mandate is to engage in multisectoral, multidirectional dialogue that explores crosscutting approaches to violence prevention, this workshop examined how existing evidence for violence prevention can continue to be expanded, disseminated, and implemented in ways that further the ultimate aims of improved individual well-being and safer communities. This report examines violence prevention interventions that have been proven to reduce different types of violence (e.g., child and elder abuse, intimate partner and sexual violence, youth and collective violence, and self-directed violence), identifies the common approaches most lacking in evidentiary support, and discusses ways that proven effective interventions can be integrated or otherwise linked with other prevention programmes.


ABSTRACT
Neighbourhood-level interventions provide an opportunity to better understand the impact that neighbourhoods have on health. In 2004, municipal authorities in Medellin, Colombia, built a public transit system to connect isolated low-income neighbourhoods to the city's urban centre. Transit-oriented development was accompanied by municipal investment in neighbourhood infrastructure. In this study, the authors examined the effects of this exogenous change in the built environment on violence. Neighbourhood conditions and violence were assessed in intervention neighbourhoods (n = 25) and comparable control neighbourhoods (n = 23) before (2003) and after (2008) completion of the transit project, using a longitudinal sample of 466 residents and homicide records from the Office of the Public Prosecutor. Baseline differences between these groups were of the same magnitude as random assignment of neighbourhoods would have generated, and differences that remained after propensity score matching closely resembled
imbalances produced by paired randomisation. Permutation tests were used to estimate differential change in the outcomes of interest in intervention neighbourhoods versus control neighbourhoods. The decline in the homicide rate was 66 percent greater in intervention neighbourhoods than in control neighbourhoods (rate ratio = 0.33, 95 percent confidence interval: 0.18, 0.61), and resident reports of violence decreased 75 percent more in intervention neighbourhoods (odds ratio = 0.25, 95 percent confidence interval 0.11, 0.67). These results show that interventions in neighbourhood physical infrastructure can reduce violence.


ABSTRACT

Although urban women generally enjoy some advantages over their rural counterparts, a range of gender inequalities and injustices persist in urban areas that constrain their engagement in the labour market and in informal enterprises and inhibit the development of capabilities among younger women. These include unequal access to decent work, human capital acquisition, financial and physical assets, intra-urban mobility, personal safety and security, and representation in formal structures of urban governance. But the nature of these varies for different groups of women, not only on account of poverty status and where they live in the city, but also according to age, household characteristics, degree of engagement in income-generating activities and so on. This paper reviews what we have learnt from the literature on gender and urban development. It discusses disparities in access to education and vocational training and to land and housing ownership through a “gender lens”. It considers service deficiencies and associated time burdens, which limit income generation among women. Violence and gender, and gender divisions in access to different spaces within the city and in engagement in urban politics, are also covered. These factors cast doubt on whether women’s contributions to the prosperity often associated with urbanisation are matched by commensurate returns and benefits.


No abstract available


ABSTRACT

The presence of peers increases risk taking among adolescents but not adults. We posited that the presence of peers may promote adolescent risk taking by sensitising brain regions associated with
the anticipation of potential rewards. Using fMRI, we measured brain activity in adolescents, young adults, and adults as they made decisions in a simulated driving task. Participants completed one task block while alone, and one block while their performance was observed by peers in an adjacent room. During peer observation blocks, adolescents selectively demonstrated greater activation in reward-related brain regions, including the ventral striatum and orbitofrontal cortex, and activity in these regions predicted subsequent risk taking. Brain areas associated with cognitive control were less strongly recruited by adolescents than adults, but activity in the cognitive control system did not vary with social context. Results suggest that the presence of peers increases adolescent risk taking by heightening sensitivity to the potential reward value of risky decisions.


ABSTRACT

Gun-related violence is a public health concern. This study synthesizes findings on associations between substance use and gun-related behaviours. Searches through PubMed, Embase, and PsycINFO located 66 studies published in English between 1992 and 2014. Most studies found a significant bivariate association between substance use and increased odds of gun-related behaviours. However, their association after adjustment was mixed, which could be attributed to a number of factors such as variations in definitions of substance use and gun activity, study design, sample demographics, and the specific covariates considered. Fewer studies identified a significant association between substance use and gun access/possession than other gun activities. The significant association between nonsubstance covariates (e.g., demographic covariates and other behavioural risk factors) and gun-related behaviours might have moderated the association between substance use and gun activities. Particularly, the strength of association between substance use and gun activities tended to reduce appreciably or to become nonsignificant after adjustment for mental disorders. Some studies indicated a positive association between the frequency of substance use and the odds of engaging in gun-related behaviours. Overall, the results suggest a need to consider substance use in research and prevention programmes for gun-related violence.

Keywords:
Gun-related behaviours, mental disorders, substance use

**ABSTRACT**

**Aim:**
This study examined how community alcohol outlet density may be associated with drinking among youths.

**Methods:**
Longitudinal data were collected from 1091 adolescents (aged 14-16 at baseline) recruited from 50 zip codes in California with varying levels of alcohol outlet density and median household income. Hierarchical linear models were used to examine the associations between zip code alcohol outlet density and frequency rates of general alcohol use and excessive drinking, taking into account zip code median household income and individual-level variables (age, gender, race/ethnicity, personal income, mobility and perceived drinking by parents and peers).

**Findings:**
When all other factors were controlled, higher initial levels of drinking and excessive drinking were observed among youths residing in zip codes with higher alcohol outlet densities. Growth in drinking and excessive drinking was, on average, more rapid in zip codes with lower alcohol outlet densities. The relation of zip code alcohol outlet density with drinking appeared to be mitigated by having friends with access to a car.

**Conclusions:**
Alcohol outlet density may play a significant role in initiation of underage drinking during early teenage, especially when youths have limited mobility. Youth who reside in areas with low alcohol outlet density may overcome geographic constraints through social networks that increase their mobility and the ability to seek alcohol and drinking opportunities beyond the local community.


**ABSTRACT**

Since Florida adopted the first castle doctrine law in 2005, more than 20 other states have passed similar self-defense laws that justify the use of deadly force in a wider set of circumstances. Elements of these laws include removing the duty to retreat in places outside of one’s home, adding a presumption of reasonable belief of imminent harm necessitating a lethal response, and removing civil liability for those acting under the law. This paper examines whether aiding self-
defense in this way deters crime or, alternatively, escalates violence. To do so, we apply a
difference-in-differences research design by exploiting the within-state variation in law adoption.
We find no evidence of deterrence; burglary, robbery, and aggravated assault are unaffected by
the laws. On the other hand, we find that murder and non-negligent manslaughter are increased
by 7 to 9 percent. This could represent either increased use of lethal force in self-defense
situations, or the escalation of violence in otherwise non-lethal situations. Regardless, the results
indicate that a primary consequence of strengthening self-defense law is increased homicide.


ABSTRACT

Hospital emergency departments (EDs) see many patients with alcohol-related injuries and
therefore frequently are used to assess the relationship between alcohol consumption and injury
risk. These studies typically use either case–control or case–crossover designs. Case–control
studies, which compare injured ED patients with either medical ED patients or the general
population, found an increased risk of injury after alcohol consumption, but differences between
the case and control subjects partly may account for this effect. Case–crossover designs, which
avoid this potential confounding factor by using the injured patients as their own control subjects,
also found elevated rates of injury risk after alcohol consumption. However, the degree to which
risk is increased can vary depending on the study design used. Other factors influencing injury
risk include concurrent use of other drugs and drinking patterns. Additional studies have evaluated
cross-country variation in injury risk as well as the risk by type (i.e., intentional vs. unintentional)
and cause of the injury. Finally, ED studies have helped determine the alcohol-attributable
fraction of injuries, the causal attribution of injuries to drinking, and the impact of others’
drinking. Although these studies have some limitations, they have provided valuable insight into
the association between drinking and injury risk.

Keywords:
Alcohol consumption, alcohol-related injury, alcohol and drug related-injury, alcohol-attributable
fractions, risk factors, alcohol and other drug-induced risk, hospital, emergency department,
emergency room, emergency care, trauma, injury, intentional injury, unintentional injury,
patients, case-control studies, case-crossover studies

**ABSTRACT**

This paper evaluates the role that an after-school may play in the educational outcomes of children living in poor suburbs. Previous evaluations have focussed on average effects, with mixed findings. A possible explanation of these inconclusive findings is that after-school programmes may have heterogeneous effects. Our hypothesis is that the impact of after-school programmes depends on parent type. Exploiting the existence of oversubscription for an after-school placed in the poorest region of a developing country, we design a randomised trial to assess the effects on academic achievement, behaviour, and grade retention at 1st grade in primary school. Employing an intention-to-treat approach, we find that the after-school programme under analysis is effective in raising children's school achievement for those with a committed parent type. These results may be crucial for the designing of policy since increasing time in safe, supervised settings is not enough: the after-school programme demands parents' involvement.

**Keywords:**
After-school, education, impact evaluation, randomised field experiment


**ABSTRACT**

**Research Summary:**
The use of focussed deterrence to reduce lethal violence driven by gangs and groups of chronic offenders has continued to expand since the initial Boston Ceasefire intervention in the 1990s, where prior evaluations have shown relatively consistent promise in terms of violence reduction. This study focusses on the capacity of focussed deterrence to impact lethal violence in a chronic and high-trajectory homicide setting: New Orleans, Louisiana. Using a two-phase analytical design, our evaluation of the Group Violence Reduction Strategy (GVRS) observed the following findings: (a) GVRS team members in the City of New Orleans closely followed model implementation; (b) homicides in New Orleans experienced a statistically significant reduction above and beyond changes observed in comparable lethally violent cities; (c) the greatest changes in targeted outcomes were observed in gang homicides, young Black male homicides, and firearms violence; and (d) the decline in targeted violence corresponded with the implementation of the pulling levers notification meetings. Moreover, the observed reduction in crime outcomes was not empirically associated with a complementary violence-reduction strategy that was simultaneously implemented in a small geographic area within the city.
Policy Implications:
The findings presented in this article demonstrate that focussed deterrence holds considerable promise as a violence prevention approach in urban contexts with persistent histories of lethal violence, heightened disadvantage, and undermined police (and institutional) legitimacy. The development of a multi-agency task force, combined with unwavering political support from the highest levels of government within the city, were likely linked to high programmatic fidelity. Organisationally, the development of a programme manager and intelligence analyst, along with the use of detailed problem analyses and the integration of research, assisted the New Orleans working group in identifying the highest risk groups of violent offenders to target for the GVRS notification sessions. The impacts on targeted violence were robust and consistent with the timing of the intervention.


**ABSTRACT**

Neighbourhood indicators of social disadvantage, such as poverty and unemployment, are associated with intimate partner violence (IPV). Despite the well-established link between heavy drinking and IPV, few studies have analysed the contribution of alcohol outlet density to the occurrence of IPV. Greater numbers of alcohol outlets in a community may be a sign of loosened normative constraints against violence, promote problem drinking among at-risk couples, and provide environments where groups of persons at risk for IPV may form and mutually reinforce IPV-related attitudes, norms, and problem behaviours. This study used ecological data to determine if alcohol outlet density (number of bars, restaurants serving alcohol, and off-premise outlets per unit area) is related to rates of IPV-related police calls and IPV-related crime reports in Sacramento, California. Separate analyses for IPV calls and crime reports were conducted using Bayesian space-time models adjusted for area characteristics (poverty rate, unemployment rate, racial/ethnic composition). The results showed that each additional off-premise alcohol outlet is associated with an approximate 4 percent increase in IPV-related police calls and an approximate 3 percent increase in IPV-related crime reports. Bars and restaurants were not associated with either outcome. The findings suggest that alcohol outlet density, especially off-premise outlets, appear to be related to IPV events. Further research is needed to understand the mechanisms by which neighbourhood factors, such as alcohol outlet density, affect IPV behaviours. Understanding these mechanisms is of public health importance for developing environmental IPV prevention strategies, such as changes in zoning, community action, education, and enforcement activities.

ABSTRACT

Humanitarian, security, and development actors are witnessing two distinct but intertwined trends that will have a dramatic impact on their operations. The first relates to the fact that the locus of global poverty and vulnerability to disaster are increasingly concentrated in fragile and conflict affected states. The second trend is associated with the notion that the world has entered a period of unprecedented urbanisation. For the first time in history, more people live inside urban centres than outside of them. As the world continues to urbanise, global emergencies will increasingly be concentrated in cities, particularly in lower income and fragile countries where the pace of urbanisation is fastest. Yet, despite the growing risks facing urban populations living in fragile and conflict affected countries, there is very little understanding of what can be done to reduce the risks posed to these cities and their populations.

Keywords: Urban violence, humanitarian response, extreme poverty, resilience


ABSTRACT

We reviewed evidence from more than 800 studies and reports on the burden and HIV implications of human rights violations against sex workers. Published research documents widespread abuses of human rights perpetrated by both state and non-state actors. Such violations directly and indirectly increase HIV susceptibility, and undermine effective HIV-prevention and intervention efforts. Violations include homicide; physical and sexual violence, from law enforcement, clients, and intimate partners; unlawful arrest and detention; discrimination in accessing health services; and forced HIV testing. Abuses occur across all policy regimes, although most profoundly where sex work is criminalised through punitive law. Protection of sex workers is essential to respect, protect, and meet their human rights, and to improve their health and well-being. Research findings affirm the value of rights-based HIV responses for sex workers, and underscore the obligation of states to uphold the rights of this marginalised population.

**ABSTRACT**

Many states have passed child access prevention (CAP) laws, which hold the gun owner responsible if a child gains access to a gun that is not securely stored. Previous research on CAP laws has focused exclusively on gun-related deaths even though most gun injuries are not fatal. We use annual hospital discharge data to investigate whether CAP laws are associated with decreased nonfatal gun injuries. Results from Poisson regressions that control for various hospital, county, and state characteristics, including state-specific fixed effects and time trends, indicate that CAP laws are associated with reductions in nonfatal gun injuries among children under age 18. Our results are bolstered by the absence of effects on other outcomes such as self-inflicted gun injuries among adults and non-gun self-inflicted injuries.


**ABSTRACT**

We examine cumulative and prospective effects of exposure to conflict and violence across four contexts (ethnic-political, community, family, school) on post-traumatic stress (PTS) symptoms in Palestinian and Israeli youth. Interviews were conducted with 600 Palestinian and 901 Israeli (Jewish and Arab) children (ages 8, 11, and 14) and their parents once a year for 3 consecutive years. Palestinian children, males, and older youth were generally at greatest risk for exposure to conflict/violence across contexts. Regression analysis found unique effects of exposure to ethnic-political (Palestinian sample), school (Palestinian and Israeli Jewish samples), and family conflict/violence (Israeli Arab sample) during the first 2 years on PTS symptoms in Year 3, controlling for prior PTS symptoms. Cumulative exposure to violence in more contexts during the first 2 years predicted higher subsequent PTS symptoms than did exposure to violence in fewer contexts, and this was true regardless of the youth's level of prior PTS symptoms. These results highlight the risk that ongoing exposure to violence across multiple contexts in the social ecology poses for the mental health of children in contexts of ethnic-political violence. Researchers and mental health professionals working with war-exposed youth in a given cultural context must assess both war- and non-war-related stressors affecting youth. Based on this assessment, interventions may not be limited to individual-based, war-trauma-focused approaches but also may include school-based, community-based, and family-level interventions.
ABSTRACT

Experiences of social rejection, exclusion or loss are generally considered to be some of the most 'painful' experiences that we endure. Indeed, many of us go to great lengths to avoid situations that may engender these experiences (such as public speaking). Why is it that these negative social experiences have such a profound effect on our emotional well-being? Emerging evidence suggests that experiences of social pain - the painful feelings associated with social disconnection - rely on some of the same neurobiological substrates that underlie experiences of physical pain. Understanding the ways in which physical and social pain overlap may provide new insights into the surprising relationship between these two types of experiences.

ABSTRACT

Alcohol consumption often leads to elevated rates of violence yet alcohol access policies continue to relax across the globe. Our review establishes the extent alcohol policy can moderate violent crime through alcohol availability restrictions. Results were informed from comprehensive selection of peer-reviewed journals from 1950 to October 2015. Our search identified 87 relevant studies on alcohol access and violence conducted across 12 countries. Seventeen studies included quasi-control design, and 23 conducted intervention analysis. Seventy-one (82 percent) reported a significant relationship between alcohol access and violent offenses. Alcohol outlet studies reported the greatest percentage of significant results (93 percent), with trading hours (63 percent), and alcohol price following (58 percent). Results from baseline studies indicated the effectiveness of increasing the price of commonly consumed alcohol, restricting the hours of alcohol trading, and limiting the number of alcohol outlets per region to prevent violent offenses. Unclear are the effects of tax reductions, restriction of on-premises re-entry, and different outlet types on violent crime. Further, the generalisation of statistics over broad areas and the low number of control/intervention studies poses some concern for confounding or correlated effects on study results, and amount of information for local-level prevention of interpersonal violence. Future studies should focus on gathering longitudinal data, validating models, limiting crime data to peak drinking days and times, and wherever possible collecting the joint distribution between violent crime, intoxication, and place. A greater uptake of local-level analysis will benefit studies comparing the influence of multiple alcohol establishment types by relating the location of a crime to establishment proximity. Despite, some uncertainties particular studies showed that even
modest policy changes, such as 1 percent increases in alcohol price, 1 h changes to closing times, and limiting establishment densities to <25 outlets per postal code substantively reduce violent crime.

Keywords:
Alcohol outlet density, alcohol policy, alcohol price, alcohol trading hours, violence


ABSTRACT

Objective:
To assess the costs and benefits of a partnership between health services, police and local government shown to reduce violence-related injury.

Methods:
Benefit-cost analysis.

Results:
Anonymised information sharing and use led to a reduction in wounding recorded by the police that reduced the economic and social costs of violence by £6.9 million in 2007 compared with the costs the intervention city, Cardiff UK, would have experienced in the absence of the programme. This includes a gross cost reduction of £1.25 million to the health service and £1.62 million to the criminal justice system in 2007. By contrast, the costs associated with the programme were modest: setup costs of software modifications and prevention strategies were £107 769, while the annual operating costs of the system were estimated as £210 433 (2003 UK pound). The cumulative social benefit-cost ratio of the programme from 2003 to 2007 was £82 in benefits for each pound spent on the programme, including a benefit-cost ratio of 14.80 for the health service and 19.1 for the criminal justice system. Each of these benefit-cost ratios is above 1 across a wide range of sensitivity analyses.

Conclusions:
An effective information-sharing partnership between health services, police and local government in Cardiff, UK, led to substantial cost savings for the health service and the criminal justice system compared with 14 other cities in England and Wales designated as similar by the UK government where this intervention was not implemented.
ABSTRACT

Adolescence is a developmental period characterised by increased reward-seeking behaviour. Investigators have used functional magnetic resonance imaging (fMRI) in conjunction with reward paradigms to test two opposing hypotheses about adolescent developmental changes in the striatum, a region implicated in reward processing. One hypothesis posits that the striatum is relatively hypo-responsive to rewards during adolescence, such that heightened reward-seeking behaviour is necessary to achieve the same activation as adults. Another view suggests that during adolescence the striatal reward system is hyper-responsive, which subsequently results in greater reward-seeking. While evidence for both hypotheses has been reported, the field has generally converged on this latter hypothesis based on compelling evidence. In this review, I describe the evidence to support this notion, speculate on the disparate fMRI findings and conclude with future areas of inquiry to this fascinating question.

Keywords:
Adolescence, brain development, reward, striatum


ABSTRACT

No one city in the world has a greater experience in urban wars, demobilisation and reintegration processes than Medellín. Over the past 30 years Medellín has suffered successive wars, sometimes simultaneously, involving drug cartels, urban militias, guerrillas and paramilitary forces. The city underwent military operations, peace negotiations and the return of thousands of fighters, all while facing ordinary violence. This article demonstrates that the central state interventions were crucial to producing needed changes to reduce violence, while efforts at the local level have been responsible for the changes in the local infrastructure and the sustainability of these improvements. Success depends on many vulnerable factors, though the main challenges to achieve the normalisation of security in the city have been exposed.

Keywords:
Medellín, demobilisation, reintegration, urban militias, guerrilla

**ABSTRACT**

Aid to fragile states is a major topic for international development. This article explores how unpacking fragility and studying its dimensions and forms can help to develop policy-relevant understandings of how states become more resilient and the role of aid therein. It highlights the particular challenges for donors in dealing with chronically fragile states and those with weak legitimacy, as well as how unpacking fragility can provide traction on how to take ‘local context’ into account. It draws in particular on the contributions to this special issue to provide examples from new analysis of particular fragile state transitions and cross-national perspectives.

**Keywords:**
Fragile states, fragility, foreign aid, aid effectiveness, local context, country ownership


**ABSTRACT**

**Objective:**
To review critically the past 10 years of research on youth suicide.

**Method:**
Research literature on youth suicide was reviewed following a systematic search of PsycINFO and Medline. The search for school-based suicide prevention programmes was expanded using two education databases: ERIC and Education Full Text. Finally, manual reviews of articles’ reference lists identified additional studies. The review focusses on epidemiology, risk factors, prevention strategies, and treatment protocols.

**Results:**
There has been a dramatic decrease in the youth suicide rate during the past decade. Although a number of factors have been posited for the decline, one of the more plausible ones appears to be the increase in antidepressants being prescribed for adolescents during this period. Youth psychiatric disorder, a family history of suicide and psychopathology, stressful life events, and access to firearms are key risk factors for youth suicide. Exciting new findings have emerged on the biology of suicide in adults, but, while encouraging, these are yet to be replicated in youths. Promising prevention strategies, including school-based skills training for students, screening for at-risk youths, education of primary care physicians, media education, and lethal-means restriction, need continuing evaluation studies. Dialectical behaviour therapy, cognitive-
behavioural therapy, and treatment with antidepressants have been identified as promising treatments but have not yet been tested in a randomised clinical trial of youth suicide.

**Conclusions:**
While tremendous strides have been made in our understanding of who is at risk for suicide, it is incumbent upon future research efforts to focus on the development and evaluation of empirically based suicide prevention and treatment protocols.


**ABSTRACT**

This conceptual and methodological article makes the case for a multidimensional empirical typology of state fragility. It presents a framework that defines fragile statehood as deficiencies in one or more of the core functions of the state: authority, capacity and legitimacy. Unlike available indices of state fragility, it suggests a route towards operationalisation that maintains this multidimensionality. The methodology presented should help in future research to identify clusters of countries that exhibit similar constellations of statehood, whereby ‘constellation’ refers to the specific mix of characteristics across the three dimensions. Such an identification of empirical types would fulfil a demand that exists both in academic research and among policy circles for finding a more realistic model of fragility at an intermediate level between single-case analyses and the far-too-broad category of state fragility.

**Keywords:**
Fragile states, statehood, fragility, state building, typology, mixture models


*No abstract available*
ABSTRACT

Background:
Denmark decreased its tax on spirits by 45 percent on 1 October 2003. Shortly thereafter, on 1 January 2004, Sweden increased its import quotas of privately imported alcohol, allowing travellers to bring in much larger amounts of alcohol from other European Union countries. Although these changes were assumed to increase alcohol-related harm in Sweden, particularly among people living close to Denmark, analyses based on survey data collected before and after these changes have not supported this assumption. The present article tests whether alcohol-related harm in southern Sweden was affected by these changes by analysing other indicators of alcohol-related harm, e.g. harm recorded in different kinds of registers.

Methods:
Interrupted time-series analysis was performed with monthly data on cases of hospitalisation due to acute alcohol poisoning, number of reported violent assaults and drunk driving for the years 2000-07 in southern Sweden using the northern parts of Sweden as a control and additionally controlling for two earlier major changes in quotas.

Results:
The findings were not consistent with respect to whether alcohol-related harm increased in southern Sweden after the decrease in Danish spirits tax and the increase in Swedish alcohol import quotas. On the one hand, an increase in acute alcohol poisonings was found, particularly in the 50-69 years age group, on the other hand, no increase was found in violent assaults and drunk driving.

Conclusions:
The present results raise important questions about the association between changes in availability and alcohol-related harms. More research using other methodological approaches and data is needed to obtain a comprehensive picture of what actually happened in southern Sweden.

ABSTRACT

Individuals who experience early adversity, such as child maltreatment, are at heightened risk for a broad array of social and health difficulties. However, little is known about how this behavioural risk is instantiated in the brain. Here we examine a neurobiological contribution to individual differences in human behaviour using methodology appropriate for use with paediatric populations paired with an in-depth measure of social behaviour. We show that alterations in the orbitofrontal cortex among individuals who experienced physical abuse are related to social difficulties. These data suggest a biological mechanism linking early social learning to later behavioural outcomes.


No abstract available


ABSTRACT

Aims:
Finland experienced a large reduction in alcohol prices in 2004 due to in the lowering of alcohol taxes by about one-third and the abolition of duty-free allowances for travellers from the European Union. We examined the effects of these changes on alcohol-related hospitalisations.

Design and Participants:
Time-series intervention analyses of monthly aggregations of hospitalisation for acute and chronic causes among men and women aged 15-39, 40-49, 50-69 and more than 69 years.

Setting:
Finland, 1996-2006.
Findings:
After the price reduction the chronic hospitalisation rate for men increased among those below age 70 years. It was largest among those aged 50-69 years: 22 percent, which implies an increase of 18.0 monthly hospitalisations per 100,000 person-years, and there was an 11 percent and 16 percent (11.5 and 4.8 monthly hospitalisations) increase among those aged 40-49 and 15-39, respectively. Among women the rate increased by 23 percent (4.0 monthly hospitalisations) in the 50-69-year-olds, and decreased in the under-40s. The increase in all the population groups was due mainly to an increase in mental and behavioural disorders due to alcohol. Acute hospitalisations increased by 17 percent and 20 percent (6.2 and 7.0 per month) among men aged 40-49 and 50-69 years, respectively, and by 38 percent among women aged 50-69 years (2.3 per month).

Conclusions:
The results, obtained in a natural experimental setting when trends and seasonal variation had been taken into account, suggest that the reduction in alcohol prices led to increases in alcohol-related hospitalisation in certain population groups, mainly among 50-69-year-olds, in Finland.


ABSTRACT
Theories make varying predictions regarding the functional form of the relationship between neighbourhood poverty and crime rates, ranging from a diminishing positive effect, to a linear positive effect, to an exponentially increasing or even threshold effect. Nonetheless, surprisingly little empirical evidence exists testing this functional form. This study estimates the functional form of the relationship between poverty and various types of serious crime in a sample of census tracts for 25 cities, and it finds that a diminishing positive effect most appropriately characterises this relationship whether estimating the models nonparametrically or parametrically. Only for the crime of murder does some evidence exist of an accelerating effect, although this occurs in the range of 20 to 40 percent in poverty, with a levelling effect on crime beyond this point of very high poverty. Thus, no evidence is found here in support of the postulate of scholars extending William Julius Wilson's (1987) insight that neighbourhoods with very high levels of poverty will experience an exponentially higher rate of crime compared with other neighbourhoods.


No abstract available
ABSTRACT

Violence perpetrated by and against men and boys is a major public health problem. Although individual men's use of violence differs, engagement of all men and boys in action to prevent violence against women and girls is essential. We discuss why this engagement approach is theoretically important and how prevention interventions have developed from treating men simply as perpetrators of violence against women and girls or as allies of women in its prevention, to approaches that seek to transform the relations, social norms, and systems that sustain gender inequality and violence. We review evidence of intervention effectiveness in the reduction of violence or its risk factors, features commonly seen in more effective interventions, and how strong evidence-based interventions can be developed with more robust use of theory. Future interventions should emphasise work with both men and boys and women and girls to change social norms on gender relations, and need to appropriately accommodate the differences between men and women in the design of programmes.


ABSTRACT

Objectives:
If offending were simply displaced following (often spatially) focussed crime reduction initiatives, the continued expenditure of resources on this approach to crime reduction would be pointless. The aims of this article were to: critically appraise the current body of displacement research; identify gaps in understanding; articulate an agenda for future research; and to consider the implications of the accumulated findings for practitioners, evaluators, and policymakers.

Methods:
First, we review existing criminological theory regarding crime displacement and the alternative perspective—that crime prevention activity might generate a diffusion of crime control benefits. Second, we review the empirical research, focussing in particular on the findings of existing systematic reviews. Third, we consider the types of displacement that might occur and the methodological approaches employed to study them.
Results:
Theoretical and empirical research suggests that displacement is far from inevitable and that a diffusion of crime control benefit is at least as likely. However, some forms of displacement have not been adequately studied.

Conclusions:
Existing research suggests that successful crime reduction interventions often have a positive impact on crime that extends beyond the direct recipients of a particular project. However, current understanding of crime displacement and how benefits might diffuse remains incomplete. Consequently, to inform an agenda for future research, we derive a typology of methodological issues associated with studying displacement, along with suggestions as to how they might be addressed.

Keywords:
Crime displacement, situational crime prevention, crime reduction, diffusion of benefits, problem-oriented policing, crime patterns, focussed policing


ABSTRACT

Problem:
Gang violence affects many adolescents in the United States, and there has been an increase in violent crimes against adolescents in recent years.

Method:
A literature review examined studies related to gang violence.

Findings:
Little research has focussed on adolescents' exposure to gang violence and its effects on adolescents' mental health. Adolescents develop internalising symptoms and externalising behaviours after exposure to violence; but other factors influence adolescents' exposure and reaction to violence.

Conclusions:
With the increase in gang violence over the years, more research is needed on gang violence and its effects on adolescents and their mental health.

No abstract available


**ABSTRACT**

**Background:**
Injuries are a significant public health burden and alcohol intoxication is recognised as a risk factor for injuries. There is increasing attention on supply-side interventions, which aim to modify the environment and context within which alcohol is supplied and consumed.

**Objectives:**
To quantify the effectiveness of interventions implemented in the server setting for reducing injuries.

**Search Strategy:**
We searched the Cochrane Injuries Group Specialised Register (September 2004), Cochrane Central Register of Controlled Trials (The Cochrane Library Issue 3, 2004), MEDLINE (January 1966 to September 2004), EMBASE (1980 to 2004, wk 36), other specialised databases and reference lists of articles. We also contacted experts in the field.

**Selection Criteria:**
Randomised controlled trials (RCTs) and non-randomised controlled studies (NRS) of the effectiveness of interventions administered in the server setting which attempted to modify the conditions under which alcohol is served and consumed, to facilitate sensible alcohol consumption and reduce the occurrence of alcohol-related harm.

**Data Collection and Analysis:**
Two authors independently screened search results and assessed the full texts of potentially relevant studies for inclusion. Data were extracted and methodological quality was examined. Due to variability in the intervention types investigated, a pooled analysis was not appropriate.

**Main Results:**
Twenty studies met the inclusion criteria. Overall methodological quality was poor. Five studies used an injury outcome measure; only one of these studies was randomised. The studies were grouped into broad categories according to intervention type. One NRS investigated server training and estimated a reduction of 23 percent in single vehicle night-time crashes in the experimental area (controlled for crashes in the control area). Another NRS examined the impact
of a drink driving service, and reported a reduction in injury road crashes of 15 percent in the experimental area, with no change in the control; no difference was found for fatal crashes. One NRS investigating the impact of a policy intervention, reported that pre-intervention the serious assault rate in the experimental area was 52 percent higher than the rate in the control area. After intervention, the serious assault rate in the experimental area was 37 percent lower than in the control. The only RCT targeting the server setting environment with an injury outcome compared toughened glassware (experimental) to annealed glassware (control) on number of bar staff injuries; a greater number of injuries were detected in the experimental group (relative risk 1.72, 95 percent CI 1.15 to 2.59). A NRS investigating the impact of an intervention aiming to reduce crime experienced by drinking premises; found a lower rate of all crime in the experimental premises (rate ratio 4.6, 95 percent CI 1.7 to 12, P = 0.01), no difference was found for injury (rate ratio 1.1, 95 percent CI 0.1 to 10, P = 0.093). The effectiveness of the interventions on patron alcohol consumption is inconclusive. One randomised trial found a statistically significant reduction in observed severe aggression exhibited by patrons. There is some indication of improved server behaviour but it is difficult to predict what effect this might have on injury risk.

**Authors' Conclusions:**

There is no reliable evidence that interventions in the alcohol server setting are effective in reducing injury. Compliance with interventions appears to be a problem; hence mandated interventions may be more likely to show an effect. Randomised controlled trials, with adequate allocation concealment and blinding are required to improve the evidence base. Further well conducted non-randomised trials are also needed, when random allocation is not feasible.


**ABSTRACT**

Since the mid-1990s a plethora of indicator projects have been developed and adopted by cities seeking to measure and monitor various aspects of urban systems. These have been accompanied by city benchmarking endeavours that seek to compare intra- and inter-urban performance. More recently, the data underpinning such projects have started to become more open to citizens, more real-time in nature generated through sensors and locative/social media, and displayed via interactive visualisations and dashboards that can be accessed via the internet. In this paper, we examine such initiatives arguing that they advance a narrowly conceived but powerful realist epistemology – the city as visualised facts – that is reshaping how managers and citizens come to know and govern cities. We set out how and to what ends indicator, benchmarking and dashboard initiatives are being employed by cities. We argue that whilst these initiatives often seek to make urban processes and performance more transparent and to improve decision making, they are also underpinned by a naïve instrumental rationality, are open to manipulation by vested interests, and suffer from often unacknowledged methodological and technical issues. Drawing on our own
experience of working on indicator and dashboard projects, we argue for a conceptual re-imaging of such projects as data assemblages – complex, politically-infused, socio-technical systems that, rather than reflecting cities, actively frame and produce them.

**Keywords:**
Indicators, benchmarking, dashboards, epistemology, dataassemblage, governance, cities, real-time


**ABSTRACT**

How similar are the experiences of social rejection and physical pain? Extant research suggests that a network of brain regions that support the affective but not the sensory components of physical pain underlie both experiences. Here we demonstrate that when rejection is powerfully elicited—by having people who recently experienced an unwanted break-up view a photograph of their ex-partner as they think about being rejected—areas that support the sensory components of physical pain (secondary somatosensory cortex; dorsal posterior insula) become active. We demonstrate the overlap between social rejection and physical pain in these areas by comparing both conditions in the same individuals using functional MRI. We further demonstrate the specificity of the secondary somatosensory cortex and dorsal posterior insula activity to physical pain by comparing activated locations in our study with a database of over 500 published studies. Activation in these regions was highly diagnostic of physical pain, with positive predictive values up to 88 percent. These results give new meaning to the idea that rejection “hurts.” They demonstrate that rejection and physical pain are similar not only in that they are both distressing—they share a common somatosensory representation as well.

**Keywords:**
Emotion, social pain, affective neuroscience, psychological distress and neuroimaging


**ABSTRACT**

Strategies to enforce underage drinking laws are aimed at reducing youth access to alcohol from commercial and social sources and deterring its possession and use. However, little is known about the processes through which enforcement strategies may affect underage drinking. The
The purpose of the current study is to present and test a conceptual model that specifies possible direct and indirect relationships among adolescents’ perception of community alcohol norms, enforcement of underage drinking laws, personal beliefs (perceived parental disapproval of alcohol use, perceived alcohol availability, perceived drinking by peers, perceived harm and personal disapproval of alcohol use), and their past-30-day alcohol use. This study used data from 17,830 middle and high school students who participated in the 2007 Oregon Health Teens Survey. Structural equations modelling indicated that perceived community disapproval of adolescents’ alcohol use was directly and positively related to perceived local police enforcement of underage drinking laws. In addition, adolescents’ personal beliefs appeared to mediate the relationship between perceived enforcement of underage drinking laws and past-30-day alcohol use. Enforcement of underage drinking laws appeared to partially mediate the relationship between perceived community disapproval and personal beliefs related to alcohol use. Results of this study suggest that environmental prevention efforts to reduce underage drinking should target adults’ attitudes and community norms about underage drinking as well as the beliefs of youth themselves.

**Keywords:**
Underage drinking, community norms, enforcement of minimum legal drinking age laws, personal beliefs, prevention


**ABSTRACT**

Sexual violence continues to be a significant public health problem worldwide with serious consequences for individuals and communities. The implementation of prevention strategies that address risk and protective factors for sexual violence at the community level are important components of a comprehensive approach, but few such strategies have been identified or evaluated. The current review explores one potential opportunity for preventing sexual violence perpetration at the community level: alcohol policy. Alcohol policy has the potential to impact sexual violence perpetration through the direct effects of excessive alcohol consumption on behaviour or through the impact of alcohol and alcohol outlets on social organisation within communities. Policies affecting alcohol pricing, sale time, outlet density, drinking environment, marketing, and college environment are reviewed to identify existing evidence of impact on rates of sexual violence or related outcomes, including risk factors and related health behaviours. Several policy areas with initial evidence of an association with sexual violence outcomes were identified, including policies affecting alcohol pricing, alcohol outlet density, barroom management, sexist content in alcohol marketing, and policies banning alcohol on campus and in substance-free dorms. We identify other policy areas with evidence of an impact on related outcomes and risk factors that may also hold potential as a preventative approach for sexual violence perpetration. Evidence from the current review suggests that alcohol policy may
represent one promising avenue for the prevention of sexual violence perpetration at the community level, but additional research is needed to directly examine effects on sexual violence outcomes.


**ABSTRACT**

**Aims:**
A small number of studies have identified a positive relationship between alcohol outlet density and domestic violence. These studies have all been based on cross-sectional data and have been limited to the assessment of ecological correlations between outlet density and domestic violence rates. This study provides the first longitudinal examination of this relationship.

**Design:**
Cross-sectional time-series using aggregated data from small areas. The relationships between alcohol outlet density and domestic violence were assessed over time using a fixed-effects model. Controls for the spatial autocorrelation of the data were included in the model.

**Setting:**
The study uses data for 186 postcodes from within the metropolitan area of Melbourne, Australia for the years 1996 to 2005.

**Measures:**
Alcohol outlet density measures for three different types of outlets (hotel/pub, packaged liquor, on-premise) were derived from liquor licensing records and domestic violence rates were calculated from police-recorded crime data, based on the victim's postcode.

**Findings:**
Alcohol outlet density was associated significantly with rates of domestic violence, over time. All three licence categories were positively associated with domestic violence rates, with small effects for general (pub) and on-premise licences and a large effect for packaged liquor licences.

**Conclusions:**
In Melbourne, the density of liquor licences is positively associated with rates of domestic violence over time. The effects were particularly large for packaged liquor outlets, suggesting a need for licensing policies that pay more attention to off-premise alcohol availability.
Access to alcohol among individuals under 21 years of age continues to be a public health concern with approximately 5000 youth deaths attributable to alcohol each year (US Department of Health and Human Services 2007). To date, there is no research on youth access to alcohol from commercial sources within rural communities with large populations of Native American families. We evaluated commercial access to alcohol by underage-appearing female confederates in 4 rural towns within the Cherokee Nation, a non-reservation tribal jurisdiction that includes a high proportion of Native Americans embedded within a predominately White population. Alcohol purchase attempts were conducted approximately every 4 weeks on 10 occasions for a total of 997 alcohol purchase attempts. In addition to purchase attempt outcome, we collected data on characteristics of the outlets and clerks. Alcohol was sold to confederates without use of age identification on 23 percent of all purchase attempts. Across repeated attempts, 76 percent of outlets sold alcohol to a confederate at least once. Males and younger clerks were more likely to sell alcohol to the confederates. Grocery stores and gas stations were more likely to sell alcohol to the confederate than liquor stores, but this effect was no longer significant once seller age was accounted for in a multivariable model. Three out of 4 outlets sold alcohol to young-appearing buyers at least once across repeated attempts. Results reinforce the continuing need for regular enforcement of laws against selling alcohol to minors.

Keywords: Alcohol purchase attempts, compliance checks, underage drinking, adolescents, Native Americans

Background: Violent offending by veterans of the Iraq and Afghanistan conflicts is a cause for concern and there is much public debate about the proportion of ex-military personnel in the criminal justice system for violent offences. Although the psychological effects of conflict are well documented, the potential legacy of violent offending has yet to be ascertained. We describe our use of criminal records to investigate the effect of deployment, combat, and post-deployment mental health problems on violent offending among military personnel relative to pre-existing risk factors.
Methods:
In this cohort study, we linked data from 13,856 randomly selected, serving and ex-serving UK military personnel with national criminal records stored on the Ministry of Justice Police National Computer database. We describe offending during the lifetime of the participants and assess the risk factors for violent offending.

Findings:
2139 (weighted 17.0 percent) of 12,359 male UK military personnel had a criminal record for any offence during their lifetime. Violent offenders (1369 [11.0 percent]) were the most prevalent offender types; prevalence was highest in men aged 30 years or younger (521 [20.6 percent] of 2728) and fell with age (164 [4.7 percent] of 3027 at age >45 years). Deployment was not independently associated with increased risk of violent offending, but serving in a combat role conferred an additional risk, even after adjustment for confounders (violent offending in 137 [6.3 percent] of 2178 men deployed in a combat role vs 140 (2.4 percent) of 5797 deployed in a non-combat role; adjusted hazard ratio 1.53, 95 percent CI 1.15–2.03; p=0.003). Increased exposure to traumatic events during deployment also increased risk of violent offending (violent offending in 104 [4.1 percent] of 2753 men with exposure to two to four traumatic events vs 56 [1.6 percent] of 2944 with zero to one traumatic event, 1.77, 1.21–2.58, p=0.003; and violent offending in 122 [5.1 percent] of 2582 men with exposure to five to 16 traumatic events, 1.65, 1.12–2.40, p=0.01; test for trend, p=0.032). Violent offending was strongly associated with post-deployment alcohol misuse (violent offending in 120 [9.0 percent] of 1363 men with alcohol misuse vs 155 [2.3 percent] of 6768 with no alcohol misuse; 2.16, 1.62–2.90; p<0.0001), post-traumatic stress disorder (violent offending in 25 [8.6 percent] of 344 men with post-traumatic stress disorder vs 221 [3.0 percent] of 7256 with no symptoms of post-traumatic stress disorder; 2.20, 1.36–3.55; p=0.001), and high levels of self-reported aggressive behaviour (violent offending in 56 [6.7 percent] of 856 men with an aggression score of six to 16 vs 22 [1.2 percent] of 1685 with an aggression score of zero; 2.47, 1.37–4.46; p=0.003). Of the post-traumatic stress disorder symptoms, the hyperarousal cluster was most strongly associated with violent offending (2.01, 1.50–2.70; p<0.0001).

Interpretation:
Alcohol misuse and aggressive behaviour might be appropriate targets for interventions, but any action must be evidence based. Post-traumatic stress disorder, though less prevalent, is also a risk factor for violence, especially hyperarousal symptoms, so if diagnosed it should be appropriately treated and associated risk monitored.

**ABSTRACT**

This article uses a set of case histories to describe the physical and social terrain of violence in Cité Soleil, Haiti, before and after the January 2010 earthquake. Employing empirical data, it aims to interrogate our standard categorisation and analysis of violence and of community responses to violence. The study is guided by the practical questions of how individuals and groups navigate and respond to the ever-changing configurations of violence in their neighbourhoods. This violence is considered both as specific to Haiti in its details and as an exemplar of a general problem that afflicts nations that are marginal to, and marginalised by, current processes of globalisation.


**ABSTRACT**

To understand how family relations and dynamics were associated with firearm ownership among US families with 4-year-olds and with firearm storage among those families with firearms, controlling for sociodemographic characteristics of families and states. With representative data from the Early Childhood Longitudinal Study-Birth Cohort (n = 8,100), logistic regression models employed a set of family process variables (e.g., parenting practices, parental stress, maternal depression, and safety behaviours) as (1) predictors of firearm ownership among all families and, (2) as predictors of safe firearm storage among firearm owning families. An estimated 22 percent of families with pre-kindergarten age children reported having firearms in their households. Among firearm owning families, 69 percent of families kept firearms in a locked cabinet. Comparing families who did and did not report owning firearms, those who did were more likely to report spanking their children. Firearm owning parents who reported higher levels of parenting stress and lower likelihood that their child always wore a helmet when bicycling were also more likely to report unsafe firearm storage practices. Family processes differentiated both firearm owners from non-firearm owners and firearms owners who locked up their firearms from firearm owners who did not. These findings suggest that firearm ownership and firearm safety behaviours likely arise from a more general family context related to child health and safety.

**ABSTRACT**

**Objective:**
We assessed the effectiveness of South Africa's Firearm Control Act (FCA), passed in 2000, on firearm homicide rates compared with rates of non-firearm homicide across 5 South African cities from 2001 to 2005.

**Methods:**
We conducted a retrospective population-based study of 37,067 firearm and non-firearm homicide cases. Generalised linear models helped estimate and compare time trends of firearm and non-firearm homicides, adjusting for age, sex, race, day of week, city, year of death, and population size.

**Results:**
There was a statistically significant decreasing trend regarding firearm homicides from 2001, with an adjusted year-on-year homicide rate ratio of 0.864 (95 percent confidence interval [CI] = 0.848, 0.880), representing a decrease of 13.6 percent per annum. The year-on-year decrease in nonfirearm homicide rates was also significant, but considerably lower at 0.976 (95 percent CI = 0.954, 0.997). Results suggest that 4585 (95 percent CI = 4427, 4723) lives were saved across 5 cities from 2001 to 2005 because of the FCA.

**Conclusions:**
Strength, timing and consistent decline suggest stricter gun control mediated by the FCA accounted for a significant decrease in homicide overall, and firearm homicide in particular, during the study period.


*No abstract available*

**ABSTRACT**

The neurobiological mechanisms by which childhood maltreatment heightens vulnerability to psychopathology remain poorly understood. It is likely that a complex interaction between environmental experiences (including poor caregiving) and an individual's genetic make-up influence neurobiological development across infancy and childhood, which in turn sets the stage for a child's psychological and emotional development. This review provides a concise synopsis of those studies investigating the neurobiological and genetic factors associated with childhood maltreatment and adversity. We first provide an overview of the neuroendocrine findings, drawing from animal and human studies. These studies indicate an association between early adversity and atypical development of the hypothalamic-pituitary-adrenal (HPA) axis stress response, which can predispose to psychiatric vulnerability in adulthood. We then review the neuroimaging findings of structural and functional brain differences in children and adults who have experienced childhood maltreatment. These studies offer evidence of several structural differences associated with early stress, most notably in the corpus callosum in children and the hippocampus in adults; functional studies have reported atypical activation of several brain regions, including decreased activity of the prefrontal cortex. Next we consider studies that suggest that the effect of environmental adversity may be conditional on an individual's genotype. We also briefly consider the possible role that epigenetic mechanisms might play in mediating the impact of early adversity. Finally, we consider several ways in which the neurobiological and genetic research may be relevant to clinical practice and intervention.


**ABSTRACT**

A causal relationship between controlled substances and firearm violence has been widely assumed in the United States, and federal law prohibits individuals who are “unlawful users of or addicted to any controlled substance” from purchasing or possessing firearms (68 FR 3750. 2003. Codified at 27 CFR §478.11). However, the law does a poor job of defining “unlawful users,” resulting in recent calls for a revised, actionable definition. Such a definition should be informed by research evidence, but to date the epidemiologic research on the relationship between controlled substances and violence has not been comprehensively reviewed. The initial goal of this review was to summarise the best available evidence on the relationship between controlled substances and firearm violence, but only 1 study specific to firearm violence was identified. We therefore reviewed studies of this relationship using broader measures of interpersonal violence and suicide, all of which included but were not limited to firearm violence, and measures of illicit
firearm carrying. Prospective longitudinal studies \((n = 22)\) from 1990 to 2014 were identified by using searches of online databases and citation tracking. Information was extracted from each study by using a standardised protocol. Quality of evidence was independently assessed by 2 reviewers. Aggregate measures of controlled substance use were associated with increased interpersonal violence and suicide, but evidence regarding the relationship between specific substances and violence was mixed. Involvement in illegal drug sales was consistently associated with interpersonal violence. To effectively revise extant federal law and delineate appropriate prohibiting criteria, more research is needed to understand the relationship between controlled substances and firearm violence.

**Keywords:**
Controlled substances, drug trafficking, firearms, homicide, street drugs, violence


**ABSTRACT**

This paper examines the nature and paradoxes of the relationship between urbanisation and gender-based violence, especially violence against women. It highlights how such violence varies according to geographic scale as well as a range of other causal and contextual processes in cities of the global South. The discussion highlights that while the underlying causes of gender-based violence rooted in patriarchal relations are ubiquitous across place, certain “triggers” or “risks” can lead to variations between urban and rural areas. However, it also argues that the existing data on gender-based violence makes it extremely difficult to make any accurate comparison between cities and the countryside and therefore it is more helpful to focus on the relationships between urbanisation and gender-based violence. On the one hand, cities provide women with greater opportunities to cope with violence more effectively in relation to tolerance, access to economic resources and institutional support. Yet on the other hand, social relations can be more fragmented, which can lead to greater incidence of violence as can the pressures of urban living, such as poverty, engagement in certain types of occupation, poor quality living conditions and the physical configuration of urban areas. Ultimately, cities themselves do not generate gender-based violence, and opportunities for reducing it can be enhanced in urban areas.


**ABSTRACT**

Adaptation to violent environments across development involves a multitude of cascading effects spanning many levels of analysis from genes to behaviour. In this review, we (a) examine the
potentiating effects of violence on genetic vulnerabilities and the functioning of neurotransmitter systems in producing both internalising and externalising psychopathology, (b) consider the impact of violence on the developing human stress and startle responses, and (c) brain development including the hippocampus and prefrontal cortex. This review integrates literature on the developmental effects of violence on rodents, non-human primates, and humans. Many neurobiological changes that are adaptive for survival in violent contexts become maladaptive in other environments, conferring life-long risk for psychopathology.

**Keywords:**
Abuse, adaptation, anxiety, depression, neurobiology


*No abstract available*


**ABSTRACT**

An emerging social category – the fragile city – can be described as a discrete metropolitan unit whose governance arrangements exhibit a declining ability and/or willingness to deliver on the social contract. Fragility is thus no longer ascribed by decision makers and analysts exclusively to nation-states and federal institutions. Rather, fragile cities are being reconceived as the primary sites of tomorrow’s warfare and development. Yet, surprisingly little is known about them. When do cities “tip” into fragility? How is fragility distributed within and between neighbourhoods? What allows some cities to cope, adapt and rebound from external and internal stresses? This article, drawing from emerging theoretical and policy literatures, finds that urban fragility is neither inevitable nor irreversible. To the contrary: it is the very resilience of cities, their neighbourhoods and institutions that is often overlooked in efforts to promote stability and development. Fragile cities themselves are constituted of sources of local resistance and agency that, in some cases, can be reinforced and from which positive lessons can be learned.


*No abstract available*
ABSTRACT

Background:
Recent evidence suggests that post-conflict stressors in addition to war trauma play an important role in the development of psychopathology.

Aims:
To investigate whether daily stressors mediate the association between war exposure and symptoms of post-traumatic stress and depression among war-affected youth.

Method:
Standardised assessments were conducted with 363 Sierra Leonean youth (26.7 percent female, mean age 20.9, s.d. = 3.38) 6 years post-war.

Results:
The extent of war exposures was significantly associated with post-traumatic stress symptoms ($P<0.05$) and a significant proportion was explained by indirect pathways through daily stressors ($0.089$, 95 percent CI $0.04-0.138$, $P<0.001$). In contrast, there was little evidence for an association from war exposure to depression scores ($P = 0.127$); rather any association was explained via indirect pathways through daily stressors ($0.103$, 95 percent CI $0.048-0.158$, $P<0.001$).

Conclusions:
Among war-affected youth, the association between war exposure and psychological distress was largely mediated by daily stressors, which have potential for modification with evidence-based intervention.

Millions of children live in nations affected by war, and yet the resources available to ensure their safety, health and psychological recovery from trauma are severely limited. It is well established that children exposed to war are vulnerable to increased rates of post-traumatic stress disorder (PTSD), depression, anxiety and externalising behaviours (i.e. hostility and conduct difficulties) as measured via structured clinical interviews and standardised questionnaires. Recent findings suggest a differential impact of war trauma on psychological disorder by gender. However, the
specific intermediate factors through which adversity exerts its effects on psychological health have not been well defined. Recent investigations have questioned the hypothesis that distress arises solely from war experiences, and are shifting the focus towards the important role that the post-conflict environment plays in mediating psychological adjustment. Daily stressors, the social and material challenges caused or worsened by political instability and poverty, have traditionally been neglected in assessments of psychological outcomes among war-affected populations. An examination of the specific mediating role (the proportion of associations that are explained by indirect pathways) of daily stressors may inform the development and implementation of interventions that have potential to improve a range of modifiable factors in the post-conflict setting. The current study therefore aimed to investigate, first, the degree to which trauma exposure is associated with post-traumatic stress and depression among war-affected youth 6 years following the Sierra Leonean civil war. Second, we aimed to determine the extent to which daily stressors mediate the association between war exposure and symptoms of post-traumatic stress and depression. Building on prior literature investigating mental health outcomes among war-affected youth, it was hypothesised that war trauma would be more closely associated with symptoms of post-traumatic stress than depression. Further, we predicted that in both cases, the relationship between war exposure and psychological outcomes would be mediated by daily stressors.


**ABSTRACT**

**Importance:**
Trauma is a leading cause of death and disability worldwide. In many low- and middle-income countries, formal trauma surveillance strategies have not yet been widely implemented.

**Objective:**
To formalise injury data collection at Groote Schuur Hospital, the chief academic hospital of the University of Cape Town, a level I trauma centre, and one of the largest trauma referral hospitals in the world.

**Design, Setting, and Participants:**
This was a prospective study of all trauma admissions from October 1, 2010, through September 30, 2011, at Groote Schuur Hospital. A standard admission form was developed with multidisciplinary input and was used for both clinical and data abstraction purposes. Analysis of data was performed in 3 parts: demographics of injury, injury risk by location, and access to and maturity of trauma services. Geographic information science was then used to create satellite imaging of injury "hot spots" and to track referral patterns. Finally, the World Health Organization
trauma system maturity index was used to evaluate the current breadth of the trauma system in place.

Main Outcomes and Measures:
The demographics of trauma patients, the distribution of injury in a large metropolitan catchment, and the patterns of injury referral and patient movement within the trauma system.

Results:
The minimum 34-point data set captured relevant demographic, geographic, incident, and clinical data for 9236 patients. Data field completion rates were highly variable. An analysis of demographics of injury (age, sex, and mechanism of injury) was performed. Most violence occurred toward males (71.3 percent) who were younger than 40 years of age (74.6 percent). We demonstrated high rates of violent interpersonal injury (71.6 percent of intentional injury) and motor vehicle injury (18.8 percent of all injuries). There was a strong association between injury and alcohol use, with alcohol implicated in at least 30.1 percent of trauma admissions. From a systems standpoint, the data suggest a mature pattern of referral consistent with the presence of an inclusive trauma system.

Conclusions and Relevance:
The implementation of injury surveillance at Groote Schuur Hospital improved insights about injury risk based on demographics and neighbourhood as well as access to service based on patterns of referral. This information will guide further development of South Africa's already advanced trauma system.


ABSTRACT

Until November 2012, no modern jurisdiction had removed the prohibition on the commercial production, distribution, and sale of marijuana for nonmedical purposes—not even the Netherlands. Government agencies in Colorado and Washington are now charged with granting production and processing licenses and developing regulations for legal marijuana, and other states and countries may follow. Our goal is not to address whether marijuana legalisation is a good or bad idea but, rather, to help policymakers understand the decisions they face and some lessons learned from research on public health approaches to regulating alcohol and tobacco over the past century.

No abstract available


**ABSTRACT**

This study investigates the concentration of nonfatal gunshot injuries within risky social networks. Using six years of data on gunshot victimisation and arrests in Chicago, we reconstruct patterns of co-offending for the city and locate gunshot victims within these networks. Results indicate that 70 percent of all nonfatal gunshot victims during the observation period can be located in co-offending networks comprised of less than 6 percent of the city's population. Results from logistic regression models suggest that as an individual's exposure to gunshot victims increases, so too do that individual's odds of victimisation. Furthermore, even small amounts of exposure can dramatically increase the odds of victimisation. For instance, every 1 percent increase in exposure to gunshot victims in one's immediate network increases the odds of victimisation by roughly 1.1 percent, holding all else constant. These observed associations are more pronounced for young minority males, and effects of exposure extend to indirect networks at distances of two to three steps removed. These findings imply that the risk of gunshot victimisation is more concentrated than previously thought, being concentrated in small and identifiable networks of individuals engaging in risky behaviour, in this case criminal activity.

Keywords: Social networks, gunshot injuries, social contagion, health disparities, violence


**ABSTRACT**

As the global population is concentrated into complex environments, rapid urbanisation increases the threat of conflict and insecurity. Many fast-growing cities create conditions of significant disparities in standards of living, which set up a natural environment for conflict over resources. As urban slums become a haven for criminal elements, youth gangs, and the arms trade, they also create insecurity for much of the population. Specific populations, such as women, migrants, and refugees, bear the brunt of this lack of security, with significant impacts on their livelihoods, health, and access to basic services. This lack of security and violence also has great costs to the general population, both economic and social. Cities have increasingly become the battlefield of
recent conflicts as they serve as the seats of power and gateways to resources. International agencies, non-governmental organisations, and policy-makers must act to stem this tide of growing urban insecurity. Protecting urban populations and preventing future conflict will require better urban planning, investment in livelihood programmes for youth, cooperation with local communities, enhanced policing, and strengthening the capacity of judicial systems.


ABSTRACT
This article summarises the results from a Rapid Evidence Assessment (REA) to identify effective cross-sector, multi-agency urban youth firearms violence reduction strategies. Of the 129 studies identified through the systematic REA process, published from 1996–2013, 11 eligible studies met the inclusion criteria. Ten of these studies indicated sizable reductions in violence as measured by fatalities, gang-involved homicides, or shootings. Recommendations for violence reduction strategies and implications for future gun violence research are discussed.

Keywords:
Youth violence reduction, urban violence, gun violence, research synthesis


ABSTRACT

Objectives:
We investigated how state-level firearms legislation is associated with firearm ownership and storage among families with preschool-aged children.

Methods:
Using 2005 nationally representative data from the Early Childhood Longitudinal Study-Birth Cohort (n = 8100), we conducted multinomial regression models to examine the associations between state-level firearms legislation generally, child access prevention (CAP) firearms legislation specifically, and parental firearm ownership and storage safety practices.

Results:
Overall, 8 percent of families with children aged 4 years living in states with stronger firearm firearm laws and no CAP laws. Storage behaviours of firearm owners differed minimally across
legislative contexts. When we controlled for family- and state-level characteristics, we found that firearm legislation and CAP laws interacted to predict ownership and storage behaviours, with unsafe storage least likely among families in states with both CAP laws and stronger firearm legislation.

Conclusions:
Broader firearm legislation is linked with the efficacy of child-specific legislation in promoting responsible firearm ownership.


ABSTRACT

Background:
During the spring of 2007, the police reported a marked increase in violence and binge drinking related to high school student graduation parties on weekday nights at restaurants in Stockholm city. This spurred a multi-component community intervention project to reduce these problems.

Aims:
This study aims to evaluate the impact of the intervention on youth-related violence on weekday nights in 2008-2010.

Design and Method:
The outcome measure entailed the number of violence-related emergency room visits on weekday nights (10:00 pm-6:00 am) by adolescents aged 18-20 years. The study period was 1 April-31 May, which is when most student graduation parties took place. The data covered the years 2005-2010, with three data points before the intervention, and three after the intervention was introduced. Because the intervention was expected to apply to weekdays only, the control series involved a corresponding indicator pertaining to weekend nights (10:00 pm-6:00 am). The intervention effect was assessed by means of difference-in-differences estimation.

Results:
The estimated intervention effect according to the difference-in-differences estimation models was a statistically significant 23 percent reduction of violence among young people.

Discussion and Conclusions:
This type of intervention is a promising measure of preventing youth violence and deserves to be continued. Such continuation would also provide additional data required for a more conclusive assessment.
Keywords:
Sweden, binge drinking, community intervention, student parties, violence


ABSTRACT
The Pact for Life, the Public Security Policy implemented in Pernambuco in 2007, is identified as a successful policy that produced a large reduction in homicides in Pernambuco. This article seeks to discuss and interpret the main dimensions of this policy and also point to the progress and challenges, especially in how it is perceived by civil society organisations.

Keywords:
Pact for Life, homicide reduction, public policy, Brazil


ABSTRACT
Background:
The regulation of alcohol outlet density has been considered as a potential means of reducing alcohol consumption and related harms among underage youth. Whereas prior studies have examined whether alcohol outlet density was associated with an individual's alcohol consumption and related harms, this study examines whether it is related to the co-occurrence, or clustering, of these behaviours within geographic areas, specifically census tracts.

Methods:
The Enforcing Underage Drinking Laws Randomised Community Trial provided cross-sectional telephone survey data in 2006 and 2007 from 10,754 youth aged 14 to 20 from 5 states residing in 1,556 census tracts. The alternating logistic regression approach was used to estimate pairwise odds ratios between responses from youth residing in the same census tract and to model them as a function of alcohol outlet density.

Results:
Riding with a drinking driver, making an alcohol purchase attempt, and making a successful alcohol purchase attempt clustered significantly within census tracts with the highest off-premise alcohol outlet density while frequent drinking clustered within census tracts with the greatest on-
Conclusions:
Although youth primarily receive alcohol from social sources, commercial alcohol access is geographically concentrated within census tracts with the greatest off-premise outlet density. A potentially greater concern is the clustering of more frequent drinking and drinking and driving within census tracts with the greatest on-premise outlet density which may necessitate alternative census tract level initiatives to reduce these potentially harmful behaviours.


ABSTRACT

Objectives:
Test whether the exposure of street segments to five different potentially criminogenic facilities is positively related to violent, property, or disorder crime counts controlling for sociodemographic context. The geographic extent of the relationship is also explored.

Method:
Facility exposure is operationalised as total inverse distance from each street segment in Philadelphia, PA, to surrounding facilities within three threshold distances of 400, 800, and 1,200 feet. All distances are measured using shortest path street distance. Census block group data representing ethnic heterogeneity, concentrated disadvantage, and stability are proportionally allocated to each street block. Negative binomial regression is used to model the relationships.

Results:
Exposure to bars and subway stations was positively associated with violent, property, and disorder crime at all distance thresholds from street segments. Schools were associated with disorder offenses at all distance thresholds. The effects of exposure to halfway houses and drug treatment centres varied by distance and by crime type.

Conclusions:
Facilities have a significant effect on crime at nearby places even controlling for sociodemographic variables. The geographic extent of a facility’s criminogenic influence varies by type of facility and type of crime. Future research should examine additional types of facilities and include information about place management.

**ABSTRACT**

This article explains why homicides related to drug-trafficking operations in Mexico have recently increased by exploring the mechanisms through which this type of violence tends to escalate. It is shown that drug-related violence can be understood as the result of two factors: (a) homicides caused by traffickers battling to take control of a competitive market, and (b) casualties and arrests generated by law enforcement operations against traffickers. Both sources of violence interact causing Mexico to be locked into a “self-reinforcing violent equilibrium” in which incremental increases in traffickers’ confrontations raise the incentives of the government to prosecute traffickers which promote further confrontations with traffickers when, as a result of the detention of drug lords, the remnants of the criminal organisation fight each other in successive battles. This article presents quantitative evidence and case studies to assess the importance of the two mechanisms. It uses a unique dataset of recorded communications between drug traffickers and statistics on drug-related homicides.

**Keywords:**

Competition, crime, drugs, drug-related violence, drug trafficking, enforcement, equilibrium, Mexico, organised crime, self-reinforcing, violence.


**ABSTRACT**

This article is a reflection on police work carried out in Rio de Janeiro favelas, from the viewpoint of someone who works in the field as a police manager in an effort to present the risks, opportunities, mistakes and achievements of the Pacifying Police Units (UPPs), within the process of ‘pacification’ currently underway in Rio de Janeiro. The empirical data, based on observations recorded by the author during his time as coordinator of the UPPs, serves as a counterpoint to academic research produced on the subject.

ABSTRACT

Despite supportive evidence for an association between safe firearm storage and lower risk of firearm injury, the effectiveness of interventions that promote such practices remains unclear. Guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist, we conducted a systematic review of randomised and quasi-experimental controlled studies of safe firearm storage interventions using a prespecified search of 9 electronic databases with no restrictions on language, year, or location from inception through May 27, 2015. Study selection and data extraction were independently performed by 2 investigators. The Cochrane Collaboration's domain-specific tool for assessing risk of bias was used to evaluate the quality of included studies. Seven clinic- and community-based studies published in 2000-2012 using counselling with or without safety device provision met the inclusion criteria. All 3 studies that provided a safety device significantly improved firearm storage practices, while 3 of 4 studies that provided no safety device failed to show an effect. Heterogeneity of studies precluded conducting a meta-analysis. We discuss methodological considerations, gaps in the literature, and recommendations for conducting future studies. Although additional studies are needed, the totality of evidence suggests that counselling augmented by device provision can effectively encourage individuals to store their firearms safely.


No abstract available


ABSTRACT

Background:

Cali, Colombia, has a high incidence of interpersonal violence deaths. Various alcohol control policies have been implemented to reduce alcohol-related problems. The objective of this study was to determine whether different alcohol control policies were associated with changes in the incidence rate of homicides.
Methods:
Ecologic study conducted during 2004–08 using a time-series design. Policies were implemented with variations in hours of restriction of sales and consumption of alcohol. Most restrictive policies prohibited alcohol between 2 a.m. and 10 a.m. for 446 non-consecutive days. Moderately restrictive policies prohibited alcohol between 3 a.m. and 10 a.m. for 1277 non-consecutive days. Lax policies prohibited alcohol between 4 a.m. and 10 a.m. for 104 non-consecutive days. In conditional autoregressive negative binomial regressions, rates of homicides and unintentional injury deaths (excluding traffic events) were compared between different periods of days when different policies were in effect.

Results:
There was an increased risk of homicides in periods when the moderately restrictive policies were in effect compared with periods when the most restrictive policies were in effect [incidence rate ratio (IRR) 1.15, 90 percent confidence interval (CI) 1.05–1.26, \( P = 0.012 \)], and there was an even higher risk of homicides in periods when the lax policies were in effect compared with periods when the most restrictive policies were in effect (IRR 1.42, 90 percent CI 1.26–1.61, \( P < 0.001 \)). Less restrictive policies were not associated with increased risk of unintentional injury deaths.

Conclusions:
Extended hours of sales and consumption of alcohol were associated with increased risk of homicides. Strong restrictions on alcohol availability could reduce the incidence of interpersonal violence events in communities where homicides are high.

Keywords:
Interpersonal violence deaths, homicides, alcohol control policies, Cali, Colombia, time-series, autoregressive negative binomial regressions, unintentional injury deaths


ABSTRACT
Firearms account for a substantial proportion of external causes of death, injury, and disability across the world. Legislation to regulate firearms has often been passed with the intent of reducing problems related to their use. However, lack of clarity around which interventions are effective remains a major challenge for policy development. Aiming to meet this challenge, we systematically reviewed studies exploring the associations between firearm-related laws and firearm homicides, suicides, and unintentional injuries/deaths. We restricted our search to studies published from 1950 to 2014. Evidence from 130 studies in 10 countries suggests that in certain nations the simultaneous implementation of laws targeting multiple firearms restrictions is associated with reductions in firearm deaths. Laws restricting the purchase of (e.g., background
checks) and access to (e.g., safer storage) firearms are also associated with lower rates of intimate partner homicides and firearm unintentional deaths in children, respectively. Limitations of studies include challenges inherent to their ecological design, their execution, and the lack of robustness of findings to model specifications. High quality research on the association between the implementation or repeal of firearm legislation (rather than the evaluation of existing laws) and firearm injuries would lead to a better understanding of what interventions are likely to work given local contexts. This information is key to move this field forward and for the development of effective policies that may counteract the burden that firearm injuries pose on populations.

**Keywords:**
Death, firearms, homicide, legislation, suicide, weapons, wounds and injuries


**ABSTRACT**

**Objective:**
The purpose of this study was to assess the relationships among campus violence, student drinking levels, and the physical availability of alcohol at off-campus outlets in a multisite design.

**Method:**
An ecological analysis of on-campus violence was conducted at 32 U.S. colleges. Dependent variables included campus-reported rates of rape, robbery, assault, and burglary obtained from a U.S. Department of Education online database for the years 2000-2004. Measures of student alcohol use and demographics were obtained from student surveys conducted for the Social Norms Marketing Research Project from 2000 to 2004. Measures of alcohol-outlet density within 3 miles of each campus were obtained from state alcohol-licensing authorities for 2004.

**Results:**
Both on- and off-premise alcohol-outlet densities were associated with the campus rape-offense rate but not with the assault or robbery rates. Student drinking level was associated with both campus rape and assault rates but not with the campus robbery rate. The apparent effect of on-premise outlet density on campus rape-offense rates was reduced when student drinking level was included in the model, suggesting that the effect of on-premise outlet density may be mediated by student drinking level. Separate analyses revealed a similar mediational role for off-premise outlet density.

**Conclusions:**
These findings demonstrate that there is a campus-level association between sexual violence and the campus-community alcohol environment.
ABSTRACT

There is increasing interest in discovering mechanisms that mediate the effects of childhood stress on late-life disease morbidity and mortality. Previous studies have suggested one potential mechanism linking stress to cellular ageing, disease and mortality in humans: telomere erosion. We examined telomere erosion in relation to children's exposure to violence, a salient early-life stressor, which has known long-term consequences for well-being and is a major public-health and social-welfare problem. In the first prospective-longitudinal study with repeated telomere measurements in children while they experienced stress, we tested the hypothesis that childhood violence exposure would accelerate telomere erosion from age 5 to age 10 years. Violence was assessed as exposure to maternal domestic violence, frequent bullying victimisation and physical maltreatment by an adult. Participants were 236 children (49 percent females; 42 percent with one or more violence exposures) recruited from the Environmental-Risk Longitudinal Twin Study, a nationally representative 1994-1995 birth cohort. Each child's mean relative telomere length was measured simultaneously in baseline and follow-up DNA samples, using the quantitative PCR method for T/S ratio (the ratio of telomere repeat copy numbers to single-copy gene numbers). Compared with their counterparts, the children who experienced two or more kinds of violence exposure showed significantly more telomere erosion between age-5 baseline and age-10 follow-up measurements, even after adjusting for sex, socioeconomic status and body mass index (B=-0.052, s.e.=0.021, P=0.015). This finding provides support for a mechanism linking cumulative childhood stress to telomere maintenance, observed already at a young age, with potential impact for life-long health.

ABSTRACT

Objectives:
This paper synthesizes the effects on repeat offending reported in ten eligible randomised trials of face-to-face restorative justice conferences (RJC)s between crime victims, their accused or convicted offenders, and their respective kin and communities.

Methods:
After an exhaustive search strategy that examined 519 studies that could have been eligible for our rigorous inclusion criteria, we found ten that did. Included studies measured recidivism by
2 years of convictions after random assignment of 1,880 accused or convicted offenders who had consented to meet their consenting victims prior to random assignment, based on “intention-to-treat” analysis.

Results:
Our meta-analysis found that, on average, RJC's cause a modest but highly cost-effective reduction in the frequency of repeat offending by the consenting offenders randomly assigned to participate in such a conference. A cost-effectiveness estimate for the seven United Kingdom experiments found a ratio of 3.7–8.1 times more benefit in cost of crimes prevented than the cost of delivering RJC's.

Conclusions:
RJC's are a cost-effective means of reducing frequency of recidivism.

Keywords:
Restorative justice, conferencing, systematic review, meta-analysis, recidivism


ABSTRACT

Background:
Childhood maltreatment, particularly physical abuse (PA), increases the risk of alcohol use during young adulthood. Although prior research underscores the importance of examining the roles of PA-event characteristics such as timing of and chronicity of PA in initiating and maintaining alcohol use, few studies have explored the risk of developing alcohol use based on the timing and chronicity of PA.

Methods:
Using a community sample of 300 young adults (ages 18 to 25), this study examined how variations in timing and chronicity of PA relate to 4 distinct drinking behaviours including drinking frequency, binge drinking, alcohol-related problems, and alcohol use disorder (AUD) in the past 12 months. We controlled for sociodemographic information, other types of maltreatment, and common risk factors for alcohol use, such as psychological distress, parental alcoholism, and peer alcohol use in all analyses. This study used person-centred and developmental-stage-based characterisations of PA timing and chronicity to explore the relationship between timing and chronicity of PA and later drinking behaviours.
**Results:**
Overall, individuals who were physically abused, particularly during adolescence, and who chronically experienced PA, reported higher levels of monthly drinking frequency and more pathological drinking behaviours such as binge drinking, alcohol-related problems, and AUD.

**Conclusions:**
This study describes the specific roles of timing and chronicity of PA in understanding the increased vulnerability to alcohol use among victims of PA. Our findings suggest that PA during adolescence and chronic PA are related to problematic drinking behaviours in young adulthood.

**Keywords:**
Alcohol use, child maltreatment, chronicity, maltreatment timing, sensitive periods


**ABSTRACT**

Five waves of longitudinal data from a sample of minority youth living in extreme poverty were used to examine the impact of chronic exposure to violence on chronic violent behaviour. Given the rapid rate of developmental change during adolescence and the lack of multiyear studies of exposure to violence, semiparametric group-based modelling was used to identify trajectories of chronic exposure to violence (7 percent of youth), chronic violent victimisation (9 percent of youth), chronic vicarious victimisation (39 percent of youth), and chronic violent behaviour (12 percent of youth). The multivariate findings revealed that (a) youth with chronic exposure to violence were 3,150 percent (or 31.5 times) more likely to engage in chronic violent behaviour and (b) chronic vicarious victimisation was a significant predictor of chronic violent behaviour, after controlling for the effects of chronic violent victimisation. The theoretical and policy implications of these findings as well as areas for future research are discussed.


**ABSTRACT**

Children living in post-conflict settings are not only at high risk of developing war-related psychopathology but also of experiencing maltreatment within their families. However, little is known about the mechanisms of the relationship between war and family violence. In order to investigate the variables associated with the experience and perpetration of child maltreatment, we conducted a two-generational study with Tamil families in the North of Sri Lanka, a region
affected by war and Tsunami. We interviewed children and the corresponding family dyads and triads with 359 children, 122 mothers, and 88 fathers on the basis of standardised questionnaires to assess their exposure to adverse life experiences and mental health symptoms. Using multivariate regression analyses, we found that the strongest predictors for children's report of victimisation were children's exposure to mass trauma and child psychopathology. Mothers' experiences of mass trauma, family violence and partner violence were each significantly related to mother-reported maternal perpetration as well as child-reported victimisation. Likewise, all types of traumatic events reported by fathers were significantly related to child-reported victimisation and father-reported perpetration. Fathers' alcohol use was the strongest predictor of father-reported paternal perpetration. These findings provide further support for the transmission of mass trauma into family violence, and emphasise the role of child psychopathology as well as alcohol consumption in this relationship.

**Keywords:**
Alcohol abuse, family violence, natural disaster, perpetration, post-conflict setting, predictors, Sri Lanka, victimization


**ABSTRACT**

As feminist international relations enter its third decade as a subdiscipline within IR, it is particularly fitting that we recognise and celebrate the stimulating and important new research that is being done in Feminist Security Studies. In the early days of feminist IR, feminists tended to stay away from security studies, at least as it is conventionally defined, a tendency that, fortunately, is no longer the case. The rich and varied research being done by contributors to this volume is evidence that the field has taken off and that its research agendas are flourishing.


**ABSTRACT**

Fatal and nonfatal injuries resulting from gun violence remain a persistent problem in the United States. The available research suggests that gun violence diffuses among people and across places through social relationships. Understanding the relationship between gun violence within social networks and individual gun violence risk is critical in preventing the spread of gun violence within populations. This systematic review examines the existing scientific evidence on the transmission of gun and other weapon-related violence in household, intimate partner, peer, and co-offending networks. Our review identified 16 studies published between 1996 and 2015 that
suggest that exposure to a victim or perpetrator of violence in one's interpersonal relationships and social networks increases the risk of individual victimisation and perpetration. Formal network analyses find high concentrations of gun violence in small networks and that exposure to gun violence in one's networks is highly correlated with one's own probability of being a gunshot victim. Physical violence by parents and weapon use by intimate partners also increase risk for victimisation and perpetration. Additional work is needed to better characterise the mechanisms through which network exposures increase individual risk for violence and to evaluate interventions aimed at disrupting the spread of gun and other weapon violence in high-risk social networks.

Keywords:
Crime victims, domestic violence, family, firearms, homicide, peer group, spouses, violence


**ABSTRACT**

**Aim:**
A multi-component Responsible Beverage Service (RBS) programme has been disseminated in Swedish municipalities. The aim of the programme is to reduce violence associated with consumption of alcohol at on-licensed premises. This study aimed to analyse the effect of the programme on police-recorded assaults after the dissemination of the programme in Swedish municipalities, 1996-2009.

**Design:**
This study is a natural experiment that uses variation in the level of implementation of the RBS programme to predict change in the rate of police-recorded assaults.

**Setting:**
Swedish municipalities.

**Participants:**
The municipalities included in the study initiated the RBS programme no later than 2008. On-licensed premises open during the evenings must exist. Of 290 municipalities, 237 fulfilled these requirements.

**Measurement:**
Programme fidelity was studied by means of several surveys. Yearly data on police-recorded assaults, per 100,000 inhabitants aged 15 and above, committed on weekend nights, were used as
dependent variable. A fixed-effects panel data regression model was used to examine the effect of the programme.

Findings:
Each extension of the programme, by one component, was associated with a significant 3.1 percent reduction in assaults. However, this effect was seen mainly in smaller municipalities. Of the different components of the programme, the presence of a community coalition steering group had a significant effect on assaults. No significant effect was found regarding RBS training or supervision of on-licensed premises.

Conclusions:
Multi-component Responsible Beverage Service programmes can have a significant effect on police-recorded assaults even when implemented on a large scale in many communities.


ABSTRACT
The extent to which urban tree cover influences crime is in debate in the literature. This research took advantage of geocoded crime point data and high resolution tree canopy data to address this question in Baltimore City and County, MD, an area that includes a significant urban–rural gradient. Using ordinary least squares and spatially adjusted regression and controlling for numerous potential confounders, we found that there is a strong inverse relationship between tree canopy and our index of robbery, burglary, theft and shooting. The more conservative spatially adjusted model indicated that a 10 percent increase in tree canopy was associated with a roughly 12 percent decrease in crime. When we broke down tree cover by public and private ownership for the spatial model, we found that the inverse relationship continued in both contexts, but the magnitude was 40 percent greater for public than for private lands. We also used geographically weighted regression to identify spatial non-stationarity in this relationship, which we found for trees in general and trees on private land, but not for trees on public land. Geographic plots of pseudo-t statistics indicated that while there was a negative relationship between crime and trees in the vast majority of block groups of the study area, there were a few patches where the opposite relationship was true, particularly in a part of Baltimore City where there is an extensive interface between industrial and residential properties. It is possible that in this area a significant proportion of trees is growing in abandoned lands between these two land uses.

Keywords:
Urban tree canopy, crime, urban vegetation, public safety, geographically weighted regression
ABSTRACT

Adolescents engage in a wide range of risky behaviours that their older peers shun, and at an enormous cost. Despite being older, stronger, and healthier than children, adolescents face twice the risk of mortality and morbidity faced by their younger peers. Are adolescents really risk-seekers or does some richer underlying preference drive their love of the uncertain? To answer that question, we used standard experimental economic methods to assess the attitudes of 65 individuals ranging in age from 12 to 50 toward risk and ambiguity. Perhaps surprisingly, we found that adolescents were, if anything, more averse to clearly stated risks than their older peers. What distinguished adolescents was their willingness to accept ambiguous conditions—situations in which the likelihood of winning and losing is unknown. Though adults find ambiguous monetary lotteries undesirable, adolescents find them tolerable. This finding suggests that the higher level of risk-taking observed among adolescents may reflect a higher tolerance for the unknown. Biologically, such a tolerance may make sense, because it would allow young organisms to take better advantage of learning opportunities; it also suggests that policies that seek to inform adolescents of the risks, costs, and benefits of unexperienced dangerous behaviours may be effective and, when appropriate, could be used to complement policies that limit their experiences.

Keywords:
Ageing, decision making, uncertainty, lifespan

ABSTRACT

Background:
Psychological stress and trauma are risk factors for several medical and psychiatric illnesses. Recent studies have implicated advanced cellular ageing as a potential mechanism of this association. Telomeres, DNA repeats that cap the ends of chromosomes and promote stability, shorten progressively with each cell division; their length is a marker of biological ageing. Based on previous evidence linking psychosocial stress to shorter telomere length, this study was designed to evaluate the effect of childhood adversity on telomere length.


Methods:
Thirty-one adults with no current or past major Axis I psychiatric disorder participated. Subjects reported on their history of childhood maltreatment and telomere length was measured from DNA extracted from frozen whole blood using quantitative polymerase chain reaction.

Results:
Participants reporting a history of childhood maltreatment had significantly shorter telomeres than those who did not report a history of maltreatment. This finding was not due to effects of age, sex, smoking, body mass index, or other demographic factors. Analysis of subscales showed that both physical neglect and emotional neglect were significantly linked to telomere length.

Conclusions:
These results extend previous reports linking shortened leukocyte telomere length and caregiver stress to more remote stressful experiences in childhood and suggest that childhood maltreatment could influence cellular ageing.


ABSTRACT
Recent neuroscientific studies have pinpointed a relative imbalance between the development of subcortical-affective and prefrontal-control brain networks that creates specific sensitivities during adolescence. Despite these advances in understanding adolescent brain development, there is a strong need for a more mechanistic understanding of the way these limbic and frontal-cortical areas interact and contribute to adolescents’ risky and social decision-making. We discuss a neuroeconomic approach that has the potential to significantly forward the understanding of decision making in adolescence.


ABSTRACT
Advantageous decision making progressively develops into early adulthood, most specifically in complex and motivationally salient decision situations in which direct feedback on gains and losses is provided (Figner and Weber, 2011). However, the factors that underlie this developmental improvement in decision making are still not well understood. The current study therefore investigates 2 potential factors, long-term memory and working memory, by assigning a large developmental sample (7-29 years of age) to a condition with either high or low demands.
on long-term and working memory. The first condition featured an age-adapted version of the Iowa Gambling Task (IGT; Bechara, Damasio, Damasio, and Anderson, 1994; i.e., a non-informed situation), whereas the second condition provided an external store where explicit information on gains, losses, and probabilities per choice option was presented (i.e., an informed situation). Consistent with previous developmental IGT studies, children up to age 12 did not learn to prefer advantageous options in the non-informed condition. In contrast, all age groups learned to prefer the advantageous options in the informed conditions, although a slight developmental increase in advantageous decision making remained. These results indicate that lowering dependence on long-term and working memory improves children's advantageous decision making. The results additionally suggest that other factors, like inhibitory control processes, may play an additional role in the development of advantageous decision making.


**ABSTRACT**

Recent models hypothesize that adolescents' risky behaviour is the consequence of increased sensitivity to rewards in the ventral medial (VM) prefrontal cortex (PFC) and the ventral striatum (VS), paired with immature cognitive control abilities due to slow maturation of the dorsal anterior cingulate cortex (ACC) and lateral PFC. We tested this hypothesis with fMRI using a gambling task in which participants chose between Low-Risk gambles with a high probability of obtaining a small reward (1 Euro) and High-Risk gambles with a smaller probability of obtaining a higher reward (2, 4, 6, or 8 Euro). We examined neural responses during choice selection and outcome processing in participants from 4 age groups (pre-pubertal children, early adolescents, older adolescents and young adults). High-Risk choices increased with rewards for all ages, but risk-taking decreased with age for low reward gambles. The fMRI results confirmed that High-Risk choices were associated with activation in VMPFC, whereas Low-Risk choices were associated with activation in lateral PFC. Activation in dorsal ACC showed a linear decrease with age, whereas activation in VMPFC and VS showed an inverted U-shaped developmental pattern, with a peak in adolescence. In addition, behavioural differences in risk-taking propensity modulated brain activation in all age groups. These findings support the hypothesis that risky behaviour in adolescence is associated with an imbalance caused by different developmental trajectories of reward and regulatory brain circuitry.

ABSTRACT

Organised crime and drug cartel violence are major problems in some Latin American countries. This study examines the relationship between fear of crime and daily routines. It fills a gap in the international literature by testing the mediating effect of the war on organised crime (WOC) in Mexico. Integrating conventional individual and neighbourhood characteristics with a local context variable, such as the intensity of the WOC and drug violence, provides a more complete view for understanding fear of crime in this country. Based on a national victimisation survey, it was found that respondents in areas gravely affected by the WOC and drug violence were also more negatively affected in their daily routines after controlling for a set of classic correlates of fear of crime and perceived risk of victimisation. However, no evidence was found to support that the current WOC mediates the relationship of fear of crime and perceived risk of victimisation with daily routines.


ABSTRACT

This study aimed at investigating the predictors of hard drug dealing crimes among Mexican students. Tests of difference and ordinal regression were employed to explore group differences and predictors of hard drug dealing crimes. The sample included 14,306 last-year high school students nationwide. Results show that 3.5 percent of the students surveyed admittedly reported to have been involved in a drug dealing crime of an illegal substance different from Marijuana. Several factors were found to decrease the odds of a student to get involved in a hard drug crime. Federal policy implications and solutions are provided.

Keywords:
Juvenile delinquency, hard drugs, drug dealing, Mexico


ABSTRACT

Chicago’s CeaseFire programme is an evidence-based public health approach to preventing gun violence. Baltimore is one of many US cities attempting to replicate the programme. We
compared changes in the number of homicide and nonfatal shooting incidents per month in four intervention neighbourhoods with changes in high-crime comparison areas (police posts) without the intervention, while controlling for several measures of police activity and baseline levels of homicide and nonfatal shootings. In South Baltimore there were large programme-related reductions in homicide and nonfatal shooting incidents. Among three East Baltimore programme sites, the programme was associated with a reduction of homicides in one area, a reduction in nonfatal shootings in another area, and a simultaneous increase in homicides and decrease in nonfatal shootings in another area. In some instances, programme effects extended to neighbourhoods bordering the intervention areas. Programme-related reductions in homicides appear to be linked with conflict mediations conducted by programme outreach workers.

**Keywords:**
Violence prevention, community intervention, firearm violence


**ABSTRACT**

Alcohol use health consequences are considerable; prevention efforts are needed, particularly for adolescents and college students. The national minimum legal drinking age of 21 years is a primary alcohol-control policy in the United States. An advocacy group supported by some college presidents seeks public debate on the minimum legal drinking age and proposes reducing it to 18 years.

We reviewed recent trends in drinking and related consequences, evidence on effectiveness of the minimum legal drinking age of 21 years, research on drinking among college students related to the minimum legal drinking age, and the case to lower the minimum legal drinking age.

Evidence supporting the minimum legal drinking age of 21 years is strong and growing. A wide range of empirically supported interventions is available to reduce underage drinking. Public health professionals can play a role in advocating these interventions.


**ABSTRACT**

We conducted a Campbell systematic review to examine the effectiveness of problem-oriented policing (POP) in reducing crime and disorder. After an exhaustive search strategy that identified more than 5,500 articles and reports, we found only ten methodologically rigorous evaluations
that met our inclusion criteria. Using meta-analytic techniques, we found an overall modest but statistically significant impact of POP on crime and disorder. We also report on our analysis of pre/post comparison studies. Although these studies are less methodologically rigorous, they are more numerous. The results of these studies indicate an overwhelmingly positive impact from POP.

Policy Implications:
POP has been adopted widely across police agencies and has been identified as effective by many policing scholars. Our study supports the overall commitment of police to POP but suggests that we should not necessarily expect large crime and disorder control benefits from this approach. Moreover, funders and the police need to invest much greater effort and resources to identify the specific approaches and tactics that work best in combating specific types of crime problems. We conclude that the evidence base in this area is deficient given the strong investment in POP being made by the government and police agencies.


ABSTRACT
This article contributes to a growing discussion in peace mediation and peacebuilding circles about the issue of dialogue and negotiation with organised crime groups. The article seeks to demystify this issue by exploring the range of practice from confrontation to accommodation and transformation. The article argues that there is nothing unusual about engaging in dialogue and negotiation with organised crime groups and that those strategies have been used for decades in crime and violence reduction efforts in urban and civil war settings. In their quest to resolve conflict in violent and fragile contexts, mediators and negotiators can adapt existing peacebuilding practice to help structure dialogue processes with organised crime groups.


ABSTRACT
Background:
Mediation of potentially violent conflicts is a key component of CeaseFire, an effective gun violence-prevention programme.
Objective:
To describe conflicts mediated by outreach workers (OW) in Baltimore's CeaseFire replication, examine neighbourhood variation, and measure associations between conflict risk factors and successful nonviolent resolution.

Methods:
A cross-sectional study was conducted using records for 158 conflicts mediated between 2007 and 2009. Involvement of youth, gangs, retaliation, weapons and other risk factors were described. Principal component analysis (PCA) was used for data-reduction purposes before the relationship between conflict risk components and mediation success was assessed with multivariate logistic regression.

Results:
Most conflicts involved 2-3 individuals. Youth, persons with a history of violence, gang members and weapons were commonly present. OWs reported immediate, nonviolent resolution for 65% of mediated conflicts; an additional 23% were at least temporarily resolved without violence. PCA identified four dimensions of conflict risk: the risk-level of individuals involved; whether the incident was related to retaliation; the number of people involved; and shooting likelihood. However, these factors were not related to the OW's ability to resolve the conflict. Neighbourhoods with programme-associated reductions in homicides mediated more gang-related conflicts; neighbourhoods without programme-related homicide reductions encountered more retaliatory conflicts and more weapons.


ABSTRACT
We collected detailed activity paths of urban youth to investigate the dynamic interplay between their lived experiences, time spent in different environments, and risk of violent assault.

Methods:
We mapped activity paths of 10- to 24-year-olds, including 143 assault patients shot with a firearm, 206 assault patients injured with other types of weapons, and 283 community controls, creating a step-by-step mapped record of how, when, where, and with whom they spent time over a full day from waking up until going to bed or being assaulted. Case-control analyses compared cases with time-matched controls to identify risk factors for assault. Case-crossover analyses compared cases at the time of assault with themselves earlier in the day to investigate whether exposure increases acted to the trigger assault.
Results:
Gunshot assault risks included being alone (odds ratio [OR] = 1.6, 95 percent confidence interval [CI] = 1.3, 1.9) and were lower in areas with high neighbour connectedness (OR = 0.7, 95 percent CI = 0.6, 0.8). Acquiring a gun (OR = 1.4, 95 percent CI = 1.1, 1.6) and entering areas with more vacancy, violence, and vandalism (OR = 1.7, 95 percent CI = 1.1, 2.7) appeared to trigger the risk of getting shot shortly thereafter. Nongunshot assault risks included being in areas with recreation centres (OR = 1.2, 95 percent CI = 1.1, 1.4). Entering an area with higher truancy (OR = 1.6, 95 percent CI = 1.1, 2.5) and more vacancy, violence, and vandalism appeared to trigger the risk of nongunshot assault. Risks varied by age group.

Conclusions:
We achieved a large-scale study of the activities of many boys, adolescents, and young men that systematically documented their experiences and empirically quantified risks for violence. Working at a temporal and spatial scale that is relevant to the dynamics of this phenomenon gave novel insights into triggers for violent assault.


No abstract available


ABSTRACT
Child maltreatment is a pervasive problem in our society that has long-term detrimental consequences to the development of the affected child such as future brain growth and functioning. In this paper, we surveyed empirical evidence on the neuropsychological effects of child maltreatment, with a special emphasis on emotional, behavioural, and cognitive process–response difficulties experienced by maltreated children. The alteration of the biochemical stress response system in the brain that changes an individual’s ability to respond efficiently and efficaciously to future stressors is conceptualised as the traumatic stress response. Vulnerable brain regions include the hypothalamic–pituitary–adrenal axis, the amygdala, the hippocampus, and prefrontal cortex and are linked to children’s compromised ability to process both emotionally-laden and neutral stimuli in the future. It is suggested that information must be garnered from varied literatures to conceptualise a research framework for the traumatic stress response in maltreated children. This research framework suggests an altered developmental trajectory of information processing and emotional dysregulation, though much debate still exists surrounding the correlational nature of empirical studies, the potential of resiliency following childhood trauma, and the extent to which early interventions may facilitate recovery.
ABSTRACT

Importance:
Gun violence and injuries pose a substantial threat to children and youth in the United States. Existing evidence points to the need for interventions and policies for keeping guns out of the hands of children and youth.

Objectives:
(1) To examine the association between state gun law environment and youth gun carrying in the United States, and (2) to determine whether adult gun ownership mediates this association.

Design, Setting, and Participants:
This was a repeated cross-sectional observational study design with 3 years of data on youth gun carrying from US states. The Youth Risk Behaviour Survey comprises data of representative samples of students in grades 9 to 12 from biennial years of 2007, 2009, and 2011. We hypothesised that states with more restrictive gun laws have lower rates of youth gun carrying, and this association is mediated by adult gun ownership.

Exposures:
State gun law environment as measured by state gun law score.

Main Outcomes and Measures:
Youth gun carrying was defined as having carried a gun on at least 1 day during the 30 days before the survey.

Results:
In the fully adjusted model, a 10-point increase in the state gun law score, which represented a more restrictive gun law environment, was associated with a 9 percent decrease in the odds of youth gun carrying (adjusted odds ratio [AOR], 0.91 [95 percent CI, 0.86-0.96]). Adult gun ownership mediated the association between state gun law score and youth gun carrying (AOR, 0.94 [ 95 percent CI, 0.86-1.01], with 29 percent attenuation of the regression coefficient from -0.09 to -0.07 based on bootstrap resampling).

Conclusions and Relevance:
More restrictive overall gun control policies are associated with a reduced likelihood of youth gun carrying. These findings are relevant to gun policy debates about the critical importance of strengthening overall gun law environment to prevent youth gun carrying.

**ABSTRACT**

This study examined the spatial and temporal movement of homicide in Newark, New Jersey from January 1982 through September 2008. We hypothesised that homicide would diffuse in a similar process to an infectious disease with firearms and gangs operating as the infectious agents. A total of 2,366 homicide incidents were analysed using SaTScan v.9.0, a cluster detection software. The results revealed spatio-temporal patterns of expansion diffusion: overall, firearm and gang homicide clusters in Newark evolved from a common area in the centre of the city and spread southward and westward over the course of two decades. This pattern of movement has implications in regards to the susceptibility of populations to homicide, particularly because northern and eastern Newark remained largely immune to homicide clusters. The theoretical and practical implications of the findings, as well as recommendations for future research, are discussed.

**Keywords:**
Homicide, public health, gangs, firearms


**ABSTRACT**

The No Child Left Behind (NCLB) legislation has created pressure for districts to improve their students’ proficiency levels on state tests. Districts that fail to meet their academic targets for 3 years must use their Title I funds to pay for supplemental education services (SES) that provide tutoring or other academic instruction. Many districts, including the Pittsburgh Public Schools (PPS), have also adopted additional tutoring programmes designed to help students reach proficiency goals. This paper examines student participation and achievement in two PPS tutoring programmes—the NCLB-mandated SES programme and a state-developed tutoring programme. We examine the characteristics of students participating in each programme, the effects of participation on student achievement, and the programme features that are associated with improved achievement.

**Keywords:**
Parental choice, out-of-school programmes, no child left behind
2.4 Cross-cutting


ABSTRACT

Background:
Intimate partner violence (IPV) against women is a global public health and human rights concern. Despite a growing body of research into risk factors for IPV, methodological differences limit the extent to which comparisons can be made between studies. We used data from ten countries included in the WHO Multi-country Study on Women's Health and Domestic Violence to identify factors that are consistently associated with abuse across sites, in order to inform the design of IPV prevention programmes.

Methods:
Standardised population-based household surveys were done between 2000 and 2003. One woman aged 15-49 years was randomly selected from each sampled household. Those who had ever had a male partner were asked about their experiences of physically and sexually violent acts. We performed multivariate logistic regression to identify predictors of physical and/or sexual partner violence within the past 12 months.

Results:
Despite wide variations in the prevalence of IPV, many factors affected IPV risk similarly across sites. Secondary education, high SES, and formal marriage offered protection, while alcohol abuse, cohabitation, young age, attitudes supportive of wife beating, having outside sexual partners, experiencing childhood abuse, growing up with domestic violence, and experiencing or perpetrating other forms of violence in adulthood, increased the risk of IPV. The strength of the association was greatest when both the woman and her partner had the risk factor.

Conclusions:
IPV prevention programmes should increase focus on transforming gender norms and attitudes, addressing childhood abuse, and reducing harmful drinking. Development initiatives to improve access to education for girls and boys may also have an important role in violence prevention.

**ABSTRACT**

Cash transfers are an increasingly popular approach to poverty and vulnerability reduction, including, more recently, in humanitarian contexts. In the Occupied Palestinian Territories, the National Palestinian Cash Transfer Programme provides quarterly payments to extremely poor households. As of September 2013, it reached 57,449 households in Gaza and 48,229 in the West Bank — a total of 105,678. While there is robust international evidence on the positive effects of cash transfers in terms of children's access to basic education and health services, much less is known about the linkages between cash transfers and effects on children's right to protection from exploitation, abuse and neglect. This article draws on mixed methods primary research undertaken in Gaza in 2013 to explore these linkages, paying particular attention to transfer effects on caregiver resources and time use, parental interactions with children and children's psychosocial wellbeing at household, school and community levels. It also reflects on the strengths and weaknesses of service providers working on social protection and child protection in order to identify how better to tackle child protection deficits through the government's broader economic-strengthening efforts.

**Keywords:**
Cash transfer, social protection, Gaza, children, psychosocial support, child protection


**ABSTRACT**

Investing in social protection in sub-Saharan Africa has taken on a new urgency as HIV and AIDS interact with other drivers of poverty to simultaneously destabilise livelihoods systems and family and community safety nets. Cash transfer programmes already reach millions of people in South Africa, and in other countries in southern and East Africa plans are underway to reach tens and eventually hundreds of thousands more. Cash transfers worldwide have demonstrated large impacts on the education, health and nutrition of children. While the strongest evidence is from conditional cash transfer evaluations in Latin America and Asia, important results are emerging in the newer African programmes. Cash transfers can be implemented in conjunction with other services involving education, health, nutrition, social welfare and others, including those related to HIV and AIDS. HIV/ AIDS-affected families are diverse with respect to household structure, ability to work and access to assets, arguing for a mix of approaches, including food assistance.
and income-generation programmes. However, cash transfers appear to offer the best strategy for scaling up to a national system of social protection, by reaching families who are the most capacity constrained, in large numbers, relatively quickly. These are important considerations for communities hard-hit by HIV and AIDS, given the extent and nature of deprivation, the long-term risk to human capital and the current political willingness to act.

**Keywords:**
Social protection, cash transfers, HIV, AIDS, Africa, Latin America, maternal and child health and nutrition, education, gender


**ABSTRACT**

**Background:**
Children in northern Uganda have undergone significant psychosocial stress during the region’s lengthy conflict. A Psychosocial Structured Activities (PSSA) programme was implemented in 21 schools identified as amongst those most severely affected by conflict-induced displacement across Gulu and Amuru Districts. The PSSA intervention comprised a series of 15 class sessions designed to progressively increase children’s resilience through structured activities involving drama, movement, music and art (with additional components addressing parental support and community involvement).

**Method:**
Eight schools were selected by random quota sampling from those schools receiving the PSSA intervention. Two hundred and three children were identified in these schools as being scheduled to receive intervention, and were followed up 12 months later following engagement with PSSA activities. A comparison group comprised 200 children selected from schools that had met inclusion criteria for receipt of intervention, but were not scheduled for intervention coverage until later. Preliminary research used participatory focus group methodology to determine local indicators of child well-being as viewed by parents, teachers, and children respectively. Pre- and post-assessments focussed on ratings for each child - by parents, teachers and children - with respect to these indicators.

**Results:**
Significant increases in ratings of child well-being were observed in both intervention and comparison groups over a 12-month period. However, the well-being of children who had received the PSSA intervention increased significantly more than for children in the comparison group, as judged by child and parent (but not teacher) report. This effect was evident despite
considerable loss-to-follow-up at post-testing as a result of return of many households to communities of origin.

**Conclusions:**
General improvement in child well-being over a 12-month period suggests that recovery and reconstruction efforts in Northern Uganda following the onset of peace had a substantive impact on the lives of children. However, exposure to the PSSA programme had an additional positive impact on child well-being, suggesting its value in post-conflict recovery contexts.


**ABSTRACT**

**Background:**
Child abuse is a recognised public health and social problem worldwide. Using data from the Multiple Indicator Cluster Surveys (MICS) we aimed to (i) compare different forms of child abuse across countries and regions, and (ii) examine factors associated with different forms of child abuse.

**Methods:**
Information on child abuse was available in 28 developing and transitional countries from the third round of the MICS conducted in 2005 and 2006 (n = 124,916 children aged between 2 and 14 years). We determined the prevalence of psychological, and moderate and severe physical abuse for the preceding month and examined correlates of different forms of child abuse with multilevel logistic regression analysis.

**Results:**
A median of 83, 64 and 43 percent of children in the African region experienced psychological, and moderate and severe physical abuse, respectively. A considerably lower percentage of children in transitional countries experienced these forms of abuse (56, 46 and 9 percent, respectively). Parental attitudes towards corporal punishment were the strongest variable associated with all forms of child abuse. The risk of all forms of child abuse was also higher for male children, those living with many household members and in poorer families.

**Conclusions:**
Child abuse is a very common phenomenon in many of the countries examined. We found substantial variations in prevalence across countries and regions, with the highest prevalence in African countries. Population-based interventions (e.g. educational programmes) should be undertaken to increase public awareness of this problem. Actions on changing parental attitudes
towards corporal punishment of children may help to prevent child abuse. The specific local situation in each country should be considered when selecting intervention strategies.


**ABSTRACT**

Bullying victimisation is a topic of concern for youths, parents, school staff and mental health practitioners. Children and adolescents who are victimised by bullies show signs of distress and adjustment problems. However, it is not clear whether bullying is the source of these difficulties. This paper reviews empirical evidence to determine whether bullying victimisation is a significant risk factor for psychopathology and should be the target of intervention and prevention strategies. Research indicates that being the victim of bullying (1) is not a random event and can be predicted by individual characteristics and family factors; (2) can be stable across ages; (3) is associated with severe symptoms of mental health problems, including self-harm, violent behaviour and psychotic symptoms; (4) has long-lasting effects that can persist until late adolescence; and (5) contributes independently to children's mental health problems. This body of evidence suggests that efforts aimed at reducing bullying victimisation in childhood and adolescence should be strongly supported. In addition, research on explanatory mechanisms involved in the development of mental health problems in bullied youths is needed.


**ABSTRACT**

The 1.8 billion children and youths 10 to 24 years of age living on our planet today outnumber the total global population during the time of the Great Depression. The health status and economic trajectory of this largest-ever cohort of children and youth will determine the health and economic well-being of tomorrow’s adult and elderly populations, and that of the next generation. Thus, if a subpopulation of these children and youth, uncounted as they are, can be specifically and sensitively identified as destined for a poor outcome, we have an opportunity to respond, to the benefit of us all. The millions of unstably housed, street-based, and homeless youth globally are such a subpopulation. Nevertheless, the needs of street-connected children and youth are dismissed or overlooked for multiple reasons, including widespread stigmatising beliefs about them. These include the widely held belief that they are on the street because of their delinquency.

**ABSTRACT**

**Objectives:**
The mortality rate of a street-recruited homeless youth cohort in the United States has not yet been reported. We examined the six-year mortality rate for a cohort of street youth recruited from San Francisco street venues in 2004.

**Methods:**
Using data collected from a longitudinal, venue-based sample of street youth 15–24 years of age, we calculated age, race, and gender-adjusted mortality rates.

**Results:**
Of a sample of 218 participants, 11 died from enrollment in 2004 to December 31, 2010. The majority of deaths were due to suicide and/or substance abuse. The death rate was 9.6 deaths per hundred thousand person-years. The age, race and gender-adjusted standardised mortality ratio was 10.6 (95percent CI [5.3–18.9]). Gender specific SMRs were 16.1 (95percent CI [3.3–47.1]) for females and 9.4 (95percent CI [4.0–18.4]) for males.

**Conclusions:**
Street-recruited homeless youth in San Francisco experience a mortality rate in excess of ten times that of the state’s general youth population. Services and programmes, particularly housing, mental health and substance abuse interventions, are urgently needed to prevent premature mortality in this vulnerable population.


**ABSTRACT**

**Background:**
Many adolescent girls in Kenya and elsewhere face considerable risks and vulnerabilities that affect their well-being and hinder a safe, healthy, and productive transition into early adulthood. Early adolescence provides a critical window of opportunity to intervene at a time when girls are experiencing many challenges, but before those challenges have resulted in deleterious outcomes that may be irreversible. The Adolescent Girls Initiative-Kenya (AGI-K) is built on these insights and designed to address these risks for young adolescent girls. The long-term goal of AGI-K is to delay childbearing for adolescent girls by improving their well-being.
**Intervention:**
AGI-K comprises nested combinations of different single-sector interventions (violence prevention, education, health, and wealth creation). It will deliver interventions to over 6000 girls between the ages of 11 and 14 years in two marginalised areas of Kenya: 1) Kibera in Nairobi and 2) Wajir County in Northeastern Kenya. The programme will use a combination of girl-, household- and community-level interventions. The violence prevention intervention will use community conversations and planning focused on enhancing the value of girls in the community. The educational intervention includes a cash transfer to the household conditioned on school enrollment and attendance. The health intervention is culturally relevant, age-appropriate sexual and reproductive health education delivered in a group setting once a week over the course of 2 years. Lastly, the wealth creation intervention provides savings and financial education, as well as start-up savings.

**Methods/Design:**
A randomised trial will be used to compare the impact of four different packages of interventions, in order to assess if and how intervening in early adolescence improves girls’ lives after four years. The project will be evaluated using data from behavioural surveys conducted before the start of the programme (baseline in 2015), at the end of the 2-year intervention (endline in 2017), and 2 years post-intervention (follow-up in 2019). Monitoring data will also be collected to track programme attendance and participation. Primary analyses will be on an intent-to-treat basis. Qualitative research including semi-structured interviews of beneficiaries and key adult stakeholders in 2016 and 2018 will supplement and complement the quantitative survey results. In addition, the cost-effectiveness of the interventions will be assessed.

**Discussion:**
AGI-K will provide critical evidence for policy-makers, donors and other stakeholders on the most effective ways to combine interventions for marginalised adolescent girls across sectors, and which packages of interventions are most cost-effective.

**Trial Registration:**
ISRCTN77455458, December 24, 2015

**Keywords:**
Adolescent girls, randomized trial, multi-sectoral, Kenya, schooling, conditional, cash transfer, saving, financial, education, violence prevention, education health.

**ABSTRACT**

We investigate the effects of a positive income shock on mental health among adolescent girls using evidence from a cash transfer experiment in Malawi. Offers of cash transfers strongly reduced psychological distress among baseline schoolgirls. However, these large beneficial effects declined with increases in the transfer amount offered to the parent’s conditional on regular school attendance by the adolescent girls. Improved physical health, increased school attendance, personal consumption, and leisure contributed to the effects. There was also strong evidence of increased psychological distress among untreated baseline schoolgirls in treatment areas. All of these effects dissipated soon after the programme ended.


**ABSTRACT**

This article assesses the role of conditionality in cash transfer programmes using a unique experiment targeted at adolescent girls in Malawi. The programme featured two distinct interventions: unconditional transfers (UCT arm) and transfers conditional on school attendance (CCT arm). Although there was a modest decline in the dropout rate in the UCT arm in comparison with the control group, it was only 43 percent as large as the impact in the CCT arm at the end of the 2-year programme. The CCT arm also outperformed the UCT arm in tests of English reading comprehension. However, teenage pregnancy and marriage rates were substantially lower in the UCT than the CCT arm, entirely due to the impact of UCTs on these outcomes among girls who dropped out of school.


**ABSTRACT**

**Background:**

Lack of education and an economic dependence on men are often suggested as important risk factors for HIV infection in women. We assessed the efficacy of a cash transfer programme to reduce the risk of sexually transmitted infections in young women.
Methods:
In this cluster randomised trial, never-married women aged 13-22 years were recruited from 176 enumeration areas in the Zomba district of Malawi and randomly assigned with computer-generated random numbers by enumeration area (1:1) to receive cash payments (intervention group) or nothing (control group). Intervention enumeration areas were further randomly assigned with computer-generated random numbers to conditional (school attendance required to receive payment) and unconditional (no requirements to receive payment) groups. Participants in both intervention groups were randomly assigned by a lottery to receive monthly payments ranging from US$1 to $5, while their parents were independently assigned with computer-generated random numbers to receive $4-10. Behavioural risk assessments were done at baseline and 12 months; serology was tested at 18 months. Participants were not masked to treatment status but counsellors doing the serologic testing were. The primary outcomes were prevalence of HIV and herpes simplex virus 2 (HSV-2) at 18 months and were assessed by intention-to-treat analyses. The trial is registered, number NCT01333826.

Findings:
88 enumeration areas were assigned to receive the intervention and 88 as controls. For the 1289 individuals enrolled in school at baseline with complete interview and biomarker data, weighted HIV prevalence at 18-month follow-up was 1.2 percent (seven of 490 participants) in the combined intervention group versus 3.0 percent (17 of 799 participants) in the control group (adjusted odds ratio [OR] 0.36, 95 percent CI 0.14-0.91); weighted HSV-2 prevalence was 0.7 percent (five of 488 participants) versus 3.0 percent (27 of 796 participants; adjusted OR 0.24, 0.09-0.65). In the intervention group, we noted no difference between conditional versus unconditional intervention groups for weighted HIV prevalence (3/235 [1 percent] vs 4/255 [2 percent]) or weighted HSV-2 prevalence (4/233 [1 percent] vs 1/255 [<1 percent]). For individuals who had already dropped out of school at baseline, we detected no significant difference between intervention and control groups for weighted HIV prevalence (23/210 [10 percent] vs 17/207 [8 percent]) or weighted HSV-2 prevalence (17/211 [8 percent] vs 17/208 [8 percent]).

Interpretation:
Cash transfer programmes can reduce HIV and HSV-2 infections in adolescent schoolgirls in low-income settings. Structural interventions that do not directly target sexual behaviour change can be important components of HIV prevention strategies.

Funding:

**ABSTRACT**

The paper assesses the available evidence on the potential effects of social transfers on child protection outcomes in low- and middle-income countries: the negative outcomes or damaging exposure of children to violence, exploitation, abuse and neglect, and improved outcomes or a reduction in exposure to these phenomena. The study identifies and evaluates three possible channels through which social transfers can influence child protection outcomes: direct effects observed where the objectives of social transfers are explicit child protection outcomes; indirect effects where the impact of social transfers on poverty and exclusion leads to improved child protection outcomes; and potential synergies in implementation of social transfers and child protection. It also discusses how the design and implementation of social transfers can contribute to improved child protection outcomes.

**Keywords:**
Child rights, child protection, social transfers, poverty


**ABSTRACT**

The current study aimed to assess the Teaching Recovery Techniques (TRT) trauma recovery programme within the context of ongoing violence. Utilising a randomised controlled trial, 11–14-year-old students in Nablus, Palestine, were allocated by class to intervention or wait-list control conditions. Standardised measures assessed trauma exposure, posttraumatic stress disorder (PTSD), grief, and depression. Programme fidelity and participant experiences were measured by adherence questionnaires and focus groups. Analyses involved paired t-tests, ANCOVAs, and thematic analysis. Intervention students reported significant decreases in PTSD, grief, and depression. Findings indicate that the TRT programme has the potential to ameliorate children’s trauma symptoms during situations of ongoing violence.

**Keywords:**
Children, cognitive behavioural therapy, Palestine, psycho-trauma recovery, randomised control trial

**ABSTRACT**

Exposure to multiple forms of maltreatment during childhood is associated with serious mental health consequences among youth in the general population, but limited empirical attention has focused on homeless youth—a population with markedly high rates of childhood maltreatment followed by elevated rates of street victimization. This study investigated the rates of multiple childhood abuses (physical, sexual, and emotional abuse) and multiple street victimizations (robbery, physical assault, and sexual assault) and examined their relative relationships to mental health outcomes (meeting Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, criteria for post-traumatic stress disorder [PTSD], depression, and substance use disorder) among a large (N = 601) multisite sample of homeless youth. Approximately 79 percent of youth retrospectively reported multiple childhood abuses (two or more types) and 28 percent reported multiple street victimizations (two or more types). Each additional type of street victimisation nearly doubled youths' odds for meeting criteria for substance use disorder. Furthermore, each additional type of childhood abuse experienced more than doubled youths' odds for meeting criteria for PTSD. Both multiple abuses and multiple street victimisations were associated with an approximate twofold increase in meeting depression criteria. Findings suggest the need for screening, assessment, and trauma-informed services for homeless youth who consider multiple types of abuse and victimisation experiences.

**Keywords:**
Homeless youth, mental health, multiple childhood abuse, street victimisation


**ABSTRACT**

The exposure of children to violence is widespread. More than 1 billion children and adolescents today live in regions affected by armed conflict. Even in more developed areas, young people are increasingly exposed to violent actions, images, and settings.

To what extent does exposure to violence scar children? There are 2 common perspectives. The first is the idea that “violence begets violence” and that children exposed to violence at a young age will grow up to be more violent adults. The second is the “resilience hypothesis,” which asserts that coping in the face of violence is possible with the right support, thus mitigating its
effect on quality-of-life outcomes. A deeper understanding of these perspectives on the intergenerational effect of war is central to the work of health care professionals around the world.


**ABSTRACT**

**Background:**
War-affected youth often suffer from multiple co-occurring mental health problems. These youth often live in low-resource settings where it may be infeasible to provide mental health services that simultaneously address all of these co-occurring mental health issues. It is therefore important to identify the areas where targeted interventions would do the most good.

**Methods:**
This analysis uses observational data from 3 waves of a longitudinal study on mental health in a sample of 529 war-affected youth (24.2 percent female; ages 10–17 at T1, 2002) in Sierra Leone. We regressed 4 mental health outcomes at T3 (2008) on internalising (depression/anxiety) and externalising (hostility/aggression) problems and prosocial attitudes/behaviours and community variables at T2 (2004) controlling for demographics, war exposures, and previous mental health scores at T1, allowing us to assess the relative impact of potential mental health intervention targets in shaping mental health outcomes over time.

**Results:**
Controlling for baseline covariates at T1 and all other exposures/potential intervention targets at T2, we observed a significant association between internalising problems at T2 and 3 of the 4 outcomes at T3: internalising (β = 0.27, 95 percent confidence interval [CI]: 0.11–0.42), prosocial attitudes (β = −0.20, 95 percent CI: −0.33 to −0.07) and posttraumatic stress symptoms (β = 0.22, 95 percent CI: 0.02–0.43). No other potential intervention target had similar substantial effects.

**Conclusions:**
Reductions in internalising may have multiple benefits for other mental health outcomes at a later point in time, even after controlling for confounding variables.

**ABSTRACT**

**Background:**
Trauma from witnessing events such as bombings and killings as well as direct victimisation or participation in violence has been associated with psychosocial distress and poor mental health among war-exposed children and adolescents. This study examines the relationship between caregiver mental health and child internalising (anxiety and depression) symptoms over a 4-year period in post conflict Sierra Leone.

**Methods:**
The sample included 118 adolescent Sierra Leonean youth (73 percent male; mean age = 16.5 years at Time 1) and their caregivers (40 percent male; mean age = 39.0 at Time 1). To measure depression and anxiety symptoms, the Hopkins Symptom Checklist-25 was used with adults and the Oxford Measure of Psychosocial Adjustment - previously validated for use with children and adolescents in the region - was used to assess youth. A multivariate hierarchical linear model (HLM) for studying change within dyads was implemented to study covariation in internalising symptoms among caregivers and youth over time; these models also included covariates at the individual, family and community levels. The relationship of caregiver mental health to child's internalising was tested in a latent variable extension of the HLM.

**Results:**
The latent variable extension estimated that a one standard deviation (SD) change in caregiver anxiety/depression was associated with a .43 SD change in youth internalising (p < .01) over the 4-year period. Family acceptance was negatively related to youth internalising (p < .001), while community stigma was positively associated (p < .001).

**Conclusions:**
The findings highlight an important interplay between caregiver and child mental health within the post conflict setting and the need for psychosocial interventions to extend beyond the individual to account for family dynamics.

**Keywords:**
War, anxiety, depression, dyadic analysis, intergenerational

**ABSTRACT**

**Objective:**
Youth in war-affected regions are at risk for poor psychological, social, and educational outcomes. Effective interventions are needed to improve mental health, social behaviour, and school functioning. This randomised controlled trial tested the effectiveness of a 10-session cognitive-behavioural therapy (CBT)-based group mental health intervention for multisymptomatic war-affected youth (aged 15-24 years) in Sierra Leone.

**Method:**
War-affected youth identified by elevated distress and impairment via community screening were randomised (stratified by sex and age) to the Youth Readiness Intervention (YRI) (n = 222) or to a control condition (n = 214). After treatment, youth were again randomised and offered an education subsidy immediately (n = 220) or waitlisted (n = 216). Emotion regulation, psychological distress, prosocial attitudes/behaviours, social support, functional impairment, and posttraumatic stress disorder (PTSD) symptoms were assessed at pre- and postintervention and at 6-month follow-up. For youth in school, enrollment, attendance, and classroom performance were assessed after 8 months. Linear mixed-effects regressions evaluated outcomes.

**Results:**
The YRI showed significant postintervention effects on emotion regulation, prosocial attitudes/behaviours, social support, and reduced functional impairment, and significant follow-up effects on school enrollment, school attendance, and classroom behaviour. In contrast, education subsidy was associated with better attendance but had no effect on mental health or functioning, school retention, or classroom behaviour. Interactions between education subsidy and YRI were not significant.

**Conclusions:**
YRI produced acute improvements in mental health and functioning as well as longer-term effects on school engagement and behaviour, suggesting potential to prepare war-affected youth for educational and other opportunities. Clinical trial registration information-Trial of the Youth Readiness Intervention (YRI); http://clinicaltrials.gov; NCT01684488.

**Keywords:**
Intervention, mental health, randomised controlled trial, war-affected, youth
ABSTRACT

Background:
Children and adolescents exposed to armed conflict are at high risk of developing mental health problems. To date, a range of psychosocial approaches and clinical/psychiatric interventions has been used to address mental health needs in these groups.

Aims:
To provide an overview of peer-reviewed psychosocial and mental health interventions designed to address mental health needs of conflict-affected children, and to highlight areas in which policy and research need strengthening.

Methods:
We used standard review methodology to identify interventions aimed at improving or treating mental health problems in conflict-affected youth. An ecological lens was used to organise studies according to the individual, family, peer/school, and community factors targeted by each intervention. Interventions were also evaluated for their orientation toward prevention, treatment, or maintenance, and for the strength of the scientific evidence of reported effects.

Results:
Of 2305 studies returned from online searches of the literature and 21 sources identified through bibliography mining, 58 qualified for full review, with 40 peer-reviewed studies included in the final narrative synthesis. Overall, the peer-reviewed literature focussed largely on school-based interventions. Very few family and community-based interventions have been empirically evaluated. Only two studies assessed multilevel or stepped-care packages.

Conclusions:
The evidence base on effective and efficacious interventions for conflict-affected youth requires strengthening. Post conflict development agendas must be retooled to target the vulnerabilities characterising conflict-affected youth, and these approaches must be collaborative across bodies responsible for the care of youth and families.

**ABSTRACT**

**Purpose:**
As we build the evidence base of interventions for depression among war-affected youth, it is critical to understand factors moderating treatment outcomes. The current study investigated how gender and history of abduction by Lord's Resistance Army rebels moderated treatment outcomes for war-affected youth.

**Methods:**
The study—a three-armed, randomised, controlled trial—was conducted with internally displaced war-affected adolescents in northern Uganda. Participants with significant depression symptoms (N = 304; 57 percent female; 14–17 years of age) were randomly assigned to an interpersonal psychotherapy group (IPT-G), a creative play/recreation group, or a wait-list control condition. Secondary analyses were conducted on data from this randomised controlled trial.

**Results:**
A history of abduction by Lord's Resistance Army rebels was reported by 42 percent of the sample. Gender and abduction history interacted to moderate the effectiveness of IPT-G for the treatment of depression. In the IPT-G intervention arm, treatment effectiveness was greatest among female subjects without an abduction history, with effect size = 1.06. IPT-G was effective for the treatment of depression for both male and female subjects with a history of abduction (effect size = .92 and .50, respectively). Male subjects with no abduction history in IPT-G showed no significant improvement compared with those in the control conditions.

**Conclusions:**
Abduction history and gender are potentially important moderators of treatment effects, suggesting that these factors need to be considered when providing interventions for war-affected youth. IPT-G may be an effective intervention for female subjects without an abduction history, as well as for both male and female former child soldiers, but less so for male subjects without an abduction history.

**Keywords:**
War, depression, treatment moderators, interpersonal therapy, child soldiers

**ABSTRACT**

**Background:**
Former child soldiers are at risk of developing post-traumatic stress disorder (PTSD); however, the trajectory of symptoms has yet to be examined.

**Aims:**
The risk and protective factors associated with PTSD symptom change among former child soldiers in Sierra Leone were investigated.

**Method:**
Data from 243 former child soldiers (mean age 16.6 years, 30 percent female) were analysed.

**Results:**
Self-reported rates of possible PTSD using standard cut-off points declined from 32 percent to 16 percent 4 years later ($P<0.05$). Symptoms of PTSD at baseline were significantly associated with war experiences ($P<0.01$) and post-conflict family abuse ($P<0.001$). Reliable improvement in symptoms was reported by 30 percent. In growth models examining symptom change, worsening of symptoms was associated with death of a parent ($P<0.05$) and post-conflict stigma ($P<0.001$). Protective effects were observed for increases in family acceptance ($P<0.001$).

**Conclusions:**
The findings indicated improvement in PTSD symptoms among former child soldiers despite limited access to care. Family and community support played a vital part in promoting psychological adjustment.


**ABSTRACT**

**Introduction:**
Violence and injuries are under-reported in developing countries, especially during natural disasters such as floods. Compounding this, affected areas are isolated from the rest of the country. During 2007 Bangladesh experienced two consecutive floods which affected almost one-third of the country. The objective of this study was to examine unintentional injuries to children
in rural Bangladesh and parental violence against them during floods, and also to explore the association of socioeconomic characteristics.

**Methods:**
A cross-sectional rural household survey was conducted in the worst flood-affected areas. A group of 638 randomly selected married women of reproductive age with at least one child at home were interviewed face-to-face using pre-tested structured questionnaires. The chi2 test and logistic regression were used for data analysis.

**Results:**
The majority of families (90 percent) were affected by the flood and were struggling to find food and shelter, resulting in the parents becoming violent towards their children and other family members in the home. Cuts (38 percent), falls (22 percent) and near drowning (21 percent) comprised the majority of unintentional injuries affecting children during the floods. A large number of children were abused by their parents during the floods (70 percent by mothers and 40 percent by fathers). The incidence of child injuries and parental violence against children was higher among families living in poor socio-economic conditions, whose parents were of low occupational status and had micro-credit loans during the floods.

**Conclusions:**
Floods can have significant effects on childhood injury and parental violence against children. The improvement of socio-economic conditions would assist in preventing child injuries and parental violence.


**ABSTRACT**

We study whether transfer programmes in which funds are targeted to women decrease the incidence of spousal abuse. We examine the impact of the Mexican Oportunidades programme on spousal abuse rates and threats of violence using data from a specialised survey. Beneficiary women are 40 percent less likely to be victims of physical abuse, but are more likely to receive violent threats with no associated abuse. This evidence is consistent with a model of decision-makers' interactions with asymmetric information in the male partner's gains to marriage, who can then use threats of violence to extract rents from their female partners. (JEL D82, J12, J16, K42, O15, O17)

ABSTRACT

Gender inequity negatively affects health in Central America. In 2011, we conducted 60 semi structured interviews and 12 photovoice focus groups with young coupled men and women in León, Nicaragua, to explore the ways in which social norms around marriage and gender affect sexual health and gender-based violence. Participants’ depictions of their experiences revealed gendered norms around infidelity that provided a narrative to justify male expressions of jealousy, which included limiting partner autonomy, sexual coercion, and physical violence against women, and resulted in increased women’s risk of sexually transmitted infections, including HIV. By understanding and taking account of these different narratives and normalised beliefs in developing health- and gender-based violence interventions, such programmes might be more effective in promoting gender-equitable attitudes and behaviours among young men and women in Nicaragua.


ABSTRACT

Background:
Intimate partner violence (IPV) is highly prevalent and has detrimental effects on the physical and mental health of women across the world. Despite emerging evidence on the impacts of cash transfers on intimate partner violence, the pathways through which reductions in violence occur remain under-explored. A randomised controlled trial of a cash and in-kind food transfer programme on the northern border of Ecuador showed that transfers reduced physical or sexual violence by 30 percent. This mixed methods study aimed to understand the pathways that led to this reduction.

Methods:
We conducted a mixed methods study that combined secondary analysis from a randomised controlled trial relating to the impact of a transfer programme on IPV with in-depth interviews and focus group discussions with male and female beneficiaries. A sequential analysis strategy was followed, whereby qualitative results guided the choice of variables for the quantitative analysis and qualitative insights were used to help interpret the quantitative findings.
Results:
We found qualitative and quantitative evidence that the intervention led to reductions in IPV through three pathways operating at the couple, household and individual level: i) reduced day-to-day conflict and stress in the couple; ii) improved household well-being and happiness; and iii) increased women's decision making, self-confidence and freedom of movement. We found little evidence that any type of IPV increased as a result of the transfers.

Discussion:
While cash and in-kind transfers can be important programmatic tools for decreasing IPV, the positive effects observed in this study seem to depend on circumstances that may not exist in all settings or programmes, such as the inclusion of a training component. Moreover, the programme built upon rather than challenged traditional gender roles by targeting women as transfer beneficiaries and framing the intervention under the umbrella of food security and nutrition - domains traditionally ascribed to women.

Conclusions:
Transfers destined for food consumption combined with nutrition training reduced IPV among marginalised households in northern Ecuador. Evidence suggests that these reductions were realised by decreasing stress and conflict, improving household well-being, and enhancing women's decision making, self-confidence and freedom of movement.

Keywords:
Cash and in-kind transfers, domestic violence, Ecuador, impact evaluation, intimate partner violence, mixed methods, social protection interventions


ABSTRACT

This paper is inspired by the observation that the social norm approach (SNA) to socially desirable behaviour change – that is, telling people about what lots of other people do – retains something of a Cinderella role among social marketing practitioners and academics. Thus, the objective of this paper is to bring the social norm approach to the attention of a wider – and specifically, marketing and social marketing – audience, in the hope that the practice, study and critical analysis of the approach can be widened and deepened. We begin this task by tracing the background of the social norm approach to its origins in psychology and social psychology and by discussing a number of typical social norm campaigns. Thereafter, we review four key characteristics of successful social norm campaigns. In our discussion, we return to a more theoretical discussion of how the social norm approach works, and we pose a number of questions that emerge from the paper.

**ABSTRACT**

International child protection work has undergone a paradigm shift, moving from addressing issues such as trafficked children, street children and child labour separately to a more integrated systems approach. As a young nation still marked by conflict, South Sudan offers insight into how the interplay between a fragile national child protection system in a conflict-affected country and the efforts of international humanitarian actors can promote or undermine systems strengthening. From June to August 2012, 52 semi-structured key informant interviews with international-, national- and community-level actors were completed. Eight community-level focus group discussions were also conducted separately with men, women, boys and girls. Interview guides were designed to explore participant perceptions of child protection system functioning. Data were analysed using a grounded theory approach. Four dimensions emerged as crucial pillars for child protection systems strengthening: coordination, capacity, funding and community inclusion. These factors were found to have taken root in unequal measure. Respondents at all systemic levels indicated that child protection systems strengthening efforts operated largely in isolation from the quotidian realities of children, families and communities. The humanitarian apparatus — marked by short-term funding and accountability to the international community — will require significant reform to situate humanitarian efforts in a system strengthening framework. If the objective is to strengthen national child protection systems, emergency response activities must better align with household- and community-level efforts to protect children.


*No abstract available*


**SUMMARY**

The prolonged and complex Israeli—Palestinian conflict profoundly affects the health and wellbeing of both Palestinians and Israelis. The present escalation between Hamas and Israel follows a well-worn pattern of confrontation. Superior Israeli military force means that Palestinians have more physical casualties. On both sides, however, many civilians are exposed
to conflict-related stressors, and neither Israelis nor Palestinians are immune to their mental or physical health consequences.


ABSTRACT

This study presents descriptive findings from in-depth interviews with 29 representatives of organisations in Africa, Asia, Europe, Oceania, and North and South America that engage men and boys in preventing gender-based violence. In particular, the findings suggest that strategies are responsive to the specific cultural, economic and contextual concerns of the local community, with nuanced messages and appropriate messengers. Additionally, respondents reported key principles informing their organisational strategies to deepen men and boys’ engagement. Attention is also paid to respondents’ caution about the risks of framing of engagement practices as separate from both women's organisations and women and girls themselves.

Keywords:
Organisations, engaging men, strategies, violence prevention against women, global


ABSTRACT

The common assumption of a 'cycle of violence' suggests a relationship between a history of child maltreatment and the perpetration of violence as an adult. This review addresses the question whether the experience of war violence is associated with an increased perpetration of violence within the family, in particular child maltreatment. A number of studies with veterans indicate that war returnees are more aggressive towards their intimate partners. The violence seems to be mediated by psychological disorders associated with war trauma. Children in veterans’ families display more behavioural disturbances. However, it is unclear whether these disturbances are signs of secondary traumatisation associated with the fathers’ war trauma or whether they are caused by a more frequent use of violence by the traumatised father. Important insights come from studies showing that, even more than the veterans themselves, the mothers remaining at home show an increased amount of emotional or physical maltreatment towards their children. Finally, evidence from families living in war-affected areas supports the assumption of a transmission of war-related violence to the family level. War, together with its social concomitants makes families particularly vulnerable to an increased perpetration of violence towards their children. In conclusion, the evidence discussed here has important implications for
the treatment of war-traumatised families as well as for the prevention of further use of violence on the family level.

**Keywords:**
Child maltreatment, posttraumatic stress disorder (ptsd), war trauma, family violence.


**ABSTRACT**

The humanitarian crisis resulting from the Syrian conflict is estimated to be the worst so far of this century. The recent influx of refugees has now reached a point where they are equal to one quarter of Lebanon’s population, causing evident strains on its fragile economy and social structure. Syrians in Lebanon have fled from their home to seek safety, however their vulnerability is now in question as women’s and children’s rights continue to be under threat. This paper investigates the plight of Syrian and Palestinian Syrian refugees in Lebanon with an emphasis on women and children. While there are many issues confronting refugees in Lebanon, a thorough examination of this is beyond the scope of this paper. Therefore, an examination of the two most prominent issues surrounding education and violence is conducted. More specifically, this paper exposes and discusses children’s access to education in Lebanon and the short and long term effects of children forgoing education, both as economic setbacks, the lack of educated people to rebuild Syria and how education is linked to a reduction in violence against women. It will further discuss the shift in the violence that women and children are exposed to, highlighting the increase in violence that they are experiencing. The main forms of violence are manifesting in Intimate Partner Violence, early marriage, survival sex, and the threat and fear of violence from the local community.

**Keywords:**
Syria, Lebanon, refugees, education, violence, gender, women, children


**ABSTRACT**

School bullying continues to be a serious problem around the world. Thus, it seems crucial to clearly identify the risk factors associated with being a victim or a bully. The current study focussed in particular on the role that age and socio-economic differences between classmates could play on bullying. Logistic and multilevel analyses were conducted using data from 53,316 5th and 9th grade students from a representative sample of public and private Colombian schools.
Higher age and better family socio-economic conditions than classmates were risk factors associated with being a bully, while younger age and poorer socio-economic conditions than classmates were associated with being a victim of bullying. Coming from authoritarian families or violent neighbourhoods, and supporting beliefs legitimising aggression, were also associated with bullying and victimisation. Empathy was negatively associated with being a bully, and in some cases positively associated with being a victim. The results highlight the need to take into account possible sources of power imbalances, such as age and socio-economic differences among classmates, when seeking to prevent bullying. In particular, interventions focussed on peer group dynamics might contribute to avoid power imbalances or to prevent power imbalances from becoming power abuse.


**ABSTRACT**

**Objective:**
To describe the Violence Against Children Surveys (VACS). The survey is a national, household survey that systematically measures the prevalence, nature and consequences of sexual, physical and emotional violence against children.

**Design:**
This report provides information about the history, implementation, ethical protections, utility, results, limitations, and future directions of the VACS work.

**Results:**
The study has been implemented in 11 countries in Africa, Asia and the Caribbean, providing each of these countries with baseline data and momentum to address violence against children as a public health and human rights priority. These data are novel in each country, and VACS is well poised to contribute to an existing surveillance system or be used as the basis of a periodic surveillance system.

**Conclusions:**
Without ongoing surveillance to assess prevalence and the impact of policy, prevention and response programming, violence will likely continue to be overlooked as the linchpin public health crisis that it is, globally and in individual countries.

ABSTRACT

Part of a comprehensive response to violence against children involves child protection systems, but there are few data available on such systems in low-income countries. This study describes the characteristics and help seeking behaviour of children referred to local child protection services and the quality of the first-line response in one district in Uganda. Participants included 3,706 children from 42 primary schools who participated in a baseline survey on violence as part of the Good Schools Study (NCT01678846, clinicaltrial.gov). Children who disclosed violence were referred according to predefined criteria based on the type, severity, and timeframe of their experiences. Children were followed up to 4 months after the study ended. First-line responses by receiving agencies were classified into 3 categories: plan for action only, some action taken, and no plan and no action taken. Appropriateness of responses was based on which agency responded, timeliness of the response, quality of the documentation, and final status of the case. From the baseline survey, 529 children (14percent) were referred. Girls were more likely to be referred and to meet the criteria for a serious case (9percent girls, 4percent boys). In total, 104 referrals (20percent) had some kind of concrete action taken, but only 20 (3.8percent) cases met all criteria for having received an adequate response. Nearly half (43percent) of referred children had ever sought help by disclosing their experiences of violence prior to the baseline survey. In our study areas, the first-line response to children's reports of abuse was poor even though some referral structures are in place.


ABSTRACT

This paper investigates the impact of Conditional Cash Transfer (CCT) programmes on crime. Making use of a unique dataset combining detailed school characteristics with geo-referenced crime information from the city of São Paulo, Brazil, we estimate the contemporaneous effect of the Bolsa Família programme on crime. We address the endogeneity of CCT coverage by exploiting the 2008 expansion of the programme to adolescents aged 16 and 17. We construct an instrument that combines the timing of expansion with the initial demographic composition of schools to identify plausibly exogenous variation in the number of children covered by Bolsa Família. We find a robust and significant negative impact of Bolsa Família on crime. Incapacitation from time spent in school does not seem to be an important driving force behind the results, leaving as most likely mechanisms income effect and changed peer-group.
Keywords:
Conditional cash transfer, bolsa família, crime, education, schooling, Brazil


ABSTRACT

Background:
Effective and scalable HIV prevention for adolescents in sub-Saharan Africa is needed. Cash transfers can reduce HIV incidence through reducing risk behaviours. However, questions remain about their effectiveness within national poverty-alleviation programmes, and their effects on different behaviours in boys and girls.

Methods:
In this case-control study, we interviewed South African adolescents (aged 10–18 years) between 2009 and 2012. We randomly selected census areas in two urban and two rural districts in two provinces in South Africa, including all homes with a resident adolescent. We assessed household receipt of state-provided child-focused cash transfers, incidence in the past year and prevalence of transactional sex, age-disparate sex, unprotected sex, multiple partners, and sex while drunk or after taking drugs. We used logistic regression after propensity score matching to assess the effect of cash transfers on these risky sexual behaviours.

Findings:
We interviewed 3515 participants (one per household) at baseline, and interviewed 3401 at follow-up. For adolescent girls (n=1926), receipt of a cash transfer was associated with reduced incidence of transactional sex (odds ratio [OR] 0.49, 95percent CI 0.26–0.93; p=0.028), and age-disparate sex (OR 0.29, 95percent CI 0.13–0.67; p=0.004), with similar associations for prevalence (for transactional sex, OR 0.47, 95percent CI 0.26–0.86; p=0.015; for age-disparate sex, OR 0.37, 95percent CI 0.18–0.77; p=0.003). No significant effects were shown for other risk behaviours. For boys (n=1475), no consistent effects were shown for any of the behaviours.

Interpretation:
National, child-focused cash transfers to alleviate poverty for households in sub-Saharan Africa can substantially reduce unsafe partner selection by adolescent girls. Child-focused cash transfers are of potential importance for effective combination strategies for prevention of HIV.

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Know Violence in Childhood

Department of Social Development, Claude Leon Foundation, John Fell Fund, Nuffield Foundation, and Regional Interagency Task Team for Children affected by AIDS—Eastern and Southern Africa.


*No abstract available*


*No abstract available*


**ABSTRACT**

**Context:**
In a natural experiment in which some families received income supplements, prevalence of adolescent behavioural symptoms decreased significantly. These adolescents are now young adults.

**Objective:**
To examine the effects of income supplements in adolescence and adulthood on the prevalence of adult psychiatric disorders.

**Design:**
Quasi-experimental, longitudinal.

**Population and Setting:**
A representative sample of children aged 9, 11, or 13 years in 1993 (349 [25 percent] of whom are American Indian) were assessed for psychiatric and substance use disorders through age 21 years (1993-2006). Of the 1420 who participated in 1993, 1185 were interviewed as adults. From 1996, when a casino opened on the Indian reservation, every American Indian but no non-Indians received an annual income supplement that increased from $500 to around $9000.
**Main Outcome Measures:**
Prevalence of adult psychiatric disorders and substance use disorders based on the Diagnostic and Statistical Manual of Mental Disorders in 3 age cohorts, adjusted for age, sex, length of time in the family home, and number of Indian parents.

**Results:**
As adults, significantly fewer Indians than non-Indians had a psychiatric disorder (106 Indians [weighted 30.2 percent] vs 337 non-Indians [weighted 36.0 percent]; odds ratio [OR], 0.46; 95 percent confidence interval [CI], 0.30–0.72; P = .001), particularly alcohol and cannabis abuse, dependence, or both. The youngest age-cohort of Indian youth had the longest exposure to the family income. Interactions between race/ethnicity and age cohort were significant. Planned comparisons showed that fewer of the youngest Indian age-cohort had any psychiatric disorder (31.4 percent) than the Indian middle cohort (41.7 percent; OR, 0.43; 95 percent CI, 0.24–0.78; P = .005) or oldest cohort (41.3 percent; OR, 0.69; 95 percent CI, 0.51–0.94; P = .01) or the youngest non-Indian cohort (37.1 percent; OR, 0.66; 95 percent CI, 0.48–0.90; P = .008). Study hypotheses were not upheld for nicotine or other drugs, or emotional or behavioural disorders. The income supplement received in adulthood had no impact on adult psychopathology.

**Conclusions:**
Lower prevalence of psychopathology in American Indian youth following a family income supplement, compared with the non-exposed, non-Indian population, persisted into adulthood.


**ABSTRACT**
Child abuse and neglect represent major threats to child health and well-being; however, little is known about consequences for adult economic outcomes. Using a prospective cohort design, court substantiated cases of childhood physical and sexual abuse and neglect during 1967-1971 were matched with non-abused and non-neglected children and followed into adulthood (mean age 41). Outcome measures of economic status and productivity were assessed in 2003-2004 (N 1/4 807). Results indicate that adults with documented histories of childhood abuse and/or neglect have lower levels of education, employment, earnings, and fewer assets as adults, compared to matched control children. There is a 14 percent gap between individuals with histories of abuse/neglect and controls in the probability of employment in middle age, controlling for background characteristics. Maltreatment appears to affect men and women differently, with larger effects for women than men. These new findings demonstrate that abused and neglected children experience large and enduring economic consequences.

**ABSTRACT**

Cash transfers have become a key social protection tool in developing countries and have expanded dramatically in the last two decades. However, the impacts of cash transfers programmes, especially in Sub-Saharan Africa, have not been substantially documented. This book presents a detailed overview of the impact evaluations of these programmes, carried out by the Transfer Project and FAO’s Protection to Production project. The 14 chapters include a review of eight country case studies: Kenya, Ghana, Ethiopia, Zambia, Zimbabwe, Lesotho, Malawi, South Africa, as well as a description of the innovative research methodologies, political economy issues and good practices to design cash transfer programmes. The key objective of the book is to enhance the understanding of these development programmes, how they lead to a broad range of social and productive impacts and also of the role of programme evaluation in the process of developing policies and implementing programmes.


**ABSTRACT**

This paper aims to provide a comprehensive overview of the impacts of cash transfer programmes on the immediate and underlying determinants of child nutrition, including the most recent evidence from impact evaluations across sub-Saharan Africa. It adopts the UNICEF extended model of care conceptual framework of child nutrition and highlights evidence on the main elements of the framework – food security, care and health care. It finds that several key gaps should be addressed in future including cash transfer impacts on more proximate nutrition-related outcomes such as children’s dietary diversity, as well as caregiver behaviours, intra-household violence, and stress, all of which have implications for child health and well-being.


**ABSTRACT**

Cash transfer programmes are widely used in settings where child labour is prevalent. Although many of these programmes are explicitly implemented to improve children's welfare, in theory their impact on child labour is undetermined. This paper systematically reviews the empirical evidence on the impact of cash transfers, conditional and unconditional, on child labour. We find
no evidence that cash transfer interventions increase child labour in practice. On the contrary, there is broad evidence that conditional and unconditional cash transfers lower both children's participation in child labour and their hours worked and that these transfers cushion the effect of economic shocks that may lead households to use child labour as a coping strategy. Boys experience particularly strong decreases in economic activities, whereas girls experience such decreases in household chores. Our findings underline the usefulness of cash transfers as a relatively safe policy instrument to improve child welfare but also point to knowledge gaps, for instance regarding the interplay between cash transfers and other interventions, that should be addressed in future evaluations to provide detailed policy advice.

**Keywords:**
Cash transfers, child labour, impact evaluation, review


**ABSTRACT**

**Background:**
The short- and medium-term effects of conflict on population health are reasonably well documented. Less considered are its consequences across generations and potential harms to the health of children yet to be born.

**Discussion:**
Looking first at the nature and effects of exposures during conflict, and then at the potential routes through which harm may propagate within families, we consider the intergenerational effects of four features of conflict: violence, challenges to mental health, infection and malnutrition. Conflict-driven harms are transmitted through a complex permissive environment that includes biological, cultural and economic factors, and feedback loops between sources of harm and weaknesses in individual and societal resilience to them. We discuss the multiplicative effects of ongoing conflict when hostilities are prolonged.

**Summary:**
We summarise many instances in which the effects of war can propagate across generations. We hope that the evidence laid out in the article will stimulate research and – more importantly – contribute to the discussion of the costs of war; particularly in the longer-term in post-conflict situations in which interventions need to be sustained and adapted over many years.

**Keywords:**
War, conflict, developmental origins, children, mental health
The study examines, first, the effectiveness of a psychosocial intervention based on Teaching Recovery Techniques (TRT) to increase resiliency among Palestinian children, exposed to a major trauma of war. Second, it analyses the role of family factors (maternal attachment and family atmosphere) as moderating the intervention impacts on resilience. School classes in Gaza were randomised into intervention (N=242) and control (N=240) groups. The percentage of girls (49.4 percent) and boys (50.6 percent) were equal, and the child age was 10-13 years in both groups. Children reported positive indicators of their mental health (prosocial behaviour and psychosocial well-being) at baseline (T1), post-intervention (T2) and at a six-month follow-up (T3). At T1 they accounted their exposure to war trauma. Mothers reported about their willingness to serve as an attachment figure, and the child reported about the family atmosphere. Resilience was conceptualised as a presence of positive indications of mental health despite trauma exposure. Against our hypothesis, the intervention did not increase the level of resilience statistically significantly, nor was the effect of the intervention moderated by maternal attachment responses or family atmosphere.

**Keywords:**
Attachment, children, family atmosphere, psychosocial intervention, resilience, war trauma

Social resources are considered important protectors in traumatic conditions, but few studies have analysed their role in psychosocial interventions among war-affected children. We examined (1) whether a psychosocial intervention (teaching recovery techniques, TRT) is effective in improving peer and sibling relations, and (2) whether these potentially improved relations mediate the intervention's impacts on children's mental health. Participants were 428 Palestinian children [10–13 (mean = 11.29, standard deviation SD = .68)-year-old girls (49.4 percent) and boys (50.6 percent)], who were cluster-randomised into the TRT and wait-list control groups. They reported the quality of peer (friendship and loneliness) and sibling (intimacy, warmth, conflict, and rivalry) relations, and posttraumatic stress, depressive and psychological distress symptoms, as well as psychosocial well-being at baseline (T1), postintervention (T2), and six-month follow-up (T3).
Results showed gender-specific TRT intervention effects: Loneliness in peer relations reduced among boys and sibling rivalry reduced among girls. The TRT prevented the increase in sibling conflict that happened in the control group. The mediating hypothesis was partially substantiated for improved peer relations, and beneficial changes in sibling relations were generally associated with improved mental health.


No abstract available


**ABSTRACT**

The Unified Protocol (UP) is a transdiagnostic, emotion-focused cognitive-behavioural treatment developed to be applicable across the emotional disorders. The UP consists of 4 core modules: increasing emotional awareness, facilitating flexibility in appraisals, identifying and preventing behavioural and emotional avoidance, and situational and interoceptive exposure to emotion cues. Here we present data from 2 open clinical trials. In the first trial, an initial version of the UP was administered to a heterogeneous clinical sample, yielding significant pre- to posttreatment effects across disorders on a variety of measures. Analyses of clinical significance demonstrated modest results, with 56 percent of participants achieving responder status and 33 percent achieving high end-state functioning. Further manual development ensued, resulting in specific modifications and enhancements to core treatment components, and a second trial presents data from an additional pilot study of this revised version of the UP. Results from this trial demonstrated more robust treatment effects, with 73 percent achieving responder status and 60 percent achieving high end-state functioning. Results improved further at 6-month follow-up, with 85 percent classified as treatment responders and 69 percent achieving high end-state functioning. Implications for the treatment of emotional disorders as well as dimensional conceptualisations of psychopathology are discussed.
Background: Adolescents living in HIV endemic settings face unique sexual health risks, and in the context of abject poverty, orphanhood, social marginalisation, and discrimination, adolescents may be particularly at-risk of horizontal HIV transmission. Street-connected children and youth are a particularly vulnerable and marginalised population and therefore may be a key population at-risk.

Methods: We sought to describe the sexual behaviours of street-connected children and youth in order to comprehend their sexual practices and elucidate circumstances that put them at increased risk of contracting HIV utilising qualitative methods from a sample of street-connected children and youth in Eldoret, Kenya. We recruited participants aged 11-24 years who had lived on the street for ≥ 3 months to participate in 25 in-depth interviews and 5 focus group discussions stratified by age and sex.

Results: In total we interviewed 65 street-connected children and youth; 69 percent were male with a median age of 18 years (IQR: 14-20.5 years). Participants identified both acceptable and unacceptable sexual acts that occur on the streets between males and females, between males, and between females. We grouped reasons for having sex into four categories based on common themes: pleasure, procreation, transactional, and forced. Transactional sex and multiple concurrent partnerships were frequently described by participants. Rape was endemic to street life for girls.

Conclusions: These findings have important policy and programming implications, specifically for the government of Kenya's adolescent reproductive health policy, and highlight the need to target out-of-school youth. There is an urgent need for social protection to reduce transactional sex and interventions addressing the epidemic of sexual and gender-based violence.

**ABSTRACT:**

The psychological rehabilitation of former child soldiers and their successful reintegration into post conflict society present challenges. Despite high rates of impairment, there have been no randomised controlled trials examining the feasibility and efficacy of mental health interventions for former child soldiers.

**Objective:**

To assess the efficacy of a community-based intervention targeting symptoms of post traumatic stress disorder (PTSD) in formerly abducted individuals.

**Design, Setting, and Participants:**

Randomised controlled trial recruiting 85 former child soldiers with PTSD from a population-based survey of 1113 Northern Ugandans aged 12 to 25 years, conducted between November 2007 and October 2009 in camps for internally displaced persons. Participants were randomised to 1 of 3 groups: narrative exposure therapy (n = 29), an academic catch-up programme with elements of supportive counselling (n = 28), or a waiting list (n = 28). Symptoms of PTSD and trauma-related feelings of guilt were measured using the Clinician-Administered PTSD Scale. The respective sections of the Mini International Neuropsychiatric Interview were used to assess depression and suicide risk, and a locally adapted scale was used to measure perceived stigmatisation. Symptoms of PTSD, depression, and related impairment were assessed before treatment and at 3 months, 6 months, and 12 months postintervention.

**Intervention:**

Treatments were carried out in 8 sessions by trained local lay therapists, directly in the communities.

**Main Outcome Measures:**

Change in PTSD severity, assessed over a 1-year period after treatment. Secondary outcome measures were depression symptoms, severity of suicidal ideation, feelings of guilt, and perceived stigmatisation.

**Results:**

PTSD symptom severity (range, 0-148) was significantly more improved in the narrative exposure therapy group than in the academic catch-up (mean change difference, -14.06 [95percent confidence interval, -27.19 to -0.92]) and waiting-list (mean change difference, -13.04 [95percent confidence interval, -26.79 to 0.72]) groups. Contrast analyses of the time x treatment interaction...
of the mixed-effects model on PTSD symptom change over time revealed a superiority of narrative exposure therapy compared with academic catch-up (F(1,234.1) = 5.21, P = .02) and wait-listing (F(1,228.3) = 5.28, P = .02). Narrative exposure therapy produced a larger within-treatment effect size (Cohen d = 1.80) than academic catch-up (d = 0.83) and wait-listing (d = 0.81).

**Conclusions:**
Among former Ugandan child soldiers, short-term trauma-focused treatment compared either with an academic catch-up programme including supportive counselling or with wait-listing resulted in greater reduction of PTSD symptoms.


**ABSTRACT**

**Objectives:**
To present new estimates of the average lifetime costs per child maltreatment victim and aggregate lifetime costs for all new child maltreatment cases incurred in 2008 using an incidence-based approach.

**Methods:**
This study used the best available secondary data to develop cost per case estimates. For each cost category, the paper used attributable costs whenever possible. For those categories that attributable cost data were not available, costs were estimated as the product of incremental effect of child maltreatment on a specific outcome multiplied by the estimated cost associated with that outcome. The estimate of the aggregate lifetime cost of child maltreatment in 2008 was obtained by multiplying per-victim lifetime cost estimates by the estimated cases of new child maltreatment in 2008.

**Results:**
The estimated average lifetime cost per victim of non-fatal child maltreatment is $210,012 in 2010 dollars, including $32,648 in childhood health care costs; $10,530 in adult medical costs; $144,360 in productivity losses; $7,728 in child welfare costs; $6,747 in criminal justice costs; and $7,999 in special education costs. The estimated average lifetime cost per death is $1,272,900, including $14,100 in medical costs and $1,258,800 in productivity losses. The total lifetime economic burden resulting from new cases of fatal and non-fatal child maltreatment in the United States in 2008 is approximately $124 billion. In sensitivity analysis, the total burden is estimated to be as large as $585 billion.
Conclusions:
Compared with other health problems, the burden of child maltreatment is substantial, indicating the importance of prevention efforts to address the high prevalence of child maltreatment.

Keywords:
Child maltreatment, economic burden, lifelong consequences


**ABSTRACT**

We undertook a systematic search and review of individual, family, community, and societal risk and protective factors for mental health in children and adolescents who are forcibly displaced to high-income countries. Exposure to violence has been shown to be a key risk factor, whereas stable settlement and social support in the host country have a positive effect on the child's psychological functioning. Further research is needed to identify the relevant processes, contexts, and interplay between the many predictor variables hitherto identified as affecting mental health vulnerability and resilience. Research designs are needed that enable longitudinal investigation of individual, community, and societal contexts, rather than designs restricted to investigation of the associations between adverse exposures and psychological symptoms. We emphasise the need to develop comprehensive policies to ensure a rapid resolution of asylum claims and the effective integration of internally displaced and refugee children.


**ABSTRACT**

In this paper we estimate the cost of collective and interpersonal violence to low and middle income countries. This includes civil war, homicides and (non)-fatal violence against children and women. The cost of homicides and assault are almost four times higher than the cost due to civil war and violence. Our estimates of non-fatal violence against children and women focus on domestic violence only and we suggest that these costs are much higher than the costs of homicide and civil war. The main reason is that the prevalence of these types of violence is very high: possibly as many as 16 per cent of all children are punished using violent methods and about 30 per cent of all partnered women experience intimate partner violence during their lifetime. While we offer cost estimates for different forms of violence, we only provide some BCRs. Although
there is evidence that violence is declining, it is often not clear why this is the case. Much of the evidence from violence reducing interventions comes from high income countries and it is unclear whether these programmes would be similarly effective in low and middle income countries. Currently almost no aid is intended to improve police competence and integrity, and very little is spent on programmes explicitly focussed on reducing crime and attendant problems. While further research is needed to examine the effectiveness of violence reducing interventions, it appears likely that some interventions would constitute a very effective use of development aid.


**ABSTRACT**

We examined the effects of Ecuador’s Bono de Desarrollo Humano (BDH)—an unconditional cash transfer programme that was rolled-out using a randomised design—in health and development outcomes in very young children. Communities that were randomly assigned to the treatment group began receiving the BDH in 2004 and those randomly assigned to the comparison group began receiving benefits two years later. Families enrolled in the BDH received a monthly cash stipend ($15USD) representing an approximate 6-10 percent increase in household income. Participants analysed in this study are children aged 12-35 months from treatment (n = 797) and comparison (n = 399) communities in rural and urban Ecuador. Main outcomes measured were language skills (the Fundación MacArthur Inventorio del Desarrollo de Habilidades Comunicativas—Breve), height-for-age z-score, and haemoglobin concentration. Results indicate that in rural areas, being randomised to receive the BDH in very early childhood led to significantly better performance on the number of words a child was saying, and on the probability that the child was combining two or more words. There were no significant effects on language development for children in urban areas and there were no effects on height-for-age z-score or haemoglobin concentration in rural or urban areas. A limited number of potential pathways with respect to cognitive/language stimulation, health behaviours, and parenting quality were also explored. Findings indicate that compared to children in comparison areas, rural children in treatment areas were more likely to have received vitamin A or iron supplementation and have been bought a toy in the past six months. This study provides evidence for significant benefits of an unconditional cash transfer programme for language development in very young children in rural areas.

**ABSTRACT**

Transactional sex is associated with increased risk of HIV and gender based violence in southern Africa and around the world. However, the typical quantitative operationalisation, "the exchange of gifts or money for sex," can be at odds with a wide array of relationship types and motivations described in qualitative explorations. To build on the strengths of both qualitative and quantitative research streams, we used cultural consensus models to identify distinct models of transactional sex in Swaziland. The process allowed us to build and validate emic scales of transactional sex, while identifying key informants for qualitative interviews within each model to contextualise women's experiences and risk perceptions. We used logistic and multinomial logistic regression models to measure associations with condom use and social status outcomes. Fieldwork was conducted between November 2013 and December 2014 in the Hhohho and Manzini regions. We identified three distinct models of transactional sex in Swaziland based on 124 Swazi women's emic valuation of what they hoped to receive in exchange for sex with their partners. In a clinic-based survey (n = 406), consensus model scales were more sensitive to condom use than the etic definition. Model consonance had distinct effects on social status for the three different models. Transactional sex is better measured as an emic spectrum of expectations within a relationship, rather than an etic binary relationship type. Cultural consensus models allowed us to blend qualitative and quantitative approaches to create an emicly valid quantitative scale grounded in qualitative context.


**ABSTRACT**

The Mexican Oportunidades programme is designed to increase human capital through investments in education, health, and nutrition for children in extreme poverty. Although the programme is not expressly designed to promote a child's cognitive and non-cognitive development, the set of actions carried out by the programme could eventually facilitate improvements in these domains. Previous studies on the Oportunidades programme have found little impact on children's cognition but have found positive effects on their non-cognitive development. However, the majority of these studies use the average outcome to measure the impact of the programme and thus overlook other "non-average" effects. This paper uses stochastic dominance methods to investigate results beyond the mean by comparing cumulative distributions for both children who are and children who are not aided by the programme. Four indicators of cognitive development and one indicator of non-cognitive development are analysed using a sample of 2595 children aged two to six years. The sample was collected in rural
communities in Mexico in 2003 as part of the programme evaluation. Similar to previous studies, the programme is found to positively influence children's non-cognitive abilities: children enrolled in the programme manifest fewer behavioural problems compared with children who are not enrolled. In addition, different programme effects are found for girls and boys and for indigenous and non-indigenous children. The ranges where the effect is measured cover a large part of the outcome's distribution, and these ranges include a large proportion of the children in the sample. With regard to cognitive development, only one indicator (short-term memory) shows positive effects. Nevertheless, the results for this indicator demonstrate that children with low values of cognitive development benefit from the programme, whereas children with high values do not. Overall, the programme has positive effects on child development, especially for the most vulnerable, who are at the bottom of the distribution.

**Keywords:**
Child development, distributional effects, Mexico, oportunidades


**ABSTRACT**

The objective of this study was to examine the association between externalising behaviours and indirect violence exposure, assessed both within the household and at the community level, as well as the interaction effect of indirect and direct violence exposure. A sample of parents of children ages 4-15 who have not been referred or enrolled in child welfare (n = 82) were recruited from the greater New Orleans community. Externalising behaviour was assessed with the Child Behaviour Checklist (CBCL). The child's indirect exposure to violence included witnessing community violence, witnessing physical assault, and witnessing fighting or domestic violence at home. Direct exposure to violence included the child experiencing physical aggression from a caregiver. All assessments were based on caregiver reports. To decrease potential for confounding, children were matched for analysis based on age, Hurricane Katrina exposure, and their propensity to be exposed to high indirect violence. Cumulative indirect exposure to violence was significantly positively correlated with CBCL scores. After controlling for key covariates, CBCL externalising T score increased significantly by approximately 1.25 points for each level increase in indirect violence exposure ($\beta = 1.25$, SE = 0.57, $p = 0.027$). There also was a significant interaction between indirect and direct exposure to violence in the association with CBCL score ($\beta = -0.08$, SE = 0.03, $p = 0.002$). These findings extend previous research by demonstrating that exposure to both direct and cross-contextual indirect violence influences externalising behaviours in children. Additionally, the findings suggest that community and household social environments are both important targets for interventions designed to decrease externalising behaviours and improve long-term outcomes for youth at risk of exposure to violence.
Keywords:
Child externalising behaviours, child physical aggression, childhood exposure to violence, community violence, cumulative exposure to violence, direct exposure to violence, household violence, indirect exposure to violence


ABSTRACT

This paper examines men’s lifetime physical intimate partner violence (IPV) perpetration across eight low- and middle-income countries to better understand key risk factors that interventions can target in order to promote gender equality and reduce IPV. We use data from men (n = 7806) that were collected as part of the International Men and Gender Equality Survey (IMAGES) in Bosnia and Herzegovina, Brazil, Chile, Croatia, Democratic Republic of Congo (DRC), India, Mexico, and Rwanda. Results show that there is wide variation across countries for lifetime self-reported physical violence perpetration (range: 17 percent in Mexico to 45 percent in DRC), men’s support for equal roles for men and women, and acceptability of violence against women. Across the sample, 31 percent of men report having perpetrated physical violence against a partner in their lifetime. In multivariate analyses examining risk factors for men ever perpetrating physical violence against a partner, witnessing parental violence was the strongest risk factor, reinforcing previous research suggesting the inter-generational transmission of violence. Additionally, having been involved in fights not specifically with an intimate partner, permissive attitudes towards violence against women, having inequitable gender attitudes, and older age were associated with a higher likelihood of ever perpetrating physical IPV. In separate analyses for each country, we found different patterns of risk factors in countries with high perpetration compared to countries with low perpetration. Findings are interpreted to identify key knowledge gaps and directions for future research, public policies, evaluation, and programming.


ABSTRACT

Background:
Male perpetration of intimate partner violence (IPV) is under-researched. In this Article, we present data for the prevalence of, and factors associated with, male perpetration of IPV from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. We aimed
to estimate the prevalence of perpetration of partner violence, identify factors associated with perpetration of different forms of violence, and inform prevention strategies.

**Methods:**
We undertook standardised population-based household surveys with a multistage representative sample of men aged 18–49 years in nine sites in Bangladesh, China, Cambodia, Indonesia, Sri Lanka, and Papua New Guinea between January, 2011, and December, 2012. We built multinomial regression models of factors associated with lifetime violence perpetration: physical IPV, sexual IPV, both physical and sexual IPV, multiple emotional or economic IPV versus none, and calculated population-attributable fractions. In the analysis, we considered factors related to social characteristics, gender attitudes and relationship practices, victimisation history, psychological factors, substance misuse, and participation in violence outside the home.

**Findings:**
10,178 men completed interviews in our study (between 815 and 1812 per site). The response rate was higher than 82·5 percent in all sites except for urban Bangladesh (73·2 percent) and Sri Lanka (58·7 percent). The prevalence of physical or sexual IPV perpetration, or both, varied by site, between 25·4 percent (190/746; rural Indonesia) and 80·0 percent (572/714; Bougainville, Papua New Guinea). When multiple emotional or economic abuse was included, the prevalence of IPV perpetration ranged from 39·3 percent (409/1040; Sri Lanka) to 87·3 percent (623/714; Bougainville, Papua New Guinea). Factors associated with IPV perpetration varied by country and type of violence. On the basis of population-attributable fractions, we show factors related to gender and relationship practices to be most important, followed by experiences of childhood trauma, alcohol misuse and depression, low education, poverty, and involvement in gangs and fights with weapons.

**Interpretation:**
Perpetration of IPV by men is highly prevalent in the general population in the sites studied. Prevention of IPV is crucial, and interventions should address gender socialisation and power relations, abuse in childhood, mental health issues, and poverty. Interventions should be tailored to respond to the specific patterns of violence in various contexts. Physical and sexual partner violence might need to be addressed in different ways.

**Funding:**
Partners for Prevention—a UN Development Programme, UN Population Fund, UN Women, and UN Volunteers regional joint programme for gender-based violence prevention in Asia and the Pacific; UN Population Fund Bangladesh and China; UN Women Cambodia and Indonesia; UN Development Programme in Papua New Guinea and Pacific Centre; and the Governments of Australia, the UK, Norway, and Sweden.
ABSTRACT

We explored trends in six developed countries in three types of indicators of child maltreatment for children younger than 11 years, since the inception of modern child protection systems in the 1970s. Despite several policy initiatives for child protection, we recorded no consistent evidence for a decrease in all types of indicators of child maltreatment. We noted falling rates of violent death in a few age and country groups, but these decreases coincided with reductions in admissions to hospital for maltreatment-related injury only in Sweden and Manitoba (Canada). One or more child protection agency indicators increased in five of six countries, particularly in infants, possibly as a result of early intervention policies. Comparisons of mean rates between countries showed five-fold to ten-fold differences in rates of agency indicators, but less than two-fold variation in violent deaths or maltreatment-related injury, apart from high rates of violent child death in the USA. These analyses draw attention to the need for robust research to establish whether the high and rising rates of agency contacts and out-of-home care in some settings are effectively reducing child maltreatment.

ABSTRACT

Research publication can both communicate and miscommunicate. Unless research is adequately reported, the time and resources invested in the conduct of research is wasted. Reporting guidelines such as CONSORT, STARD, PRISMA, and ARRIVE aim to improve the quality of research reports, but all are much less adopted and adhered to than they should be. Adequate reports of research should clearly describe which questions were addressed and why, what was done, what was shown, and what the findings mean. However, substantial failures occur in each of these elements. For example, studies of published trial reports showed that the poor description of interventions meant that 40-89% were non-replicable; comparisons of protocols with publications showed that most studies had at least one primary outcome changed, introduced, or omitted; and investigators of new trials rarely set their findings in the context of a systematic review, and cited a very small and biased selection of previous relevant trials. Although best documented in reports of controlled trials, inadequate reporting occurs in all types of studies—animal and other preclinical studies, diagnostic studies, epidemiological studies, clinical prediction research, surveys, and qualitative studies. In this report, and in the Series more generally, we point to a waste at all stages in medical research. Although a more nuanced understanding of the complex systems involved in the conduct, writing, and publication of
research is desirable, some immediate action can be taken to improve the reporting of research. Evidence for some recommendations is clear: change the current system of research rewards and regulations to encourage better and more complete reporting, and fund the development and maintenance of infrastructure to support better reporting, linkage, and archiving of all elements of research. However, the high amount of waste also warrants future investment in the monitoring of and research into reporting of research, and active implementation of the findings to ensure that research reports better address the needs of the range of research users.


No abstract available


**ABSTRACT**

Several related demographic trends are occurring in developing countries: youth comprise a large portion of populations, fertility rates are declining, and urban dwellers are increasing. As fertility rates decline and populations age, the decline in the ratio of young dependents to working age adults is expected to free up household resources, which can be invested in human capital, including youth nutritional well-being. We test this hypothesis in a sample of youth (n = 1,934) in Southwestern Ethiopia. Multiple measures of achieved growth and nutritional status are explored (weight, height, mid-upper arm circumference (MUAC), body mass index (BMI) and body mass index for age z-score (BMIZ), weight for age z-score (WAZ), and height for age z-score (HAZ)). In multivariable models controlling for the effects of income, age, gender, and youth workloads, youth living in rural settings had significantly lower weight (1.24 kg lighter), MUAC (0.67 cm lower), BMI (0.45 BMI lower), BMIZ (0.27 lower), HAZ (0.14 HAZ lower), and WAZ (0.3 WAZ lower) than urban youth (all P < 0.01). Compared with youth in the lowest dependency ratio households, results show that youth in households with the highest dependency ratios were estimated to be 1.3 kg lighter, have 0.67 cm smaller MUAC, and BMI that was 0.59 lower (all P<0.01). Similar results were found for WAZ (0.21 lower) and BMIZ (0.36 lower). Youth height and HAZ were not associated with household dependency. These results may point toward increasing levels of human capital investments in Ethiopian youth as fertility levels decline and populations urbanise.

**ABSTRACT**

The aim of this study is to assess whether the Government of Kenya's Cash Transfer for Orphans and Vulnerable Children (Kenya CT-OVC) can reduce the risk of HIV among young people by postponing sexual debut. The programme provides an unconditional transfer of US$20 per month directly to the main caregiver in the household. An evaluation of the programme was implemented in 2007–2009 in seven districts. Fourteen Locations were randomly assigned to receive the programme and fourteen were assigned to a control arm. A sample of households was enrolled in the evaluation in 2007. We revisited these households in 2011 and collected information on sexual activity among individuals between 15–25 years of age. We used logistic regression, adjusted for the respondent's age, sex and relationship to caregiver, the age, sex and schooling of the caregiver and whether or not the household lived in Nairobi at baseline, to compare rates of sexual debut among young people living in programme households with those living in control households who had not yet entered the programme. Our results, adjusted for these covariates, show that the programme reduced the odds of sexual debut by 31 percent. There were no statistically significant effects on secondary outcomes of behavioural risk such as condom use, number of partners and transactional sex. Since the CT-OVC provides cash to the caregiver and not to the child, and there are no explicit conditions associated with receipt, these impacts are indirect, and may have been achieved by keeping young people in school. Our results suggest that large-scale national social cash transfer programmes with poverty alleviation objectives may have potential positive spillover benefits in terms of reducing HIV risk among young people in Eastern and Southern Africa.


**ABSTRACT**

This paper reports the impact on child schooling and work of the Government of Zambia’s Child Grant Programme (CGP), an unconditional cash transfer programme targeted to households with children aged under 3 years in three districts of the country. Although the CGP’s focus is on very young children, we look to see if the programme has impacts on older children who are not the explicit target group. We use data from a large-scale social experiment involving 2,519 households, half of whom were randomised out to a delayed-entry control group, which was implemented to assess the impact of the programme. Ex-ante analysis suggests that given the pattern of income effects and structural features of the Zambian schooling system, we would see
impacts at very young ages, at the age of drop out, and little impact on child labour. Indeed, actual estimated impacts indicate that the CGP has raised school enrolment and possibly even decreased child paid labour. Programme impacts on enrolment at age 4-7 range from 5 to 6 percentage points, and larger impacts from 6 to 9 percentage points are seen for children age 11-14 years old who are transitioning to lower secondary school. An important pathway for these effects is through the purchase of school uniforms and shoes. The impacts reported here compare favourably with the ones from the CCT literature from Latin America, and lead to the conclusion that unconditional cash transfers in Africa have significant positive impacts on children’s human capital.

**Keywords:**
Child labour, schooling, Zambia, unconditional cash transfer, RCT


**ABSTRACT**

There is promising evidence that poverty-targeted cash transfer programs can have positive impacts on adolescent transitions to adulthood in resource poor settings, however existing research is typically from small scale programmes in diverse geographic and cultural settings. We provide estimates of the impact of a national unconditional cash transfer programme, the Kenya Cash Transfer for Orphans and Vulnerable Children, on pregnancy and early marriage among females aged 12 to 24, four years after programme initiation. The evaluation was designed as a clustered randomised controlled trial and ran from 2007 to 2011, capitalising on the existence of a control group, which was delayed entry to the programme due to budget constraints. Findings indicate that, among 1549 females included in the study, while the programme reduced the likelihood of pregnancy by five percentage points, there was no significant impact on likelihood of early marriage. Programme impacts on pregnancy appear to work through increasing the enrollment of young women in school, financial stability of the household and delayed age at first sex. The Kenyan programme is similar in design to most other major national cash transfer programmes in Eastern and Southern Africa, suggesting a degree of generalisability of the results reported here. Although the objective of the programme is primarily poverty alleviation, it appears to have an important impact on facilitating the successful transition of adolescent girls into adulthood.

**Keywords:**
Adolescent girls, cash transfers, early marriage, Kenya, pregnancy

**ABSTRACT**

Poverty remains one of the most pressing problems facing the world; the mechanisms through which poverty arises and perpetuates itself, however, are not well understood. Here, we examine the evidence for the hypothesis that poverty may have particular psychological consequences that can lead to economic behaviours that make it difficult to escape poverty. The evidence indicates that poverty causes stress and negative affective states which in turn may lead to short-sighted and risk-averse decision-making, possibly by limiting attention and favouring habitual behaviours at the expense of goal-directed ones. Together, these relationships may constitute a feedback loop that contributes to the perpetuation of poverty. We conclude by pointing toward specific gaps in our knowledge and outlining poverty alleviation programmes that this mechanism suggests.


**ABSTRACT**

We use a randomised controlled trial to study the response of poor households in rural Kenya to large, unconditional cash transfers from the NGO Give Directly. The transfers differ from other programmes in that they are explicitly unconditional, large, and concentrated in time. We randomised at both the village and household levels; further, within the treatment group, we randomised recipient gender (wife vs. husband), transfer timing (lump-sum transfer vs. monthly installments), and transfer magnitude (USD 404 PPP vs. USD 1,525 PPP). We find a strong consumption response to transfers, with an increase in household monthly consumption from USD 158 PPP to USD 193 PPP nine months after the transfer began. Transfer recipients experience large increases in psychological well-being. We find no overall effect on levels of the stress hormone cortisol, although there are differences across some subgroups. Monthly transfers are more likely than lump-sum transfers to improve food security, while lump-sum transfers are more likely to be spent on durables, suggesting that households face savings and credit constraints. Together, these results suggest that unconditional cash transfers have significant impacts on economic outcomes and psychological well-being.

**ABSTRACT**

**Introduction:**
Cash payments to vulnerable households and/or individuals have increasingly garnered attention as a means to reduce poverty, improve health and achieve other development-related outcomes. Recent evidence from Malawi and Tanzania suggests that cash transfers can impact HIV-related behaviours and outcomes and, therefore, could serve as an important addition to HIV prevention efforts.

**Discussion:**
This article reviews the current evidence on cash transfers for HIV prevention and suggests unresolved questions for further research. Gaps include (1) understanding more about the mechanisms and pathways through which cash transfers affect HIV-related outcomes; (2) addressing key operational questions, including the potential feasibility and the costs and benefits of different models of transfers and conditionality; and (3) evaluating and enhancing the wider impacts of cash transfers on health and development.

**Conclusions:**
Ongoing and future studies should build on current findings to unpack unresolved questions and to collect additional evidence on the multiple impacts of transfers in different settings. Furthermore, in order to address questions on sustainability, cash transfer programmes need to be integrated with other sectors and programmes that address structural factors such as education and programming to promote gender equality and address HIV.

**Keywords:**
HIV and incentives, cash transfers and HIV, conditional cash transfers (CCTs) and HIV, social protection and HIV, structural drivers and HIV


**ABSTRACT**

Former child soldiers and ex-combatants are at high risk of developing trauma-related disorders and appetitive aggression, which reduce successful integration into peaceful societies. In a randomised controlled clinical trial, we offered Narrative Exposure Therapy for Forensic
Offender Rehabilitation (FORNET) to 15 ex-combatants with the goal of reducing traumatic stress and appetitive aggression compared to “treatment as usual.” Measures included the PTSD Symptom Scale-Interview and the Appetitive Aggression Scale assessed prior to treatment and 2 weeks and 6 months after the treatment. We also assessed closeness to combatants as an index of reintegration. The treatment group reported reduced PTSD symptoms and less contact with combatants. Appetitive aggression decreased substantially in both groups. The results indicate that it is feasible to add psychological treatment to facilitate the reintegration process.

**Keywords:**
Appetitive aggression, child soldiers, DR Congo, ex-combatants, FORNET, integration, NET, PTSD


**ABSTRACT**

Violence against women is a major health and human rights problem yet there is little rigorous evidence as to how to reduce it. We take advantage of the randomised roll-out of Ecuador's cash transfer programme to mothers to investigate how an exogenous increase in a woman's income affects domestic violence. We find that the effect of a cash transfer depends on a woman's education and on her education relative to her partner's. Our results show that for women with greater than primary school education a cash transfer significantly decreases psychological violence from her partner. For women with primary school education or less, however, the effect of a cash transfer depends on her education relative to her partner's. Specifically, the cash transfer significantly increases emotional violence in households where the woman's education is equal to or more than her partner's.

**Keywords:**
Cash transfers, domestic violence, household bargaining models, education, women’s income


**ABSTRACT**

Despite the pervasive and far reaching consequences of intimate partner violence (IPV), there is little conclusive evidence on policy instruments to reduce or prevent violence. Using a randomised experiment in Northern Ecuador, this study provides evidence on whether cash, vouchers and food transfers targeted to women in poor urban areas and intended to reduce poverty
and food insecurity also affected IPV. Results indicate that overall transfers reduce controlling behaviours and multiple forms of IPV including moderate physical and any physical or sexual violence by 6-7 percentage points. Impacts do not vary by transfer modality, which combined with the overall negative impacts on IPV, suggests that violence is not being used to forcefully extract resources. Instead, initial conditions and power dynamics between partners is important in determining the magnitude and significance of reductions in IPV.

**Keywords:**
Intimate partner violence, cash transfers, Ecuador


**ABSTRACT**

This paper explores how conditions of life in a refugee camp contribute to domestic violence. It draws on the ‘nested ecological model’ of domestic violence (Dutton 2001), which integrates individual and family factors, socio-economic context, and culture. Displacement depletes the resources available to refugees at each of these levels. Eighteen focus group discussions were held in Kakuma refugee camp (Kenya). Most displacement-related factors identified as contributing to domestic violence are consequences of the structural conditions of refugees’ lives. This suggests that systems for providing refuge have the potential not only to contribute to domestic violence, but to reduce it.

**Keywords:**
Domestic violence, refugees, refugee camps


**ABSTRACT**

**Background:**
The aim of this paper is to explore women’s perceptions of the causes of intimate partner violence (IPV) in West Africa, and the ways in which they understand these causes to interact with the experiences of war.
Methods:
The study was conducted in two locations in Sierra Leone and two in Liberia, using focus group discussions (N groups = 14) and individual interviews (N = 20).

Results:
Women perceive the causes of IPV to be linked with other difficulties faced by women in these settings, including their financial dependence on men, traditional gender expectations and social changes that took place during and after the wars in those countries. According to respondents, the wars increased the use of violence by some men, as violence became for them a normal way of responding to frustrations and challenges. However, the war also resulted in women becoming economically active, which was said by some to have decreased IPV, as the pressure on men to provide for their families reduced. Economic independence, together with services provided by NGOs, also gave women the option of leaving a violent relationship.

Conclusions:
IPV was found to be a significant problem for women in Sierra Leone and Liberia. The interactions between war experiences and financial and cultural issues are multi-faceted and not uniformly positive or negative.

Keywords:
Domestic violence, intimate partner violence, post-conflict, West Africa


No abstract available


ABSTRACT

In this paper we estimate the causal effects on child mortality from moving into less distressed neighbourhood environments. We match mortality data covering the period from 1997 to 2009 with information on every child in public housing that applied for a housing voucher in Chicago in 1997 (N = 11,680). Families were randomly assigned to the voucher wait list, and only some families were offered vouchers. The odds ratio for the effects of being offered a housing voucher on overall mortality rates is equal to 1.13 for all children (95percent CI 0.73–1.70), 1.34 for boys (95percent CI 0.85–2.05) and 0.21 for girls (95percent CI 0.01–1.04).
ABSTRACT

Background:
Dissemination of psychotherapeutic modules to local counsellors seems a key requirement for coping with mental health disasters in conflict regions. We tested a train-the-trainer (TTT) dissemination model for the treatment of posttraumatic stress disorder (PTSD).

Methods:
We randomly assigned widowed or orphaned survivors of the 1994 Rwandan genocide with a PTSD diagnosis to narrative exposure therapy (NET) treatment (NET-1, n = 38) or to a 6-month waiting list (WL) condition to be followed by treatment (WL/NET-2, n = 38). Expert therapists trained a first dissemination generation of local Rwandan psychologists in NET complemented by 2 sessions of interpersonal psychotherapy modules. Under the supervision of the experts, these Rwanda psychologists (a) provided NET to the NET-1 participants and (b) subsequently trained and supervised a second generation of local psychologists. This second dissemination generation provided treatment to the WL/NET-2 group. The primary outcome measure was the Clinician-Administered PTSD Scale total score before therapy and at 3- and 12-month follow-ups.

Results:
At the 3-month follow-up, the NET-1 participants suffered significantly and substantially less from PTSD symptoms than the participants in the WL group. The treatment gains of NET-1 were maintained and increased at follow-up, with a within-group effect size of Cohen's $d = 1.47$ at the 12-month follow-up. After treatment by the second dissemination generation of therapists, the WL/NET-2 participants improved to an extent similar to that of the NET-1 group at follow-ups, with an effect size of Cohen's $d = 1.37$ at the 12-month follow-up.

Conclusions:
A TTT model of PTSD treatment dissemination can be effective in resource-poor post conflict societies.


**ABSTRACT**

The link between child sexual abuse and adult intimate partner violence surfaces throughout prior research. Nonetheless, methodologies investigating this cycle of violence predominantly involve descriptive, correlational, or traditional regression-based analyses that preclude more definitive statements about the empirical relationship between child sexual abuse and adult partner violence. In recognition of these limitations, the current study presents a quasi-experimental investigation into the relationship between sexual abuse in childhood and physical partner violence victimisation and/or perpetration in young adulthood. Propensity score matching analysis of a national data set sampling over 4,000 young adults suggests that experiencing child sexual abuse influences adult intimate partner violence victimisation and perpetration. Study implications and directions for future research are discussed.

**Keywords:**
Causation, crime, life course, offending


**ABSTRACT**

Given growing attention to inequities and hardest-to-reach children, there is increasing interest in how to support children in extreme settings, including through schooling. We focus on cash transfer programmes – poverty reduction initiatives aimed at human capital development – and adopt an ecological focus, considering children in informal and formal settings in households, schools, communities and broader polities. Using qualitative methodologies, we explore how cash transfer programmes can facilitate schooling in Kenya, Palestine and Peru. We argue it is critical to consider both demand and supply side challenges and entry-points. We conclude that involving communities in programme design, monitoring and evaluation is essential to promote greater transparency and accountability, and ultimately child well-being outcomes.

**Keywords:**
Cash transfers, conflict, schooling, social accountability
ABSTRACT

Background:
In situations of ongoing violence, childhood psychosocial and mental health problems require care. However, resources and evidence for adequate interventions are scarce for children in low- and middle-income countries. This study evaluated a school-based psychosocial intervention in conflict-affected, rural Nepal.

Methods:
A cluster randomised controlled trial was used to evaluate changes on a range of indicators, including psychiatric symptoms (depression, anxiety, posttraumatic stress disorder), psychological difficulties, resilience indicators (hope, prosocial behaviour) and function impairment. Children (n = 325) (mean age = 12.7, SD = 1.04, range 11-14 years) with elevated psychosocial distress were allocated to a treatment or waitlist group.

Results:
Comparisons of crude change scores showed significant between-group differences on several outcome indicators, with moderate effect sizes (Cohen d = .41 to .58). After correcting for nested variance within schools, no evidence for treatment effects was found on any outcome variable. Additional analyses showed gender effects for treatment on prosocial behaviour (mean change difference: 2.70; 95percent CI, .97 to 4.44), psychological difficulties (-2.19; 95percent CI, -3.82 to -.56), and aggression (-4.42; 95percent CI, -6.16 to -2.67). An age effect for treatment was found for hope (.90; 95percent CI, -1.54 to -.26).

Conclusions:
A school-based psychosocial intervention demonstrated moderate short-term beneficial effects for improving social-behavioural and resilience indicators among subgroups of children exposed to armed conflict. The intervention reduced psychological difficulties and aggression among boys, increased prosocial behaviour among girls, and increased hope for older children. The intervention did not result in reduction of psychiatric symptoms.

**ABSTRACT**

This study aimed to develop a research strategy to make informed decisions for intervention selection, especially for low- and middle-income countries, as a response to the urgent need to scale-up mental health care for children globally. With this study we address the critical lack of translation of research findings into policy and practice. The research strategy was piloted for development of a family-based intervention in violence-affected areas in Burundi. The research comprised four phases; (a) a qualitative phase to assess needs and determine tentative intervention objectives; (b) a global expert panel to identify and prioritise intervention modalities for low-resource settings; (c) systematic literature review and distillation of practice elements from evidence-based treatments; and (d) stakeholder meetings to explore social-cultural feasibility and acceptability of the developed intervention. The study was conducted between January and November 2010. The research strategy resulted in the development of a stepped family-based care intervention, which combines community mobilisation, parent-management training and cognitive behaviour therapy elements. This pilot-tested research strategy, encompassing global and local knowledge on needs, feasibility and effectiveness, has the potential to be useful for developing mental health and psychosocial interventions in other settings.


**ABSTRACT**

**Purpose:**

Conduct problems and emotional distress have been identified as key problems among children and adolescents in post-war Burundi. This pilot study aims to evaluate the impact of a brief parenting psychoeducation intervention on children's mental health.

**Methods:**

This study employs a controlled pre and post evaluation design. The two-session psychoeducation intervention was offered to groups of parents of children (mean age 12.3 years, 60.8 percent female) who had been screened for elevated psychosocial distress. Children in the intervention group (n = 58) were compared to a waitlist control group (n = 62). Outcome indicators included child-reported levels of aggression (using the Aggression Questionnaire), depression symptoms (using the Depression Self Rating Scale) and perceived family social support.
Results:
The intervention had a beneficial effect on reducing conduct problems compared to the control condition (Cohen d = 0.60), especially among boys, while not showing impact on depression symptoms or family social support. Parents evaluated the intervention positively, with increased awareness of positive parenting strategies and appropriate disciplinary techniques reported as the most common learning points.

Conclusions:
A brief parenting psychoeducation intervention conducted by lay community counsellors is a promising public health strategy in dealing with widespread conduct problems in boys living in violence-affected settings and not so for social and emotional indicators and for girls. An efficacy study is warranted to confirm these preliminary findings.


ABSTRACT
Effective evidence-based intervention for traumatic bereavement is one of the current major research issues in the field of Post-Traumatic Stress Disorder (PTSD) in children and adolescents. The “Writing for Recovery” group intervention is a new treatment approach developed by the Children and War Foundation for traumatised and bereaved children and adolescents after disasters. The purpose of this project was an empirical examination of this intervention with 12- to 18-year-old war bereaved Afghani refugees. Eighty-eight war bereaved Afghani refugees were screened using the Traumatic Grief Inventory for Children (TGIC). From those with the highest total score, 61 were randomly assigned to either an experimental (n = 29) or control group (n = 32). The experimental group received six sessions of group training on 3 consecutive days in their school. The difference of TGIC scores between the experimental group in pre-test and post-test was significant (p = 0.001). Results of analysis of covariance also showed a significant effect of Writing for Recovery on the experimental group (p < 0.001). It is concluded that “Writing for Recovery” is an effective group intervention for bereaved children and adolescents after disasters.


ABSTRACT
Youths who have been maltreated often experience symptoms of posttraumatic stress disorder (PTSD), and this special population has received increased attention from researchers. Pathways
toward maladaptive effects of maltreatment and PTSD are remarkably similar and reflect specific
biological diatheses and psychological vulnerabilities that produce wide-ranging self-regulation
deficits. Developmental models of effects of maltreatment and of PTSD are thus increasingly
intertwined and have begun to inform specialised assessment and treatment strategies for this
population. This review covers key aspects of posttraumatic stress disorder in maltreated youth,
including epidemiology, symptomatology, outcome, and risk factors as well as assessment and
treatment strategies and challenges for these youths.

for Orphans and Vulnerable Children on human capital.” Journal of Development

ABSTRACT

Kenya's Cash Transfer for Orphans and Vulnerable Children (CT-OVC) is a national child-
protection programme that provides a flat monthly transfer of Ksh 1500 to ultra-poor families
with orphans and vulnerable children aged 17 years and younger. A cluster randomised social
experiment was conducted in 2007–2009 to evaluate the impact of this programme. We use these
data to provide an in-depth analysis of the effects of the programme on children's human capital
development. Because basic schooling is free in Kenya and enrolment rates are relatively high,
the scope of an unconditional programme such as the CT-OVC may be small. We use data from
the evaluation baseline as well as national survey data to make ex-ante predictions about where
the programme is most likely to have a big impact. We compare these predictions with actual
programme impacts as a way of assessing whether the programme has had the expected impact
on children's human capital development given the institutional environment. We find that the
programme has had an impact on the margins we would expect, and the size of the impact on
secondary school enrolment of this unconditional programme is comparable with those from
conditional programmes in other parts of the world. The ex-ante analysis is crucial to
understanding where to look to appropriately assess the impact of the programme.

Keywords:
Social Cash Transfers, Kenya, children's schooling, Africa

**ABSTRACT**

**Importance:**
Youth in high-poverty neighbourhoods have high rates of emotional problems. Understanding neighbourhood influences on mental health is crucial for designing neighbourhood-level interventions.

**Objective:**
To perform an exploratory analysis of associations between housing mobility interventions for children in high-poverty neighbourhoods and subsequent mental disorders during adolescence.

**Design, Setting, and Participants:**
The Moving to Opportunity Demonstration from 1994 to 1998 randomised 4604 volunteer public housing families with 3689 children in high-poverty neighbourhoods into 1 of 2 housing mobility intervention groups (a low-poverty voucher group vs a traditional voucher group) or a control group. The low-poverty voucher group (n=1430) received vouchers to move to low-poverty neighbourhoods with enhanced mobility counselling. The traditional voucher group (n=1081) received geographically unrestricted vouchers. Controls (n=1178) received no intervention. Follow-up evaluation was performed 10 to 15 years later (June 2008-April 2010) with participants aged 13 to 19 years (0-8 years at randomisation). Response rates were 86.9percent to 92.9percent.

**Main Outcomes and Measures:**
Presence of mental disorders from the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) within the past 12 months, including major depressive disorder, panic disorder, posttraumatic stress disorder (PTSD), oppositional-defiant disorder, intermittent explosive disorder, and conduct disorder, as assessed post hoc with a validated diagnostic interview.

**Results:**
Of the 3689 adolescents randomised, 2872 were interviewed (1407 boys and 1465 girls). Compared with the control group, boys in the low-poverty voucher group had significantly increased rates of major depression (7.1percent vs 3.5percent; odds ratio (OR), 2.2 [95percent CI, 1.2-3.9]), PTSD (6.2percent vs 1.9percent; OR, 3.4 [95percent CI, 1.6-7.4]), and conduct disorder (6.4percent vs 2.1percent; OR, 3.1 [95percent CI, 1.7-5.8]). Boys in the traditional voucher group had increased rates of PTSD compared with the control group (4.9percent vs 1.9percent, OR, 2.7 [95percent CI, 1.2-5.8]). However, compared with the control group, girls in the traditional voucher group had decreased rates of major depression (6.5percent vs 10.9percent; OR, 0.6 [95percent CI, 0.3-0.9]) and conduct disorder (0.3percent vs 2.9percent; OR, 0.1 [95percent CI, 0.0-0.4]).
Conclusions and Relevance:
Interventions to encourage moving out of high-poverty neighbourhoods were associated with increased rates of depression, PTSD, and conduct disorder among boys and reduced rates of depression and conduct disorder among girls. Better understanding of interactions among individual, family, and neighbourhood risk factors is needed to guide future public housing policy changes.


ABSTRACT

Mental health problems affect 10-20 percent of children and adolescents worldwide. Despite their relevance as a leading cause of health-related disability in this age group and their long lasting effects throughout life, the mental health needs of children and adolescents are neglected, especially in low-income and middle-income countries. In this report we review the evidence and the gaps in the published work in terms of prevalence, risk and protective factors, and interventions to prevent and treat childhood and adolescent mental health problems. We also discuss barriers to, and approaches for, the implementation of such strategies in low-resource settings. Action is imperative to reduce the burden of mental health problems in future generations and to allow for the full development of vulnerable children and adolescents worldwide.


ABSTRACT

Purpose:
This study investigates the causal effect of Kenya's unconditional cash transfer programme on mental health outcomes of young people.

Methods:
Selected locations in Kenya were randomly assigned to receive unconditional cash transfers in the first phase of Kenya's Cash Transfer Programme for orphans and Vulnerable Children. In intervention locations, low-income households and those with orphans and vulnerable childrens began receiving monthly cash transfers of $20 in 2007. In 2011, 4 years after programme onset, data were collected on the psychosocial status for youth aged 15-24 years from households in intervention and control locations (N = 1960). The primary outcome variable was an indicator of
depressive symptoms using the 10-question Center for Epidemiologic Studies Depression Scale. Secondary outcomes include an indicator for hopefulness and physical health measures. Logistic regression models that adjusted for individual and household characteristics were used to determine the effect of the cash transfer programme.

**Results:**
The cash transfer reduced the odds of depressive symptoms by 24 percent among young persons living in households that received cash transfers. Further analysis by gender and age revealed that the effects were only significant for young men and were larger among men aged 20-24 years and orphans.

**Conclusions:**
This study provides evidence that poverty-targeted unconditional cash transfer programmes, can improve the mental health of young people in low-income countries.

**Keywords:**
Adolescent mental health, cash transfers, Kenya


**ABSTRACT**

An adverse economic shock can be dangerous because its impact may be long-lived if countries are forced into a vicious cycle of low human development and conflict. Drawing on a review of both theoretical and empirical literature, this paper frames the connection between economic factors and conflict within a conceptual framework in which levels of human development and the risk of conflict are linked. While conflict might be caused by many factors, low levels of human development increase the risks of conflict outbreaks and recurrence. Conflict, in turn, destroys the accumulated physical, social and human capital. The linkage between conflict and human development may form a self reinforcing cycle. And consequently, policy measures to sustain human development would also have an additional indirect impact in lowering the risk of conflict.


**ABSTRACT**

Understandings of women's agency in cases of intimate partner violence (IPV) have been dominated by an individualistic focus on help-seeking behaviour. The role of children in influencing, enabling and restricting the decision-making processes of their mothers has been
largely ignored. We adopt biographical analytical approaches to qualitative longitudinal data collected as part of the Young Lives study to highlight the interdependency of women's and children's agency in contexts of IPV in Vietnam. We illustrate how women's agency is both enabled and constrained by their relationships with their children, as well as by wider structural processes, and examine how gender and generation intersect. In marginalised settings where few formal services exist or strong social norms preclude women from accessing support, understanding these informal coping strategies and the processes by which these are negotiated is essential for developing more effective policy responses.

Keywords:
Intimate partner violence, agency, help-seeking behaviour, children, Vietnam


ABSTRACT

The prevalence of physical domestic violence—violence against women perpetrated by husbands—is staggeringly high across the Indian subcontinent. Although gender-based power dynamics are thought to underlie women's vulnerability, relatively little is known about risk and protective factors. This prospective study in southern India examined the association between key economic aspects of gender-based power, namely spousal employment status, and physical domestic violence. In 2005-2006, 744 married women, aged 16-25, residing in low-income communities in Bangalore, India were enrolled in the study. Data were collected at enrollment, 12 and 24 months. Multivariable logistic regression models were used to examine the prospective association between women's employment status, their perceptions of their husband's employment stability, and domestic violence. Women who were unemployed at one visit and began employment by the next visit had an 80 percent higher odds of violence, as compared to women who maintained their unemployed status. Similarly, women whose husbands had stable employment at one visit and newly had difficulty with employment had 1.7 times the odds of violence, as compared to women whose husbands maintained their stable employment. To our knowledge, this study is the first from a developing country to confirm that changes in spousal employment status are associated with subsequent changes in violence risk. It points to the complex challenges of violence prevention, including the need for interventions among men and gender-transformative approaches to promote gender-equitable attitudes, practices and norms among men and women.

**ABSTRACT**

This study evaluates the effect of a short-term group intervention titled Writing for Recovery in Gaza. Adolescents (N = 139) aged 12–17 were randomly assigned to an intervention or to a waiting list group. Levels of distress were assessed at baseline and at post test. A follow-up assessment was conducted 5 months after both groups had received the intervention. Results at post test showed a reduction in posttraumatic stress symptoms in both groups, an increase in depression in the intervention group, and no change in anxiety symptoms. At follow-up, a significant decline in depression scores was evident. Overall, no evidence for improvements due to the intervention was found.


**ABSTRACT**

This study re-analysed data on adolescent health outcomes (N = 1780; M age = 15.15, SD = 2.30) from a 5-year evaluation of the Moving to Opportunity (MTO) Programme. The MTO programme is a randomised experiment conducted in five cities in the United States (Baltimore, Boston, Chicago, Los Angeles and New York) in which low-income families living in public housing in 'high-poverty' neighbourhoods were offered vouchers and assistance to move to 'low-poverty' neighbourhoods. The objective was to reexamine programme effects as a function of exposure to 'low-poverty' neighbourhoods to determine whether beneficial effects reported for girls' mental health and behaviour generalised to other outcomes for girls and to boys. As found in previous evaluations, girls in the MTO programme group, whose families remained in 'low-poverty' neighbourhoods for comparatively long periods (approximately 5 years), had better mental health and engaged in fewer risky behaviours than a matched control sample of girls, whose families stayed in 'high-poverty' neighbourhoods. Further, additional benefits for girls were seen in the education domain. Adverse programme effects on boys' behaviour problems, reported in other MTO research using different methods, were not evident in our analysis. Findings suggest that programmes relocating low-income families to 'low-poverty' neighbourhoods should provide supports to families and to receiving communities to promote residential stability and social integration.

**ABSTRACT**

This article reflects on two experiences of applying qualitative life course research in development studies. The first methodology centred on the elicited narratives of older people in Buenos Aires exploring their lifetime relations with their children and their current well-being. The second employed semi-structured interviews with young adults in Zambia to investigate their trajectories towards economic empowerment. In both methodologies, the roles of linked lives and of wider social, economic and political changes were central. The article contributes to critical reflection on methodological choices and trade-offs, by focussing on dilemmas that arise from a desire to address policy makers and more quantitatively-orientated researchers. It explores three themes: the challenges of making sense of disparate narratives of linked lives; the possibilities for engaging with individual subjectivities; and different strategies for situating individual experiences in dynamic social, economic and political contexts.


**ABSTRACT**

**Objectives:**
Behavioural support for smoking cessation is delivered through different modalities, often guided by treatment manuals. Recently developed methods for assessing fidelity of delivery have shown that face-to-face behavioural support is often not delivered as specified in the service treatment manual. This study aimed to extend this method to evaluate fidelity of telephone-delivered behavioural support.

**Method:**
A treatment manual and transcripts of 75 audio-recorded behavioural support sessions were obtained from the United Kingdom's national Quitline service and coded into component behaviour change techniques (BCTs) using a taxonomy of 45 smoking cessation BCTs. Interrater reliability was assessed using percentage agreement. Fidelity was assessed by comparing the number of BCTs identified in the manual with those delivered in telephone sessions by 4 counsellors. Fidelity was assessed according to session type, duration, counsellor, and BCT. Differences between self-reported and actual BCT use were examined.
Results:
Average coding reliability was high (81 percent). On average, 41.8 percent of manual-specified BCTs were delivered per session (SD = 16.2), with fidelity varying by counsellor from 32 percent to 49 percent. Fidelity was highest in pre-quit sessions (46 percent) and for BCT “give options for additional support” (95 percent). Fidelity was lowest for quit-day sessions (35 percent) and BCT “set graded tasks” (0 percent). Fidelity was positively correlated with session duration (r = .585; p < .01). Significantly fewer BCTs were used than were reported as being used, t(15) = -5.52, p < .001.

Conclusions:
The content of telephone-delivered behavioural support can be reliably coded in terms of BCTs. This can be used to assess fidelity to treatment manuals and to identify training needs. The observed low fidelity underlines the need to establish routine procedures for monitoring delivery of behavioural support.


ABSTRACT

Introduction:
Behavioural support interventions for smoking cessation are typically complex, involving multiple interacting component behaviour change techniques (BCTs). Precise reporting of intervention content is important for progress in the field. This study assessed the adequacy of published descriptions of the content of smoking cessation behavioural support interventions.

Methods:
About 152 trials of behavioural support were identified from Cochrane reviews. Authors were contacted up to 3 times requesting a copy of the intervention manual. Descriptions of intervention content in manuals and the corresponding publications were coded into component BCTs using an established taxonomy. The proportion of manual-specified content reported in subsequent trial reports was examined.

Results:
Manuals were received for 28 interventions published between 1992 and 2008. An average of 27 BCTs were identified per manual (range: 5–56), whereas published descriptions averaged only 12 (range: 3–26) (t[27] = 4.15, p < .001 for the difference).

Conclusions:
Published reports of evaluations of smoking cessation behavioural support interventions typically mention fewer than half the behaviour change techniques specified in the corresponding
intervention manuals; this deficit in reporting could be remedied by journals insisting on full manuals being provided as supplementary electronic files.


ABSTRACT

Growing international evidence shows that mental ill health and poverty interact in a negative cycle in low-income and middle-income countries. However, little is known about the interventions that are needed to break this cycle. We undertook two systematic reviews to assess the effect of financial poverty alleviation interventions on mental, neurological, and substance misuse disorders and the effect of mental health interventions on individual and family or carer economic status in countries with low and middle incomes. We found that the mental health effect of poverty alleviation interventions was inconclusive, although some conditional cash transfer and asset promotion programmes had mental health benefits. By contrast, mental health interventions were associated with improved economic outcomes in all studies, although the difference was not statistically significant in every study. We recommend several areas for future research, including undertaking of high-quality intervention studies in low-income and middle-income countries, assessment of the macroeconomic consequences of scaling up of mental health care, and assessment of the effect of redistribution and market failures in mental health. This study supports the call to scale up mental health care, not only as a public health and human rights priority, but also as a development priority.


ABSTRACT

Cash transfer programmes have become extremely popular in the developing world. A large literature analyses their effects on schooling, health and nutrition, but relatively little is known about possible impacts on child development. This paper analyses the impact of a cash transfer programme on early childhood cognitive development. Children in households randomly assigned to receive benefits had significantly higher levels of development nine months after the programme began. There is no fade-out of programme effects two years after the programme ended. Additional random variation shows that these impacts are unlikely to result from the cash component of the programme alone.
ABSTRACT

Background:
The Democratic Republic of Congo (DRC) has been home to the world’s deadliest conflict since World War II and is reported to have the largest number of child soldiers in the world. Despite evidence of the debilitating impact of war, no group-based mental health or psychosocial intervention has been evaluated in a randomised controlled trial for psychologically distressed former child soldiers.

Method:
A randomised controlled trial involving 50 boys, aged 13–17, including former child soldiers (n = 39) and other war-affected boys (n = 11). They were randomly assigned to an intervention group, or wait-list control group. The intervention group received a 15-session, group-based, culturally adapted Trauma-Focussed Cognitive–Behavioural Therapy (TF-CBT) intervention. Assessment interviews were completed at baseline, postintervention and 3-month follow-up (intervention group).

Results:
Analysis of Covariance (ANCOVA) demonstrated that, in comparison to the wait-list control group, the TF-CBT intervention group had highly significant reductions in posttraumatic stress symptoms, overall psychosocial distress, depression or anxiety-like symptoms, conduct problems and a significant increase in prosocial behaviour (p < .001 for all). Effect sizes were higher when former child soldier scores were separated for sub-analysis. Three-month follow-up of the intervention group found that treatment gains were maintained.

Conclusions:
A culturally modified, group-based TF-CBT intervention was effective in reducing post traumatic stress and psychosocial distress in former child soldiers and other war-affected boys.

ABSTRACT

There is now conclusive evidence of the major and long-lasting negative effects of physical and sexual abuse on children. Within Africa, studies consistently report high rates of child abuse, with prevalence as high as 64 percent. However, to date, there has been no review of factors associated with physical and sexual child abuse and polyvictimisation in Africa. This review identified 23 quantitative studies, all of which showed high levels of child abuse in varying samples of children and adults. Although studies were very heterogeneous, a range of correlates of abuse at different levels of the Model of Ecologic Development were identified. These included community-level factors (exposure to bullying, sexual violence, and rural/urban location), household-level factors (poverty, household violence, and non-nuclear family), caregiver-level factors (caregiver illness in particular AIDS and mental health problems, caregiver changes, family functioning, parenting, caregiver-child relationship, and substance abuse), and child-level factors (age, disability, physical health, behaviour, and gender). These findings identify key associated factors that are potential foci of child abuse prevention interventions. In addition, there is a clear need for further rigorous longitudinal research into predictive factors and culturally relevant interventions.

Keywords:
Child abuse, cultural contexts, physical abuse, sexual abuse


ABSTRACT

Background:
Physical, emotional and sexual abuse of children is a major problem in South Africa, with severe negative outcomes for survivors. To date, no known studies have used data directly obtained from community-based samples of children to investigate prevalence, incidence, locations and perpetrators of child abuse victimisation. This study aims to investigate prevalence and incidence, perpetrators, and locations of child abuse victimisation in South Africa using a multi community sample.
Methods:
3515 children aged 10–17 years (56.6 percent female) were interviewed from all households in randomly selected census enumeration areas in two South African provinces. Child self-report questionnaires were completed at baseline and at 1-year follow-up (96.7 percent retention).

Results:
Prevalence was 56.3 percent for lifetime physical abuse (18.2 percent past-year incidence), 35.5 percent for lifetime emotional abuse (12.1 percent incidence) and 9 percent for lifetime sexual abuse (5.3 percent incidence). 68.9 percent of children reported any type of lifetime victimisation and 27.1 percent reported lifetime multiple abuse victimisation. Main perpetrators of abuse were reported: for physical abuse, primary caregivers and teachers; for emotional abuse, primary caregivers and relatives; and for sexual abuse, girlfriend/boyfriends or other peers.

Conclusions:
This is the first study assessing current self-reported child abuse through a large, community-based sample in South Africa. Findings of high rates of physical, emotional and sexual abuse demonstrate the need for targeted and effective interventions to prevent incidence and re-victimisation.


ABSTRACT

Background:
CONSORT guidelines call for precise reporting of behaviour change interventions: we need rigorous methods of characterising active content of interventions with precision and specificity.

Objectives:
The objective of this study is to develop an extensive, consensually agreed hierarchically structured taxonomy of techniques [behaviour change techniques (BCTs)] used in behaviour change interventions.

Methods:
In a Delphi-type exercise, 14 experts rated labels and definitions of 124 BCTs from six published classification systems. Another 18 experts grouped BCTs according to similarity of active ingredients in an open-sort task. Inter-rater agreement amongst six researchers coding 85 intervention descriptions by BCTs was assessed.
Results:
This resulted in 93 BCTs clustered into 16 groups. Of the 26 BCTs occurring at least five times, 23 had adjusted kappas of 0.60 or above.

Conclusions:
"BCT taxonomy v1," an extensive taxonomy of 93 consensually agreed, distinct BCTs, offers a step change as a method for specifying interventions, but we anticipate further development and evaluation based on international, interdisciplinary consensus.


ABSTRACT

Background:
The behaviours of non-suicidal self-injury (NSSI) and deliberate self-harm (DSH) are prevalent among adolescents, and an increase of rates in recent years has been postulated. There is a lack of studies to support this postulation, and comparing prevalence across studies and nations is complicated due to substantial differences in the methodology and nomenclature of existing research.

Methods:
We conducted a systematic review of current (2005 - 2011) empirical studies reporting on the prevalence of NSSI and DSH in adolescent samples across the globe.

Results:
Fifty-two studies fulfilling the inclusion criteria were obtained for analysis. No statistically significant differences were found between NSSI (18.0percent SD = 7.3) and DSH (16.1percent SD = 11.6) studies. Assessment using single item questions led to lower prevalence rates than assessment with specific behaviour checklists. Mean prevalence rates have not increased in the past five years, suggesting stabilisation.

Conclusions:
NSSI and DSH have a comparable prevalence in studies with adolescents from different countries. The field would benefit from adopting a common approach to assessment to aide cross-cultural study and comparisons.
ABSTRACT

This paper describes the Common Elements Treatment Approach (CETA) for adults presenting with mood or anxiety problems developed specifically for use with lay counsellors in low- and middle-income countries (LMIC). Details of the intervention development, training, supervision, and decision-making process are presented. Case vignettes are used as examples throughout. Preliminary findings are presented on counsellor/supervisor performance and client outcomes from practice cases completed prior to randomised controlled trials (RCT) conducted at two sites for adult survivors of torture and/or systematic violence in (a) southern Iraq and (b) Thailand-Burma border. Data suggest that local supervisors and lay counsellors with little prior mental health training or experience maintained fidelity to the model. The majority of pilot clients were retained in treatment, suggesting acceptability. Using the Reliable Change Index (RCI) for each individual we examined the number of clients above a minimal threshold ($z > 1.96$) for each outcome. In Iraq 100 percent of clients had RCIs above the threshold for depression and posttraumatic stress, and 81.8 percent for impaired function. In Thailand, 81.3 percent of clients had RCIs above minimum threshold for depression, 68.8 percent for posttraumatic stress, and 37.5 percent for impaired function. Implementation of CETA is discussed in relation to cultural issues within LMIC. These findings, combined with US-based evidence, suggest that a common elements approach warrants further development and testing as a means for addressing the treatment gap for mental health problems in LMIC.

Keywords:
cognitive behavioural therapy; common elements; global mental health; shifting; task; trauma

ABSTRACT

Background:
Recent evidence suggests that post-conflict stressors in addition to war trauma play an important role in the development of psychopathology.

Aims:
To investigate whether daily stressors mediate the association between war exposure and symptoms of post-traumatic stress and depression among war-affected youth.
Method:
Standardised assessments were conducted with 363 Sierra Leonean youth (26.7 percent female, mean age 20.9, s.d. = 3.38) 6 years post-war.

Results:
The extent of war exposures was significantly associated with post-traumatic stress symptoms (P<0.05) and a significant proportion was explained by indirect pathways through daily stressors (0.089, 95 percent CI 0.04-0.138, P<0.001). In contrast, there was little evidence for an association from war exposure to depression scores (P = 0.127); rather any association was explained via indirect pathways through daily stressors (0.103, 95 percent CI 0.048-0.158, P<0.001).

Conclusions:
Among war-affected youth, the association between war exposure and psychological distress was largely mediated by daily stressors, which have potential for modification with evidence-based intervention.


ABSTRACT
While there is broad consensus about the need for interventions to help psychologically distressed, war affected youth, there is also limited research and even less agreement on which interventions work best. Therefore, this paper presents a randomised trial of trauma focussed, and non-trauma focussed, interventions with war affected Congolese youth. Fifty war affected Congolese youth, who had been exposed to multiple adverse life events, were randomly assigned to either a Trauma Focussed Cognitive Behavioural Therapy group or a non-trauma based psychosocial intervention (Child Friendly Spaces). Non-clinically trained, Congolese facilitators ran both groups. A convenience sample, waiting list group was also formed. Using blind assessors, participants were individually interviewed at pre-intervention, post intervention and a 6-month follow-up using self-report posttraumatic stress and internalising symptoms, conduct problems and pro social behaviour. Both treatment groups made statistically significant improvements, compared to the control group. Large, within subject, effect sizes were reported at both post intervention and follow-up. At the 6-month follow-up, only the Child Friendly Spaces group showed a significant decrease in pro social behaviour. The paper concludes that both trauma focussed and non-trauma focussed interventions led to reductions in psychological distress in war affected youth.

Keywords:
Adolescents, child friendly spaces, psychosocial intervention, the Democratic Republic of the Congo, Trauma Focussed Cognitive Behavioural Therapy

ABSTRACT

Rural communities in the Haut-Uele Province of northern Democratic Republic of Congo live in constant danger of attack and/or abduction by units of the Lord's Resistance Army operating in the region. This pilot study sought to develop and evaluate a community-participative psychosocial intervention involving life skills and relaxation training and Mobile Cinema screenings with this war-affected population living under current threat. 159 war-affected children and young people (aged 7-18) from the villages of Kiliwa and Li-May in north-eastern DR Congo took part in this study. In total, 22 percent of participants had been abduction previously while 73 percent had a family member abducted. Symptoms of post-traumatic stress reactions, internalising problems, conduct problems and pro-social behaviour were assessed by blinded interviewers at pre- and post-intervention and at 3-month follow-up. Participants were randomised (with an accompanying caregiver) to 8 sessions of a group-based, community-participative, psychosocial intervention (n=79) carried out by supervised local, lay facilitators or a wait-list control group (n=80). Average seminar attendance rates were high: 88 percent for participants and 84 percent for caregivers. Drop-out was low: 97 percent of participants were assessed at post-intervention and 88 percent at 3-month follow-up. At post-test, participants reported significantly fewer symptoms of post-traumatic stress reactions compared to controls (Cohen’s d=0.40). At 3 month follow up, large improvements in internalising symptoms and moderate improvements in pro-social scores were reported, with caregivers noting a moderate to large decline in conduct problems among the young people. Trial Registration clinicalTrials.gov, Identifier: NCT01542398.

Keywords:
Abduction, internalising symptoms, post-traumatic stress symptoms, psychosocial, war, youth


ABSTRACT

Objective:
To assess the efficacy of trauma-focussed cognitive behavioural therapy (TF-CBT) delivered by non-clinical facilitators in reducing posttraumatic stress, depression, and anxiety and conduct...
problems and increasing prosocial behaviour in a group of war-affected, sexually exploited girls in a single-blind, parallel-design, randomised, controlled trial.

Method:
Fifty-two 12- to 17-year-old, war-affected girls exposed to rape and inappropriate sexual touch in the Democratic Republic of Congo were screened for trauma, depression and anxiety, conduct problems, and prosocial behaviour. They were then randomised to a 15 session, group-based, culturally modified TF-CBT (n = 24) group or a wait-list control group (n = 28). Primary analysis, by intention-to-treat, involving all randomly assigned participants occurred at pre- and postintervention and at 3-month follow-up (intervention group only).

Results:
Compared to the wait list control, the TF-CBT group experienced significantly greater reductions in trauma symptoms (F(1,49) = 52.708, p<0.001, \(\chi^2(p) = 0.518\)). In addition, the TF-CBT group showed a highly significant improvement in symptoms of depression and anxiety, conduct problems, and prosocial behaviour. At 3-months follow-up the effect size (Cohen's d) for the TF-CBT group was 2.04 (trauma symptoms), 2.45 (depression and anxiety), 0.95 (conduct problems), and -1.57 (prosocial behaviour).

Conclusions:
A group-based, culturally modified, TF-CBT intervention delivered by non-clinically trained Congolese facilitators resulted in a large, statistically significant reduction in post traumatic stress symptoms and psychosocial difficulties among war-affected girls exposed to rape or sexual violence. Clinical trial registration information-An RCT of TF-CBT with sexually-exploited, war-affected girls in the DRC; http://clinicaltrials.gov/; NCT01483261.


ABSTRACT

Background:
The relationship between war-related trauma exposure, depressive symptoms and multiple risk behaviours among adolescents is less clear in sub-Saharan Africa.

Methods:
We analysed data collected from a sample of school-going adolescents four years post-war. Participants completed interviews assessing various risk behaviours defined by the Youth Self Report (YSR) and a sexual risk behaviour survey, and were screened for post-traumatic stress, anxiety and depression symptoms based on the Impact of Events Scale Revised (IESR) and
Hopkins Symptom Checklist for Adolescents (HSCL-37A) respectively. Multivariate logistic regression was used to assess factors independently associated with multiple risk behaviours. The logistic regression model of Baron and Kenny (1986) was used to evaluate the mediating role of depression in the relationship between stressful war events and multiple risk behaviours.

**Results:**
Of 551 participants, 139 (25 percent) reported multiple (three or more) risk behaviours in the past year. In the multivariate analyses, depression symptoms remained uniquely associated with multiple risk behaviour after adjusting for potential confounders including socio-demographic characteristics, war-related trauma exposure variables, anxiety and post-traumatic stress symptoms. In mediation analysis, depression symptoms mediated the associations between stressful war events and multiple risk behaviours.

**Limitations:**
The psychometric properties of the questionnaires used in this study are not well established in war affected African samples thus ethnocultural variation may decrease the validity of our measures.

**Conclusions:**
Adolescents with depression may be at a greater risk of increased engagement in multiple risk behaviours. Culturally sensitive and integrated interventions to treat and prevent depression among adolescents in post-conflict settings are urgently needed.

**Keywords:**
Adolescents, depression, risk behaviour, trauma, war


**ABSTRACT**

**Background:**
Depression is a major cause of disability, particularly among women; poverty heightens the risk for depression. Beyond its direct effects, maternal depression can harm children's health and development. This study aimed to assess the effects of a large-scale anti-poverty programme in Mexico (Oportunidades) on maternal depressive symptoms.

**Methods:**
In 2003, 5050 women living in rural communities who had participated in Oportunidades since its inception were assessed and compared with a group of 1293 women from matched
communities, whose families had received no exposure to Oportunidades at the time of assessment but were later enrolled. Self-reported depressive symptoms were measured using the Center for Epidemiologic Studies Depression Scale (CES-D). Ordinary least squares regressions were used to evaluate the treatment effect of programme participation on depression while adjusting for covariates and clustering at the community level.

Results:
Women in the treatment group had lower depressive symptoms than those in the comparison group (unadjusted mean CES-D scores: 16.9 ± 9.8 vs 18.6 ± 10.2). In multivariable analyses, programme participation was associated with lower depression whilst controlling for maternal age, education and household demographic, ethnicity and socio-economic variables [β= -1.7 points, 95percent confidence interval (95percent CI) -2.46 to -0.96, P < 0.001]. Reductions in perceived stress and increases in perceived control were mediators of programme effects on women.

Conclusions:
Although Oportunidades did not target maternal mental health directly, we found modest but clinically meaningful effects on depressive symptoms. Our design permits stronger causal inference than observational studies that have linked poverty and depressive symptoms. Our results emphasise that the well-being of individuals is responsive to macro-level economic policies and programmes.


ABSTRACT

Background:
In humanitarian settings, family-level drivers of mental health are insufficiently documented; we examined the strength of caregiver-child associations with two-wave, family-level Afghan data.

Methods:
We recruited a gender-balanced sample of 681 caregiver-child dyads (n = 1,362 respondents) using stratified random-sampling in government schools in Kabul (364 dyads) and refugee schools in Peshawar (317 dyads). One year after baseline, we re-interviewed 64percent of Kabul and 31percent of Peshawar cohorts (n = 331 dyads, 662 respondents), retaining fewer Peshawar families due to refugee repatriation. In multivariable analyses adjusted for baseline, we assessed the extent to which caregiver mental health (Self-Report Questionnaire, SRQ-20) was associated with child symptom scores of post-traumatic stress (Child Revised Impact of Events Scale, CRIES), depression (Depression Self-Rating Scale, DSRS), psychiatric difficulties, impact, and prosocial strength (Strength and Difficulties Questionnaire, SDQ).
Results:
Caregiver mental health was prospectively associated with all eight measures of child mental health at follow-up, adjusted for baseline. For post-traumatic stress, caregiver mental health had a predictive impact comparable to the child experiencing one or two lifetime trauma events. For depression, caregiver mental health approached the predictive impact of female gender. Thus a one SD change in caregiver SRQ-20 was associated with a 1.04 point change on CRIES and a 0.65 point change in DSRS. For multi-informant SDQ data, caregiver-child associations were strongest for caregiver ratings. For child-rated outcomes, associations were moderated by maternal literacy, a marker of family-level dynamics. Both adults and children identified domestic violence and quality of home life as independent risk and protective factors.

Conclusions:
In the context of violence and displacement, efforts to improve child mental health require a thoughtful consideration of the mental health cascade across generations and the cluster of adversities that impact family well-being. We identify culturally meaningful leverage points for building family-level resilience, relevant to the prevention and intervention agenda in global mental health.

Keywords:
Violence, adolescence, parent-child relationships, parenting, pro-social behavior


ABSTRACT
A large body of research indicates that child development is sensitive to early-life environments, so that poor children are at higher risk for poor cognitive and behavioural outcomes. These developmental outcomes are important determinants of success in adulthood. Yet, remarkably little is known about whether poverty-alleviation programmes improve children's developmental outcomes. We examine how a government-run cash transfer programme for poor mothers in rural Ecuador influenced the development of young children. Random assignment at the parish level is used to identify programme effects. Our data include a set of measures of cognitive ability that are not typically included in experimental or quasi-experimental studies of the impact of cash transfers on child well-being, as well as a set of physical health measures that may be related to developmental outcomes. The cash transfer programme had positive, although modest, effects on the physical, cognitive, and socioemotional development of the poorest children in our sample.

**ABSTRACT**

This article constitutes a 20-year update to a previous publication (Pelton, 1994), which showed that there is overwhelming evidence that poverty and low income are strongly related to child abuse and neglect. Subsequent evidence shows that the relationship continues to be strong. In addition, there is further evidence since the 1994 publication that this relation is not substantially due to class bias. Yet it is suggested that class bias does exist within the system. There is also further evidence that decreases in child maltreatment follow increases in material supports, and that job loss bears a complex relationship to child maltreatment. Findings pertaining to racial bias within the child welfare system continue to be mixed, but leave no doubt that racial disproportionalities within the system are overwhelmingly related to racial disproportionalities in the poverty population. There is continuing evidence that children placed in foster care are predominantly from impoverished families, and that changes in the level of material supports are related to risk of placement. It is suggested that the fact that there are nearly one million children in out-of-home placement (foster care and child-welfare involved adoption, combined) is indicative of the continuing dysfunction of the child welfare system, and that the differential response paradigm has not altered this dysfunction. A proposal for a fundamental restructuring of the child welfare system is recommended and restated here. Prospects for such change are briefly discussed. Also, to reduce poverty, a previously proposed universal social dividend and taxation system is briefly discussed and recommended.

**Keywords:**
Adoption, child maltreatment, differential response, foster care, poverty, racial bias


**ABSTRACT**

This study examines the effectiveness of the School Mediation Intervention (SMI) in preventing mental health problems and promoting social functioning among children living in armed conflict. The participants were 225 Palestinian children in the Gaza Strip, divided into the intervention group (n = 141) from schools where the SMI was implemented and the control group (n = 84) from a school with no SMI implementation. The SMI aimed at improving pupils’ social functioning through methods of problem solving, conflict resolution, and dialogue skills and at enhancing mental health through caring for peers and preventing disruptive and aggressive behaviour. Older students acted as responsible school mediators and teachers as supervisors.
Participants reported symptoms of post-traumatic stress disorder (PTSD), depression (CDI), psychological distress (SDQ), and quality of friendship, pro-social behaviour, and aggressiveness at baseline at the beginning of school year (T1) and at post-intervention 8 months later (T2). The results defeated the hypothesis that participating in SMI would decrease symptoms and increase friendship quality and pro-social and non-aggressive behaviour. Instead, SMI was effective only in limiting the deterioration of friendships and pro-social behaviour across the intervention period. The results are discussed in regard to interventions tailored for children traumatised in armed conflicts.


ABSTRACT

Objectives: We sought to provide data-based estimates of sexual violence in the Democratic Republic of Congo (DRC) and describe risk factors for such violence.

Methods: We used nationally representative household survey data from 3436 women selected to answer the domestic violence module who took part in the 2007 DRC Demographic and Health Survey along with population estimates to estimate levels of sexual violence. We used multivariate logistic regression to analyse correlates of sexual violence.

Results: Approximately 1.69 to 1.80 million women reported having been raped in their lifetime (with 407,397–433,785 women reporting having been raped in the preceding 12 months), and approximately 3.07 to 3.37 million women reported experiencing intimate partner sexual violence. Reports of sexual violence were largely independent of individual-level background factors. However, compared with women in Kinshasa, women in Nord-Kivu were significantly more likely to report all types of sexual violence.

Conclusions: Not only is sexual violence more generalised than previously thought, but our findings suggest that future policies and programmes should focus on abuse within families and eliminate the acceptance of and impunity surrounding sexual violence nationwide while also maintaining and enhancing efforts to stop militias from perpetrating rape.

**ABSTRACT**

In 2014, the Uppsala Conflict Data Programme (UCDP) recorded 40 armed conflicts with a minimum of 25 battle related deaths, up by six from 2013. This is the highest number of conflicts reported since 1999, and 11 of these conflicts were defined as wars, that is, conflicts generating 1,000 or more battle-related deaths in one calendar year. Further, an escalation of several conflicts, coupled with the extreme violence in Syria, resulted in the highest number of battle related deaths in the post-1989 period. Yet, compared to the large-scale interstate wars of the 20th century, the number of fatalities caused by armed conflicts in 2014 was relatively low. Additionally, seven conflicts identified in 2013 were no longer active in 2014. However, four new conflicts erupted in 2014, all of them in Ukraine, and three previously registered conflicts were restarted by new actors. Furthermore, six conflicts reoccurred with previously registered actors. A positive development, however, is the increase to ten of the number of peace agreements concluded and signed in 2014, which represents a further four compared with 2013. And although this increase is part of a positive trend since 2011, it is worth noting that several peace processes remained fragile by the end of the year. Keywords battle-related deaths, conflict, data, peace agreements, war


**ABSTRACT**

Various psychological theories exist in the literature to explain the behaviour of men who commit child sex offences, including the belief that child sexual abuse (CSA) is a predisposing factor for the transition from victim to offender. These theories are, however, unable to explain the fact that while most victims of CSA are female, most perpetrators of CSA are male. The sex specificity of CSA in terms of victims and offenders suggests that the experience of CSA and its psychosocial effects may be different for boys, compared to girls. We hypothesise that CSA experiences may involve risk factors that affect the development of sexually abusive behaviour for boys, rather than girls. Our aim was to determine whether the literature provides evidence of a cycle of abuse from victim to offender, and, if so, to document its characteristics. We undertook a comprehensive literature review of studies on both victims and offenders, including studies which revealed the following: age of onset of CSA, duration of abuse, gender of the abuser, the relationship between victim and abuser, grooming behaviours, the types and severity of abuse, and disclosure of abuse. While we found no evidence for the existence of a cycle of abuse for female CSA victims, we discovered evidence to support the existence of a cycle of abuse for male CSA victims who had experienced particular abuse characteristics. As an original contribution to the literature, we identified four factors that may be associated with a boy's transition from victim to offender as
well as the methodological issues to be addressed in future research. Based on criminological theories, we argue that these four factors share a common theme, that is, that they represent experiences of power (for the abuser) and powerlessness (for the victim).

**Keywords:**
Child abuse, cultural contexts, offenders, sexual abuse, sexual assault, sexuality


**ABSTRACT**

Understanding the link between adverse childhood experiences (ACEs) and sexual victimisation (SV) in adulthood may provide important information about the level of risk for adult SV and sexual re-victimisation among childhood sexual abuse (CSA) survivors. In the present paper, we explore the relationship between ACEs, including CSA, and SV in adulthood. Data from the CDC-Kaiser ACE Study were used to examine the effect of experiences of early adversity on adult SV. Adult HMO members (n=7,272) undergoing a routine health exam provided detailed information about ACEs that occurred at age 18 or younger and their experiences of SV in adulthood. Analyses revealed that as ACE score increased, so did risk of experiencing SV in adulthood. Each of the ACE variables was significantly associated with adult SV, with CSA being the strongest predictor of adult SV. In addition, for those who reported CSA, there was a cumulative increase in adult SV risk with each additional ACE experienced. As such, early adversity is a risk factor for adult SV. In particular, CSA is a significant risk factor for sexual re-victimisation in adulthood, and additional early adversities experienced by CSA survivors may heighten adult SV risk above and beyond the risk associated with CSA alone. Given the interconnectedness among various experiences of early adversity, adult SV prevention actions must consider how other violence-related and non-violence-related traumatic experiences may exacerbate the risk conferred by CSA on subsequent victimisation.

**Keywords:**
ACEs, adult sexual victimisation, adverse childhood experiences, child sexual abuse, Sexual re-victimisation
Emotion regulation (ER) is crucial for children's mental health in general and traumatic stress in particular. Therefore, therapeutic interventions for post-traumatic stress symptoms (PTSS) address ER in various ways. We examined whether a psychosocial intervention (Teaching Recovery Techniques; TRT) could increase functional ER and decrease dysfunctional ER, and whether the positive ER change mediates the intervention effects on children's mental health in a war context. Participants were 482 Palestinian children (girls 49.4 percent; 10-13 years, M = 11.29, SD = .68) who were randomised either to the TRT or the waiting-list control groups. They reported emotion regulation (ERQ; Rydell, Thorell, and Bohlin, 2007), PTS (CRIES-R), depressive (Birleson, Hudson, Gray-Buchanan, and Wolff, 1987), and psychological distress (SDQ) symptoms and psychosocial well-being at baseline (T1), post-intervention at 3 months (T2), and the 9-month follow-up (T3). Results show that the TRT intervention was not effective in changing ER, but there was a general decrease in ER intensity. ER did not mediate the intervention effects on children's mental health, but the decrease in the ER intensity was associated with better mental health, indicated by the decrease in post-traumatic, depressive, and distress symptoms and the increase in psychosocial well-being.


ABSTRACT

Purpose:
This study determined the frequency, prevalence, and turnover in gang membership between ages 5 and 17 years in the United States.

Methods:
Data were from the National Longitudinal Survey of Youth 1997, which is representative of youth born between 1980 and 1984. Age-specific patterns of gang joining, participation, and leaving are estimated based on youths (N = 7,335) self-reported gang membership at the baseline and eight subsequent interviews, which were combined with population age estimates from the 2010 U.S. Census to produce national estimates of gang membership. Sampling variance-adjusted bounds were estimated based on assumptions about missing cases and survey design effects. Demographic and socioeconomic variables are used to compare differences between gang and non-gang youth.
**Results:**
Youth gang members were disproportionately male, black, Hispanic, from single-parent households, and families living below the poverty level. We estimated that there were 1,059,000 youth gang members in the United States in 2010 (bounds ranging from 675,000 to 1,535,000). The prevalence of youth gang membership was 2.0 percent (1.2 percent-2.8 percent), peaking at age 14 years at 5.0 percent (3.9 percent-6.0 percent). Annually, 401,000 (204,000-639,000) juveniles join gangs and 378,000 (199,000-599,000) exit gangs, with a turnover rate of 36 percent.

**Conclusions:**
We discovered that significantly more people are involved with gangs than previous estimates would suggest. Clinicians and policy makers must recognise that youth gang members may not conform to popular perceptions of gang demographics. The patterns of youth gang membership observed in this study support prevention programmes aimed at children before the teen years. This strategy is more likely to succeed than gang intervention or suppression strategies aimed at teens.

**Keywords:**
Gang membership, NLSY97, national estimates, population turnover, sampling variance-adjusted bounds


**ABSTRACT**

We examined the effectiveness of a psychosocial intervention in reducing mental health symptoms among war-affected children, and the role of peritraumatic dissociation in moderating the intervention impact on post-traumatic stress symptoms (PTSS). School classes were randomised into intervention (n = 242) and waitlist control (n = 240) conditions in Gaza, Palestine. The intervention group participated in 16 extracurriculum sessions of teaching recovery techniques (TRT) and the controls received normal school-provided support. Participants were 10- to 13-year-old Palestinian girls (49.4 percent) and boys (50.6 percent). Data on PTSS, depressive symptoms, and psychological distress were collected at baseline (T1), post-intervention (T2), and 6-month follow-up (T3). Peri-traumatic dissociation was assessed only at baseline. Regression analyses that took regression to the mean and cluster sampling into account were applied. The results on intervention effectiveness were specific to gender and peritraumatic dissociation. At T2, the intervention significantly reduced the proportion of clinical PTSS among boys, and both the symptom level (R(2) = .24), and proportion of clinical PTSS among girls who had a low level of peritraumatic dissociation. The results have implications for risk-specific tailoring of psychosocial interventions in war conditions.
Background:
In the past 15 years, Brazil has undergone notable social and public health changes, including a large reduction in child mortality. The Bolsa Familia Programme (BFP) is a widespread conditional cash transfer programme, launched in 2003, which transfers cash to poor households (maximum income US$70 per person a month) when they comply with conditions related to health and education. Transfers range from $18 to $175 per month, depending on the income and composition of the family. We aimed to assess the effect of the BFP on deaths of children younger than 5 years (under-5), overall and resulting from specific causes associated with poverty: malnutrition, diarrhoea, and lower respiratory infections.

Methods:
The study had a mixed ecological design. It covered the period from 2004-09 and included 2853 (of 5565) municipalities with death and livebirth statistics of adequate quality. We used government sources to calculate all-cause under-5 mortality rates and under-5 mortality rates for selected causes. BFP coverage was classified as low (0·0-17.1percent), intermediate (17.2-32.0percent), high (>32.0percent), or consolidated (>32.0percent and target population coverage ≥100percent for at least 4 years). We did multivariable regression analyses of panel data with fixed-effects negative binomial models, adjusted for relevant social and economic covariates, and for the effect of the largest primary health-care scheme in the country (Family Health Programme).

Findings:
Under-5 mortality rate, overall and resulting from poverty-related causes, decreased as BFP coverage increased. The rate ratios (RR) for the effect of the BFP on overall under-5 mortality rate were 0.94 (95percent CI 0.92-0.96) for intermediate coverage, 0.88 (0.85-0.91) for high coverage, and 0.83 (0.79-0.88) for consolidated coverage. The effect of consolidated BFP coverage was highest on under-5 mortality resulting from malnutrition (RR 0.35; 95percent CI 0.24-0.50) and diarrhoea (0.47; 0.37-0.61).

Interpretation:
A conditional cash transfer programme can greatly contribute to a decrease in childhood mortality overall, and in particular for deaths attributable to poverty-related causes such as malnutrition and diarrhoea, in a large middle-income country such as Brazil.
**Funding:**
National Institutes of Science and Technology Programme, Ministry of Science and Technology, and Council for Scientific and Technological Development Programme (CNPq), Brazil.


*No abstract available*


**ABSTRACT**

Cash transfer programmes have the potential to prevent the spread of HIV, particularly among adolescents. One mechanism through which these programmes may work is by influencing the characteristics of the people adolescents choose as sex partners. We examined the four-year impact of a Kenyan cash transfer programme on partner age, partner enrollment in school, and transactional sex-based relationships among 684 adolescents. We found no significant impact of the programme on partner characteristics overall, though estimates varied widely by gender, age, schooling, and economic status. Results highlight the importance of context in exploring the potential HIV preventive effects of cash transfers.


**ABSTRACT**

After 20 years of civil war in Northern Uganda, the continuity of violence within the family constitutes a major challenge to children's healthy development in the post-conflict era. Previous exposure to trauma and ongoing psychopathology in guardians potentially contribute to parental perpetration against children and dysfunctional interactions in the child's family ecology that increase children's risk of maltreatment. In order to investigate distal and proximal risk factors of child victimisation, we first aimed to identify factors leading to more self-reported perpetration in guardians. Second, we examined factors in the child's family environment that promote child-reported experiences of maltreatment. Using a two-generational design we interviewed 368 children, 365 female guardians, and 304 male guardians from seven war-affected rural communities in Northern Uganda on the basis of standardised questionnaires. We found that the strongest predictors of self-reported aggressive parenting behaviours toward the child were guardians' own experiences of childhood maltreatment, followed by female guardians'
victimisation experiences in their intimate relationship and male guardians' post traumatic stress disorder (PTSD) symptoms and alcohol-related problems. Regarding children's self-report of victimisation in the family, proximal factors including violence between adults in the household and male guardians' PTSD symptom severity level predicted higher levels of maltreatment. Distal variables such as female guardians' history of childhood victimisation and female guardians' exposure to traumatic war events also increased children's report of maltreatment. The current findings suggest that in the context of organised violence, an intergenerational cycle of violence persists that is exacerbated by female guardians' re-victimisation experiences and male guardians' psychopathological symptoms.

**Keywords:**
Child abuse, continuity of violence, family violence, PTSD, post-conflict setting, trauma


**ABSTRACT**

**Objectives:**
Using data from a randomised experiment, to examine whether moving youth out of areas of concentrated poverty, where a disproportionate amount of crime occurs, prevents involvement in crime.

**Methods:**
We draw on new administrative data from the U.S. Department of Housing and Urban Development’s Moving to Opportunity (MTO) experiment. MTO families were randomised into an experimental group offered a housing voucher that could only be used to move to a low-poverty neighbourhood, a Section 8 housing group offered a standard housing voucher, and a control group. This paper focusses on MTO youth ages 15–25 in 2001 (n = 4,643) and analyses intention to treat effects on neighbourhood characteristics and criminal behaviour (number of violent- and property-crime arrests) through 10 years after randomisation.

**Results:**
We find the offer of a housing voucher generates large improvements in neighbourhood conditions that attenuate over time and initially generates substantial reductions in violent-crime arrests and sizable increases in property-crime arrests for experimental group males. The crime effects attenuate over time along with differences in neighbourhood conditions.

**Conclusions:**
Our findings suggest that criminal behaviour is more strongly related to current neighbourhood conditions (situational neighbourhood effects) than to past neighbourhood conditions.
(developmental neighbourhood effects). The MTO design makes it difficult to determine which specific neighbourhood characteristics are most important for criminal behaviour. Our administrative data analyses could be affected by differences across areas in the likelihood that a crime results in an arrest.

**Keywords:**
Crime, neighbourhood effects, randomised experiment, long-term impacts, poverty


**ABSTRACT**

Recent reviews of intervention efforts aimed at ending female genital cutting (FGC) have concluded that progress to date has been slow, and call for more efficient programmes informed by theories on behaviour change. Social convention theory, first proposed by Mackie (1996), posits that in the context of extreme resource inequality, FGC emerged as a means of securing a better marriage by signalling fidelity, and subsequently spread to become a prerequisite for marriage for all women. Change is predicted to result from coordinated abandonment in intermarrying groups so as to preserve a marriage market for uncircumcised girls. While this theory fits well with many general observations of FGC, there have been few attempts to systematically test the theory. We use data from a three-year mixed-method study of behaviour change that began in 2004 in Senegal and The Gambia to explicitly test predictions generated by social convention theory. Analyses of 300 in-depth interviews, 28 focus group discussions, and survey data from 1220 women show that FGC is most often only indirectly related to marriageability via concerns over preserving virginity. Instead we find strong evidence for an alternative convention, namely a peer convention. We propose that being circumcised serves as a signal to other circumcised women that a girl or woman has been trained to respect the authority of her circumcised elders and is worthy of inclusion in their social network. In this manner, FGC facilitates the accumulation of social capital by younger women and of power and prestige by elder women. Based on this new evidence and reinterpretation of social convention theory, we suggest that interventions aimed at eliminating FGC should target women’s social networks, which are intergenerational, and include both men and women. Our findings support Mackie’s assertion that expectations regarding FGC are interdependent; change must therefore be coordinated among interconnected members of social networks.

**Keywords:**
Senegal, the Gambia, female genital cutting, behaviour change, social convention theory, social capital

No abstract available


**ABSTRACT**

**Background:**
In humanitarian settings common mental disorders (depression, anxiety disorders, post traumatic stress disorder) are highly prevalent. The World Health Organization (WHO) has developed Problem Management Plus (PM+), a 5-session, individual psychological intervention programme, delivered by paraprofessionals that addresses common mental disorders in people in communities affected by adversity. The objectives of this study are to test effectiveness and cost-effectiveness of the locally adapted PM+ compared to Treatment as usual (TAU) in Peshawar District, Pakistan.

**Methods:**
A randomised controlled trial will be conducted in 346 primary care attendees in 3 health care centres in Peshawar District, Pakistan. After informed consent, primary care attendees with high levels of psychological distress according to the General Health Questionnaire-12 (GHQ-12) and functional impairment (WHO Disability Assessment Schedule 2.0 (WHODAS)) will be assigned to PM+ (n = 173) or TAU (n = 173). At baseline, 1 week and 3 months following PM+, independent assessors will assess psychological distress with the Hospital Anxiety and Depression Scale (HADS), and functional disability with the WHODAS. Secondary outcomes are post traumatic stress disorder (PTSD) symptoms, and client-perceived priority problems. Further, cost-effectiveness will be assessed using the Service Receipt Inventory (SRI).

**Discussion:**
If proven effective, PM+ will be rolled out to other areas for further adaptation and testing in diverse humanitarian settings.
ABSTRACT

Introduction:
Hospital-based violence intervention programmes (VIPs) aim to reduce violent injury and recidivism. The aim of this study was to determine the most significant risk reduction variables associated with success in our VIP. We hypothesised that our recidivism rate declined since VIP’s inception and that we could identify risk reduction variables that were independent determinants of programme success.

Methods:
We analysed our prospectively collected data for 2005Y2011 from our VIP database. Success was defined as more than 50percent needs met without recidivism or attrition. Impact and outcome evaluation was performed per a model promoted by the Centers for Disease Control. Rates of risk reduction and injury recidivism were calculated. Case management time spent per client (dose) was defined as low (0Y1 hours per week), medium (1Y3 hours per week), moderate (3Y6 hours per week), and high (96 hours per week). Correlation coefficients and logistic regression were used to examine associations between variables and success in the VIP.

RESULTS: Two hundred fifty-four clients received services. Meeting needs in mental health (odds ratio, 5.97; 95percent confidence interval, 2.72Y13.07) and employment (odds ratio, 4.41:95percent confidence interval, 1.56Y12.46) proved significantly associated with success (p G 0.005). The 6-year programme recidivism rate was 4percent versus historical control of 16percent (p G 0.05). Moderate and high exposure to intensive case management in the first 3 months was also significantly associated with success (p G 0.05). Success in our VIP was not associated with age, gender, education level, previous incarceration, probation status, or length of time in programme. DISCUSSION: For 6 years, our recidivism rate has decreased fourfold compared with the rate before VIP inception. For startup and maintenance of a VIP, it is essential to know where to focus collaborative efforts in communities to target the most critical risk reduction resources. This study provides guidance securing mental health care and employment for our clients appears to be predictive of success. The value of early ‘‘high-dose’’ intensive case management is also essential for reducing recidivism.

Keywords:
Violence prevention, injury recidivism, youth violence, trauma

**ABSTRACT**

Children living in post-conflict settings are not only at high risk of developing war-related psychopathology but also of experiencing maltreatment within their families. However, little is known about the mechanisms of the relationship between war and family violence. In order to investigate the variables associated with the experience and perpetration of child maltreatment, we conducted a two-generational study with Tamil families in the North of Sri Lanka, a region affected by war and Tsunami. We interviewed children and the corresponding family dyads and triads with 359 children, 122 mothers, and 88 fathers on the basis of standardised questionnaires to assess their exposure to adverse life experiences and mental health symptoms. Using multivariate regression analyses, we found that the strongest predictors for children's report of victimisation were children's exposure to mass trauma and child psychopathology. Mothers’ experiences of mass trauma, family violence and partner violence were each significantly related to mother-reported maternal perpetration as well as child-reported victimisation. Likewise, all types of traumatic events reported by fathers were significantly related to child-reported victimisation and father-reported perpetration. Fathers' alcohol use was the strongest predictor of father-reported paternal perpetration. These findings provide further support for the transmission of mass trauma into family violence, and emphasise the role of child psychopathology as well as alcohol consumption in this relationship.

**Keywords:**
Alcohol abuse, family violence, natural disaster, perpetration, post-conflict setting, predictors, Sri Lanka, victimization


**ABSTRACT**

Children in humanitarian settings are thought to experience increased exposure to violence, which can impair their physical, emotional, and social development. Violence against children has important economic and social consequences for nations as a whole. The purpose of this review is to examine population-based approaches measuring violence against children in humanitarian settings. The authors reviewed prevalence studies of violence against children in humanitarian contexts appearing in peer-reviewed journals within the past twenty years. A Boolean search procedure was conducted in October 2014 of the electronic databases PubMed/Medline and PsychInfo. If abstracts contained evidence of the study's four primary themes--violence, children,
humanitarian contexts and population-based measurement--a full document review was undertaken to confirm relevance. Out of 2634 identified articles, 22 met the final inclusion criteria. Across studies, there was varying quality and no standardisation in measurement approach. Nine out of 22 studies demonstrated a relationship between conflict exposure and adverse health or mental health outcomes. Among studies that compared rates of violence between boys and girls, boys reported higher rates of physical violence, while girls reported higher rates of sexual violence. Children in infancy and early childhood were found to be among the most under-researched. Ultimately, the body of evidence in this review offers an incomplete picture regarding the prevalence, nature and impact of violence against children in emergencies, demonstrating a weak evidence base for some of the basic assumptions underpinning humanitarian practice. The development of standardised approaches to more rigorously measure violence against children is urgently needed in order to understand trends of violence against children in humanitarian contexts, and to promote children's healthy development and well-being.

Keywords:
Child abuse, children, humanitarian settings, mental violence, neglect, physical violence, sexual violence, violence against children


ABSTRACT

Children who are separated from their families and usual caregivers in emergencies face a multitude of risks to their health and well-being. This study presents findings from the first known population-based estimation of separation in an emergency setting. Point prevalence and basic characteristics were measured to inform programming, policies and funding for affected populations. A household survey was carried out in the Democratic Republic of the Congo to estimate separation subsequent to an attack by the M23 militia group. Separation was tracked in terms of children arriving into the household after the M23 attacks and children who had departed from the household after the recall event without their parent or usual caregiver. Five hundred and twenty-two households were surveyed. In the sample of 2,197 children living in the respondents’ homes at the time of data collection, 8.47 percent (n=186) were separated children who had newly arrived in the household since the M23 attack. In the sample of 2,034 children living in the respondents' homes prior to the M23 attack, 5.31 percent (n=108) children had since departed from the household, resulting in separation from their parents or usual caregiver. Characteristics of children who arrived and children who departed diverged in terms of age, reasons for separation and frequency of unaccompanied. The findings indicate the potential for population-based estimation of separation to be replicated in emergency settings to inform funding appeals and programmatic response.
Keywords:
Child protection, Democratic Republic of the Congo, household survey, prevalence, unaccompanied and separated children


ABSTRACT

Armed conflict causes massive displacement, erodes the social fabric of communities, and threatens the healthy development of a nation's future - its youth. Although more than half of the world's registered refugees under the age of eighteen currently reside in urban areas, research on the unique needs of and realities experienced by this population remain limited. In Uganda, as in many refugee-receiving countries, most regulated refugee protections and entitlements fail to extend beyond the confines of official settlements or camps. This dearth of support, in combination with few material resources, uncertain local connections, and little knowledge of the language, leaves refugee families vulnerable to the added burden of an unwelcome reception in cities. Drawing on qualitative data from a study conducted in March and April 2013 with Congolese and Somali adolescents, caregivers, and service providers in refugee settlements in Kampala, this manuscript explores the pervasive nature of discrimination against urban refugees and its effects upon adolescent well-being. Findings suggest that discrimination not only negatively impacts acculturation as youth pursue social recognition in the classroom and among neighbourhood peers, but it also impedes help-seeking behaviour by caregivers and restricts their ability to ameliorate protection concerns, thereby lowering adolescents' psychosocial well-being. Youth reported low self-worth, withdrawal from school, and an adverse turn toward street connections. Targeted and innovative strategies along with reformed policies that address the unique challenges facing urban refugees are paramount to ensuring that young people in this population experience greater protection, well-being, and future success.

Keywords:
Adolescents, child protection, discrimination, Uganda, urban refugees


ABSTRACT

The social work profession is facing a critical gap in its provision of effective services to an increasingly large number of clients who are affected by trauma. To explore for the presence of common components in evidence-based trauma treatments, a qualitative content analysis of 8
trauma treatment manuals was undertaken. Analysis resulted in the identification of 35 Intervention Objectives and 59 Practice Element codes. These were further organised into nine domains: trauma assessment, safety, engagement, attachment, core treatment interventions, attention to the social context, trauma processing, post-trauma growth, and therapist self-care. Future work for the profession may involve synthesizing and integrating what has already been learned, and translating that knowledge into the classroom. Significantly, three domains which stress activities with the client in their social context were found to be common to trauma treatments, including safety promoting activities. Implications for social work education, practice, policy, and research are discussed.

**Keywords:**
Trauma treatment, evidence-based practice, common elements


**ABSTRACT**

Drawing on empirical data from a community-based study with children and adults in rural Peru, the paper analyses the everyday experiences of a conditional cash transfer programme, called ‘Juntos’. The findings show that social protection programmes like Juntos address certain child vulnerabilities by making eligibility for their cash transfers conditional on behaviour-related to child protection-related such as health check-ups and school attendance. However, there are other aspects of children’s well-being that are not being considered, such as experiences of violence and exclusion. This paper discusses both opportunities and challenges for cash transfer programmes to play a greater role in child protection.

**Protection de l’enfance:**
un rôle pour les programmes de transferts monétaires conditionnels?

Grâce à des données empiriques tirées d’une étude communautaire avec des enfants et des adultes dans le Pérou rural, cet article analyse les expériences quotidiennes d’un programme de transferts monétaires conditionnels appelé Juntos. Les conclusions montrent que les programmes de protection sociale comme Juntos remédient à certaines vulnérabilités des enfants en soumettant leur admissibilité aux transferts monétaires à des conditions relative’s au comportement en matière de protection de l’enfance, comme les visites médicales et l’assiduité scolaire. Cependant, il y a d'autres aspects du bien-être des enfants qui ne sont pas pris en considération, comme les expériences de violence et l'exclusion. Cet article traite des occasions et des défis pour que les programmes de transferts monétaires jouent un rôle plus important dans la protection de l'enfance.

**Proteção infantil: um papel para os programas de transferência de dinheiro condicional?**
Apoiando-se em dados empíricos de um estudo baseado na comunidade com crianças e adultos na zona rural do Peru, o artigo analisa as experiências cotidianas de um programa de transferência...
condicional de dinheiro chamado “Juntos”. Os resultados mostram que programas de proteção social como o “Juntos” abordam certas vulnerabilidades da criança ao tornar o direito às transferências de dinheiro condicional ao comportamento relativo à proteção infantil, tais como consulta médica e frequência escolar. Porém, existem outros aspectos do bem-estar das crianças que não estão sendo considerados, tais como as experiências de violência e exclusão. Este artigo discute as oportunidades e desafios dos programas de transferência de dinheiro para que tenham um maior papel na proteção infantil.

¿Contribuyen los programas de transferencias condicionadas a la protección de la niñez?

Basándose en datos empíricos de un estudio comunitario con niños y adultos en el Perú rural, el documento analiza la práctica habitual de un programa de transferencias condicionadas denominado Juntos. Las conclusiones muestran que los programas de protección social como Juntos abordan algunas vulnerabilidades de la niñez al considerar como criterios de elegibilidad para sus transferencias condicionadas temas relacionados con la protección de la niñez, como reconocimientos médicos y escolarización. Sin embargo, hay otros aspectos del bienestar de los niños que no se toman en cuenta, como la violencia y la exclusión. Este documento analiza las oportunidades y los retos para que los programas de transferencias puedan aportar más a la protección de la niñez.

Keywords:
Gender and diversity – youth, aid – development policies, labour and livelihoods – poverty reduction, Latin America and the Caribbean


No abstract available


No abstract available

Keywords:
Cash transfers, conditional cash transfers, child exploitation, social protection programmes
ABSTRACT

Although there is a well-known link between adverse experiences and suicidal ideation, there has been little study of the effects of recent adverse experiences on suicidal ideation in teenagers. This study examined the association between recent adverse experiences and suicidal ideation in a sample of 740 at-risk 16-year-old youth in the LONGSCAN studies, as well as potential mediators. 8.9 percent of the youth reported suicidal ideation. Recent adverse experiences, as a class, were associated with suicidal ideation; both recent physical abuse and recent psychological maltreatment were uniquely associated with suicidal ideation. The links between recent adverse experiences and suicidal ideation were significantly mediated by psychological distress. There were also significant main effect associations between both internalising behavioural problems and low positive achievement expectations and suicidal ideation. Recent adverse experiences are important in understanding suicidal ideation in high risk youth.

ABSTRACT

Implementation of current international consensus guidelines regarding mental health and psychosocial support in emergencies requires the consideration of findings from both the medical and social sciences. This paper presents a multi-disciplinary review of reported findings regarding the relations between political violence, mental health and psychosocial well-being in Nepal. A systematic search of six databases resulted in the identification of 572 studies, of which 44 were included in the review. These studies investigated the influence of political violence on contextual variables that shape mental health and psychosocial well-being, and examined psychological distress and mental disorders in the context of political violence. The majority of studies addressed the mental health of Bhutanese refugees in Nepal and the impact of the Maoist People's War. Based upon these results from Nepal, we discuss a number of issues of concern to international researchers and practitioners and present policy and research recommendations. Specifically, we consider (a) the need for longitudinal multi-disciplinary research into protective and risk factors, including agency, of psychological distress and mental disorders in situations of political violence, (b) the continuing controversy regarding the PTSD construct, and (c) the lack of robust findings regarding the effectiveness of mental health and psychosocial support.
ABSTRACT

This review links practice, funding, and evidence for interventions for mental health and psychosocial well-being in humanitarian settings. We studied practice by reviewing reports of mental health and psychosocial support activities (2007-10); funding by analysis of the financial tracking service and the creditor reporting system (2007-09); and interventions by systematic review and meta-analysis. In 160 reports, the five most commonly reported activities were basic counselling for individuals (39 percent); facilitation of community support of vulnerable individuals (23 percent); provision of child-friendly spaces (21 percent); support of community-initiated social support (21 percent); and basic counselling for groups and families (20 percent). Most interventions took place and were funded outside national mental health and protection systems. 32 controlled studies of interventions were identified, 13 of which were randomised controlled trials (RCTs) that met the criteria for meta-analysis. Two studies showed promising effects for strengthening community and family supports. Psychosocial well-being was not included as an outcome in the meta-analysis, because its definition varied across studies. In adults with symptoms of post-traumatic stress disorder (PTSD), meta-analysis of seven RCTs showed beneficial effects for several interventions (psychotherapy and psychosocial supports) compared with usual care or waiting list (standardised mean difference [SMD] -0.38, 95 percent CI -0.55 to -0.20). In children, meta-analysis of four RCTs failed to show an effect for symptoms of PTSD (-0.36, -0.83 to 0.10), but showed a beneficial effect of interventions (group psychotherapy, school-based support, and other psychosocial support) for internalising symptoms (six RCTs; SMD -0.24, -0.40 to -0.09). Overall, research and evidence focusses on interventions that are infrequently implemented, whereas the most commonly used interventions have had little rigorous scrutiny.

ABSTRACT

Objective:
The authors examined moderators and mediators of a school-based psychosocial intervention for children affected by political violence, according to an ecological resilience theoretical framework.
Method:
The authors examined data from a cluster randomised trial, involving children aged 8-13 in Central Sulawesi, Indonesia (treatment condition n = 182, waitlist control condition n = 221). Mediators (hope, coping, peer/emotional/play social support) and moderators (gender, age, family connectedness, household size, other forms of social support, exposure to political violence, and displacement) of treatment outcome on post-traumatic stress symptoms and function impairment were examined in parallel process latent growth curve models.

Results:
Compared with the waitlist group, those receiving treatment showed maintained hope, increased positive coping, maintained peer social support, and increased play social support. Of these putative mediators, only play social support was found to mediate treatment effects, such that increases in play social support were associated with smaller reductions in post-traumatic stress disorder (PTSD) symptoms. Furthermore, the authors identified a number of moderators: Girls showed larger treatment benefits on PTSD symptoms; girls, children in smaller households, and children receiving social support from adults outside the household showed larger treatment benefits on function impairment.

Conclusions:
Findings provide limited evidence for an ecological resilience theoretical framework. On the basis of these findings, the authors recommend a stronger separation between universal prevention (e.g., resilience promotion through play) and selective/indicated prevention (e.g., interventions aimed at decreasing post-traumatic stress symptoms). Play-based interventions should be careful to exclude children with psychological distress. In addition, treatment effects may be augmented by selecting girls and socially vulnerable children.


ABSTRACT

We aimed to examine outcomes, moderators and mediators of a preventive school-based mental health intervention implemented by paraprofessionals in a war-affected setting in northern Sri Lanka. A cluster randomised trial was employed. Subsequent to screening 1,370 children in randomly selected schools, 399 children were assigned to an intervention (n=199) or waitlist control condition (n=200). The intervention consisted of 15 manualised sessions over 5 weeks of cognitive behavioural techniques and creative expressive elements. Assessments took place before, 1 week after, and 3 months after the intervention. Primary outcomes included post traumatic stress disorder (PTSD), depressive, and anxiety symptoms. No main effects on primary outcomes were identified. A main effect in favour of intervention for conduct problems was
observed. This effect was stronger for younger children. Furthermore, we found intervention benefits for specific subgroups. Stronger effects were found for boys with regard to PTSD and anxiety symptoms, and for younger children on pro-social behaviour. Moreover, we found stronger intervention effects on PTSD, anxiety, and function impairment for children experiencing lower levels of current war-related stressors. Girls in the intervention condition showed smaller reductions on PTSD symptoms than waitlisted girls. We conclude that preventive school-based psychosocial interventions in volatile areas characterised by ongoing war-related stressors may effectively improve indicators of psychological wellbeing and post traumatic stress-related symptoms in some children. However, they may undermine natural recovery for others. Further research is necessary to examine how gender, age and current war-related experiences contribute to differential intervention effects.

**Keywords:**
Armed conflict, Sri Lanka, anxiety, depression, political violence, post traumatic stress disorder, prevention, school-based intervention


**ABSTRACT**

**Background:**
Armed conflicts are associated with a wide range of impacts on the mental health of children and adolescents. We evaluated the effectiveness of a school-based intervention aimed at reducing symptoms of post traumatic stress disorder, depression, and anxiety (treatment aim); and improving a sense of hope and functioning (preventive aim).

**Methods:**
We conducted a cluster randomised trial with 329 children in war-affected Burundi (aged 8 to 17 (mean 12.29 years, standard deviation 1.61); 48percent girls). One group of children (n = 153) participated in a 15-session school-based intervention implemented by para-professionals, and the remaining 176 children formed a waitlist control condition. Outcomes were measured before, one week after, and three months after the intervention.

**Results:**
No main effects of the intervention were identified. However, longitudinal growth curve analyses showed six favourable and two unfavourable differences in trajectories between study conditions in interaction with several moderators. Children in the intervention condition living in larger households showed decreases on depressive symptoms and function impairment, and those living with both parents showed decreases on post traumatic stress disorder and depressive symptoms.
The groups of children in the waitlist condition showed increases in depressive symptoms. In addition, younger children and those with low levels of exposure to traumatic events in the intervention condition showed improvements on hope. Children in the waitlist condition who lived on their original or newly bought land showed improvements in hope and function impairment, whereas children in the intervention condition showed deterioration on these outcomes.

**Conclusions:**
Given inconsistent effects across studies, findings do not support this school-based intervention as a treatment for post traumatic stress disorder and depressive symptoms in conflict-affected children. The intervention appears to have more consistent preventive benefits, but these effects are contingent upon individual (for example, age, gender) and contextual (for example, family functioning, state of conflict, displacement) variables. Results suggest the potential benefit of school-based preventive interventions particularly in post-conflict settings.

**Keywords:**
Children, PTSD, depression, efficacy treatment, prevention, psychosocial intervention, violence, war.


**ABSTRACT**

**Purpose:**
Child sexual abuse (CSA) is rarely addressed in the Arab world. This study examined the prevalence, risk factors and consequences associated with CSA in Lebanese children before, during and after the 2006 Hezbollah-Israeli war.

**Method:**
A total of 1028 Lebanese children (556 boys; 472 girls) were administered an interview questionnaire that included the International Child Abuse Screening Tool, the Trauma Symptom Checklist and the Family Functioning in Adolescence Questionnaire.

**Results:**
In total, 249 (24percent) children reported at least one incident of CSA; 110 (11percent) occurred before the war, 90 (8percent) took place in the 1-year period after the war to the time of the data collection and 49 (5percent) occurred during the 33-day war. There were no gender differences in CSA reports before or after the war, but boys reported more incidents during the war than did girls. Girls who reported CSA had higher trauma-related symptoms for sleep disturbance, somatisation, Post Traumatic Stress Disorder (PTSD) and anxiety than did boys. There were geographic differences in the reports of abuse that may be associated with poverty and living
standards. Logistic regression analyses correctly classified 89.9 percent of the cases and indicated that children's age, family size, fathers' education level and family functioning significantly predicted CSA during the period following the war.

Conclusions:
The prevalence of CSA in the current study is within the reported international range. Given the increase in the incidents of CSA during the war and the significant findings for family-related risk factors, there is an urgent need to provide multi-component culturally appropriate interventions that target the child and the family system in times of peace and conflict.


ABSTRACT

Background:
The objective of this study was to describe the physical, social, and psychological initiation practices of street connected children and youths, in Eldoret, western Kenya.

Methods:
This qualitative study was conducted from August 2013 to February 2014. A total of 65 SCCY aged 11-24 years were purposively sampled from the three referral points: 1) A dedicated study clinic for vulnerable children and youth at Moi Teaching and Referral Hospital (MTRH); 2) Primary locations in which street children reside "bases/barracks"; 3) Street youth community-based organisations. In-depth interviews and focus group discussions were used to collect data. All data were audio recorded, transcribed, translated to English, and a content analysis performed.

Results:
The overall median age was 18 years (IQR 14-20.5 years) and 69.2 percent of participants were male. None had gone beyond primary level of education. The majority (81.5 percent) reported to be sexually active. The street community had well-defined structures and rules that were protective of members and ensured survival on the streets. To be fully accepted children had to go through an initiation ritual that had important gender differences. Common rituals between males and females included interrogation, smearing of black soot, and payment of tax. Ritual practices unique to boys were physical abuse, theft of personal possessions, volatile substance use, being forced to eat garbage, and sodomy among the physically weak. Rituals unique to girls were being forced to 'become a wife or sexual partner', rape, and gang rape. Physical and psychological abuse during initiation was normalised and there were no clear mechanisms of dealing with these forms of abuse.
Conclusions:
There were important gender differences in the initiation practices of SCCY. Normalisation of physical and psychological abuse during initiation contributes to the high health risks faced by these SCCY. Appropriate interventions need to be developed in collaboration with SCCY.


ABSTRACT

The current study focuses on the prevalence of two pervasive gender-related crimes in Bangladesh: dowry solicitation and domestic violence. We assess victim perceptions of how these two crimes rank in significance compared with other types of crimes experienced and the actions victim households took in response. Our research builds on prior qualitative studies by making use of nation-wide household survey data, collected by the World Bank, to examine dowry and domestic violence in the context of all legal conflicts experienced by households in every administrative region of the country. The analyses show that both dowry solicitation and domestic violence rank in the top five most common crimes, including violent and non-violent crimes. Women report more experiences of dowry solicitation and domestic violence, with urban females most frequently disclosing both. Among the households that experienced multiple types of violent and non-violent crimes, 55.9 percent of dowry and 70.8 percent of domestic violence victims reported another crime ranked higher in significance. Of the households that considered these two crimes the most serious they experienced, 56.1 percent of dowry and 32.5 percent of domestic violence households took no action at all in response. Among the households that took action, most eschewed both police and state judicial institutions. Choosing to act alone or with the help of family members was the most frequent response. The findings illustrate the need for governance reforms in Bangladesh and may inform state and non-state improvement initiatives.


ABSTRACT

In urban China, the recipients’ experiences living with social assistance are neglected. This article examines social assistance for poor children in urban China, mainly by interviewing parents and children from urban Dibao households in Tianjin and Chengdu. It finds that the recipients’ feelings included gratitude, helplessness, shame and exclusion which reflected limited policy effect on material support and social exclusion prevention. It argues that the recipients are underserved and current social assistance policy for poor children which only includes differentiated aid and education aid is inadequate and should be further improved.
3. Journal Articles by Setting

3.1 Homes


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Pre-2010


3.2 Schools


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**Pre-2010**


3.3 Public Spaces and Communities


Pre-2010


3.4 Cross-cutting


http://doi.org/10.1016/j.adolescence.2011.03.003


4. Books and Chapters in Edited Books

4.1 Pre-1990


### 4.2 1990-1999


4.3 2000-2009


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Annexure 1a. List of Know Violence in Childhood Commissioned Papers


Annexure 1b. Commissioned Papers by Setting

Homes and Alternative Care


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**Schools**


Public Spaces and Communities


Cross-cutting


