

PREVENTING DOMESTIC VIOLENCE AGAINST CHILDREN DURING COVID-19

A PRACTITIONER'S TOOLKIT



Family
for every child

Preventing Domestic Violence Against Children During COVID-19: A Practitioner's Toolkit has been developed with funding support from The Oak Foundation and Tides Foundation.



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PART 1

ABOUT FAMILY FOR EVERY CHILD

Introduction to the toolkit

List of abbreviations

About Family for Every Child

[Family for Every Child](#) is currently made up of 40 local civil society organisations (CSOs) in 36 countries. We believe that by uniting our skills and knowledge, we achieve greater change for children and families worldwide. All our members are deeply-rooted where they work, so our models for change grow directly out of the needs of our unique communities.

Together, we develop collaborative projects that deliver impact and change at a larger scale than our members could do separately. These include global campaigns and advocacy, international research, and programme pilots to achieve change in multiple countries.

In 2020, Family for Every Child launched [Changemakers for Children](#), a social networking platform to capture learning and emerging practice from around the world and share it more widely, so more children and families can benefit from positive practices. It is a space for local practitioners to exchange knowledge about what's working on the ground, participate in discussions, solve problems, access technical support and resources, and join advocacy initiatives. In the context of COVID-19, a new community of practice was launched by Family for Every Child on the Changemakers for Children platform, to support local practitioners working directly with children and families in their COVID-19 response and recovery.

Through [How We Care](#), Family for Every Child documents members' knowledge in a range of multimedia formats, so that practitioners may learn from one another in accessible and engaging ways. The [Conversations on Care](#) podcast is one of these mechanisms. You can find out more about some of the CSOs who have contributed to this toolkit through the podcast.

Introduction to the toolkit

THE CONTEXT

The COVID-19 pandemic has placed children at a higher risk of abuse and violence at home with domestic and gender-based violence increasing around the world. This has had both immediate and long-term consequences for children.

- In the first three months of the pandemic up to 85 million more girls and boys worldwide may have been exposed to physical, sexual and/or emotional violence.¹
- School closures interrupted education for 1.6 billion children and meant that 500,000 more girls were at risk of forced marriage.²
- Eighty per cent of studies looking at violence against women and children linked increased violence to COVID-19 and associated pandemic responses.³
- The most prevalent child protection risks included a rise in physical violence against children at home, increased risks of sexual and gender-based violence at home, and psychological and emotional violence and distress. Children with disabilities were found to be increasingly vulnerable.⁴

Many [Family for Every Child](#) alliance members reported increased domestic violence against children either directly in the form of child abuse, or through children being affected by increased intimate partner

violence within families. Some children also experienced sexual abuse. Some faced child abuse as part of the intergenerational cycle where violent behaviour is passed on from adults to children.

PURPOSE OF THE TOOLKIT

Alliance members strengthened and adapted their service delivery to provide vital support in the changed circumstances. This Toolkit uses their experiences and lessons learned to **guide practitioners to support children and families to prevent domestic violence from affecting children.** With specific resources focused on prevention and response, a variety of practices from around the world are given here, to encourage cross-learning and exchange and to generate new learning across the alliance and beyond.

USING NEW STRATEGIES DURING COVID-19

Alliance members adapted tried and tested practices to be suitable for the COVID-19 crisis, for example, identifying children at risk, bringing services to the community when movement was restricted, and developing innovative ways to provide psychosocial services. The resources in the toolkit give guidance for practitioners to whom cases of abuse are disclosed and allow for wide adaptation. The toolkit includes guidance for practitioners on the application of the practices and the critical factors to be taken into account when supporting children in this context, such as having trauma-informed capacities.

1 <https://www.wvi.org/publications/report/coronavirus-health-crisis/covid-19-aftershocks-perfect-storm>

2 <https://www.savethechildren.org.uk/news/media-centre/press-releases/covid-19-places-half-a-million-more-girls-at-risk-of-child-marri0>

3 [Centre for Global Development](#) in their fourth research roundup in April 2021 took stock of a diverse set of new studies linking violence against women and children to COVID-19 and associated pandemic response measures. Research papers from low and middle-income countries highlighted the increase in violence. Eighty per cent of the papers found exclusive evidence of increased violence against women and children. <https://www.cgdev.org/sites/default/files/vawc-fourth-roundup.pdf>

4 <https://joining-forces.org/wp-content/uploads/2021/09/Protecting-children-during-the-COVID-19-crisis-and-beyond.pdf>

List of abbreviations

ACD	Association for Community Development (Bangladesh)
CAP	Children Assistance Program (Liberia)
CINDI	Children in Distress Network (South Africa)
COVID-19	Coronavirus disease
CSG	Child Support Grant
CSID	Centre for Services and Information on Disability (Bangladesh)
CSO	Civil Society Organisation
FISD	Foundation for Innovative Social Development (Sri Lanka)
FOST	Farm Orphan Support Trust (Zimbabwe)
GBV	Gender-based violence
NGO	Non-government organisation
PDEP	Positive Discipline in Everyday Parenting
SGBV	Sexual and gender-based violence

PART 2

GUIDANCE FOR PRACTITIONERS

Who is the toolkit for?

What is in the toolkit?

How to use the toolkit

How was the toolkit created?

Available language versions

WHO IS THE TOOLKIT FOR?

This toolkit is for community level practitioners who work directly with children, families and communities on issues related to domestic violence against children; who are seeing increased violence during COVID-19; who are in a position to provide support services to children at risk while following COVID-19 safety protocols.

This includes practitioners in CSOs, local government and social service agencies.

WHAT IS IN THE TOOLKIT?

The toolkit consists of a series of practice examples from ten member organisations from Family for Every Child's alliance and includes a range of intervention types. These examples have been proven to work and have high potential for replication across regions during the COVID-19 pandemic and after. Each describes how a practice was adapted during the pandemic to enable continuous delivery of services to children who are vulnerable to abuse and violence, and looks at the impact of the practice and why it was effective.

HOW TO USE THE TOOLKIT

The toolkit has been developed to support practitioners and can be used in planning and implementing programmes. Practitioners can refer to the individual case studies or use the whole toolkit in its entirety. It can be used to:

- Encourage practitioners to try out new techniques without restricting themselves to a single model, and give them a better sense of how to integrate methodologies from different approaches.

- Let practitioners see how others have worked to redefine frameworks and incorporate new methods to increase the effectiveness of their work.
- Provide practice examples from Africa, Asia and Latin America.
- Positively influence practitioners to take the best possible course of action in the changed environment of COVID-19.
- Show how practitioners have addressed the prevention of violence in the context of maintaining physical distance, home isolation, and quarantining.

HOW WAS THE TOOLKIT CREATED?

The toolkit was developed collaboratively with frequent consultation with Family for Every Child members and their input and feedback was incorporated throughout the process.

The collaboration began with an open-ended questionnaire encouraging self-reflection on practice, which was followed by Zoom meetings and the sharing of documents and records.

Each alliance member identified **one innovative practice** that directly helped to decrease or prevent domestic violence and abuse against children during the pandemic, sharing methodology and results.

Members discussed how and why particular practices had been effective, how stakeholders were involved, the adaptations that were made, and the ways in which families and community were motivated to participate.

AVAILABLE LANGUAGE VERSIONS

The toolkit is currently available online in English, Spanish, Bangla and Sinhala.

PART 3

PRACTICE EXAMPLES

Advocacy and campaigning

Family strengthening

Empowering children and young people to
challenge violence and protect themselves

Therapy for children and families affected by
domestic violence



ADVOCACY AND CAMPAIGNING

Scaling up an advocacy campaign to increase financial support for low-income households

Children in Distress Network (CINDI), South Africa

THE CONTEXT IN SOUTH AFRICA

- The economic insecurity and poverty-related stresses and anxiety caused by the pandemic directly contributed to increases in violence against women and children.
- Pre-pandemic, rates of violence against children were high with over 40 per cent of young people having experienced sexual, physical or emotional abuse or neglect.⁵
- The government provides the Child Support Grant (CSG) to lower-income households. The grant was targeted by CINDI as an extremely effective mechanism for reaching a huge number of children and families. It is well-established and by far the biggest grant in terms of the number of children that it covers, reaching 12.8 million children – nearly two-thirds of all children in South Africa. It is received every month by over 7 million adult caregivers and contributes to the income of nearly 5.7 million households.

- The CSG is intended to bridge the gap in the cost of living and helps to support entire households.
- Corporal punishment has been prohibited in educational settings, the justice system (as a punishment and as a sentence) and alternate care in South Africa. However, it is **still considered legal in the home by virtue** of the common law provision for caregivers to “reasonably chastise” the children in their care.

THE PRACTICE: SCALING UP AN ADVOCACY CAMPAIGN DURING COVID-19

The main purpose of CINDI’s campaign was to increase the Child Support Grant. The campaign had begun before COVID-19 but had not succeeded, and the pandemic gave it a new urgency. CINDI’s members combined forces across the different sectors in which they work and rapidly escalated its advocacy call for an increase in the CSG at the national level. This part of the campaign took place for one month during the “hard lockdown” which started on 17 March 2020.

5 http://www.knowviolenceinchildhood.org/newsletter3/images/08_cjcp_report_2016_d.pdf

HOW THE PRACTICE WAS IMPLEMENTED

CINDI's ongoing advocacy: CINDI has been participating in a national advocacy forum coordinated by the Children's Institute at the University of Cape Town since 2014. The focus has been on two areas – increasing support to vulnerable children through social grants and the prohibition of all forms of corporal punishment against children. As part of this work, a WhatsApp group of a large number of organisations (including CINDI) had already been established; it was called Stop Hitting Children Now.

WhatsApp campaign: At the start of the pandemic, members of the children's sector, including CINDI, discussed individual and collective responses and how the pandemic was affecting children. It was agreed that rather than creating a new WhatsApp group, the existing Stop Hitting Children Now would be used. With 77 members, this group became the main form of communication around issues affecting children during the pandemic.

Identifying a major concern: A major concern identified through this group related to the loss of caregiver income as a result of economic restrictions from the lockdown and growing fears of and reports of increases in child hunger and abuse. CINDI was the key source of information for the province of KwaZulu-Natal. The closing of school feeding schemes added to these concerns. As a result, a **renewed call to either increase or introduce alternative forms of social assistance** was developed. In terms of children's well-being, this related to calling for an increase in the CSG.

A letter to the President of South Africa: A letter signed by supporting organisations from the Stop Hitting Children Now group and their respective networks and supporters was sent to the President of South Africa, the Minister of Social Development and Finance Minister on 3 April 2020. Other coalitions also submitted similar calls as part of a coordinated and widespread advocacy campaign.

Simultaneous online campaign: In addition, an online campaign was created through amandla.mobi,⁶ a community advocacy organisation that focuses on advocacy in support of low-income black women, the main CSG recipients. Their mobile device-friendly approach to campaigning meant that many people could take part in the CSG campaign. CINDI and others shared the campaign widely on their social media platforms and it reached just under 600,000 signatures.

The outcome: The campaign was a major success: during his address to the nation on 21 April 2020, President Cyril Ramaphosa announced a six month increase to the grant amount.

HOW THE PRACTICE WAS CONDUCTED IN THE CONTEXT OF THE COVID-19 PANDEMIC

Using online technology for meeting, networking and advocacy campaigning was crucial to continue this work during COVID-19. A pre-existing WhatsApp group and simultaneous online campaign channels were used to mobilise a large number of people.

6 <https://awethu.amandla.mobi/petitions/tell-government-we-urgently-need-a-child-support-grant-increase-of-r500-for-the-next-6-months> amandla.mobi 'leads campaigns that build real power for Black people, with a particular focus on low-income Black women. They challenge injustice by bringing together the community to take targeted, coordinated and strategic action to bring real change'.

IMPACT

- The campaign was successful. The President of South Africa announced the increase in the CSG within 18 days of the sending of the letter by this unique consortium. In May 2020, each caregiver received an additional R300 and an additional R500 between June and October 2020. The campaign had asked for the grant per child to be increased, but the outcome was that each caregiver received the same total increase, even when caring for more than one child.
- Despite this, the success of the campaign in strengthening the existing CSG directly contributed to protecting women and children, to economic strengthening, and to reducing hunger.

WHY THE PRACTICE WAS EFFECTIVE

- The campaign was a multi-pronged mass mobilisation of key organisations within the children's sector who came together as a consortium and were able to leverage their existing relationships with government departments to present the advocacy message at the highest level. The campaign was led by the Children's Institute, who took on the main coordination role.
- Working with an experienced online advocacy group helped the campaign get widespread support.
- Multi-stakeholder advocacy platforms had already been set up and were easily adapted to respond to issues arising from COVID-19. Key to this was having Zoom meetings with stakeholders in different provinces, which meant that the campaign could quickly provide a provincial and national picture of the challenges.
- Excellent working relationships between stakeholders in the children's sector, developed over many years, and experience of advocating together around increases to social grants and other causes also helped in the rapid turnaround of this campaign.
- Making use of online technology for meeting, networking and advocacy meant the work could continue during the pandemic.

Mobile campaigning on violence against women and children

Farm Orphan Support Trust (FOST), Zimbabwe

THE CONTEXT IN ZIMBABWE

- Patriarchal norms and gender inequalities were already major factors leading to violence against women and children before the pandemic, but it resulted in an escalated risk of sexual and other forms of violence and abuse against women and particularly against children.
- School closures made children more vulnerable to perpetrators within their own family.
- Drought combined with COVID-19 also led to increases in poverty, child labour and domestic violence.

- During lockdown, the national hotline managed by Childline Zimbabwe reported a 43 per cent increase in daily calls. Forty-one per cent of these related directly to violence against children and sexual and gender-based violence, with 75 per cent of perpetrators being people within the child's own home environment.⁷
- There was a sharp increase in teenage pregnancies.⁸

THE PRACTICE: MOBILE CAMPAIGNS ON VIOLENCE AGAINST WOMEN AND CHILDREN

With COVID-19 placing unprecedented restrictions on movement, providing access to information about both the pandemic and the prevention of violence against children became a priority for both the government and CSOs. In partnership with the Department of Social Welfare, the Ministry of Women Affairs and the Zimbabwe Republic Police Victim Friendly Unit, FOST took a lead in bridging the information gap by starting mobile campaigns to raise public awareness on COVID-19 and bring information to hard-to-reach rural communities.

7 <https://reliefweb.int/report/zimbabwe/zimbabwe-situation-report-21-apr-2020>, p.9.

8 <https://www.veritaszim.net/node/4821>

The campaigns took place in ten rural districts in five provinces.⁹ FOST took a lead in planning, administration and logistics. FOST frontline workers and representatives of the other three partner organisations moved from village to village with a public announcement system mounted on a large truck. When the truck reached a village, representatives of the four organisations were given time to address a public gathering to talk about the services that their organisation or department offered. They also raised awareness on different issues around gender-based violence, child abuse and the rights of the child. Easy to understand information was provided to communities in their local language in the form of posters and fliers, which had helpline numbers for reporting cases of child abuse. Question and answer sessions were held with each community on the rights of the child, birth registration, domestic violence and COVID-19 awareness.

Women and children in need of assistance could approach FOST and the government representatives for advice in the form of an on-the-spot one-to-one consultation. COVID-19 protocols such as using face masks and maintaining social distancing were observed during these discussions.

The process of community members starting to report cases of violence and abuse during COVID-19 only became possible due to these mobile campaigns. Most cases reported were within the family environment. The mobile campaigns made parents more aware of the need to protect children even within the family. They also worked as a deterrent, showing perpetrators that their acts of violence could no longer go unnoticed or be hidden.

HOW THE PRACTICE WAS IMPLEMENTED

During the mobile campaign, when a case of violence or abuse was reported to the visiting team, FOST cadres¹⁰ and staff used the Zimbabwe Case Management System. The FOST social worker opened a case file in this system for the child or family and the case was recorded for follow up within 48 hours. The follow-up visit would be made by a FOST social worker and he or she would investigate in detail either through one-to-one sessions with the victim of abuse and/or with the family. The social worker used the referral pathways to refer the victim(s) for further support and/or specialised child protection services: for example, to hospital if medical attention was needed, or to the police victim friendly unit for legal support. Referrals for other forms of support were also made to different NGOs. The social worker was responsible for following up on the case to ensure that the victim was well protected and supported right up to the closure of the case.

FOST created its own separate community reporting and feedback mechanism through which a register is maintained. When all the needed assistance had been provided to the child the file was closed. It could be that either the perpetrator had been arrested, or the child had been provided with psychosocial support, or the follow-up had taken place. The closure of a case happens in the Zimbabwe National Case Management System. The file is maintained by the Department of Social Services.

9 Manicaland, Masvingo, Mashonaland Central, Mashonaland East and Mashonaland West.

10 Case care workers/cadres are used by FOST to refer to case workers and social workers.

HOW THE PRACTICE WAS CONDUCTED IN THE CONTEXT OF THE COVID-19 PANDEMIC

Although COVID-19 restrictions did not allow public gatherings, FOST received special permission from the government to run the mobile campaigns. Its work was designated under '**Essential Service Provider**'. The maximum number of people who were allowed to gather was only 50. To reach others, the representatives from the mobile truck visited homes and shops to interact with the community and share information on their doorstep.

Following all necessary COVID-19 safety protocols, FOST successfully brought together representatives of the three government departments as well as community cadres based in villages. This meant that despite the pandemic a prompt response and action could be undertaken in all reported cases of violence.

IMPACT

- During the COVID-19 pandemic, FOST and partners reached over 75,000 people through 50 mobile campaigns covering ten districts in five provinces over a period of 12 months.
 - Over 85 children and 15 women were assisted or referred to the relevant offices for support through the on-the-spot consultation sessions.
 - FOST and its partners plan to continue with the mobile campaigns as these have benefited vulnerable children in rural communities who are otherwise hard to reach.
- Community leaders and project staff gave positive feedback on the campaigns. Community leaders were more aware of the need to report and prevent violence against children in the home. A major shift was observed by FOST on better care and support for children and women in communities. For example, at community water sources and shops, women and children are served first so that they do not spend more time waiting in queues.
 - Now that public spaces are safer more children are protected. Posters with key messages have been put at almost every shop entrance, clinic and government office in the project districts.
 - The mobile campaigns also brought about visible behaviour change in the communities with regard to following COVID-19 health guidelines. For example, households set up handmade taps near their gates for handwashing. People are wearing masks in public when, for example, fetching water at the community boreholes, fetching wood or going to the markets. At public gatherings such as food distributions or funerals, people are practicing social distancing and recognising other regulations to prevent the spread of the disease. The communities have also minimised unnecessary movement and travel.

WHY THE PRACTICE WAS EFFECTIVE

- **The mobile nature of the campaign was unique.** People in the villages could not move about due to the COVID-19 restrictions. But the truck carrying messages, information and services could reach these remote, hard-to-reach areas with a public announcement system. The novelty of having a mobile truck in their village caught people's attention. It also highlighted the link between the organisation and government departments which were coming out to the community for their benefit.
- **Every reported case was followed up.** If people were not comfortable about reporting on the spot, then the community case care worker/cadres obtained the information and informed FOST's social workers. Staff in the social services department then took note of the cases and followed them up within a week.
- **Use of local language.** The fliers and pamphlets distributed in each community were in simple local language. Toll free numbers were given on the fliers in each district.
- **Close partnership with the government.** FOST staff and the government worked in a symbiotic way. FOST gave a much needed helping hand to the government social workers in each area who are assigned a population of 4,000 children. The government exercised its mandate and power to move those children who had been identified as being at risk at home to a safe place. This cooperation meant that each child affected by violence and/or abuse received the support they deserved. Government officials were very happy that FOST collaborated with them and reached the most marginalised and vulnerable communities.

VOICES OF CHILDREN

“Thank you FOST for educating our community on child protection. Our caregivers are now showing concern over our safety in the community.”

A child from Masvingo





FAMILY STRENGTHENING

Reducing violence against children through using positive discipline in parenting

Association for Community Development (ACD), Bangladesh

THE CONTEXT IN BANGLADESH

- Gender discrimination is widespread and traditional gender stereotypes restrict women and girls' freedoms and opportunities. Women and children face physical abuse and sexual violence because they are not well protected within their homes and families.
- Children's rights are violated not only by outsiders but also by parents, family members and community members. During the pandemic, children in ACD's working area reported feeling increasingly insecure and vulnerable to sexual abuse, trafficking and exploitation.
- COVID-19 exacerbated the already prevalent risk of domestic violence. Families often live in very cramped conditions and school closures meant that children were at home. Most males regularly consume alcohol. These factors led to children being increasingly vulnerable, with rates of violence increasing and children being punished physically and mentally in their homes.

THE PRACTICE: POSITIVE DISCIPLINE IN EVERYDAY PARENTING (PDEP)

ACD identified that a behavioural shift in the way that parents interact with children was urgently needed. ACD decided to directly work with parents to help them build good relationships with their children and to prevent the ongoing physical and humiliating punishment being experienced by children on a daily basis.

Until this time, the general attitude of parents in the community was that they were entitled to treat their children in whatever way they wanted. They were punitive and restrictive in their interaction with children, especially while disciplining.

To address this, a change in family dynamics was needed that would ease strains in the parent-child relationship and lead to the development of healthy relationships through self-reflection by parents. Parents needed to be informed and supported about the right way to raise and care for children: this included helping them to improve their understanding of child rights.

Positive discipline is an approach to parenting that teaches children and guides their behaviour, while respecting their rights to healthy development, protection from violence and participation in their learning. It enhances parents' knowledge about identifying long-term child-rearing goals, understanding how children think and feel and problem solving. For parents, it develops a social and emotional connection between themselves and their children.

HOW THE PRACTICE WAS IMPLEMENTED

Assessment and preparation

To understand the extent of the increase in violence during the pandemic and to find out which households were affected, ACD conducted a short survey in the community. Even though staff could not conduct field visits due to COVID-19 restrictions, ACD worked with leaders of both the child rights forum and the youth forum who are well-known figures in the community. Frontline workers from the communities in ACD's operational area kept in close contact with group leaders from both forums who were able to identify cases of violence. The survey results provided ACD with information about the increase in violence and helped identify families it needed to work with.

When restrictions started to ease, staff held managed one-on-one meetings with parents and children to understand the situation of violence in their family settings. ACD then trained its staff on positive discipline as an approach to parenting. Aspects of what constitutes good parenting were covered, including being sensitive to the child's individual needs and temperament. ACD staff were also trained on COVID-19 protection measures, so that they could safely support children and their families in the community by following safety measures – these included protocols such as handwashing, maintaining safe distance and wearing masks at all times.

Training parents on positive discipline in parenting

ACD staff formed parents' groups – a mixed group with both parents and separate mothers' and fathers' groups with 15-20 members per group. Only those parents whose children experienced or identified having been abused at home were selected for these groups.

Each of the parents' groups took part in eight sessions over eight weeks. The sessions addressed issues such as identifying long-term child-rearing goals, providing warmth and structure, understanding how children think and feel and problem solving. Key areas covered with parents included child rights, child protection, reproductive and sexual rights and the importance of children's education. Parents were made aware about the importance of being sensitive to the needs of the child and of having a child-centred approach in their parenting. They were sensitised about the negative impact of recurrent beating and scolding, which make children feel less respected and influence the development of low self-esteem. ACD focused on improved parenting by building a positive relationship between children and their parents through positive discipline. Sessions were geared towards changing the perception of fathers around their roles in child-rearing, to move away from the mindset that raising children is solely a mother's duty. A session was held on how to seek support from the government for any special schemes or programmes which would benefit the community.

Follow-up was carried out with parents who received training to identify the positive impact of the training; their children were also consulted about how the intervention made a difference in their lives. The whole process was carried out sensitively after building rapport with the children. All sessions were conducted by trained ACD staff.

Evaluating the effectiveness of the training

A pre-test was conducted before the sessions began. Parents were asked about how children were being treated at home, how they saw their children in the future and what they thought about the parent-child relationship

A post-test was conducted on the day of the last session to identify the changes in the parents after PDEP training. After three weeks, another follow-up was carried out with parents and their children to assess the change with regard to whether children felt they were in safe families with improved family dynamics.

HOW THE PRACTICE WAS CONDUCTED IN THE CONTEXT OF THE COVID-19 PANDEMIC

When COVID-19 restrictions were high, the survey questionnaire at the start of the exercise was carried out using mobile phones. The sessions were conducted in small groups with only four to five children so that social distancing could be practiced. COVID-19 appropriate behaviour was maintained by trainers and the parents who came for the session were also encouraged to adhere to the guidelines to protect themselves and their family. Parents were given helpline numbers to report incidents of violence and child rights violations.

IMPACT

- Thirty parents (fathers and mothers) took part in PDEP sessions.
- Children whose parents received the training said that their parents' mindset had changed, that parents now ensure their rights, basic needs, and education. They also reported a day-by-day change in the incidence of violence, which had previously been very frequent.
- Parents agreed during the follow-up that before the training they would frequently become angry. Around 40 to 60 per cent of parents reported a change in their behaviour towards their children as a result of the sessions.
- ACD stayed in touch with the parents and children through regular monitoring, which included assessment of how parents were practicing the positive discipline approach at home.

WHY THE PRACTICE WAS EFFECTIVE

The sessions helped parents understand:

- The importance of parenting, and commit to identifying and following child-rearing goals.
- That children's behaviour is a way of communicating their emotions and needs.
- That long-term solutions that develop children's own self-discipline and their life-long skills are based on positive discipline techniques of non-violence, empathy, self-respect, human rights and respect for others.

VOICES FROM THE COMMUNITY



“From PDEP training I have learned many unknown topics which is very helpful for our children's growing up. Before PDEP training we never thought parents have something to learn regarding proper caring for children. I thought mother's role is very important for childcaring. But in the training, I came to know that the father is also equally significant for the well-being of a child.”

Father, 30 years old

Promoting positive discipline and preventing corporal punishment

The Children Assistance Program (CAP), Liberia

THE CONTEXT IN LIBERIA

- Corporal punishment is not legally banned in school or at home in Liberia. While the government issues stern warnings to schools that corporal punishment or any punishment that causes physical and moral injury is not allowed, these warnings are not always followed.
- Sexual exploitation and abuse against women and children increased rapidly due to COVID-19, with regular reports of sexual abuse, especially rape.
- When schools reopened after lockdown, some parents could not afford to send their children back to school. Children reported feeling unsafe at home as there was increased prevalence of violence during the pandemic, including an increase in teenage pregnancies.

THE PRACTICE: PROMOTING POSITIVE DISCIPLINE AND PREVENTING CORPORAL PUNISHMENT

To halt the use of corporal punishment, CAP conducted a scoping study on kinship care. This established that children suffer both physical and mental health problems as a result of corporal punishment. The study showed that there was a need to design programmes that **educate parents**, including kinship caregivers, about the **most effective forms of positive discipline** to help guide children's behaviour. In addition, child protection organisations needed to step up advocacy on the ban of corporal punishment in schools and communities.

HOW THE PRACTICE WAS IMPLEMENTED

Step 1 – Baseline survey

A baseline survey was conducted prior to the outbreak of the pandemic to establish the effects of corporal punishment on children. Based on its experiences in child protection and the use of participatory scoping study tools, CAP used a qualitative methodology to understand the use of corporal punishment on children in schools and homes. Preparatory meetings were held with the Ministry of Education who provided a list of schools. CAP then undertook random sampling to select schools.

In collaboration with the Ministry of Education, CAP developed questionnaires for the scoping study and conducted one-on-one interviews with respondents. The respondents were principals, teachers, parents, guardians, students, and out-of-school children.

Respondents were drawn randomly from 16 private and two public schools. Over 200 participants were interviewed including in-school children, out-of-school children, principals, teachers and parents/guardians.

SURVEY FINDINGS

- Children are subjected to corporal punishment both in schools and homes.
- **100%** of children said they are afraid of corporal punishment.
- **90%** of adult respondents acknowledged that corporal punishment **is not** an effective method of disciplining a child.
- **80%** of adult respondents acknowledged that corporal punishment **does not** lead to development of good character.
- Corporal punishment has negative physical, emotional and psychological effects.
- Some of the effects of corporal punishment include pains, body blisters, fear, poor academic performance, demotivation, low self-esteem, loneliness, isolation and dropping out of school.
- **75%** of adult respondents said they **support** a policy/law that makes it illegal to use physical/corporal punishment to discipline children.
- Canes are used in **100%** of schools.

Step 2 – Stakeholder meetings

Stakeholder engagement meetings were held to share the survey findings. Participants included the Ministry of Education, school principals, representatives from other organisations, parents and guardians, and CAP representatives. They discussed the use of positive discipline as an alternative to corporal punishment in schools and communities, leading to school administrators being willing for CAP to carry out advocacy campaigns in their schools.

Stakeholders welcomed the idea of promoting positive discipline as an alternative to corporal punishment. They agreed to:

- Fully cooperate and support the project.
- Collaborate on the promotion of the use of positive discipline as an alternative to corporal punishment in schools and communities.
- Work with relevant authorities in ensuring that government policy on corporal punishment is adhered to.

Step 3 – Advocacy campaigns and sensitisation

Advocacy campaigns on the use of positive discipline as an alternative to corporal punishment were carried out in schools and communities. Several different strategies were used.

- Information, Education and Communication (IEC) materials were developed. Fliers with messages promoting positive discipline were distributed by field staff and posters were placed on schools and buildings.
- Field staff also engaged with school authorities, students, parents and guardians, and out-of-school children, explaining the importance of the project.

- Media coverage was key. CAP developed a positive discipline jingle that was aired on two radio stations. CAP's executive director and two field staff took part in radio talk shows to explain the importance of positive discipline as an alternative to corporal punishment. Listeners had the opportunity to ask questions.

HOW THE PRACTICE WAS CONDUCTED IN THE CONTEXT OF THE COVID-19 PANDEMIC

In the initial period, with the safety measures that were required, face-to-face elements of the programme were suspended. All activities were done in line with COVID-19 protocols as recommended by the Ministry of Health. In the later stages, each activity was conducted with a small number of participants.

IMPACT

- After more than six months of the campaign's implementation, a reduction of violence against children in families was noticed.
- Students in eight schools and children from 55 households in the communities reported reduced or no incidence of violence at home. Prior to the project most of these families believed that corporal punishment was the best way to discipline a child.
- Although establishing behavioural changes in families took time, there was an evident reduction of violence and abuse of children in the domestic space.

WHY THE PRACTICE WAS EFFECTIVE

Stakeholders' involvement

- CAP staff engaged with the local authority in each community. This was important firstly to explain the importance of the project and get the leadership's full support and cooperation, and secondly, to get the community involved and help them to clearly understand what they needed to do.
- All stakeholders, including the Ministry of Education, National Legislature, schools, parents, churches and mosques, were fully involved right from the beginning of the advocacy campaigns.
- The authorities have since started adhering to the government's policy against corporal punishment in schools.
- Behavioural changes have been seen in teachers, parents and children. Most importantly, children are happy that corporal punishment is gradually lessening.

Home gardening for food security and strengthening family relationships to prevent domestic violence

Foundation for Innovative Social Development (FISD), Sri Lanka

THE CONTEXT IN SRI LANKA

- Before the pandemic, FISD was working to address sexual and gender-based violence, challenge gender stereotypes and help set up mechanisms to respond to reported cases of violence. Lockdown stopped these activities.
- Violence against women and children escalated during lockdown. During the first wave a 40 per cent increase in cruelty to children was recorded.¹¹
- Women were overburdened with immense increases in household chores as everyone stayed at home. Social attitudes see all household work as women's responsibility.
- Women and children were at home with the perpetrators of domestic violence or abuse. There were many cases of sexual, emotional and physical violence. Corporal punishment was an accepted norm.

- Forced and early marriage became a trend during the pandemic; many girls left a home where they didn't feel safe to enter into early marriage.
- Food security was a major challenge and alcohol abuse increased. Loss of employment further plunged the poor population into poverty.

THE PRACTICE: THE HOME GARDENING PROGRAMME

The risks to food security increased during the pandemic. Vulnerable groups whose livelihoods vanished because of lockdown and who had limited or irregular income were especially affected. The government took swift action and launched the Saubhagya National Program on Harvesting and Cultivation to support one million home gardens. Vegetable seed packets were provided as well as technical advice.

11 <https://www.unicef.org/srilanka/press-releases/unicef-and-ncpa-gravely-concerned-increase-proportion-child-cruelty-cases-reported>

FISD was asked by the community platforms it was already working with to set up home gardening projects in their communities. Before COVID-19, FISD was already working at the community level to address the root causes of sexual and gender-based violence, question gender stereotypes and gender norms within the household and help women become confident in challenging them. FISD had also been helping women, men and children gain the tools and knowledge they need to improve their leadership skills. FISD saw this as a perfect opportunity to integrate home gardening into their 'Happy Family Programme' which addresses gender-based violence.

Home gardening helped bridge the physical gap caused by COVID-19 restrictions between FISD staff and the communities that they serve and gave the impetus to build a structured, stronger collective, based on mutual support.

HOW THE PRACTICE WAS IMPLEMENTED

FISD distributed seeds and provided technical knowledge related to planting and organised a discussion with the Women's Collective on how all family members should be involved in home gardening.

School shutdowns meant that children were at home and were involved in home gardening too. It was hoped that taking part in a common activity would occupy them in a positive way and make them feel that they were important contributors to household food security. Channelling their energy into a joint household endeavour turned out to be a major boost to their self-esteem. Moreover, when children saw their parents working hard, both mother and father irrespective of their gender, they knew that this work was important.

FISD encouraged all family members to allocate a common time during the day for home gardening so that everyone could work together. This was vital: it made each person an active participant, playing a key role in working together as a team. It proved strategic in dispelling pre-existing notions of gender stereotypes in the family, with everyone working towards a common goal. To create a common gardening time, families realised that everyone – husbands, sons, daughters and wives – needed to tackle all the other household chores together too, such as cooking, cleaning and laundry.

The home gardening programme is still ongoing, and FISD will encourage communities to carry on in view of its effectiveness in strengthening family relationships.

HOW THE PRACTICE WAS CONDUCTED IN THE CONTEXT OF THE COVID-19 PANDEMIC

To adhere to the government's COVID-19 guidelines, most services were provided digitally using WhatsApp calling and phone conferencing during the early stages of the strict lockdowns when in-person service delivery was impossible.

As well as supporting the home gardening programme, FISD also played a pivotal role in supporting families and communities with health guidelines during the pandemic. These provided information on how to follow the government's COVID-19 safety protocols at home and at work. Posters, messages and banners with key messages were distributed in communities and it was observed that community members were following all the COVID-19 protocols.

IMPACT

- Home gardening has been taken up by almost 1,500 families. The majority of these families have been influenced to reduce domestic violence and violence against children. There was no report of violence against children and relationships among family members became stronger in households who took part in the project during the pandemic.
- When everyone in the family gets engaged in household chores, these become less overwhelming and less time consuming for women and girls, and they feel supported. It also gives more time for parents to engage with their children and strengthen their relationships. Stronger relationships discourage violence and abuse and promote love and care instead. This helps to boost mental well-being for all family members during the pandemic.
- FISSD received photographs from family members of fathers, mothers and children working together in their home gardens and, when restrictions eased, carried out field visits.
- FISSD is continuing to collect data and information to help review the programme's progress and refine activities as required.

WHY THE PRACTICE WAS EFFECTIVE

- Forming and deepening family ties has always been a key feature of FISSD's community work. Home gardening was one strategic initiative towards that end at a time when families members were together at home during lockdown.
- Home gardens ensured that people would be food secure at the individual and family level.
- Home gardening also proved to be a useful stress buster that supported outdoor family time.

- It provided a holistic response to gender-based violence as children saw their parents working together on household chores, helping to overcome gender stereotypes and break established barriers.
- It created a structure for the entire family, with a new routine which was fun and an excellent collaborative activity. Children not only participated but also took decisions along with their parents. Simple things like deciding where to plant the seeds, what would be the children's responsibility, irrespective of whether they were a girl or a boy, helped them to feel loved and appreciated.
- The pre-existing Women's Collectives and the Men Engage Alliance gave FISSD a framework for talking to parents about gender equality and how to reduce domestic violence. Women were encouraged to involve men and children in household chores. FISSD developed a user-friendly leaflet in the local language.
- It was not easy to get men and boys doing household chores. Before COVID-19, FISSD had been working with men's groups and youth groups including boys and discussing how to unlearn the gender stereotypes.
- COVID-19 caused economic hardship and so home gardening became an important economic activity.

**EMPOWERING CHILDREN
AND YOUNG PEOPLE
TO CHALLENGE
VIOLENCE AND PROTECT
THEMSELVES**

Resilience building training for children with disabilities

Centre for Services and Information on Disability (CSID), Bangladesh

THE CONTEXT IN BANGLADESH

- The pandemic created particular new challenges and huge suffering for children with disabilities (CWD).
- A CSID study¹² found women and girls with disabilities to be at high risk of emotional, physical, and sexual abuse.
- Many CWD experience violence and abuse from those who are supposed to protect them. Social norms are that beating and shouting at children and using force to discipline them is acceptable. Few parents see these behaviours as domestic violence. Girls face increased restrictions as they are expected not to talk loudly or to play outdoors. They are also more vulnerable due to gender discrimination in daily life.
- Children with disabilities are vulnerable to all sorts of abuse and violence in the community and at home due to their physical and communication limitations. Dependency and mobility problems result in children being confined at home which in turn increases their vulnerability.

- Before COVID-19, CWD went to school and met with their friends, but lockdown meant they were confined to their homes where they often face neglect and are not treated with respect or understanding. They face continued harassment by the community, which causes trauma and prevents them interacting with the outside world. Many CWD are treated as a burden or considered to be weak.

THE PRACTICE: RESILIENCE BUILDING TRAINING FOR CHILDREN WITH DISABILITIES

Since 2019, CSID has been providing a ten-day resilience building training course on the protection of children with disabilities, for the children themselves. The course consists of ten sessions over ten weeks, with each session being two to three hours.

Most children with disabilities have little or no access to information about their rights, good touch and bad touch, body boundaries and abuse including domestic violence. The training enables them to understand their rights, including around protection and issues of violence and abuse, and how to address violations of these rights.

During the pandemic, the training was carried out in three project locations: the urban areas of Dhaka and Barisal, and Bhola, a rural setting.

12 'The Feminine Dimension of Disability' http://www.csid-bd.com/assets/backend/study_research/1600321234-research05.pdf

CSID also provides a five-day training course to parents and caregivers of children with disabilities to raise awareness on violence against children with disabilities and how to care for them, and to provide information regarding the referral system for seeking help and support. With this knowledge, parents and caregivers can report cases of abuse to Community Based Child Protection Committees.

HOW THE PRACTICE WAS IMPLEMENTED

CSID staff identified children with disabilities aged 8 to 18, assessed their understanding of child protection and encouraged them to take part in the training. The training took place in a suitable venue (a playground or a large hall) which was accessible for all the participants. Children with a range of disabilities took part, as CSID field staff are experienced in working in sign language, or with visually impaired children and children with neuro developmental disabilities.

Each session was conducted by two CSID facilitators. One facilitated the session while the other ensured that all children could participate fully. Staff used child-friendly methods to include those children who were not participating. The facilitator focused more on such children by creating a climate of participation that reduced anxiety. The staff facilitated the sessions in a comfortable and non-threatening way, using role play, drama, songs and pictures to make the sessions fun and interesting. Each child received personal attention and a chance to be heard.

At the end of the training, an evaluation was conducted. Staff visited each child's home to assess their learning and feedback was used to adapt and modify the next training programme.

HOW THE PRACTICE WAS CONDUCTED IN THE CONTEXT OF THE COVID-19 PANDEMIC

At the beginning of the pandemic, community service providers based in the field were monitoring children's progress through mobile phones. However, children with disabilities need support which cannot be provided virtually, such as therapeutic intervention, physiotherapy, speech therapy and psychosocial counselling. During COVID-19, CSID community service providers, with the necessary permission from the Ministry of Home Affairs, conducted face-to-face meetings with the children while maintaining social distancing; the training was also carried out face-to-face.

Before COVID-19, training was provided in groups of 12–15 children. This number was reduced to a small group of only five children, maintaining all government guidelines on safeguarding against COVID-19. CSID staff followed the WHO's guidance on disability considerations during the COVID-19 outbreak.¹³

IMPACT

- Approximately 654 children – 361 boys and 293 girls – reported a reduction in domestic violence as a result of the training.
- From March 2019 to April 2021, 37 children reported an incident of violence or abuse against them to the CSID field staff.
- Children with disabilities have become more confident in identifying their inner capacity and strength, are able to protect themselves through wise and quick decisions and have become more social and can share their problems with others.
- Prior to the training most of the children were very shy and did not

13 <https://apps.who.int/iris/bitstream/handle/10665/332015/WHO-2019-nCov-Disability-2020.1-eng.pdf?sequence=1&isAllowed=y>

share much with their parents or friends. Now a huge number have been enabled to share incidents of violence with their parents, friends and also CSID staff. Some are now talking about the problems they face at school.

- Children learned about their body boundaries, that their body is their own and that no one can touch it without their permission. They can now differentiate between safe and unsafe touch and sense and recognise potential risks. They understand that keeping abuse a secret doesn't protect anyone from being abused and that seeking support can help stop abuse. This helps them to take appropriate action to protect themselves. Many have lodged complaints via the child helpline number and informed CSID staff. This was not common before the training.
- Domestic violence against children with disabilities has decreased due to the training for parents and caregivers, which has significantly increased their awareness.

WHY THE PRACTICE WAS EFFECTIVE

- **Holistic approach:** to change prevalent perceptions about domestic violence against children with disabilities, CSID involved all the key stakeholders – children, parents, community, local government and central government. The Community Based Child Protection Committees followed up all the child protection cases and CSID carried out family follow-up visits.
- **Goal oriented training:** each day's training had clearly defined objectives and enough time was built in for discussions allowing children to interact freely.
- **Skilled facilitators:** the facilitators had the knowledge and skills required to work with children with disabilities. They were also knowledgeable about the community's characteristics and the resources and support available. They were well-trained in interacting with children, providing positive feedback and making children feel comfortable. Activities were run in a fun and humorous way so that sensitive topics like domestic violence could be talked about without overwhelming participants. Facilitators also maintained confidentiality and worked within a framework of understanding and respect, helping all children to participate.

Family for Every Child has produced a Disability Toolkit. The toolkit resources have been collated to support Family alliance members to better understand children with disabilities, their rights and needs, and the rights and needs of their carers, parents and other family members. It can be found on the Changemakers for Children platform here.

VOICES OF CHILDREN

“Through the training I have learned what is abuse. I informed CSID staff immediately when one local street vendor tried to abuse me.”

Fourteen-year-old girl with mild intellectual disability, Kashipur, Barisal



Case study: helping parents learn about children’s rights

One mother always shouted at and sometimes physically beat her intellectually disabled 15-year-old son because of his behaviour. CSID organised counselling sessions with both parents, discussing how their actions were not helping but were actually harming their child, and amounted to violence against him. There has since been a positive change in the mother’s behaviour towards her son, and the violence has stopped as a result of the counselling received.

Kamrangirchar, Dhaka



Using sport to empower adolescent girls to challenge gender stereotypes and gender-based discrimination

New Alipore Praajak Development Society (Praajak), India

THE CONTEXT IN INDIA

- Child abuse and violence are prevalent across all socioeconomic groups and affect both girls and boys. The National Crime Record Bureau (NCRB) found that 148,185 crimes against children were reported during 2019.¹⁴ Over 35 per cent were sexual offences, including rape.
- Migrant children are at high risk of sexual abuse and trafficking. Many live in slums with very limited education or work opportunities. For girls, child marriage is common, and many are never sent to school, instead being sent to beg or work.
- Praajak's field level staff (project animators) believe that three out of five households in project communities witness domestic violence against children and child abuse, from physical to emotional; corporal punishment is normalised. During the pandemic, Praajak has come across 15 cases of sexual abuse: 14 were of girls and one a boy.

- Girls' mobility is severely restricted due to their parents' fear of sexual assault if girls are outside unaccompanied by a male or an older female. There are few occasions when girls are allowed to go out; these include going to school, to visit relatives or to perform household chores. When visiting relatives, girls are always accompanied by an adult. To go to school, families allow girls to move, preferably in groups. In carrying out household chores, girls do move from their immediate neighbourhood but community elders keep a close watch. There are also strict curfews about how long a girl is allowed to stay out on a normal school day. Going outside to play on a public playing field is an unusual activity for girls.

THE PRACTICE: KABBADI FOR EMPOWERMENT

This is Praajak's flagship programme with and for adolescent girls and it started before COVID-19. Kabaddi is a popular team contact sport in India. It builds team cohesion, cooperation and collaboration and is resource-light, requiring little space, training or equipment, and is therefore easy and affordable for poor communities. Kabaddi is typically associated with boys but Praajak's efforts have shown that it is accessible for girls. It has proved to be an effective way to tackle deeply

¹⁴ <https://ncrb.gov.in/sites/default/files/CII%202019%20Volume%201.pdf>

entrenched gender stereotypes and open up healthy dialogue about gender roles.

Kabbadi is used as a 'hook' for participation and provides girls with a platform to work together, to learn about education and other services available to them, and to speak confidently about issues they face. Girls are encouraged to take part in weekly pathachakras (study circles) run by animators. Here they discuss and reflect on gender norms and gendered socio-cultural practices, gender-based stigma, discrimination and violence, patriarchy and family structure, issues faced during adolescence, institutions like marriage and motherhood, and gender equity and how to achieve it. Girls' experiences while playing kabaddi and in their families and their communities are linked to these concepts and ideas.

The girls who take part are aged 12 to 18 and are affected by unsafe migration and harmful social practices. The programme also works with parents so that the girls' families also understand that they need to change their behaviour and their perspective.

HOW THE PRACTICE WAS IMPLEMENTED

The programme is based on six phases of training with specific objectives which follow a logical order. Praajak animators coach the girls. Coaches from the Kabaddi Association are sometimes involved in training but focus only on the development of skills and stamina.

Phase 1 – Trust building

For effective team performance, girls need to develop mutual trust in a safe environment. The team get to know the space, their peers and their coaches while the coaches build on the group formation dynamics. As trust builds, the team begins to develop a unified vision, with clear rules and norms. Each participant feels part of a team and feels respected and enthusiastic. While this relates to the sport, the girls also learn how

to communicate about their challenges and stand up for themselves, helping them to become more able to protect themselves.

Phase 2 – Collaboration

The coach works to engage the girls collaboratively as a team. They start feeling more connected as a group, allowing them to form a solid bond and perform effectively together.

Phase 3 – Communication

The coach supports the team to develop communication and active listening skills. They start choosing positive ways to communicate, and learn about the importance of equality during communication, enabling them to naturally adopt appropriate verbal and behavioural communication styles. They realise that communication is key for protecting both themselves and their peers. Being able to ask for help, communicate distress and intervene for others is the first step towards stopping and preventing violence or bringing perpetrators to justice.

Phase 4 – Managing emotions

The girls learn to manage and regulate their emotions. With emotional intelligence they can understand their own and other people's feelings and manage social relationships. Feeling safe and confident involves managing feelings of insecurity, accepting one's situation and dealing with frustration. This helps the girls react appropriately to challenging situations, in particular related to self-protection, while facing risk, being in uncomfortable situations, and witnessing abuse.

Phase 5 – Enabling creative and critical thinking

The team is encouraged to develop creative thinking skills, essential for managing conflict and social challenges. In critical situations, a person should be able to make a quick and informed decision. Creative thinking helps the girls identify and respond to potentially challenging and dangerous situations; it is also essential for conflict resolution, problem solving and establishing healthy relationships.

Phase 6 – Assuming responsibility

Responsibility is learned through physical exercise and the distribution of tasks among group members. This helps the girls to develop internal motivation and the capacity to take responsibility for their lives and the development of their communities.

HOW THE PRACTICE WAS CONDUCTED IN THE CONTEXT OF COVID-19

From March 2020 to October 2020 all kabaddi activities were suspended because of COVID-19 restrictions. Animators kept in close contact with the girls and their communities through regular phone calls and other virtual means. Praajak provided families with food rations and health and hygiene kits. When the practice restarted in October 2020, all COVID-19 protocols were followed during practice and matches.

IMPACT

- More than 2,000 children and their families from 60 migrant communities reported a reduction in violence or no violence against girls who attended the programme. This programme was launched before COVID-19, and it reaped outcomes during COVID-19 with fewer reports on domestic violence against children. Beatings and verbal abuse by fathers and brothers have stopped in the majority of cases. A total of 15 cases of sexual assault/sexual abuse were reported during the COVID-19 pandemic: 14 females and one male.
- Girls are more confident now in the knowledge that they have a strong support system. In many cases, perpetrators acknowledged the growing confidence of the girls and their mothers and yielded space to them, especially after they realised that their membership of collectives and their access to support networks have made them stronger.

- Girls reported improved life skills and negotiating skills and said that they had been able to resolve issues through dialogue in their families. Girls were able to leave their homes freely to participate in practice sessions three times a week. They also worked towards attending the annual kabaddi competition held in Kolkata, although due to COVID-19 regulations a smaller number of girls and parents were able to attend than would usually have been the case. Being able to wear trousers and T-shirts during games was quite a feat for the girls, especially those from Muslim communities, as this is usually taboo. To leave home for practice and to wear trousers and T-shirts girls had to negotiate with their families and be able to withstand pressure from the community.
- Many fathers and other male family members acknowledged the girls' growing confidence and recognised their valuable advice on family issues. This increased the girls' value in the eyes of the family leading to a mellowing down of otherwise intimidating male behaviour.
- On average it takes about four to five months to see a reduction or absence of violence in the family.

WHY THE PRACTICE WAS EFFECTIVE

- Weekly study circles with both girls and boys gave space for regular conversations about issues around gender, patriarchy, mental well-being and life skills. These sessions were interspersed with community events and awareness campaigns on gender-based violence and exploitation including child abuse, child marriage and child trafficking. Boys and girls became able to challenge gender norms and stereotypes within their families, negotiating for changes in behaviour with their family members and communities and speaking out where they could when gender-based rights were violated.

- As kabaddi is a traditional, male-dominated sport, taking part was an effective way for girls to increase their confidence, challenge gender stereotypes and become more aware of how to assert their rights.
- The programme helps girls to initiate a dialogue within their families, with their peers and then work as collectives within the community to raise awareness, spread information and intervene with the support of sensitive adults and Praajak when there are instances of the violation of rights and gender-based discrimination and violence.
- Instances of abuse and violence often come up in the study circles. The animators discuss this further with the girl to see whether she would like support from Praajak. If she does, animators either speak to her in depth or refer her to a counsellor. If the girl is ready to talk to a non-offending/non-abusive adult whom she trusts, in her family or in the community, the animators/counsellor take that person into confidence and together work out how to approach the problem. There is no pre-set solution and the priority is to make sure that the girl who has reported an incident does not suffer further because of this.
- Study circles are conducted with the principles of restorative justice in mind. Sometimes, study circles are encouraged to be held between the girl, her immediate non-offending/non-abusive caregivers, the offender, the offender's relatives and community members to ensure a resolution which does not compromise the girl's rights and dignity.

Case study: ending violence against women through kabaddi



One of the girls reported violence at home. The Praajak animator initiated a conversation and a trust building exercise with her mother. Over a few weeks, the girl's mother confided in the animator about several incidents of violence she faced from her husband.

The animator shared stories of how domestic violence had been tackled by others in similar positions. This helped the girl's mother to strengthen herself psychologically. They also discussed what the girl had learned from the study circle about how physical abuse violates rights.

The girl soon started to voice her protest when her father beat her mother and was supported by her mother. When her father threatened the girl with physical violence, she said that she would scream and tell the neighbours what he was doing to her mother. Her father said that if she dared to do that, he would beat her up too. However, since then, violence has significantly reduced and mother and daughter have stood together against tolerating any violence. The girl says that attending the gender sessions steeled her resolve to stand up against the violence and that her membership of the collective, along with the personal confidence she developed playing kabaddi, gave her the courage to stand up to the violence and confidence to fight for herself.



**THERAPY FOR
CHILDREN AND
FAMILIES AFFECTED BY
DOMESTIC VIOLENCE**

Psychosocial support to vulnerable children through child advocacy centres

ChildLinK, Guyana

THE CONTEXT IN GUYANA

- Movement restrictions meant that the functioning of ChildLinK's social service centres for children was significantly reduced.
- Schools are key in raising awareness of abuse and providing opportunities for children to report cases of abuse. The number of unreported child abuse cases increased during school closures as children lost contact with teachers who often recognise and report cases of domestic violence. The pandemic restricted children's opportunities to report abuse. The increase in cases can be inferred from a decrease in the number of reported cases during the period, suggesting that more cases were going unreported. This was particularly noticeable in 2020.
- Social norms view physical punishment as acceptable for controlling and disciplining a child. Corporal punishment is prevalent and some even argue that it is justified. These harmful practices have been passed on from generation to generation.
- Since the implementation of the Sexual Offence Act 2010, there has been an annual increase in reports of child sexual abuse. A 2018 ChildLinK report¹⁵ stated that 26 per cent of cases reported to the Child Advocacy Centre were of children who were first abused at age 10 or younger, and 60.9 per cent of those who were first abused at 13 or younger. Many children reported abuse by more than one offender.
- COVID-19 restrictions prevented vulnerable children freely leaving their homes and continuing regular contact with child care workers.
- When COVID-19 restrictions were lifted, child abuse cases jumped from 2,761 in October 2020 to 3,129 at the end of December 2020, an increase of 368 in one quarter.¹⁶ These children faced all kinds of abuse – physical, sexual, verbal, neglect – sometimes at home, by people who are known to them.

¹⁵ https://drive.google.com/file/d/1a6dKjigazx3NoQDJBo5HS1uhzP2_kOo1/view

¹⁶ <https://guyanachronicle.com/2021/01/25/child-abuse-cases-exceed-3000-at-the-end-2020/>

THE PRACTICE: 'BUILDING FAMILY BONDS' WORKBOOKS

The pandemic meant that staff could no longer go to the communities to provide counselling and children could not come to the Child Advocacy Centres for face-to-face counselling. ChildLinK developed a new way of working to curb domestic violence against children in the short term and modify social norms in the long term.

ChildLinK developed two Building Family Bonds Workbooks to conduct online sessions with children and parents. The workbooks were developed by ChildLinK's team of social work professionals and a local consultant, recognising the disruption in children's lives caused by food shortages, loss of income, anxiety and school closures. The focus was on providing vital psychosocial counselling and support to children facing domestic violence or abuse during the pandemic. The online interactions were highly structured and all activities were child-friendly. Activities were also designed so that they could be done as homework by children and parents.¹⁷

Interaction with a counsellor is an absolute requirement for a child who has been deeply traumatised as a result of violence. Online contact meant that emotional support could be provided. The structure defined in the workbook helped the counsellor to set a clear process at the outset to work with each child on a regular basis.

HOW THE PRACTICE WAS IMPLEMENTED

The workbook comprises five modules to engage families through rapport building exercises; ongoing reflection on thoughts, feelings, attitudes and behaviours; stress management and relaxation

techniques; building emotional intelligence and self-acceptance; activities facilitating family bonding; and learning about problem solving techniques and child safety measures.

The activity is conducted step by step with the child through the guidance given in the workbook. Parents are present and the session is conducted either on the phone or a WhatsApp call. Some of the children have a history of child abuse or neglect. Some live with their biological parents and some with foster parents or relatives.

During the first call, the whole process is explained in detail and the expectations are set clearly for a three-to-six-month period. A non-judgemental, empathetic environment is created in which confidentiality is explained. Children are asked to reach out to the counsellor via telephone calls or messaging in case of any emergency.

In subsequent sessions, the counsellor goes deep into understanding the child's emotions and feelings and what she or he needs, and explores how family dynamics affect the child. A comfortable environment is created so that the child feels safe to share their past, and whatever is bothering or upsetting them. A self-acceptance assessment is part of the workbook and this informs the counsellor how the child feels about themselves. The counsellor's interaction with the child is guided by a thoughts-feelings-action approach to find out how the child is feeling and what is working and what is not working; the counsellor then moves forward with techniques for problem solving and further recommendations. The counsellor goes into the root cause of the problem and works towards solutions.

The facilitator's guide to 'Building Family Bonds' comprises practical activities based on cognitive behavioural therapy. Activities focus on strengthening family bonds, for example through goal setting exercises.

17 Both the workbook and the facilitator's guide are available online.

Building Family Bonds Children's Workbook: https://a7a4295c-3398-440f-8c6a-992effcdbfd4.filesusr.com/ugd/969956_53cd4fab6c574d3294572befde5f4710.pdf

Building Family Bonds Facilitator's Guide: https://a7a4295c-3398-440f-8c6a-992effcdbfd4.filesusr.com/ugd/969956_0b05fa9d613143a98bbb35f5d37e8e92.pdf

Tried and tested tools have been included in the workbook for facilitators and have been adapted for online use.

Using these tools, training sessions are facilitated with parents and caregivers to help them cope with disruptions in their lives, improve their emotional intelligence and learn effective coping strategies. The aim is that learnings and support from sessions for parents/caregivers extend to children.

Regular sessions are also held with children to assess the level of trauma being experienced by the child and its impact on their sense of self and relationships with others.

HOW THE PRACTICE WAS CONDUCTED IN THE CONTEXT OF THE COVID-19 PANDEMIC

The workbooks addressed the difficulties in reaching out to vulnerable children facing a hidden pandemic of domestic abuse and violence. The workbooks complement each other and activities have been designed to provide online support through counsellors to children and their parents. WhatsApp calls and telephone calls are used for these sessions.

With the easing of restrictions and increased vaccination, some face-to-face counselling sessions have also been conducted at ChildLink's Child Advocacy Centres.

IMPACT

- The use of the workbooks is in its initial stages. Even then, it is proving to be a helpful intervention tool. It has so far supported 37 children, 35 girls and 2 boys, during the COVID-19 period.
- Incorporating play therapy and talk therapy in one book works very well.
- The workbooks allow counselling to be carried out in a simplified way and families are sharing honest, real feelings and thoughts. This is proving to be beneficial.

WHY THE PRACTICE WAS EFFECTIVE

- Activities are diverse and applicable to families of any ethnicity or age group.
- Activities have a practical aspect that makes sessions fun and steers the process in a positive direction. Counsellors let every child and family progress at their own pace. The activities delve deep into family history, environment, and school.
- The programme provides **structured sessions** using cognitive behavioural therapy. An important aspect is working not only with the child but involving the whole family, with at least one parent present. Families were engaged in a relaxing, non-threatening and non-judgemental way with the underlying purpose of safeguarding the child throughout the process.
- **Counsellors are well-trained.** They explained the process and clearly shared the expectations and ground rules. Confidentiality is maintained and clearly explained. Any additional help required is provided through referrals to other services needed.

- **Child-centred and child-friendly activities** keep children engaged and interested through homework and discussions. The child can share about their home life and articulate their feelings. The counsellors use the responses to help calm the child and provide them with guidance on coping with the feelings that they identified. The child's emotional state is noted carefully and only then the sharing of information is encouraged. These methods have proved highly effective in even a short time.
- The workbook includes a component on **improving the capacity of parents for better parenting** through reflection and self-awareness. Parents are encouraged to use a supportive rather than a punitive parenting style. Family bonding activities form the basis for improved communication. This has prevented violence in the short term and laid the foundation of changing social norms in the medium to long term.

- Adapting to the emergency situation by using technology to support children online meant that violence against children could be prevented and vulnerable children could be supported.

VOICES OF CHILDREN

“Deep breathing activity is quite refreshing and new to me. It created an opportunity to observe my body’s movement and breath.”

Child taking part in ChildLinK’s programme



Case study: a counsellor’s experience

“The workbook is a great rapport-building tool and has proven effective in helping children feel comfortable. This is a very important stage in the counselling process and an activity such as ‘I am somebody who’ or ‘getting to know me’ is a great warm-up. I find that it is also helpful to share about yourself and your work as this will help children learn more about what counselling is and that it’s really a safe space for them to share and get the support they need. The aim of the activities is to create a non-judgemental space.”

A psychotherapeutic approach for creating safe and protective domestic spaces for children

National Association Against Child Abuse (CONACMI), Guatemala

THE CONTEXT IN GUATEMALA

- In Guatemala, domestic violence is transgenerational and normalised through generations. Parents repeat the parenting patterns that they inherited from their parents and due to the levels of violence that exist, this becomes invisible and normalised. Violence is experienced between partners, towards children and adolescents and between siblings.
- Girls and adolescent women¹⁸ face constant violence: physical, sexual, psychological, economic, structural, symbolic and, in the worst cases, femicide. Women are subordinated and discriminated against, normalising and making the violence against them invisible. They are often limited to the domestic domain, to household chores and reproductive functions.

- Nearly five per cent of women report having experienced sexual violence in their childhood and girls and adolescent women are most likely to suffer sexual and physical violence. While sexual crimes against girls aged 0 and 6 years are almost at the same level as those committed against boys of the same age, the sexual violence suffered by adolescent girls (13 to 17 years old) is significantly higher than that suffered by adolescent boys (PDH, 2017).¹⁹
- Many of the families with whom CONACMI works rely on the informal economy and received no economic support from the government during lockdown, which had a devastating impact on families' livelihoods and their ability to survive.

THE PRACTICE: WORKSHOPS FOR PARENTS TO CREATE SAFE AND PROTECTIVE DOMESTIC SPACES

Lockdown restrictions and reduced staff capacity forced CONACMI to stop its face-to-face therapeutic work with children, adolescents and parents. It wanted to continue to provide parents and caregivers with tools and knowledge to create safe and protective spaces in their

¹⁸ https://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/GTM/INT_CRC_NGO_GTM_29869_E.pdf

¹⁹ https://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/GTM/INT_CRC_NGO_GTM_29869_E.pdf, p.3.

families. It carried out phone surveys to build an accurate picture of how COVID-19 was affecting children and their families and identify how to adapt existing activities and good practices.

CONACMI decided to hold therapeutic workshops for parents and caregivers. A weekly session was held in a virtual mode while face-to-face interactions were not allowed. Parents and caregivers were given the tools to identify situations that presented a risk. Gradually their capacities were built to enable them to protect the children and adolescents in their care. Weekly workshops also meant that CONACMI was able to monitor how COVID-19 was impacting vulnerable children and families.

HOW THE PRACTICE WAS IMPLEMENTED

Two open calls were made in February and June 2021 through social networks inviting parents and caregivers to take part. This included parents referred by the courts through legal processes or referred by institutions that work with children and adolescents. The families are typically large and from low socioeconomic backgrounds. Not all of them have internet access, so CONACMI provided mobile data recharges so that they could connect to the internet to attend the workshops. The virtual nature made it possible to reach people from different regions. Zoom, WhatsApp, Google forms, Quiz and YouTube were all used.

For each course of workshops, eight virtual sessions were conducted via Zoom and eight feedback sessions were undertaken using WhatsApp. The workshops were led by two psychologists from CONACMI's Psychosocial Support Centre, supported by university students majoring in psychology. Themes included family issues, self-esteem, communication, conflict resolution, child rights and good treatment. Parents and caregivers were supported to change their patterns of parenting and re-learn new ways based on nurturing. Parenting that establishes non-violent ways and norms, develops trust,

and provides support and affection to children and adolescents was encouraged.

The first cohort included 60 participants per workshop divided into two groups, and the second cohort had 85 participants per workshop divided into three groups. A package of materials was given to each cohort at the start, including teaching and reading materials used for the different sessions. One week after the workshop a follow-up was carried out through WhatsApp using a Google form. This explored what participants had learned and how they applied it in their day-to-day life.

At the time of writing, the workshops are still continuing remotely. CONACMI plans to continue virtual sessions with families and children even when face-to-face work resumes. Working virtually makes it possible to support families who struggle to travel to the Psychosocial Support Centre.

HOW THE PRACTICE WAS CONDUCTED IN THE CONTEXT OF THE COVID-19 PANDEMIC

Workshops took place virtually through the Zoom platform and feedback was carried out through questionnaires via WhatsApp. Activities were sent through the WhatsApp group. The methodology of popular education was applied, which is a strategy for reflection, participation and interaction between parents, caregivers and facilitators.

The greatest challenge was parents needing to learn how to use the different online tools. Most of the participants were from low-income households and some did not have internet. CONACMI provided parents with an allowance to recharge data so that they could access the internet.

IMPACT

- Fifty families (63 per cent) reduced violence in their homes, applying the knowledge and tools provided in the workshop. This reduction was seen in families after approximately three months of attending the therapeutic workshop, though it varied from family to family.
- The workshops changed mothers', fathers' and caregivers' behaviour. They were offered non-violent alternatives for parenting and given a safe space where they could share their experience, their difficulties and the actions that had helped them in bringing up children and adolescents. They were supported to identify their parenting patterns and realise that violence is not the right way; instead they learned to understand their children's perspectives and reflect on their own childhood. This encouraged parents to create change without fear of being judged or criminalised.
- After using the suggestions and guidance provided during the workshops, parents and caregivers reported improved intra-family relationships, better communication and the use of non-violent parenting alternatives. Peaceful family coexistence, a nurturing environment for children and identification of safe spaces at home were the main changes seen in families.
- Evaluating the effectiveness of the training: at the end of the workshops an evaluation was carried out by CONACMI to assess the knowledge acquired; this took place through a quiz.

WHY THE PRACTICE WAS EFFECTIVE

- **Maintaining contact with families and children:** CONACMI realised early on that it was crucial to maintain regular communication with families and children and used phone surveys and online workshops to do this.
- **Adjusting to maximise output:** CONACMI adapted existing activities and good practices to the new situation. The internet and telephones helped to engage communities remotely and staff worked to make these interactions personal, engaging and effective, tailoring them to meet the needs of the group. At the time of writing, CONACMI believes that this hybrid model is viable and will continue to hold workshops virtually as well as face-to-face workshops as this increases accessibility for parents.
- **Regular analysis and revision to accommodate the ever-changing context:** CONACMI staff critically reviewed and reflected on the input received through the monitoring forms and carried out a weekly case analysis in their team meetings. Teams were encouraged to share experiences, challenges, good practices and lessons learned; they also shared their strengths and weaknesses, how they handled the workshop topics and how the workshops positively affected parents. Staff also analysed the COVID-19 situation on a weekly basis, factoring any changes needed into their plans for the following week.
- **Interactive nature of the workshops:** Experiences were shared and complemented with theoretical information so that parents and caregivers could identify appropriate practices. An atmosphere of participation was fostered, in which the parents were not judged, giving them greater confidence in honestly expressing their experiences.
- **Learning materials were provided:** This meant that parents could carry out written activities from home.

Case study: a grandmother

When working with a maternal grandmother, CONACMI found out that the violence she faced from her partner had started in the early days of their courtship. This increased after marriage and the birth of three daughters. Under the influence of alcohol her husband verbally and physically assaulted his daughters and wife. He also controlled the finances. One of the daughters had three children, who also lived through a violent and aggressive cycle perpetuated by their parents. Through a legal process, the grandmother was granted their guardianship. CONACMI's family plan included working with both the maternal grandmother and the mother. Knowledge and tools were provided to help them understand violence, parenting patterns, what constitutes a good relationship, how to identify risk and how to protect children. The process helped the grandmother to realise that she had been a victim of violence for several years. She decided to permanently separate from her husband, and now brings her grandchildren up with warmth and is responsive to their needs.



Using a therapeutic approach to heal wounds of violence and child abuse

Fundación JUCONI México AC (JUCONI), Mexico

THE CONTEXT IN MEXICO

- The prevalence of child domestic violence is high and this increased during the pandemic (UNICEF Country Office Annual Report 2020).²⁰
- The 911 hotline reported a 28 per cent increase in domestic violence calls in the first two months of the pandemic. These figures relate to women but organisations working with children also reported increased violence. In October 2020, calls reached half a million, indicating that violence was increasing at an alarming rate.²¹
- Social exclusion, lack of education, marginalisation, and alcohol and drug abuse all contribute to high levels of domestic violence. There are also patterns of intergenerational violence where adults who had adverse experiences in their childhood repeat the same behaviour with their children.

- The National System for the Protection of Girls, Boys and Adolescents²² (SIPINNA) observed a trend related to intrafamily violence, including sexual violence, in the COVID-19 context. Reporting and detection were hampered because of the isolation of children in the pandemic, not least because the usual places where violence could be detected, such as schools or other social spaces, were closed.

THE PRACTICE: A THERAPEUTIC APPROACH TO STOP INTERGENERATIONAL VIOLENCE

JUCONI's therapeutic approach includes a set of educational, psychological and recreational strategies specifically intended to support the family. Through a safe and trusting relationship with the family therapist, the family is supported to understand their life experiences and develop their self-esteem and emotional well-being. They are encouraged to build healthy relationships so that they can adjust their responses to stress and replace harmful coping strategies with more effective responses.

²⁰ <https://www.unicef.org/media/100946/file/UNICEF%20Annual%20Report%202020.pdf>

²¹ <https://www.gob.mx/sesnsp/articulos/informacion-sobre-violencia-contra-las-mujeres-incidencia-delictiva-y-llamadas-de-emergencia-9-1-1-febrero-2019>

²² <https://rm.coe.int/mexico-covid-19/1680a02666>

The methodology has three main stages:

- Establishing a safe and trusting relationship with the family.
- Working intensively with families to help them process adverse experiences while learning new forms of relationship.
- Monitoring the application of the new learnings by the families until they can manage without support.

HOW THE PRACTICE WAS IMPLEMENTED

JUCONI's therapeutic approach to stop intergenerational violence is implemented in the following way.

Setting collaborative goals – A JUCONI family therapist makes a visit to the family once a week for sessions in which family members talk about the things and situations that they would like to improve. This is done through deep reflection, self-assessment, setting collaborative goals and working on recovery processes to resolve the effects of the violence they experienced in their childhood.

Creating personal and family plans – Family members learn strategies and tools to avoid repeating violence with their children and for relating safely as a family. Personal and family plans are created that allow them to create a different future. The functional scale by Emma Espejel²³ is used to give feedback to the family and to set goals about the positive behaviours and strengths they have developed or increased.

Additional support – Educational services are provided so that children and adolescents continue studying and adults improve their employment situation and finances. Families are supported to get health and food services through government social programmes. JUCONI runs children's recreational and sports activities in its own day centre.

Follow-up and evaluation – A six-monthly follow-up is carried out by the family therapist to gauge the effectiveness of the intervention. This looks at issues such as children's quality of life, health and emotional well-being, and reinforces those areas of intervention where support is still needed.

Therapeutic support promotes changes in other areas, such as keeping the family home where sessions are held clean and tidy so that it is a positive environment for handling and talking about emotional situations.

JUCONI uses activities based on rituals, play therapy and art to help the family become aware of their situation and take control of their family life in a very concrete way.

HOW THE PRACTICE WAS CONDUCTED IN THE CONTEXT OF THE COVID-19 PANDEMIC

Work with families was adapted to be done remotely through video or phone calls. Through support and donations, JUCONI was able to provide mobile devices to families who did not have a telephone. Weekly or even twice weekly calls were established at the beginning of lockdown, supporting families from a distance and avoiding interrupting the therapeutic process.

With the easing of restrictions JUCONI has been working in a hybrid mode, i.e. some activities are being conducted face-to-face and some remotely, following all the government guidelines.

23 <https://www.casadellibro.com/libro-la-escala-de-funcionamiento-familiar/9786202254656/12416819>

IMPACT

- JUCONI has worked directly with more than 4,000 families. Although the success rate varies, it ranges from 85 to 90 per cent.
- The first changes in a family are emotional and cognitive, brought on by parents' reflection on the impact of violence on their lives and therefore on the lives of their sons and daughters. They come to understand that family relationships must and can change and learn new ways to relate to each other.
- Parents learn and use new methods for disciplining their children. These are modelled by the educators during the family sessions.

WHY THE PRACTICE WAS EFFECTIVE

- **Parents' self-assessment and reflection:** JUCONI aims to stop the intergenerational transfer of violence. Self-evaluation by the adults in the family is the cornerstone of the intervention. They actively examine their behaviour and specific actions related to the problems they face with relationships at home. It is a long and arduous process, but it is very important for adults to understand that they too experienced violence in their childhood and that they want to make changes. This is a significant discovery since they understand that the same behaviour can pass on through their sons and daughters. By becoming aware, they take control of their actions and stop the cycle of adverse experiences that they have carried from their own childhood.

- **Sustained and long-term support for significant change:** Family therapists work with each family to create the best environment for the child and the family. This is a lengthy process: the average time taken to bring about changes in behaviour and break the patterns of violence can vary from a minimum of three and a half years to a maximum of five years. Sometimes, changes in scores in surveys used to assess violence are recorded over a year and a half. Gradually, the family's progress can be seen in the improved quality of interactions between family members, and a shift towards non-violent relationships.
- The presence of therapists in the family space and continuous visits over a long period of time contributes to the reduction of violent episodes. A safe relationship is formed between the family and the therapist in the first weeks, paving the way for further, deeper work. This helps the whole family create sustainable change in their relationships and not merely in one individual.

Case study: a family

This family is in an intensive phase of the family process. It consists of a single mother with four children. The mother is working with the family therapist with the objectives of improving her relationship with her children, avoiding using violence to discipline them, and improving her family's financial situation.

These objectives are recorded at the starting point. Using a scale from 0 to 10, the mother identifies the level she is at with the objectives, at the outset. This is the starting point for the family therapist in supporting the family to achieve the objectives.

To improve the mother's relationship with her children, a VIG (Video Interaction Guidance) is used that includes video sessions of her interactions with her children at home. The family therapist uses this to identify those times when there are synchronised positive interactions and harmony between her and her children.

At the beginning, these moments are few and far between, but gradually these increase with practice and continued dialogue between the mother and the therapists.



Annex

ASSOCIATION FOR COMMUNITY DEVELOPMENT (ACD), BANGLADESH

[ACD](#) was founded in 1989 and works to establish the rights of women and children by promoting social justice and developing community-care support mechanisms. It focuses on issues of trafficking, sexual abuse and exploitation, violence against women and children, harmful gender norms, and toxic masculinity. The organisation also works to rehabilitate and integrate children living on the streets, or survivors of trafficking and violence, and support children living outside of adult care.

CENTRE FOR SERVICES AND INFORMATION ON DISABILITY (CSID), BANGLADESH

[CSID](#) is a non-profit voluntary organisation, formed in 1997 to reduce discrimination against children and adults with disabilities. It implements ten projects in Dhaka, Barisal, Sylhet and Bhola divisions and domestic violence is a cross cutting theme in all of them. With funding from UNICEF, CSID's child protection project has focused on preventing all types of violence, including domestic violence, against children with disabilities. CSID works in dense and highly congested areas in both urban slums and rural settings.

CHILDLINK, GUYANA

[ChildLink](#) was established in 2011 to protect children against violence and abuse. It aims to strengthen child protection systems and works with the National Child Protection system. It has played a leading role in giving Guyanese children and youth a voice on issues that concern them. ChildLink's expertise lies in providing child-friendly counselling and other psychosocial interventions to children, youth and their families, from a rights-based approach.

CHILDREN ASSISTANCE PROGRAM (CAP), LIBERIA

[CAP](#) is a rights-based advocacy organisation working for the well-being of women and children. It provides social services to children including emergency relief, education, health, food security, youth participation and promotes children's and women's rights.

CHILDREN IN DISTRESS NETWORK (CINDI), SOUTH AFRICA

[CINDI](#) is a multi-sectoral network of over 200 South African civil society organisations championing the rights of vulnerable children and their families and is based in Pietermaritzburg, KwaZulu-Natal. It carries out a wide range of evidence-based and sustainable programmes for children and young people. Its membership is made up of 80 per cent community-based organisations and 20 per cent non-governmental organisations.

FARM ORPHAN SUPPORT TRUST (FOST), ZIMBABWE

[FOST](#) began with a focus on orphans and vulnerable children in commercial farm worker communities and now works in farming communities with grandparent-headed households in particular. FOST believes that orphaned children have the best opportunity for development in a family setting, without sibling separation. It works through existing community-based protection and accountability mechanisms, such as Community Child Care Workers and Child Protection Committees, for example by training community leaders on child protection and the prevention of gender-based violence.

FOUNDATION FOR INNOVATIVE SOCIAL DEVELOPMENT (FISD), SRI LANKA

[FISD](#) is a national NGO focusing on the prevention of drug and alcohol abuse, the protection and promotion of child rights and gender and development – in particular the prevention of sexual and gender-based violence. FISD believes that for expectations about gender roles to change, men and boys must be included in the conversation. It engages men and boys in promoting gender equality and changing their perceptions about gender roles and stereotypes. FISD chairs the ‘Men Engage Alliance’ in South Asia and runs the campaign ‘Be the Change’ where men share positive stories about caring families.

FUNDACIÓN JUCONI MÉXICO AC (JUCONI), MEXICO

[JUCONI](#) has been working in Mexico for 33 years to prevent family violence and support those affected. A therapeutic approach is central. Preventing and healing violence requires direct, structured support to the family, providing tools so that individuals and families have the necessary skills to transform their environments and relationships. JUCONI’s family strengthening work aims to prevent children from being

unnecessarily separated from their family and institutionalised. The work is carried out in the homes of families who are visited each week by trained family therapists. They strengthen positive family relationships by using new strategies and tools to prevent violence. JUCONI also pioneers extended family foster care, underlining the importance of the family environment for children’s positive development and for the alternative care of children and adolescents who cannot be cared for by their own family.

NATIONAL ASSOCIATION AGAINST CHILD ABUSE (CONACMI), GUATEMALA

[CONACMI](#) was established in 1994 with a focus on the prevention of violence – particularly sexual abuse – against children and young people. CONACMI works to keep future generations protected from abuse, while giving victims practical help to overcome their trauma. It places a large focus on working with communities and families who are in violent situations and on preventing teenage pregnancy.

NEW ALIPORE PRAAJAK DEVELOPMENT SOCIETY (PRAAJAK), INDIA

[Praajak](#) was established in 1997. Through direct implementation, capacity building, networking and advocacy it has worked on a range of child protection issues including preventing early and forced child marriages, trafficking and abuse. Most of its work is carried out in West Bengal. It has consistently challenged gendered norms and stereotypes as well as traditional notions of masculinity and patriarchy, supporting boys and young men to play their part in creating a gender equitable society while, in parallel, working with girls and young women.

You can read this toolkit via our Changemakers for Children platform. Via that platform you will be able to make contact with the organisations included, and take part in discussions and exchange. Please register to join Family for Every Child's Changemakers for Children community:

changemakersforchildren.community

You can also find out more about the work we do at:

www.familyforeverychild.org



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