



WHAT WORKS EVIDENCE BRIEF

VIOLENCE AGAINST WOMEN AND GIRLS AND EDUCATION



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Violence in schools and amongst school children is widespread and impacts educational attainment, health and wellbeing. However, schools also provide opportunities for preventing violence, learning about gender equality and respectful relationships, and even reducing violence at home and in future relationships. New evidence from rigorous evaluation of three projects under DFID's What Works to Prevent Violence against Women and Girls Global Programme (What Works) shows the potential of some school-based interventions to prevent multiple forms of violence – in school, at home and in the community – even in very challenging settings.

SCALE, NATURE AND IMPACTS OF VIOLENCE EXPERIENCED BY SCHOOL STUDENTS

Globally over half of all children – 1 billion children, aged 2–17 years – are estimated to experience violence annually.² Forms of violence overlap and reinforce each other – at school, on the way to and from school, and at home. The most common forms are peer violence, including bullying, and corporal punishment by family members or teachers. Children often experience intimate partner violence (IPV) themselves or witness abuse of their mother. Sexual abuse and harassment when travelling to, or at school are very common, and sexual coercion and rape by boyfriends or non-partners are important risks for girls in many countries. Many children also experience physical, sexual and emotional abuse and neglect from care-givers and other family members. Girls are more likely to experience sexual, psychological and dating violence, while boys are more likely to experience physical violence and corporal punishment in school.³

Estimates of the prevalence and frequency of violence experienced by school children vary between studies and settings.⁴ Despite variations, violence is endemic across settings. In Pakistan, despite the prohibition of corporal punishment, data shows that it is prevalent in schools. What Works studies have found that 93% of boys and 79% of girls in the study had experienced peer violence in the past month. Similarly, 91% of Pakistani boys and 61% of Pakistani girls had experienced corporal punishment at school in the past month. In the Kenya study, 7% of girls (mean age 12 years) had been raped in the past year alone (see Box 1).

Children with disabilities and children from the poorest families are particularly vulnerable to violence.^{5,6} In our Afghanistan and Pakistan studies, children with disabilities were more than twice as likely to be victims of peer violence as those without disabilities.⁷

Forms of violence are connected: experience of bullying is closely related to dating violence perpetration (for boys) and experience (for girls).⁸ Children learn about dominance and control within the family through observation and experience of the

Children who witnessed their father fighting in the previous month were more than 5 times (for girls) and 8 times (for boys) more likely to perpetrate peer violence in Afghan schools than those who didn't.¹

behaviour of parents, older siblings or significant others, and through socialisation among peers.⁹ This is supported by What Works research among Afghan and Pakistani children which showed, that both perpetrating and experiencing peer violence in schools was most common among boys and girls who experience physical violence at home, and/or who witness violence by their father against other men as well as against their mother.^{1,10} In Pakistan 1 in 7 of the children who had perpetrated peer violence in the past month had witnessed their mother being abused in this period. This compares to 1 in 20 of those who had been victims of peer violence, and less than 1 in 100 of those with no experience of violence at all. This shows that what happens in the home impacts on violence occurring at school.

BOX 1: BASELINE FINDINGS FROM WHAT WORKS PROJECTS

- **Peer violence:** 93% of boys and 79% of girls from Pakistan and 58% of boys and 47% of girls from Afghanistan had experienced peer violence in the past month as a victim or perpetrator. 73% of Pakistani boys and 46% of girls had perpetrated peer violence in the previous month. This compares to 32% of Afghan boys and 18% of Afghan girls.
- **Sexual violence:** 7% of girls (mean age 12 years) from Kenya had been raped in the past year.
- **Corporal punishment at school:** 44% of Afghan boys and 35% of Afghan girls and 91% of Pakistani boys and 61% of Pakistani girls in had experienced corporal punishment at school in the past month.
- **Physical punishment at home:** 17% of boys and 20% of girls in Grades 7-8 (mean age of 14 years) from Afghanistan and 60% of boys and 37% of girls from Pakistan in Grade 6 (mean age 12.5 years) had been beaten at home in the past month.
- **Witnessing abuse of their mother:** 9% of children from Pakistan had witnessed their mother being beaten in the past month.

INTERSECTIONS OF VAWG AND EDUCATION

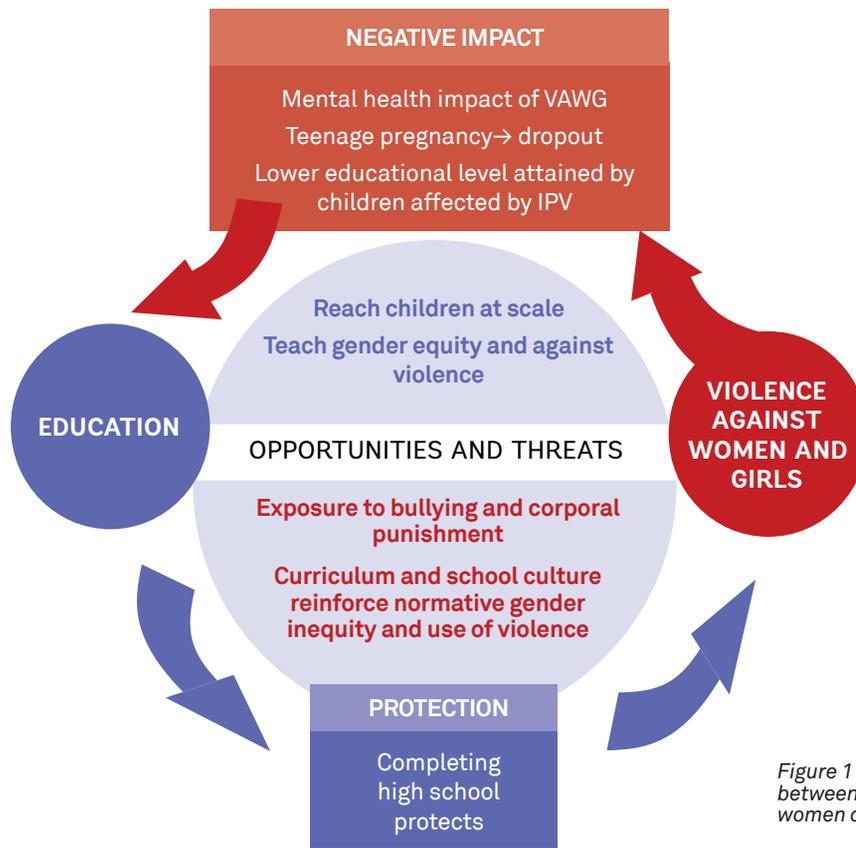


Figure 1 illustrates the complex relationship between education and violence against women and girls.

Higher levels of education can protect against intimate partner violence (IPV) although the relationship is not a linear one. Women gain protection against IPV if they have completed secondary school. However, in settings where girls attending secondary school is very uncommon, protection may be found with any secondary school education. Men are likewise less likely to perpetrate physical and/or sexual IPV if they have completed secondary education.¹¹

Evidence shows that children in homes with IPV have lower educational attainment.¹² Across 18 sub-Saharan African countries, research shows that witnessing abuse of their mother is associated with lower school attendance of their daughters.¹⁴

Experience of all forms of violence undermines children's confidence, increases depression, reduces learning, and leads to absenteeism and drop-out.⁴ In our Pakistan study, peer violence was associated with depression, poorer school attendance and performance.¹⁵ Teenage girls who experience violence from their partner are also at increased risk of teenage pregnancy, and then dropping out from school.¹⁶ In many countries, one of the reasons that girls are withdrawn from school early is to prevent them from being exposed to sexual harassment travelling to and from school.¹⁷

EVIDENCE-BASED INTERVENTIONS IN SCHOOLS CAN PREVENT VIOLENCE

Schools have potential to provide an important platform to prevent violence at scale. A high proportion of children attend school in most settings. Schools are therefore uniquely positioned for reaching children from a young age and shaping their understanding of gender norms and roles, promoting gender equality and supporting healthy relationships.

To date there have been significant gaps in the evidence base, with only a few rigorously evaluated programmes demonstrating promise in preventing violence outside of North America.¹⁸ A notable exception is the 'Good Schools Toolkit' intervention in Uganda, which has been demonstrated to be effective at reducing various forms of violence (emotional, physical and sexual) from school staff to students, as well as between peers.¹⁹

In this context, the WW studies are ground-breaking and an important contribution to expanding the global evidence base.

WHAT WORKS SCHOOL-BASED INTERVENTIONS

Schools-based peace and community education programme in Jawzjan Province, Afghanistan

Intervention: Aims to reduce aggressive behaviour among Afghan boys and girls, increase the use of non-violent conflict resolution at school and at home, motivate men to respect and value women and promote women's community engagement.

It is implemented by Help the Afghan Children (HTAC). Peace education is delivered through schools in 33 lessons (35 minutes long each) per year over two years for boys and girls in grades 7-9. The lessons are delivered by trained teachers. Community activities include conflict resolution, peace building and advocacy training with adults in the community; training for women in civil society organizations; a radio drama and radio discussions with religious leaders on the position of women in Islam; and establishing peace committees.

Research methods: A modified interrupted time series evaluation was conducted in 11 schools. Interviews were conducted at 6, 12 and 18 months after the start of the intervention with a randomly selected sample of 720 children in grade 6 and 7 (average age 14 at first interview round). It was undertaken by Sayara Research and What Works staff. For more information, see article on key findings¹ and [HTAC Policy Brief](#).

Play-based life skills education programme in Hyderabad, Pakistan

Intervention: Aims to empower children and prevent violence. It is implemented by the international NGO Right to Play. Play-based life skills was delivered in 60 sessions (35 minutes long) per year over a period of two years for girls and boys in grades 6-8 (mean age 12 at baseline). Each lesson is based on an activity, chosen from a manual of games, each of which is carefully designed. After playing, the children are asked to reflect on what they learned from the activity, connect it to an aspect of their lives and then discuss how their learning can be applied in future. The intervention additionally includes; teacher training in play-based learning and positive discipline and gender based norms, summer camps, sports tournaments and thematic Play Days for children, with invited parents, several times a year. The intervention is delivered by trained coaches, assisted by junior leaders, who are selected and trained from among the school students.

Research methods: A two-arm cluster randomised controlled trial (RCT) was conducted in 40 public schools with 1,752 children (927 girls and 821 boys) in grade 6 followed for 24 months, led by Aga Khan University. For more information, see the methods paper²⁰ and Right to Play Policy Brief <https://whatworks.co.za/resources/policy-briefs/item/466-right-to-play-preventing-violence-among-and-against-children-in-schools-in-hyderabad-pakistan>

Girls' empowerment self-defence training in Nairobi, Kenya

Intervention: Aims to equip girls to prevent sexual violence through self-defence and boys to protect themselves from use and experience of violence. It is implemented by the NGO Ujamaa. The interventions are delivered in 6 sessions of 2 hours to boys and girls in grade 6 (average age 12 at baseline), after the end of the school day. The IMPower curriculum for girls covered empowerment, and self-defence skills, with 3 of the 6 sessions focusing on physical self-defence skills. Sources of Strength curriculum for boys covered puberty, gender roles, bystander behaviour, and use of and protection from violence. The intervention is delivered by carefully trained facilitators.

Research methods: A cluster randomised controlled trial was conducted in 94 schools in 5 informal settlements with 4,121 girls and 1,104 boys by Stanford University.

4 Violence against Women and Girls and Education

Peer violence

The interventions in Pakistan and in Afghanistan significantly reduced girls' and boys' peer violence perpetration and experience. In Pakistan there were significant differences between the intervention and control arms, and the reduction in peer violence perpetration for boys and girls in the intervention arm was more than twice that observed in the control arm. In Afghanistan a reduction in violence of more than a 50% reported across the time periods.

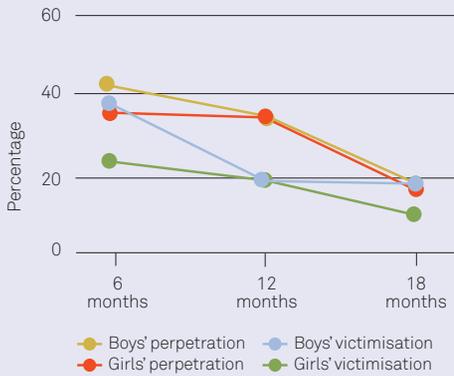


Figure 1: Impact of peace education on reports of peer violence in the last 4 weeks in Afghanistan

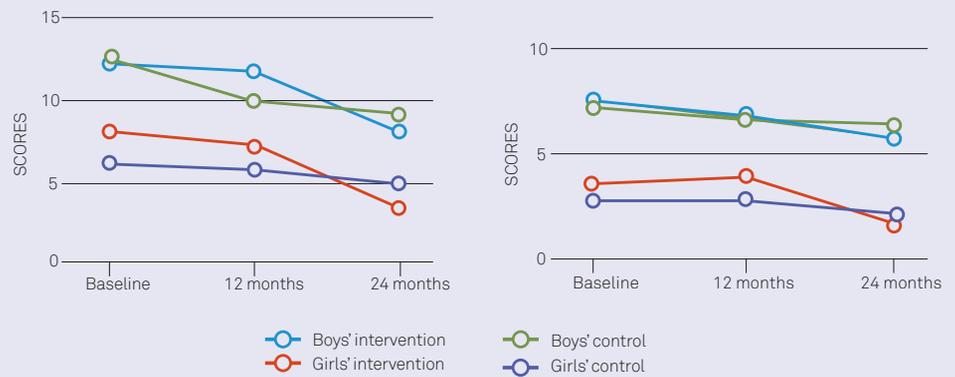


Figure 2: Impact of Right to Play's intervention on peer violence in Pakistan

LEFT: Peer victimisation scores (low = good) decreased by 33% in boys and 59% in girls. Prevalence dropped from 92% to 84% among boys and from 78% to 50% among girls.
RIGHT: Peer perpetration scores (low = good) decreased by 25% in boys and 56% in girls. Prevalence dropped from 78% to 73% among boys and from 56% to 37% among girls.

Significant reductions in corporal punishment at school and physical punishment at home

There were statistically significant reductions in children's experiences of corporal punishment at school and at home in Pakistan and Afghanistan. The proportion of boys in schools receiving the Right To Play Intervention who had experienced corporal punishment at school in the last 4 weeks dropped from 92% at baseline to 84% after 24 months ($p < 0.001$). The proportion of girls dropped from 67% to 36% ($p < 0.001$). In Afghanistan, the proportion of boys experiencing corporal punishment at school in the past month dropped from 43.7% to 27.2% and that for girls dropped from 35% to 14.2% (both $p < 0.001$). The proportion of boys in schools receiving the Right To Play Intervention who reported having been physically punished at home in the last 4 weeks dropped from 62% at baseline to 28% at end-line (change in score, $p = 0.005$) and the proportion of girls dropped from 39% to 11% (change in score, $p = 0.003$).

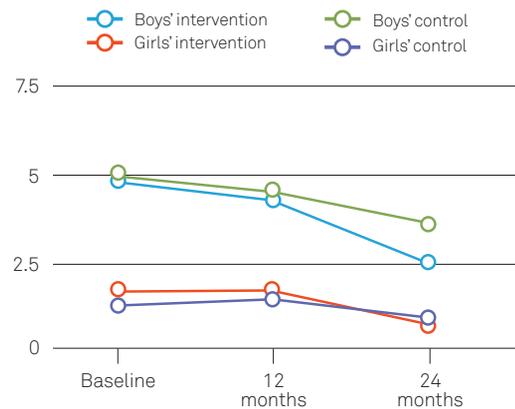


Figure 3: Impact of Right to Play's intervention on corporal punishment in Pakistan

Significant reduction in witnessing mother's abuse

In Pakistan, statistically significantly fewer girls and boys reported having witnessed their mother being beaten by their father or other relatives in the four weeks prior to endline than at baseline. In Afghanistan boys reported that they witnessed their relatives abuse their mother less often ($p = 0.01$), and girls reported seeing their father abuse their mother less often ($p = 0.018$).

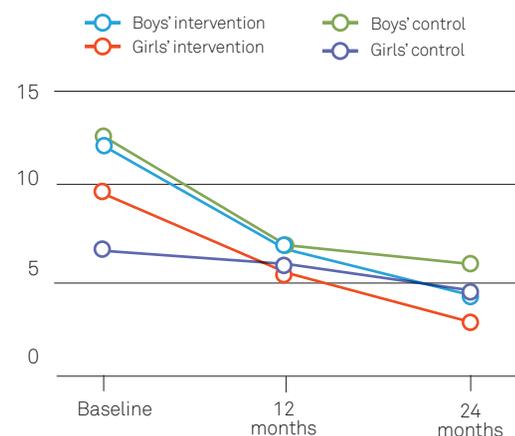


Figure 4: Impact of Right to Play's intervention on children's reports of witnessing domestic violence in Pakistan

Statistically significant improvements in mental health

At baseline, children’s depression was strongly associated with exposure to violence, and the depression (CDI-2) scores were higher for boys than for girls. After the interventions, the children reported significantly lower average T scores on the CDI-2 depression scale in both Pakistan ($p < 0.001$ for boys and $p = 0.034$ for girls) and Afghanistan ($p < 0.001$ for boys and girls). For example, in boys in Afghanistan the T score was 63.7 at the first measurement and 57.7 at the last. A very important decline given that a score of > 64 is the level indicative of clinical depression.

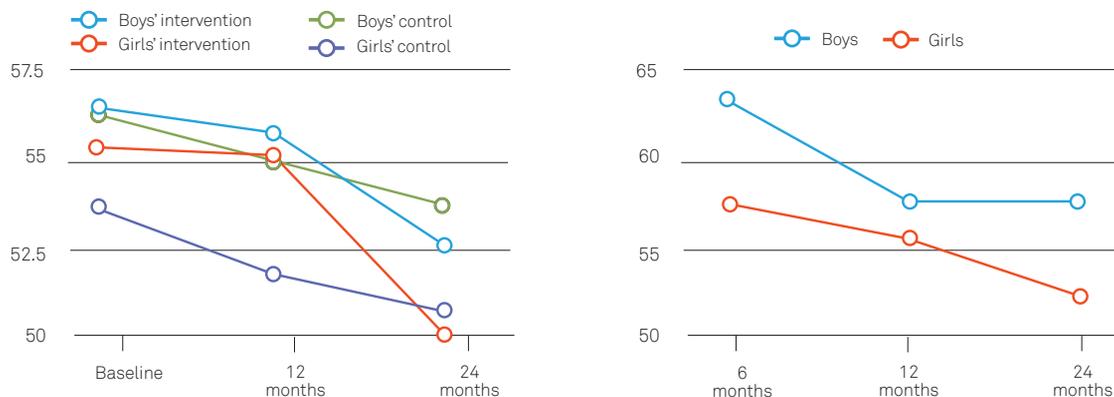


Figure 5: Impact of the interventions in Pakistan (left) and Afghanistan (right) on children’s depression

Improvements in attitudes to gender and violence

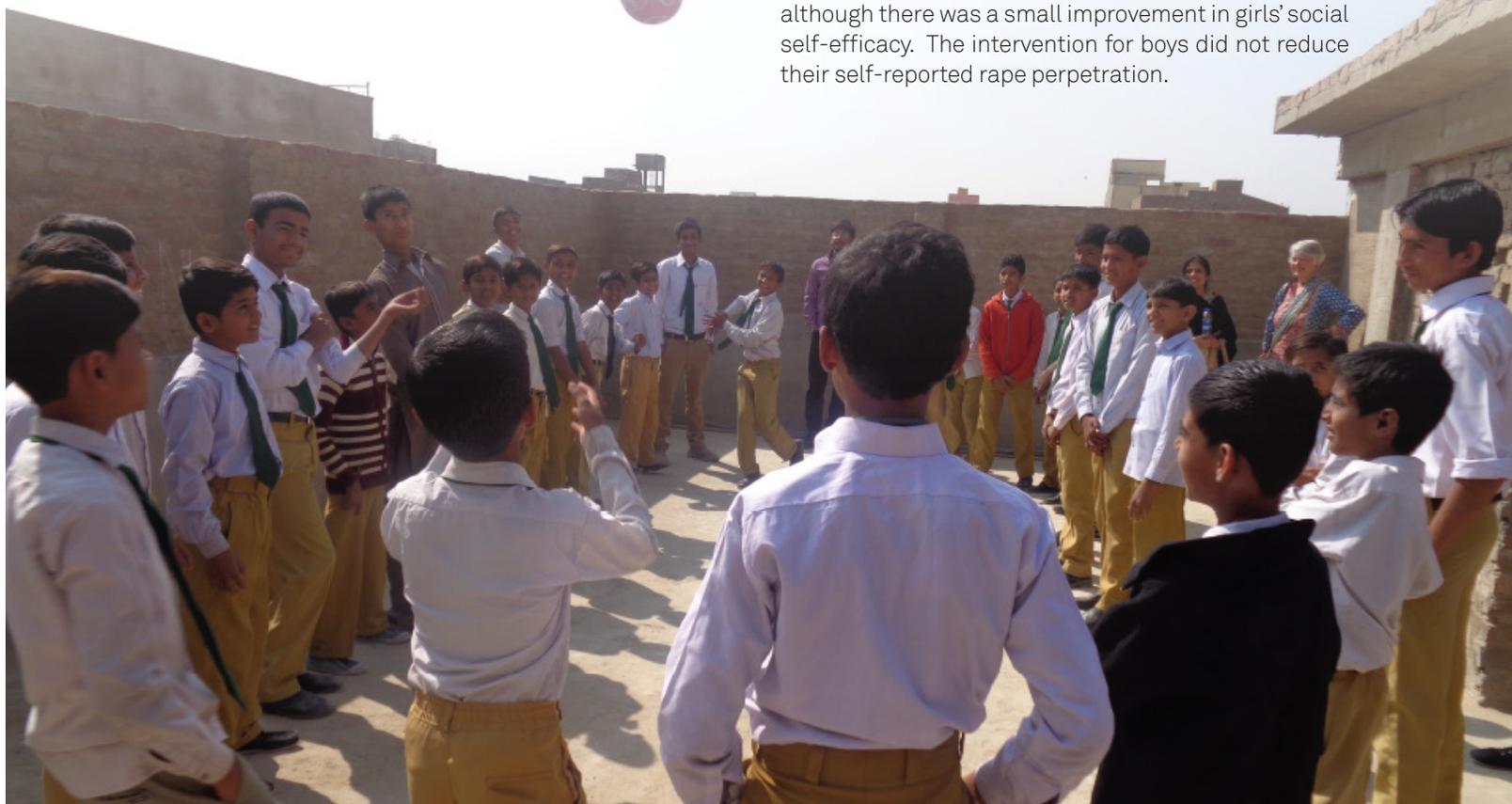
In Pakistan and Afghanistan girls and boys reported significantly less patriarchal gender attitudes following the intervention. In Pakistan, in girls there was an 18% change in gender attitudes score from baseline to end line ($p < 0.001$) and this was 14% in boys ($p = 0.037$). In Afghanistan there was a statistically significant improvement or boys and girls ($p < 0.001$ for both). In Pakistan the score on a measure of acceptance of physical punishment was 81% lower for boys and 76% lower for girls at endline.

Reducing violence improved girls’ school attendance

In Afghanistan, girls’ school attendance improved significantly, with the proportion of girls who missed some days of school reducing from 84% (baseline) to 58% (endline) ($p < 0.001$). In Pakistan there was no change in reported attendance of boys and girls.

Sexual violence prevention

The sexual violence prevention intervention evaluated through What Works in the Nairobi informal settlements did not show an impact on reducing rape of the young teenage girls, 12-14 years. Neither did it show positive impact on most of the secondary outcomes measured, although there was a small improvement in girls’ social self-efficacy. The intervention for boys did not reduce their self-reported rape perpetration.



FACTORS CONTRIBUTING TO EFFECTIVENESS OF WHAT WORKS INTERVENTIONS IN SCHOOLS

What Works research has shown that even in challenging settings, it is possible for interventions in schools can achieve significant reductions in violence – up to 50% – but interventions are not always effective.

The interventions that were effective *allowed sufficient time* for change (18–24 months) and were *context and developmentally appropriate*. This work takes time, especially with young teenagers, and brief interventions are unlikely to be effective. The intervention in Kenya was much shorter and less intensive (6 sessions of 2 hours) than those in Pakistan (60 sessions of 35 minutes per year over a two-year period) and Afghanistan (33 lessons of 35 minutes per year over two years) that showed a reduction in violence.

The brief self-defence intervention, delivered in crowded classrooms of informal settlement schools, was not effective for girls in the 12–14 age group. This may have been due to their young age group, combined with the very violent and risky environment of informal settlements. There is also a concern that the self-defence intervention might give girls confidence (a sense of self-efficacy) disproportionate to their physical abilities and they might neglect more established safety behaviours such as seeking safety in numbers. The intervention facilitators did not emphasise the risks of this.

Effective interventions were *multi-component* and had a strong theory of change. They worked with children but also *involved parents and/or the wider community* including local leaders to challenge wider community norms around gender and violence. They used *effective learning methods* including those that *developed critical thinking skills, communication, empathy, leadership and non-violence*, and included *activities to promote critical reflection on gender norms, roles and identities and power*.

They were *delivered by highly trained teachers, NGO staff or coaches* – they had purposefully selected, well trained, experienced and well supported intervention facilitators. The teachers were trained in gender norms, roles and identities as well as in the content of the programme and teaching or facilitating skills.

The interventions in Afghanistan and Pakistan that were successful in reducing children's experience of violence also reduced children's depression. Neither of these used psychotherapeutic methods to achieve this impact. This suggests that by removing an important risk factor for mental ill-health, violence reduction can effectively reduce depressive symptoms, which is likely to have far reaching impacts on children's wellbeing and education.



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The What Works to Prevent Violence against Women and Girls Programme is a flagship programme from the UK Department for International Development, which is investing an unprecedented £25 million over five years to the prevention of violence against women and girls. It supports primary prevention efforts across Africa and Asia that seek to understand and address the underlying causes of violence, and to stop it from occurring. Through three complementary components, the programme focuses on generating

evidence from rigorous primary research and evaluations of existing interventions to understanding what works to prevent violence against women and girls generally, and in fragile and conflict areas. Additionally the programme estimates social and economic costs of violence against women and girls, developing the economic case for investing in prevention.



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