

violence prevention the evidence

Preventing violence through the development of safe, stable and nurturing relationships between children and their parents and caregivers

Series of briefings on violence prevention

This briefing for advocates, programme designers and implementers and others is one of a seven-part series on the evidence for interventions to prevent interpersonal and self-directed violence. The other six briefings look at reducing access to lethal means; developing life skills in children and adolescents; reducing availability and misuse of alcohol; promoting gender equality; changing cultural norms that support violence; and victim identification, care and support.

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Overview

Interventions that encourage safe, stable and nurturing relationships between parents (or caregivers) and children in their early years can prevent child maltreatment and reduce childhood aggression.

This briefing looks at the effectiveness of interventions that encourage safe, stable and nurturing relationships for preventing child maltreatment and aggressive behaviour in childhood. The focus is on primary prevention programmes, those that are implemented early enough to avoid the development of violent behaviour such as child maltreatment and childhood aggression (a risk factor for youth violence).

There are four types of violence prevention programmes that aim to develop these nurturing relationships.

Parenting programmes (e.g. the Positive Parenting Program or Triple P) provide information and support to help parents. Parent and child programmes (e.g. Early Head Start) provide both parents and their children with family support, preschool education, child care and health and community services. Social support groups (e.g. Parents Anonymous) help parents build social networks to provide peer support and reduce social isolation. Media interventions (e.g. the television series “Families”) aim to educate all parents to increase their knowledge and strengthen awareness of child maltreatment.

Evidence suggests that parenting and parent and child programmes can reduce child maltreatment and aggressive behaviour in children.

High-quality evidence has shown, for instance, that the Nurse Family Partnership home-visiting programme and the Triple P in the United States of America reduce child maltreatment. Findings also suggest that parenting and parent and child programmes can reduce problematic aggressive, disruptive and defiant behaviour in children in the short term, and arrests, convictions and violent acts in adolescence and early adulthood.

More rigorous evaluations of prevention programmes worldwide are needed.

More rigorous evaluations using actual child maltreatment, rather than risk factors for child maltreatment, as an outcome measure are required, as are more cost-effectiveness studies. In addition, more research is urgently needed on the applicability and effectiveness of violence prevention programmes in developing countries.

The life-long negative consequences of child maltreatment can be prevented.

There is some strong evidence to show that programmes that promote safe, stable and nurturing relationships between parents (or caregivers) and children reduce child maltreatment and its life-long negative consequences for mental and physical health, social and occupational functioning, human capital and security and, ultimately, for economic development.



1. Introduction

BOX 1

Early relationships influence physical and social development

Positive, secure attachments with caregivers are linked to:

- Increased social skills in infancy, including greater competence, sociability, friendliness, cooperativeness, compliance, engagement with peers, development of a conscience, ability to imitate mothers;
- Greater social activity, popularity, self-esteem, a positive outlook in childhood;
- Increased problem-solving skills and IQ in infancy, academic skills in adolescence;
- Greater ability to regulate stress in infancy; and
- Positive health and lifestyle choices in adulthood.

Insecure attachments with caregivers are linked to:

- Use of aggression by age four years;
- Social withdrawal in childhood;
- Higher dependence, non-compliance, hostility, impulsivity and aggression in preschool and kindergarten;
- Reactive attachment disorder in childhood, characterized by disturbed and inappropriate social behaviour, including violent behaviour; and
- Anxiety, depression, conduct disorder, anti-social personality disorder and other mental health problems.

Safe, stable and nurturing relationships with parents and other caregivers are central to a child's healthy development (1,2). Such relationships offer lasting affection, parental responsiveness, trust and guidance, enabling children to safely explore the world and develop the skills required to establish loving and supportive relationships with others. Early relationships are thought to affect structural and functional development of the brain, and in turn, the cognitive, emotional and social development of a child (Box 1; 2,3). Lack or disruption of safe, stable and nurturing relationships in early childhood can have severe and long-lasting effects and is related to a variety of problems from childhood through to adulthood. These include anxiety

and depression, poor communication skills, low self-esteem, difficulties forming peer relationships, lack of empathy for others in distress, anti-social behaviour, poor educational attainment and economic productivity and being a perpetrator or victim of violence (1–6).

Child maltreatment is a particular risk for families that experience difficulties creating safe, stable and nurturing relationships.¹ For instance, a child has greater risk of being abused if its parents

¹ “Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power”(7).

have little understanding of child development and, therefore, unrealistic expectations about behaviour. The same is true if the parents offer less nurturing and affection; are less responsive; have a more controlling, aggressive or inconsistent parental approach; and approve of physical punishment to discipline a child (7–9). Regardless of whether a child is maltreated, however, poor relationships between caregivers and children can increase the risk of aggressive and violent behaviour displayed in childhood and later in life (e.g. youth violence) (7).

There are many strategies employed to improve parent–child relations and parenting skills, and so encourage safe, stable and nurturing relationships. Although many of these do not explicitly aim to reduce violent behaviour by parents or children, their ability to improve relationships suggests they also have potential to prevent both child maltreatment and childhood aggressive behaviour. Being a victim of child maltreatment is associated with victimization by and perpetration of other types of violence, such as intimate partner, sexual and self-directed violence. Consequently, programmes that prevent child maltreatment also have the potential to reduce involvement in violence later in life (10). This

briefing provides a brief overview of the types of programmes that can encourage safe, stable and nurturing relationships, focusing in particular on their effectiveness in preventing child maltreatment and aggressive behaviour in childhood. It deals mainly with primary prevention, aimed at preventing violent behaviour – such as child maltreatment – before it manifests itself, rather than responding to it once it has occurred. It includes programmes that aim to reduce problematic childhood behaviour such as conduct disorder, since this is a risk factor for youth violence and other types of violence later in life (7).

There are four main types of interventions that can help develop safe, stable and nurturing relationships between children and their caregivers: parenting programmes, parent and child programmes, social support and media interventions (Box 2). These vary in their primary objectives, which include improving child or maternal health, decreasing problematic child behaviour, promoting family wellness, building social networks, increasing parenting skills and reducing child maltreatment. All, however, have the potential to improve relationships between parents and children.

BOX 2

Types of programmes to strengthen relationships between children and their parents and other caregivers (see also Table 1)

PARENTING PROGRAMMES (e.g. Nurse Family Partnership and Triple P): These centre on increasing parental skills and improving the relationship between parents and children. With support and information, they strengthen parents' ability to adapt to the changing needs of the child, develop strategies to cope with their child's behaviour and build knowledge of child development and capabilities (7,8,11,12,25).

PARENT AND CHILD PROGRAMMES (e.g. Early Head Start and Sure Start): Family support, preschool education, child care and health and community services are common components of these programmes. The objectives are normally wide-ranging, including, for instance, promoting children's academic success, encouraging parental involvement in their child's education, improving maternal health, encouraging child development and providing parental support and education (13,14).

SOCIAL SUPPORT (e.g. Parents Anonymous and Circle of Friends): These groups help parents build social networks to provide peer support, increase problem-solving and coping skills, reduce social isolation and strengthen parental communication (15).

MEDIA INTERVENTIONS (e.g. "Families" and Play Nicely): These provide information to parents through a variety of media: newsletters, magazines, television, etc. They aim to increase parenting knowledge and strengthen awareness of child maltreatment in all parents (16).

TABLE 1

Programmes to encourage safe, stable and nurturing relationships*

| | | |
|------------------|---|--|
| PARENTING | Triple P (Positive Parenting Program) | Nurse Family Partnership |
| | Offers different levels of support for parents, from providing information (level 1) to sessions addressing severe childhood problems (level 5). Triple P aims to create a stable, harmonious and supportive family; reduce problematic behaviour; build positive relationships with children; and manage problems effectively. | An evidence-based nurse home-visiting programme that aims to improve the health, well-being and self-sufficiency of low-income first-time mothers and their children. Women enroll as early as possible, ideally by the 16th week of pregnancy. Visits include prenatal health advice and support, child development education and life coaching for the mother. |
| | www.triplep.net | www.nursefamilypartnership.org |
| | Implemented in Australia, Belgium, Canada, Germany, Hong Kong, New Zealand, Singapore, Switzerland, the United Kingdom and the United States, for example. | Implemented in the United States, for example. |
| PARENT AND CHILD | Early Head Start | Sure Start |
| | This community-based programme targets vulnerable families with children up to age three, aiming to improve the health of pregnant women, encourage child development, provide family support through home-visiting or community centre sessions and provide early childhood and parent education. | A community-based initiative, Sure Start brings together early child education, child care and health and family support, spanning pregnancy up to the child's 14th year. Some components are available to all parents, others target vulnerable groups such as families living in disadvantaged areas. |
| | www.ehsnrc.org | www.surestart.gov.uk |
| | Implemented in the United States, for example. | Implemented in the United Kingdom, for example. |
| SOCIAL SUPPORT | Circle of Parents | Parents Anonymous |
| | Parent-led, weekly self-help group for sharing of ideas, support, information and resources. Groups are designed for all parents, with children of all ages, and aim to prevent child maltreatment and neglect and strengthen families. | A self-help support group that aims to strengthen families and build caring communities to prevent child maltreatment and neglect. Led by parents and professionally trained facilitators, they are open to all parents and aim to reduce social isolation, develop coping strategies and offer social support. |
| | www.circleofparents.org | www.parentsanonymous.org |
| | Implemented in the United States, for example. | Implemented in Bermuda, Canada, Malawi, Nigeria, South Africa and the United States, for example. |
| MEDIA | "Families" | Play Nicely |
| | Developed as a component of a Triple P parenting programme, "Families" is a 12-episode television series that explores parenting strategies to cope with common behavioural problems and prevent problematic behaviour. It also discusses family functioning and offers a parent information sheet. | A 30-minute CD-ROM that aims to inform parents about effective ways of responding to childhood aggression. |
| | (16) | (58) |
| | Implemented in Australia, for example. | Implemented in the United States, for example. |

* Not all of these programmes have been evaluated for their effectiveness in preventing child maltreatment and childhood aggression.

2. Parenting programmes

Parenting programmes are among the most common strategies to improve parent–child relationships. Programmes can be offered to groups or individuals through home visits (home-visiting programmes) or at designated centres in communities, and they can be presented to all families, or targeted at vulnerable families (e.g. disadvantaged or teenage mothers). They are usually delivered by a nurse, social worker, or other professional (although sometimes this is done by experienced mothers) during the first two or three years of a child’s life (some programmes begin prenatally).

A number of factors are thought to increase the effectiveness of parenting programmes, including:

- Offering services in more than one setting (e.g. office and home) (17);
- Providing both group and individual services (rather than just one) (17,18);
- Providing at least 12 sessions (17) or interventions spread out over a longer duration (19,20);
- Having nurses, social workers, or other professionals (rather than non-professionals, such as lay helpers) deliver programmes (20); and
- Training in positive interactions between parents and children, emotional communication, the use of time-out as a disciplinary technique, responding consistently to children’s behaviour and making time in sessions for parents to practice new skills with their own children (21).

2.1 Prevention of child maltreatment

A number of evaluations of parenting programmes suggest that they help prevent child maltreatment (19,20,22–25), and improve aspects of family life

that may be related to child maltreatment, such as parental attitudes (18), child rearing or parenting skills (18,26,27), family wellness (19) and relationships with partners (28). For example, a review of early childhood home-visiting programmes suggests an overall reduction of reported child maltreatment of approximately 39% following intervention (20). However, home-visiting programmes are not uniformly effective in reducing child maltreatment (29). Furthermore, it is difficult to draw any firm conclusions about the efficacy of parenting programmes overall, because:

- Different evaluations define and measure child maltreatment differently (30). For instance, some use direct measures of child maltreatment (e.g. reports from child protective services), while others use risk factors for child maltreatment (e.g. measures of child abuse potential or parental stress);
- Evaluations are often limited by methodological weaknesses (31,32) and there are few randomized trials on whether interventions prevent maltreatment (29,33);
- Child maltreatment may be more likely to be detected in homes that are visited (a problem termed “surveillance bias”) (32); and
- Programmes are often multifaceted and complex, making the effects difficult to quantify (34).

The effects of parenting programmes are also likely to depend on factors such as the length of the programme and frequency of visits or sessions, the type of professional employed, target group, content, outcome measures and follow-up period.

The programme with some of the best evidence of effectiveness is the Nurse Family Partnership (see

BOX 3

Population-based prevention of child maltreatment using the Positive Parenting Program (Triple P)

In an evaluation of Triple P in South Carolina in the United States, 18 counties were randomly assigned to either dissemination of the Triple P or to the services-as-usual control condition. Dissemination involved Triple P professional training for the existing workforce (over 600 service providers), as well as universal media and communication strategies. Large effects were found for three independently derived population indicators: substantiated child maltreatment, child out-of-home placements and child maltreatment injuries. The Triple P resulted in 688 fewer cases of child maltreatment, 240 fewer out-of-home placements and 60 fewer children with injuries requiring hospitalization or emergency room treatment for every 100 000 children under age eight years. This study is the first to randomize geographical areas and show preventive impact on child maltreatment at a population level using evidence-based parenting interventions (25).

Table 1), in which nurses visit the homes of families to improve the health, well-being and self-sufficiency of low-income, first-time parents and their children. In a 15-year follow-up of a randomized controlled trial of this programme in Elmira in the United States, participants were 48% less likely to be identified as perpetrators of child maltreatment than members of the control group (35). Furthermore, during pregnancy and in the first two years of their child's life, participants at high risk of care-giving dysfunction showed improvements in pre-natal health-related behaviour, pregnancy outcomes, quality of the home environment and the number of injuries recorded in medical files (36). Another well evaluated programme is Early Start, an intensive home-visiting programme targeted at families facing stress and difficulty. A randomized controlled trial of the programme in New Zealand found that at age three years Early Start children had about a third of the rate of parent-reported physical abuse than members of the control group. There was no difference in the percentage of participants and members of the control arm who were in contact with official agencies for child maltreatment. However, since participants were under regular surveillance by family support workers, they were more likely to be referred to agencies for child maltreatment concerns than were members of the control group (37).

The Nurse Family Partnership and Early Start share common features that may help explain their effectiveness in reducing child maltreatment: both were developed as research programmes rather than service provision models, both use workers with college or university degrees and both have made significant investments to ensure the fidelity of programme delivery (29).

Parenting programmes have also been shown

to be effective in reducing child maltreatment when presented outside the home (**Box 3**). In a hospital setting, for instance, all new parents in maternity units throughout Western New York State were given a one-page leaflet on preventing shaken baby syndrome, shown an 11-minute video tape that discussed the dangers of shaking, along with methods of dealing with chronic infant crying and were asked to sign a commitment statement confirming their receipt and understanding of the materials. Using a cohort design, the evaluation study reported a 47% reduction in the number of abusive head injuries reported to the children's hospital in the region (over the following five-year period) compared to a similar period before the intervention (38).

2.2 Preventing aggressive behaviour in children

Parenting programmes have been successful in improving emotional and behavioural problems in children in the short term, including conduct disorders characterized by aggressive, destructive behaviour (39–45). For instance, a randomized controlled trial of a Triple P programme in Switzerland followed 150 couples who had children between 2 and 12 years of age. The percentage of participating mothers who reported dysfunctional child behaviour fell from 48% before the intervention to 22% one year later (compared to 53% before and 55% after for mothers in the control group) (45). Similarly in Norway, a randomized controlled trial was implemented to evaluate the efficacy of the Incredible Years² programme in treating children with

² A parent training, teacher training and child social skills training programme that has proven effective for reducing children's aggression and behaviour problems and increasing social competence at home and at school.

conduct problems. The evaluation found that mean scores on a child behaviour test, in which higher scores indicate greater frequency of problematic behaviour, decreased more among participants (by 41 points from before to after the programme) than among members of the control group (by 22 points over the same period) (47). In addition, decreases in test scores were still evident among participants one year after the programme.

Longer-term benefits have also been reported. For instance, in a randomized trial of Healthy Families Alaska in the United States, participants and controls were followed over a period of two years. At the end of this time, compared to children in the control group, more participating children scored

in the normal range for problem behaviour, such as externalizing behaviour (e.g. over-activity, aggression, defiance: 82% for participants versus 77% for controls) and internalizing behaviour (e.g. inhibition, depression, withdrawal: 87% for participants versus 79% for controls) (48). In another randomized controlled trial in the United States, of the Nurse Family Partnership, researchers followed-up participants for 15 years after the initial study. Compared with controls, adolescents whose mothers had received home visits during pregnancy and postnatally reported fewer incidents of running away, arrests, convictions and violations of probation and behavioural problems related to the use of alcohol and drugs (49).

3. Parent and child programmes

Parent and child programmes provide the most comprehensive interventions for improving family relationships and other beneficial outcomes. Typically, these programmes target vulnerable families with teenage mothers or parents with low incomes, and their services are delivered in the community at designated centres. Programmes often incorporate parenting programmes along with child education, social support and other services.

3.1 Prevention of child maltreatment

Two systematic reviews concluded that parent and child programmes could help prevent child maltreatment (26) and improve factors that may be related to maltreatment, such as family wellness (20). Our understanding of their impact is limited, however, by the relative scarcity of evaluation studies of parent and child programmes, compared to the number of evaluations of other types of early childhood interventions. Nevertheless, a randomized trial of an Early Head Start programme in the United States (Table 1) found that compared with parents in the control group, participating parents were less likely to report spanking their child in the previous week (47% for participants versus 54% for controls) (50). A non-randomized, matched cohort study of children in the Chicago Child-Parent Center preschool programme also indicated beneficial outcomes. The programme provided comprehensive education, family and health services to children aged 3–9 years who lived in Chicago’s poorest neighbourhoods. This included educational workshops and home-visits to parents. As the cohort study reveals, a follow-up of the programme 15 years later found that by age 17 years, participating children had lower lifetime rates of child maltreatment – as measured by court petitions and referrals to child

protection services – than did children in the control group (5.0% for participants versus 10.5% for controls) (51).

3.2 Reducing aggressive behaviour in children

Parent and child programmes can be effective in reducing aggressive or violent child behaviour. For instance, in a randomized trial of the above-mentioned Early Head Start programme parents were asked to rate their child’s aggressive behaviour using a behaviour checklist. Compared with those in the control group, participating children were rated by their parents as having lower levels of aggressive behaviour at the end of the programme, when the average age of the children was 37 months (50). The beneficial effects of parent and child programmes may also be sustained over the long term. In a 15-year follow-up of individuals who went through the Chicago Child-Parent Center programme as children, compared to the control group, participants had lower levels of juvenile arrest (17% for participants versus 25% for controls), multiple arrests (10% for participants versus 13% for controls) and arrests for violent offences (9% for participants versus 15% for controls) (52). By age 24 years, relative to a comparison group, these participants also had lower rates of arrest for felonies, serious crimes punishable by imprisonment for more than one year (17% for participants versus 21% for controls) and lower rates of incarceration (21% for participants versus 26% for controls). However, there were no differences for levels of violent arrest (53).

In Seattle in the United States, a follow-up of a non-randomized controlled trial of a parent and child intervention was conducted when the child participants were 18-years-old. The programme

combined teacher training in classroom instruction and management, parent training in child behaviour management and social competence training for children from grades one to six (ages 6–12 years). At 18 years, there were fewer violent delinquent acts reported for those who participated in the intervention than for those in the control group (48.3% for participants versus 59.7% for controls) (54).

4. Social support

Social support groups can run independently, but they are often part of a wider family programme within, for example, multi-component programmes. Professionals may contribute or the groups may be open to peers only; however, all social support programmes are driven by the needs of group members, rather than directed by professionals (24).

4.1 Prevention of child maltreatment and aggressive behaviour in children

Neglectful or abusive parents are more likely to be socially isolated (55,56), but there is little evidence to suggest that involvement in social support groups can prevent child maltreatment (15,26) or aggressive behaviour in children. However, such groups have been successful in improving factors that may be related to violent behaviour, including family wellness (19). Furthermore, there is some evidence to suggest that social groups can im-

prove maternal mental health. For instance, in a qualitative study of Canadian parents taking part in Parent Mutual Aid Organizations (informal parent-run networks for parents involved with child welfare agencies), 75% cited feeling supported and being less lonely as the best thing about participating (57). Over a one-year period, compared to controls, average measures of parental self-esteem increased and perceived stress decreased for participants. In addition, the percentage of parents needing to see a professional about family and home responsibilities decreased more among participants than among members of the control group (by 32.3% among participants versus 15.6% among controls). The same was true for the percentage of parents in contact with a child protection worker: this decreased by 61% among participants and by 23% among those in the control group.

5. Media interventions

Although often costly to implement, media interventions are accessible to a large proportion of the population and may allow parents to recognize and address early warning signs of behavioural problems in children before they fully develop (16). While such interventions can be components of other programmes (e.g. parenting programmes such as Triple P; see **Table 1**), they can also be implemented on their own.

5.1 Prevention of child maltreatment

Little research has been done on the outcomes of stand-alone media interventions to encourage safe, secure and nurturing relationships, and thus prevent violent behaviour. Such programmes have been found, however, to have a small positive effect on family wellness in general (19). Additionally, there is some evidence that they can improve parenting skills, maternal self-esteem and other factors that may be related to child maltreatment. For instance, a survey of parents of 6–18-month-old children in the United States found that, one year after they began participating in a multimedia Play Nicely programme (**Table 1**), 65% thought the

programme had helped them manage aggressive behaviour in their child (58). In Australia, meanwhile, the effectiveness of a 12-episode television series, “Families” (part of a Triple P parenting programme; **Table 1**), was evaluated using a randomized controlled study, which assessed participants before and after watching the series. The series offered guidelines for parenting strategies that deal with common behavioural problems. Compared with members of the control group (who did not see the TV series), participants reported feeling greater efficacy as parents after viewing the series (16).

5.2 Reducing aggressive behaviour in children

The evidence is limited, but media interventions appear to have had some success in improving child behavioural problems. For instance, in the Australian intervention “Families”, 43% of children in the intervention were in the clinically elevated range for disruptive child behavioural problems before the programme started. Immediately after the series, this fell to 14% and, six months later, to 10% (16).

6. Costs and benefits of prevention programmes

Well-implemented interventions can actually reduce the costs of health care, criminal justice, education and other public services. A review of the costs and benefits of early intervention programmes concluded that some home-visiting programmes targeting high-risk/low-income mothers returned between \$2 and \$3 for each dollar spent (59). In a further

review of nine early childhood programmes, seven were found to be cost-effective, yielding between \$2 and \$17 in benefits for every dollar invested (60). Despite this, both reviews concluded that not all childhood interventions were cost-effective, with some being ineffective and very expensive.

7. Summary

There is evidence that interventions that encourage safe, stable and nurturing relationships between children and parents early in life can prevent child maltreatment and childhood aggression. For the prevention of child maltreatment, parenting programmes are the most common and most evaluated and the Nurse Family Partnership and Triple P are supported by the strongest evidence. Some parent and child programmes have also generated encouraging results. There is a need for more evidence concerning the effectiveness of social support and media programmes for reducing child maltreatment, despite these interventions improving factors that may be related to child maltreatment, such as parental self-esteem, confidence and isolation.

In many evaluation studies, risk factors for child maltreatment (e.g. changes in parental attitudes towards discipline) are used to assess programmes rather than direct measures (e.g. reports of child maltreatment). Furthermore, because many programmes are designed to encourage healthy relationships and increase parental skills, rather than prevent or address violent behaviour, violence is seldom measured as an outcome. Encouraging programmes to incorporate child maltreatment as an outcome measure and to include direct as well as indirect measures of child maltreatment would further our understanding of the effectiveness of different primary prevention approaches.

For the prevention of aggression in children, some evidence suggests that parenting programmes and parent and child interventions reduce aggressive, disruptive and defiant behaviour in the short term, and arrests, convictions and violent acts in the long term (in adolescence and early adulthood). Additionally, there is some evidence that media interventions can address disruptive child behaviour in the short term, although in other respects the evidence for media interventions is lacking. There is no

evidence, however, that social support programmes reduce aggressive childhood behaviour. Moreover, it is unclear whether the improvements in childhood behaviour that various interventions strive for can be linked to reduced use of violence later in life.

Given the shortage of randomized controlled trials that use actual maltreatment as an outcome measure, there is a need for more rigorously evaluated programmes before their effectiveness in preventing violence can be accurately determined. Furthermore, only a small proportion of evaluations include an analysis of the economic benefits of programme implementation. Programmes should be encouraged to conduct evaluations that measure not only effects on violent behaviour, but also their economic costs and benefits.

Although early childhood programmes have generated some positive results, the majority of evaluations have focused on programmes in Canada, the United States and other developed countries. Early childhood programmes have been implemented in developing countries – Bangladesh (61), Syria (62) and Zambia (63), for example – but their effect on levels of violent behaviour or its risk factors have rarely been evaluated. Owing to social and cultural differences, one cannot necessarily apply the results of research in developed countries to other parts of the world. More research is urgently needed, therefore, on the applicability and effectiveness of early childhood violence prevention programmes in developing countries.

This briefing shows that there is some strong evidence demonstrating that programmes that promote safe, stable and nurturing relationships between parents (or caregivers) and children reduce child maltreatment and its life-long negative consequences for mental and physical health, social and occupational functioning, human capital and security and, ultimately, for economic development.

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